

Children's Oral Health Experiences in West Essex

April 2025

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Project Officer



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Produced by
Healthwatch Essex

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1.0 Introduction

1.1 Healthwatch Essex

Healthwatch Essex is an independent charity which gathers and represents views about health and social care services in Essex. Our aim is to influence decision makers so that services are fit for purpose, effective and accessible, ultimately improving service user experience.

One of the functions of a local Healthwatch under the Health and Social Care Act 2012 is the provision of an advice and information service to the public about accessing, understanding, and navigating health and social care services and their choices in relation to aspects of those services. This document was revised in July 2022 and the role of Healthwatch was further strengthened as a voice of the public with a role in ensuring lived experience was heard at the highest level.

In June 2025, as part of the Dash Review, the Government announced its intention to close the Healthwatch network. However, Healthwatch Essex is an independent charity, and the organisation is currently re-branding. We have developed a sustainable model that will protect the independence of patient voice into the future.

1.2 Acknowledgements

Healthwatch Essex would like to thank all members of the public who took part in this project through discussions and engagement. Our thanks are also made to those individuals who took the time to speak with us and share their personal stories. We would also like to thank our many partners, contacts, and networks who worked with us to share the project throughout west Essex and help generate such a strong level of interest and feedback.

1.3 Disclaimer

Please note that this report relates to findings and observations carried out on specific dates and times, representing the views of those who contributed anonymously during this time. This report summarises themes from the responses collected and puts forward recommendations based on the experiences shared with Healthwatch Essex during this time.

Since writing this report, Hertfordshire and West Essex Integrated Care Board has merged and become part of two new Integrated Care Boards as of 1st April 2026 – Central East Integrated Care Board and Essex Integrated Care Board.

1.4 Topic Background

Healthwatch Essex were approached by the Hertfordshire and West Essex NHS Integrated Care Board (HWE ICB) to undertake a series of projects focussing on the lived experiences of people in the area in relation to their health, care and wellbeing. Two projects were selected per calendar quarter for in-depth engagement, with the production of a report based on this engagement.

One of the projects which was selected for in-depth engagement included children's oral health experiences in west Essex. Discussions were carried out between Healthwatch Essex, Healthwatch Hertfordshire and the HWE ICB to outline areas of interest in terms of findings.

During the engagement scoping of this project, areas of interest included:

- Children's experiences of visiting a dentist and parents or carers experiences of taking their child or children to visit a dentist.
- Possible reasons which may prevent parents or carers from being able to take their child or children to a dentist. (For example: time constraints, service access, financial concerns, fear or anxiety, or travel issues etc.)
- Parents or carers concerns around their child or children's oral health.
- Parents or carers knowledge and understandings of children's oral health.
- Available information and resources on the topic of children's oral health.
- Oral health education and support in schools and early-year settings.
- Views on how dental practices can be made more child or family-friendly.

Children's Oral Health

The decision to launch this project follows concern around children's oral health experiences and NHS dental service provision across the UK in recent years.

Hospital tooth extractions in 0- to 19-year-olds 2024

In February 2025, the Office for Health Improvement and Disparities (OHID), part of the Department of Health and Social Care, published a national summary of figures assessing the impact of the NHS dentistry crisis on children. The report provides the most recent hospital activity on tooth extractions in children and young people aged 0 to 19 years old.

It states that in the financial year ending 2024, there were 49,112 episodes of tooth extractions in NHS hospitals in England for 0- to 19-year-olds. A primary diagnosis of tooth decay was found to be the cause of 30,587 episodes of those tooth extractions. This means that more than six in 10 cases (62%) involved tooth decay,

with most of these extractions likely to have been carried out under general anaesthetic. The decayed tooth extraction episode rate for the East of England was 99 per 100,000 population of 0–19-year-olds in 2023–24.

Overall, teeth removal in children increased 3% to the year ending 31st March 2024, from the previous year. Children and young people living in the most deprived areas had to go to hospital to get decayed teeth removed at 3.5 times the rate of those living in the most affluent communities. Tooth decay remains the most common reason for hospital admissions in children aged between 5 and 9 years. All hospital extractions for young people in 2023–24 are estimated to have cost the NHS £74.8 million. Around £45.8 million of this total is due to decay-related tooth extractions.

Oral health survey of 5-year-old school children 2024

The results of the seventh National Dental Epidemiology Programme (NDEP) survey, which took place during the 2023 to 2024 school year, were published by the Office for Health Improvement and Disparities in February 2025. This survey takes place every 2 years in order to collect oral health information of 5-year-olds who attend mainstream, state-funded schools across England.

The results of the 'Oral health survey of 5 year old schoolchildren 2024' showed 22.4% of children experienced decay and on average these children required more than 3 teeth to be removed. Children living in the most deprived areas of the country were more than twice as likely to have experienced decay (32.2%) as those living in the least deprived areas (13.6%). There were also disparities in the percentage of those who had experienced decay by ethnic group, which was significantly higher in the 'Other' ethnic group (45.4%) and the 'Asian or Asian British' ethnic group (37.7%).

Public Health England's 'Oral health survey of 3 year old children 2020' found that 11% of 3-year-olds in England were reported to have visible tooth decay, affecting 3 teeth on average. Across these surveys, having decayed teeth removed was the most common reason for surgery under a general anaesthetic for children aged 6 to 10, despite tooth decay being almost entirely preventable. A pattern of findings which emerges throughout these reports is children from more deprived backgrounds being found to be more likely to have tooth decay.

Due to these statistics, oral health and dental decay among young children remains an important public health issue. Tooth decay and poor oral health in childhood can not only lead to pain and distress, sleepless nights for children and parents, and time off school and work, but it can also have significant consequences in later life.

Children's Teeth

The British Society of Paediatric Dentistry Dental Check by One (DCby1) campaign encourages children to be taken for a dental check-up before their first birthday. NHS dental check-ups and treatment with the dentist are free for both children under the age of 18 and pregnant mothers up until their baby's first birthday.

Primary teeth are the first set of teeth to develop and are most commonly known as baby teeth. The primary teeth shed to allow for the permanent (adult) teeth to come through, however children who have decay in primary teeth are more likely to get decay in permanent teeth. The breakdown of sugar by bacteria in the mouth causes acid to be produced which causes tooth decay. However, toothbrushing with a fluoride toothpaste before bed and at least one other time in the day for two minutes each time, plus a healthy diet which is low in sugar and acids, can help prevent tooth decay.

Decay can cause pain and infections leading to problems with eating, sleeping, communication and socialising, as well as resulting in time away from education and work for parents or carers. The need for teeth to be removed can also cause potential problems with the positioning of teeth, which may lead to treatment with braces to straighten teeth, a commitment to long term dentistry, and issues with low self-esteem.

The NHS CORE20PLUS5 approach is designed to support Integrated Care Systems to drive targeted action in healthcare inequalities improvement. One of the five key clinical areas for health inequalities is oral health and addressing the backlog for tooth extractions in hospital for under 10s. According to NHS Health Education England, dental treatment is a significant cost to the NHS, with £41.5 million spent in 2018/19 on removing teeth in those under the age of 18.

Emergency Appointments

During the writing of this report, NHS Integrated Care Boards were asked to deliver specific numbers of extra urgent dental appointments in a letter sent out from NHS England (NHSE) in February 2025. Each ICB was given their own target for delivering extra urgent appointments for the year starting 1 April 2025. Across the 42 ICBs, this would total 700,000 extra urgent NHS dental appointments a year. Urgency would be based on symptoms alone, such as significant pain, broken teeth, or serious infections. The NHSE letter sets out a three-stage formula with a plan to use local data from the dental questions in the most recent annual GP Patient Survey on how many people tried and failed to get an NHS dental

appointment, along with local performance on contract delivery. These appointments would be funded from the 2024-25 dental budget underspend.

At the end of February 2025, NHS England published details on the arrangements for NHS urgent primary dental care during 2025/26 and confirmation of the closure of the new patient premium scheme. This included a reviewal of current urgent dental care provision.

This analysis suggested that fundamental reform of the contractual approach to urgent care is required, alongside government’s existing commitment to rebuild dentistry for the long term. The letter sets out the detail and requirements of integrated care boards (ICBs) in securing additional urgent dental care, following its prioritisation in the NHS 2025/26 priorities and operational planning guidance.

The additional volume of urgent care appointments each ICB should secure as a minimum in Essex was outlined as below:

Hertfordshire and West Essex ICB	5,712
Mid and South Essex ICB	6,098
Suffolk and North East Essex ICB	15,413

Investigation into the NHS Dental Recovery Plan

The National Audit Office (NAO) published a report in November 2024 on the dental recovery plan to increase access to NHS dentistry, announced by the previous government in February 2024, who made a pledge to provide an extra 1.5 million NHS dental treatments in England in 2025. Highlighting both a fall in the number of dentists doing NHS work and people receiving care from them, the report states that even if this goal was reached, it would still be 2.6 million fewer treatments per year than pre-pandemic levels.

Healthwatch England Chief Executive Louise Ansari said: “The difficulty of getting NHS dental treatment is one of the public’s biggest concerns about the healthcare system generally and is a crisis that dental leaders have estimated is denying 13 million people access to NHS appointments.”

Supervised toothbrushing for children to prevent tooth decay

On the 7 March 2025, an investment of £11.4 million was announced to implement a national, targeted supervised toothbrushing scheme for 3- to 5-year-olds. The investment would be focussed on around 505,000 children living in the 20 per cent most deprived communities across England. The scheme would be launched

in collaboration with Colgate-Palmolive and would see more than 23 million toothbrushes and toothpastes donated to support the programme over the next 5 years, alongside educational materials to continue good work at home.

To deliver the scheme, the government would invest a total of £11 million in local authorities across England to deploy supervised toothbrushing in schools and nurseries that voluntarily sign up. Local authorities would work to identify early years settings in target areas and encourage them to enrol. The rollout is expected to save the NHS millions of pounds that would otherwise be spent on treating dental disease in children, including preventing hospital admissions that cost the NHS around £1,600 per person. According to government figures, every £1 spent on supervised toothbrushing is expected to save £3 in avoided treatment costs - amounting to over £34 million over the next five years that can instead be spent on treating other patients. The announcement was made after more than 49,000 young people under 19 were admitted to hospital for tooth extraction in the financial year ending 2024.

Following public consultation, the expansion of Community Water Fluoridation across the North-East of England was also announced, reaching an additional 1.6 million people. Water fluoridation is the process of adding fluoride to public water supplies to prevent tooth decay. Around one in ten people in England currently have fluoride added to their drinking water supplies. The findings of all health monitoring reports since 2014 consistently show that water fluoridation is an effective and safe public health measure to reduce the prevalence and severity of tooth decay and reduce dental health inequalities.

Dental Patient Charges Uplift 2025/26

A statement was made in March 2025 by the Minister State for Care which summarised current dental health initiatives and outlined a proposed dental patient charges uplift for 2025/26. It was stated that through the Golden Hello scheme, integrated care boards are supporting practices across England to recruit NHS dentists to posts that they have previously struggled to fill. This recruitment incentive would see up to 240 dentists receiving payments of £20,000 to work in those areas that need them most for three years. As of 10th February 2025, in England, 35 dentists have commenced in post and a further 33 dentists have been recruited but are yet to start in post. A further 249 posts are currently advertised.

On 10th March 2025, the 'National Health Service Dental Charges Amendment Regulations 2025' were laid before Parliament to increase National Health Service dental patient charges in England in line with inflation from 1st April 2025. It was

proposed that the charges would be uplifted by 2.39% in 2025/26. From 1st April 2025 the dental charge payable for a band 1 course of treatment would rise by £0.60, from £26.80 to £27.40. For a band 2 course of treatment, there would be an increase of £1.80, from £73.50 to £75.30. A band 3 course of treatment would increase by £7.60, from £319.10 to £326.70.

Description	From April 2025 (Proposed)
Band 1: This band includes examination, diagnosis (including radiographs), advice on how to prevent future problems, scale and polish if clinically needed, and preventative care (e.g. applications of fluoride varnish or fissure sealant).	£27.40
Band 2: This band covers everything listed in band 1, plus any further treatment such as fillings, root canal work or extractions.	£75.30
Band 3: This band covers everything in bands 1 and 2, plus course of treatment including crowns, dentures, bridges and other laboratory work.	£326.70
Urgent: This band covers urgent assessment and specified urgent treatments such as pain relief or a temporary filling or dental appliance repair.	£27.40

Patients will continue to be entitled to free NHS dental care if they are under 18, or under 19 and in full-time education; pregnant or have had a baby in the previous 12 months; or, are being treated in an NHS hospital and have their treatment carried out by the hospital dentist (patients may have to pay for dentures or bridges). Support is also available through the NHS Low Income Scheme for those patients who are not eligible for exemption or full remission.

2.0 Purpose

The aim of this project was to explore children’s oral health experiences and local NHS dental service provision. This included canvassing the views and experiences of children, parents, carers and families based in west Essex to highlight some of the key changes that can be made to improve health outcomes and experiences. Our engagement spanned across the three districts which form west Essex, including Harlow, Uttlesford and Epping Forrest.

2.1 Engagement methods

Participants were contacted via our extensive networks and the Healthwatch Essex website. Our partners, other organisations and working groups in west Essex, together with many individuals inside and outside of the NHS, helped and supported our efforts to engage with and reach as many people throughout the area as possible.

Survey



A survey was created to gain perspectives and insights from residents around their knowledge and understanding of children’s oral health. The survey also canvassed experiences of using local NHS dental services. Those who participated in the survey also had the option to take part in a one-to-one interview to share their experiences in more detail.

Participant Interviews



Individual interviews were conducted to collect personal stories from members of the public. To provide greater accessibility, these conversations were carried out both in-person and via email, telephone or video call during March 2025. All participants gave their consent to have their interviews recorded.

Expert Interviews



Professionals from public bodies with insights around local healthcare services were also interviewed to gather further knowledge and understandings around children’s oral health and dental services in the area. Interviews were carried out both in-person and via email, telephone, and video call during March 2025. All participants gave their consent to have their interviews recorded.

The survey was designed by Healthwatch Essex, using questions which were curated and scoped by Healthwatch Essex, Healthwatch Hertfordshire and the HWE ICB during project discussions. Through the creation of a survey, we were able to gather quantitative data results which focussed on the topic of children's oral health based on participants' responses.

The survey included a series of core multiple choice questions, together with some supplementary questions asking for more detail about their responses, mixed with several free text questions and demographic questions. The survey was primarily available in an online format but was also available to be printed off and filled out manually or completed by the interviewer over the telephone.

One-to-one interview questions varied for participants depending on whether they were a parent, carer or family member sharing their lived experiences, or a professional sharing their insights around the topic. Interviews were carried out in both private, confidential settings and safe and comfortable environments for our interviewees. Interview times and locations were organised at the convenience of all participants, taking into account work and family responsibilities. Individuals were able to share their personal stories in their own time during these conversations, providing rich qualitative engagement for the report.

















Participants were willing for their experiences to be shared within this report, however, to ensure their anonymity and confidentiality of information they provided, all names used are pseudonyms to protect identities. The interviews have been written as case studies, supplying rich, detailed information about people's experiences.

Demographic questions were also asked to understand the key characteristics of participants and how this might impact their healthcare needs, views and experiences. Collecting this demographic data also enables any patterns or trends in terms of health inequalities among specific community groups to be analysed. All of the survey and demographic questions were answered on a complete voluntary basis.

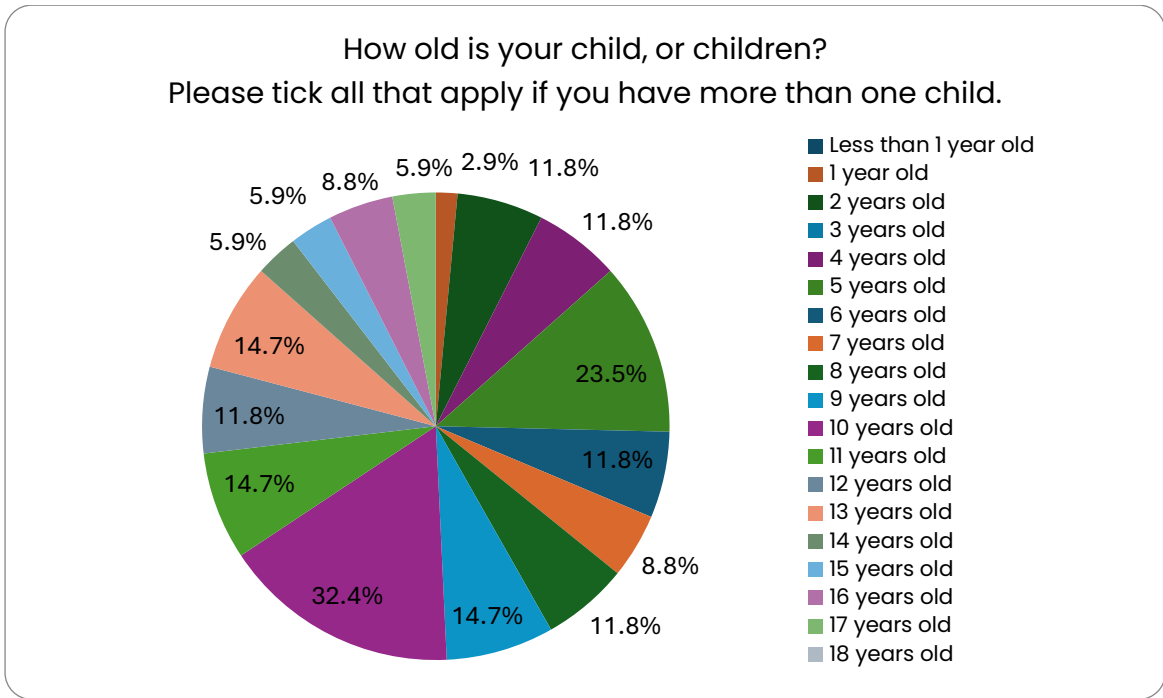
3.0 Survey

Survey questions and the responses received by participants have been provided below. Response levels have been included to highlight key patterns and trends.

Question 1

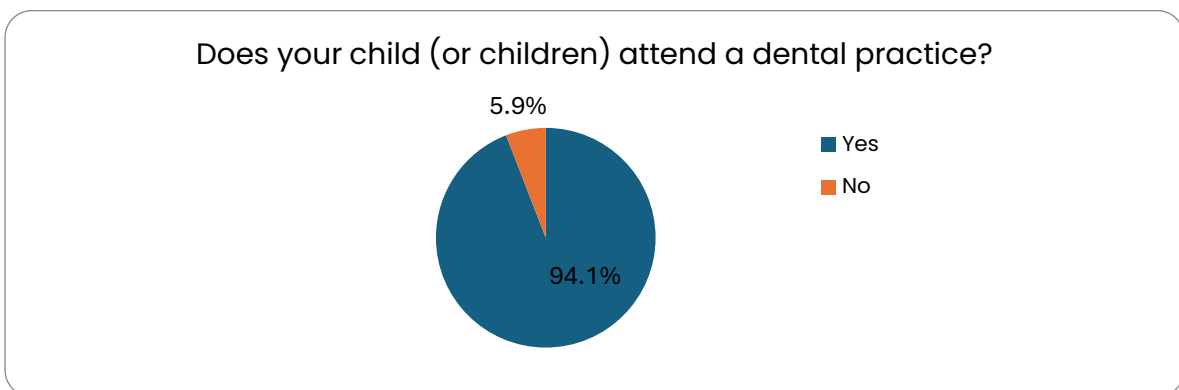
1. How old is your child, or children? Please tick all that apply if you have more than one child.				
Answer Choices			Response Percent	Response Total
1	Less than 1 year old		0.00%	0
2	1 year old		2.94%	1
3	2 years old		11.76%	4
4	3 years old		0.00%	0
5	4 years old		11.76%	4
6	5 years old		23.53%	8
7	6 years old		11.76%	4
8	7 years old		8.82%	3
9	8 years old		11.76%	4
10	9 years old		14.71%	5
11	10 years old		32.35%	11
12	11 years old		14.71%	5
13	12 years old		11.76%	4
14	13 years old		14.71%	5
15	14 years old		5.88%	2
16	15 years old		5.88%	2
17	16 years old		8.82%	3
18	17 years old		5.88%	2
19	18 years old		0.00%	0
			answered	34
			skipped	0

The majority of participants who responded to the survey cared for children between the ages of 4 years old and 13 years old. The highest responses were received from 11 participants (32.35%) with 10-year-olds and 8 participants (23.53%) with 5-year-olds.



Question 2

2. Does your child (or children) attend a dental practice?			
Answer Choices		Response Percent	Response Total
1	Yes	94.12%	32
2	No	5.88%	2
		answered	34
		skipped	0

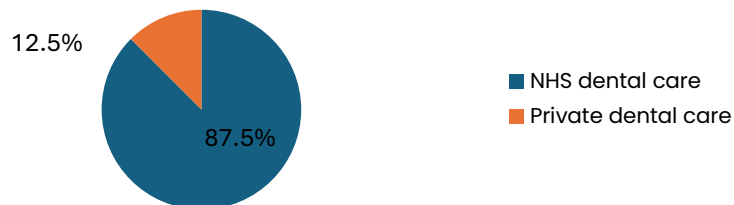


Out of the 34 participants who took part in the survey, 32 participants (94.12%) said their child or children attend a dental practice. Two participants (5.88%) said that their child or children did not attend a dental practice.

Question 3

3. Does your child (or children) receive NHS or private dental care?				
Answer Choices			Response Percent	Response Total
1	NHS dental care	<div style="width: 87.5%;"></div>	87.50%	28
2	Private dental care	<div style="width: 12.5%;"></div>	12.50%	4
			answered	32
			skipped	2

Does your child (or children) receive NHS or private dental care?

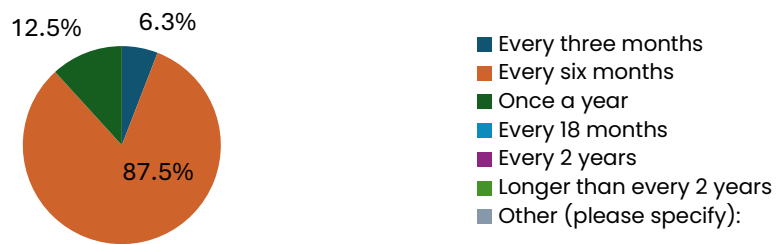


Out of the 32 participants who answered this question, 28 participants (87.5%) said their child or children received NHS dental care and 4 participants (12.5%) said they received private dental care. Two participants skipped the question.

Question 4

4. How frequently does your child (or children) attend the dentist?				
Answer Choices			Response Percent	Response Total
1	Every three months	<div style="width: 6.25%;"></div>	6.25%	2
2	Every six months	<div style="width: 87.5%;"></div>	87.50%	28
3	Once a year	<div style="width: 12.5%;"></div>	12.50%	4
4	Every 18 months		0.00%	0
5	Every 2 years		0.00%	0
6	Longer than every 2 years		0.00%	0
7	Other (please specify):		0.00%	0
			answered	32
			skipped	2

How frequently does your child (or children) attend the dentist?



When asked how frequently their child or children attend the dentist, 32 participants responded. Two participants chose to skip the question.

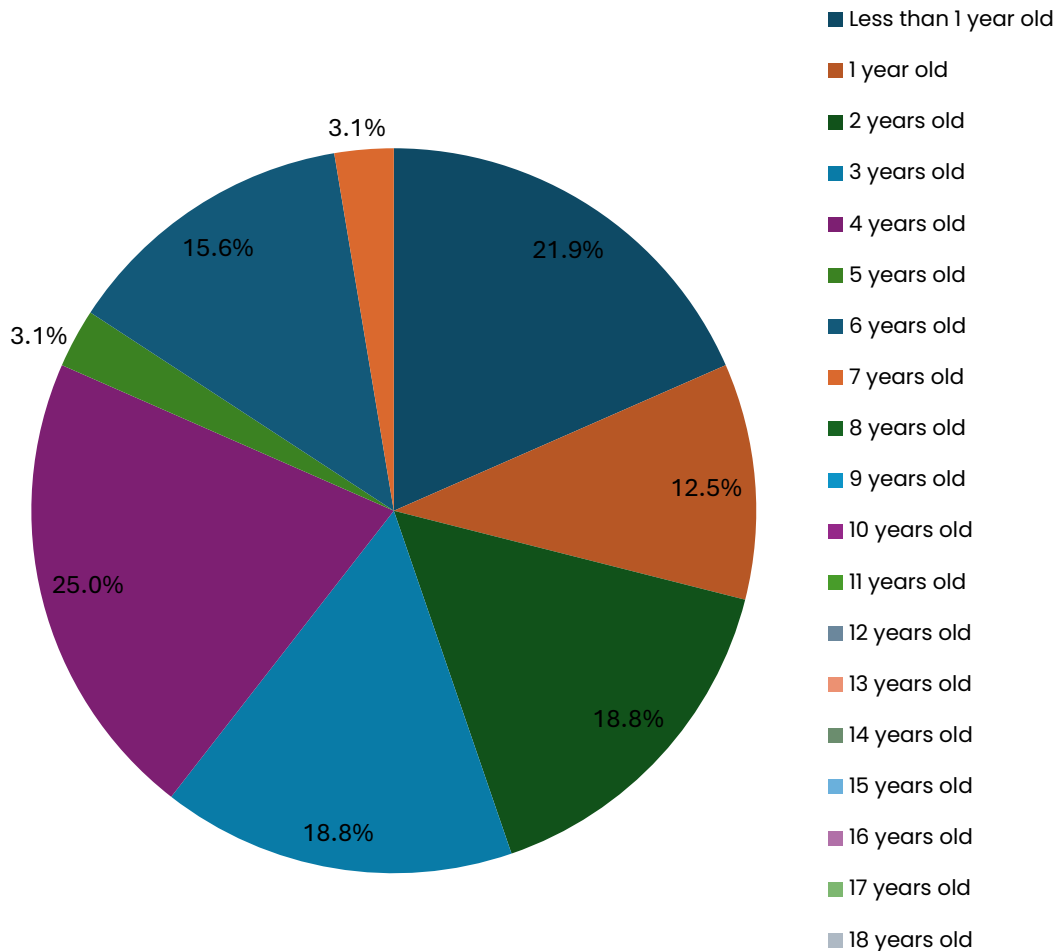
- 28 participants (87.5%) said 'every six months'
- 4 participants (12.5%) said 'once a year'
- 2 participants (6.25%) said 'every three months'.

Question 5

5. How old was your child (or children) when they had their first dental appointment?
Please tick all that apply if you have more than one child.

Answer Choices			Response Percent	Response Total
1	Less than 1 year old		21.88%	7
2	1 year old		12.50%	4
3	2 years old		18.75%	6
4	3 years old		18.75%	6
5	4 years old		25.00%	8
6	5 years old		3.13%	1
7	6 years old		15.63%	5
8	7 years old		3.13%	1
9	8 years old		0.00%	0
10	9 years old		0.00%	0
11	10 years old		0.00%	0
12	11 years old		0.00%	0
13	12 years old		0.00%	0
14	13 years old		0.00%	0
15	14 years old		0.00%	0
16	15 years old		0.00%	0
17	16 years old		0.00%	0
18	17 years old		0.00%	0
19	18 years old		0.00%	0
			answered	32
			skipped	2

How old was your child (or children) when they had their first dental appointment? Please tick all that apply if you have more than one child.



When asked how old their child or children were when they had their first dental appointment, 32 participants responded. Two participants skipped the question.

- 8 participants (25%) said 4 years old.
- 7 participants (21.88%) said less than 1 year old.
- 6 participants (18.75%) said 2 years old.
- 6 participants (18.75%) said 3 years old.
- 5 participants (15.63%) said 6 years old.
- 4 participants (12.5%) said 1 year old.
- 1 participant (3.13%) said 5 years old.
- 1 participant (3.13%) said 7 years old.

Question 6

6. What has been your child's (or children's) experience of going to the dentist, and your experience of taking them?

Answer Choices		Response Percent	Response Total
1	Open-Ended Question	100.00%	32

In regard to their child's or children's experiences of going to the dentist and their experience of taking them, 32 participants responded. Two participants chose to skip the question. For those participants who did respond, they provided the following comments, which have been categorised by theme of discussion.

Positive Experiences

Experiences with Dentists:

"My 8 year old was originally registered with an NHS dentist. She had an injury that required emergency dentistry during Covid and I was very impressed with the care we received (in Harlow, with follow ups at our dentist in Epping)."

"My child attends a dental practice in Ilford. The dentist is amazing and is very good with my children."

"Our dentist has always been fantastic with the children and in return both children are very at ease going to the dentist, it's just a routine part of their lives."

"Dentist usually talks directly to my daughter and explains what they are doing."

"Generally very positive - the dentist has been very calm, friendly and positive."

"Very positive, my dentist is absolutely lovely and a lot of my anxiety about the dentist has minimised since going with my daughter."

"Positive. The dentists we have seen have been brilliant with the kids and were usually in and out very quickly."

"The practice dentists have been great with both the check-ups he had."

"Excellent. We have a great dentist."

Ease of Appointments and Relaxed Environment:

"Our dentist practice is lovely. To begin with one of my sons was registered with one dentist and my other son was registered with another which appointments hard especially if one was running late. They are both under the same dentist now who is wonderful with them."

"They are happy to go. No issues with their teeth. Takes about 5 mins to check."

"There have been no issues. My children see it as routine."

"Very pleasant. My children look forward to it."

"Always happy to go."

Preparation, Early Exposure and Dental Habits:

"We have been lucky enough to have NHS dental care for our whole family, including when both our children were born. The dental surgery we attend is fantastic – the admin side is always smooth, the dentists are fabulous and thorough and also help put the children at ease. We took our children to the dentists from a very young age, to help them get used to the experience, and it's never been anything but fine to take them along. We believe strongly in good dental health and re-iterate it to our children regularly."

"We have done it from very young so it seems normal to them."

"Very good experience. It reminds them to brush better."

Family-Oriented Care:

"Once I decided to go private for my own care, my children would be seen by the same practice for free. The experience has been very good and my eldest has been very positive about going (youngest too young to express opinion yet, but was happy when he was there). We've been able to get an appointment at the private dentist practice without any problem."

Mixed Experiences

Initial Anxiety or Nervousness:

"Initially my eldest was anxious but fine after first visit."

"Mixed experience – depends on the dentist we see. There was one very good dentist who was kind and understanding and did his best to put my son at ease, even though my son was a very nervous patient."

Positive Experiences Despite Reluctance:

"Positive, they haven't needed any work done. They say they don't like the dentist but there is no reason for it and when they're there they're fine."

"The kids don't like going but they are ok by the end of it. I don't mind taking them as I know it is very important."

"Children have been made to feel at ease and comfortable about going to the dentist. I've questioned the value as it literally is a minute in the office, having their teeth counted. I've always wondered why there isn't a more thorough check to

ensure they're not beginning to get cavities - especially as it's predicted that my youngest child will not get many of her adult molars."

Traumatic or Unpleasant Experiences:

"My dentist is lovely but she had cavities [and] tried to get [the] tooth out so was a traumatic experience."

"Mixed. One nightmare where the dentist extracted a tooth unexpectedly and to great distress, others less traumatic."

Challenges with Special Needs or Specific Care Needs:

"My children have had good experiences of going to the dentist, with the exception of my youngest who has special needs. The dentist has not been able to cater to her needs and so we are having to wait to see the community dentist."

Experiences with Different Dentists:

"We have a good dentist in Harlow. They have seen the same dentist for 4 or 5 years which was good for them as they became very comfortable. The dentist has just changed and doesn't seem so child friendly!"

Convenience and Accessibility:

"Currently drive 45 mins to private dentist due to poor experience from parents of NHS dentist. Not convenient but very friendly and excellent care. Referral for braces efficient."

"Getting appointments for them is straightforward however, the visits are rushed. Less than 5 mins is spent on each child."

Negative Experiences

Accessibility and Location Issues:

"The issue I have is the distance of the practice. I used to live in Ilford and my children have to attend this practice as this was my practice and I was unable to find NHS dental services locally in Epping."

"I was not able to get the children into a NHS dentist practice. I tried several in the area."

"Due to Covid I was late getting my youngest registered with a dentist, then I was unable to register with the same NHS dentist as myself and my eldest. I ended up moving all of us to a private dentist."

Poor Treatment:

"We had a bad experience with another dentist at the same practice who seemed completely unaware of how to deal with children, particularly ones who are

terrified and in pain. She talked over my son, only spoke to me about the treatment he needed and was unhelpful when I asked her about pain relief for what was going to be a double extraction. Even though his teeth were really hurting him, we couldn't go through with the procedure because my son was so scared and upset."

"Hates it."

Neutral Experiences

Gaps in Awareness or Access to Care:

"The children were born overseas and we didn't move back to the UK until they were 7 and 4. They were provided free dentistry in the US at their school settings on a mobile unit called the Molar Express - I believe this could be something beneficial to children in the UK whose parents don't consider taking them to the dentist. I was ashamed when I first visited a dentist with them as I had been lax about visits - although we regularly brushed their teeth. A universal approach to childhood dentistry within the school day would ensure all children receive the oral care they need."

Question 7

7. Is there anything that your dentist or dental practice currently does to make the practice more child/family friendly?

1	Open-Ended Question	100.00%	29
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Participants were then asked if there was anything that their dentist or dental practice currently does to make the practice more child or family friendly. A total of 29 participants responded. Five participants chose to skip the question. For those who did respond, the following comments were provided, which have been categorised by theme of discussion.

Participants who responded 'No'

A total of 7 participants responded with 'No' or 'Not that I'm aware of'. Out of those participants, one provided an additional comment alongside their response:

"No, although dentists are very patient and kind."

A total of 6 participants specifically commented on how children are rewarded with stickers at the end of a dental appointment.

"Gives a sticker afterwards!"

"Stickers."

"They hand out stickers."

"Provide stickers at the end of the appointment."

"Stickers for children."

"Uses stickers."

In addition to these responses, 9 other participants mentioned the use of stickers. Out of the 29 participants who responded to the question, 51.72% of responses (15 participants) mentioned stickers. Out of the 34 participants who took part in the survey, this equates to 44.12% of participants in total.

Positive Feedback

Regarding the 16 participants who provided other positive feedback and responses around how their dentist or dental practice currently makes their practice more child or family friendly, the following comments were provided. These comments have been categorised by theme of discussion.

Child-Friendly Interaction and Engagement:

"She talks to the children about what she is going to do and what they can do to help with their teeth and always give stickers at the end of a session. Very child friendly."

"The kids don't like it but the dentist and assistant are great at interacting with them so they can check their teeth. They give the kids stickers which the kids love."

"Just being kind with them, asking them questions and speaking with them before they sit down."

"Friendly manner. Stickers for younger children."

"Very warm and personable with the children, often making little jokes to lighten the mood. The children always loved the sticker at the end too! It also helps the parent feel more relaxed (which in turn helps put the child/children at ease since they pick-up on the vibe from their parent) when the dentist is relaxed and friendly."

"Very low pressure for first visits e.g. didn't have to sit in main chair straightaway, explains everything that he is doing, talks directly to my daughter and listens to her. Mr Men stickers!"

"They don't rush the children but allow them to warm up to the environment and the dentist. The dentist talks to them in a friendly way and engages them by

showing them the tools they're using and playing games to entice my youngest to open his mouth/ show his teeth etc."

"Stickers, very friendly staff. They are gentle and encouraging."

"Reassures the children by allowing them to play with the chair before the examination."

"Their first dentist would always tell the children what they were going to do. 'I'm going to look at your teeth now, I'm going to touch your teeth now.' Also, the dentist would look at them and talk straight at them. Now the dentist does not do those things and the children have commented on it."

"They are all just really good with the kids, explaining what they are doing, what equipment they are using, etc. Offer stickers to the kids at the end."

"They are very kind, patient and caring."

"Nothing specifically child-friendly. They're just very kind, polite, calm and offer a sticker at the end which both children usually refuse for some reason!"

"Builds rapport beforehand."

Comfort and Relaxation for Both Parent and Child:

"He is very friendly, from the age of six months he has gradually introduced What a dental appointment entails. He makes it fun for children and they get a sticker after. He keeps the appointments relaxed which I feel my children respond well to. I'm a big fan of How Dr Patel treats my children. He also runs clinics during half term and school holidays which are only for children. This helps me to book an appointment which my children can attend and they don't need to take time off of school to do so."

"Very warm and personable with the children, often making little jokes to lighten the mood. The children always loved the sticker at the end too! It also helps the parent feel more relaxed (which in turn helps put the child at ease since they pick-up on the vibe from their parent) when the dentist is relaxed and friendly."

"Appointments for all four of us at once. After school hours appointments reserved for families."

"Children are happy to go."

Communication and Transparency:

"Very low pressure for first visits e.g. didn't have to sit in main chair straightaway, explains everything that he is doing, talks directly to my daughter and listens to her. Mr Men stickers!"

“Their first dentist would always tell the children what they were going to do. ‘I’m going to look at your teeth now, I’m going to touch your teeth now.’ Also, the dentist would look at them and talk straight at them.”

“Refer to the kids by name on arrival. Explain to them what’s being done during the examination.”

Other Comments

“There is no reminder system to book 6 month or yearly checks, so sometimes I forget.”

Question 8

8. How could your dental practice be made more child or family friendly?			
Answer Choices		Response Percent	Response Total
1	Open-Ended Question	100.00%	32

In regard to how their dental practice could be made more child or family friendly, 32 participants responded. Two participants chose to skip the question. For those who did respond, the following comments were provided, categorised by theme of discussion.

Participants who responded ‘Not Applicable’

Out of 32 participants, 8 participants responded with ‘N/A’ or equivalent answers. Meanwhile, 4 participants provided similar responses with positive sentiments:

“They are already family friendly.”

“They do a good job.”

“Children are happy to go.”

“She was really lovely and spoke to my daughter [and] gave a sticker at the end.”

Ideas and Suggestions

In addition to these responses, 24 participants provided ideas and suggestions for how their dental practice could be made more child or family friendly. The following comments were provided, categorised by theme of discussion.

Child-Friendly Environment and Comfortable Waiting Areas:

“Child friendly waiting room. Could have comics to look at.”

“Maybe more toys/interactive activities in the waiting room.”

"More colour - perhaps a particular room that is catered specifically for children."

"Perhaps provide some toys and children's books in the waiting area."

"Toys or books available in waiting area, e.g. a book about going to the dentist"

"Maybe some books/magazines to look at in reception while waiting."

"A children's area in the waiting area, however, I am very happy with my practice."

"Have a dedicated area for children to sit."

"More chairs in the treatment room for family members to wait."

"The waiting room is very quiet and you're conscious of the receptionist making phone calls etc., so the bit before the appointment isn't very relaxed. There's a few toys but we still mostly sit quietly."

"They are limited by the size of the practice. When there are three of us and scooters and other people it's very overcrowded!"

"Waiting room less stark."

"Books."

Communication and Interaction with Children:

"Talk to the children nicely."

"The staff at the reception desk are proficient and professional, but it might make it more child friendly if they could interact a bit with the children so the same welcome we get from the dentist is consistent throughout the experience. Literally just a 'Hello children - great to see you here, well done for looking after your teeth!' or something. This is me nit-picking a bit, since we are generally very happy with the service we receive."

"Some training on how to deal with nervous children."

"Some training on how to deal with nervous patients would be helpful I think (I am an adult patient at the surgery and have noted this myself)."

"Be able to see the mother as well."

"Explaining every step of the check-up."

Suggestions for Practice Improvements:








"Regular reminders if checks are overdue."

"Offering a wider range of pain relief solutions suitable for all ages would help."

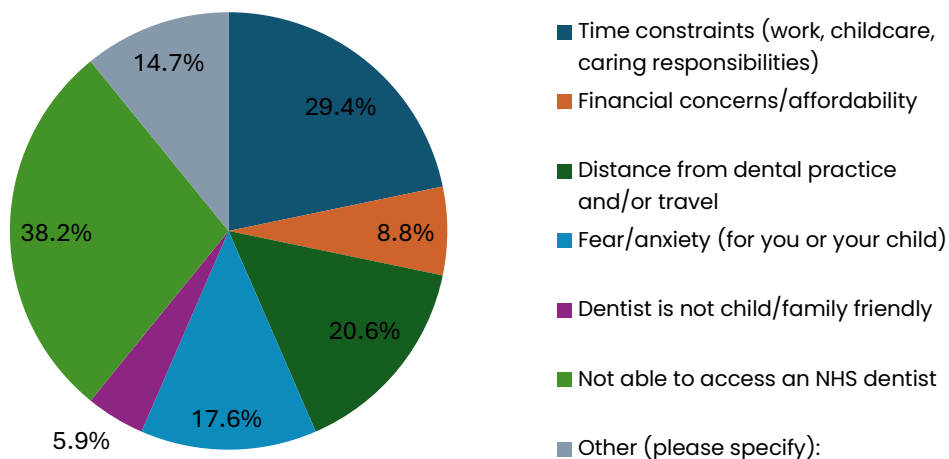
"Waiting times at the practice potentially. They're always running very late and the waiting room is very boring."

Question 9

9. Please tick any reasons which may prevent you from taking your child (or children) to the dentist. Please tick all that apply.

Answer Choices			Response Percent	Response Total
1	Time constraints (work, childcare, caring responsibilities)		29.41%	10
2	Financial concerns/affordability		8.82%	3
3	Distance from dental practice and/or travel		20.59%	7
4	Fear/anxiety (for you or your child)		17.65%	6
5	Dentist is not child/family friendly		5.88%	2
6	Not able to access an NHS dentist		38.24%	13
7	Other (please specify):		14.71%	5
			answered	34
			skipped	0

Please tick any reasons which may prevent you from taking your child (or children) to the dentist. Please tick all that apply.



When asked if there were any reasons which may prevent them from taking their child or children to the dentist, all 34 participants responded.

- 13 participants (38.24%) said 'not able to access an NHS dentist'.
- 10 participants (29.41%) said 'time constraints'.

- 7 participants (20.59%) said 'distance from dental practice and/or travel.'
- 6 participants (17.65%) said 'fear/anxiety'.
- 5 participants (14.71%) said 'other'. [See further comments below.]
- 3 participants (8.82%) said 'financial concerns/affordability'.
- 2 participants (5.88%) said 'dentist is not child/family friendly'.

Other Comments

"Difficulty getting an appointment."

"There are no reasons. My children regularly go to the dentist and if they needed to go outside of routine appointments I would prioritise this. I believe oral health is very important."

"We are fortunate to be in a position where we can prioritise dental health, so we would always make sure to regularly attend appointments."

"Appointments are booked so far in advance, then if it needs to be rescheduled we then have to wait another 6 months."

"Oral health is important."

Question 10

10. Please share more about your answer, and what may help you take your child to the dentist?

Answer Choices		Response Percent	Response Total
1	Open-Ended Question	100.00%	25

When asked to consider their previous answers and what might help them to take their child or children to the dentist, 25 participants responded. Nine participants chose to skip the question. Three participants answered the question but said 'none' or provided equivalent responses. For those participants who did respond, the following comments were provided, categorised by theme of discussion.

Time Constraints and Appointment Availability:

"I work in a school and am unable to have time off for the dentist so have to book in the school holidays."

"I do take her. It's not particularly easy to get appointments that fit my working pattern though. Generally have to really rush to get there for 4pm."

"We've worked around work and school commitments, usually taking our children right after the school day has ended. But when the actual appointment does only take a minute, you do question all the time and energy that it has taken to make logistics work and get there."

"Limited appointments outside of school hours."

"It is another appointment you need to fit around all the other activities and work etc. It's just difficult to fit in and you need to commit far in advance to get an appointment time and/or the appointment time you want/need. Specific children weekends perhaps?"

"It is difficult to get appointments sometimes outside working hours and during the school holidays but if I call sometime in advance appointments are available."

"Always hard to fit appointments around school time and work."

"There is a massive shortage of dentists which I think makes the dentist incredibly busy so have a very long wait time."

Difficulties Accessing an NHS Dental Practice:

"It took nearly 3 years to get an NHS place local to me for both my children."

"There is a lack of NHS services in the local area. I've chosen to take my children to a dental practice which is quite some distance because of this. I was lucky that I already had an established link with this dental practice as I used to live there, however without this, I don't think I would've been able to find dental services for my children."

"We believe oral hygiene is extremely important and think it is a huge issue that we are unable to get them registered and seen by a dentist. "

"Cannot find an NHS dentist in my area."

"More access to NHS dentistry."

"Only thing is access to NHS dentist - otherwise they're going."

"Currently I can afford the private dental care for myself and so my children can have a free check-up. However as a single parent, the cost for my own private dental care is something I need to think about. I've not been able to get either child into an NHS dentist, so the easiest way for me to get them seen was to give up my NHS dentist place and go to a private practice which would then see them too (but only if the parent attended that practice)."

"I do now take them, but it was tricky finding a practice when we first moved to the area."

“Having more availability to services.”

“It has been hard to find a dentist that will see both me and the children. We are registered at different practices.”

“I have been unable to find an NHS dentist for my children to register them. We cannot afford to go private.”

Financial Concerns:

“There is no availability at the only NHS dentist in our town. I use the private dentist and pay for treatment. The children’s check-ups are free but if they need treatment/x-rays you have to pay. Also have to pay for the hygienist.”

“We can get to the dentists, but if we had less money and lived far away or couldn’t get access to NHS dental care this would be a lot more difficult. Access to NHS dental care is incredibly important to make it accessible to as many people as possible.”

Friendly Interaction and Engagement:

“Friendly staff.”

Other Comments:

“I think it’s important to take your child to the dentist and as early as possible.”

Question 11

11. On a scale of 1 to 5, how concerned are you about your child (or children’s) oral health? 1 is not at all while 5 is very concerned.

Answer Choices			Response Percent	Response Total
1	1 (Not at all)		17.65%	6
2	2		32.35%	11
3	3		29.41%	10
4	4		2.94%	1
5	5 (Very concerned)		17.65%	6
			answered	34
			skipped	0

On a scale of 1 to 5, how concerned are you about your child (or children's) oral health? 1 is not at all while 5 is very concerned.



Regarding how concerned they were about their child or children's oral health on a scale of 1 to 5 (1 being not at all and 5 being very concerned), all 34 survey participants responded.

- 11 participants (32.35%) said '2' (not concerned).
- 10 participants (29.41%) said '3' (neutral or somewhat concerned).
- 6 participants (17.65%) said '5' (very concerned).
- 6 participants (17.65%) said '1' (not at all).
- 1 participant (2.94%) said '4' (concerned).

Overall, 17 participants (50%) showed some level of concern around their child or children's oral health. However, these results could be open to interpretation depending on the participant's perception of the question and the reason for their concern. For instance, differences in parenting styles and behaviours, education and awareness of the topic of children's oral health, and their child or children's past or current oral health experiences could impact levels of concern.

Various participants left additional comments to express their concerns. These comments have been categorised by theme of discussion.

Additional Comments

Concerns About Access to Dental Care:

"They haven't seen a dentist for 5 years. No NHS dentists in my area. Cannot afford to pay private."

"We brush twice a day and do all the right things but without them being checked I have no idea if their teeth are healthy. I also worry that as they haven't been to the dentist that when we eventually do manage to get them registered and seen (we aren't even able to join a waiting list at the moment as spaces are so limited) that they will then be scared as it will be an entirely new experience."

"Their teeth are ok now but I'm worried about cost if they have to pay in future."

Concerns About Specific Dental Issues (Braces, Cavities, etc.):

"She got 2 teeth need taking out been referred but they're waiting for her to go to hospital which wait list is long but she keeps getting infections and toothaches."

"My oldest needs braces and teeth extraction. She has anxiety and can become very ill with her worry so I am concerned when we have appointment will dentist understand this and help."

"We've been told they won't begin to consider braces until our daughter has all her adult teeth. She is almost 12, but then have also heard that there is a 2-3 year waitlist. So when they do actually access, will it be a bit too late by the time she gets off the waitlist."

"My eldest has rumination syndrome so needs regular teeth monitoring."

"She's getting to the age where she may need braces which will be a huge hassle."

Concerns About Oral Health and Hygiene:

"The 2 year old really doesn't like brushing his teeth."

"My daughter with special needs does not allow us to brush her teeth and they are visibly dirty. She is unable to express pain so we don't know if they are hurting her or not."

"I often worry we don't do good enough cleaning and my youngest sucks his thumb which I worry could cause problems."

"Mainly orthodontic concerns, and the fact they don't always brush as well as they could, but all seems fine for the most part."

General Worry About Dental Health:

"It seems fine, so just need to monitor."

"I'm concerned about it (as in, it's important to me) but there is not one specific problem I am worried about. My children both enjoy good dental health."

"I am concerned however also know we brush their teeth twice a day every day and they have a good diet so we're doing largely what we can anyway. I think the concern might grow more as their adult teeth come through?"

"Concerned in that oral health is important. They have excellent teeth with no problems."

"We take good care of teeth at home, brushing twice a day, and the children do not have a lot of processed sugar and mainly drink water."

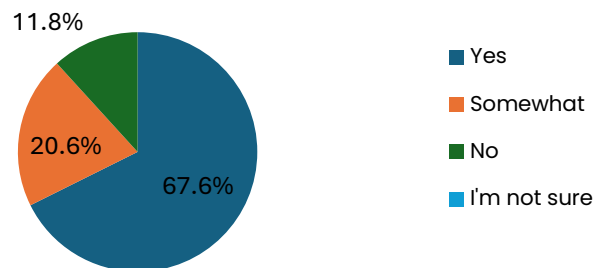
"They have been taught to clean their teeth daily and don't have many sugary snacks, so they should be fine."

Question 12

12. Do you feel you have enough information about children's teeth and/or gums?

Answer Choices		Response Percent	Response Total
1	Yes	67.65%	23
2	Somewhat	20.59%	7
3	No	11.76%	4
4	I'm not sure	0.00%	0
		answered	34
		skipped	0

Do you feel you have enough information about children's teeth and/or gums?



When asked if they felt that they have enough information about children's teeth and/or gums, all 34 survey participants responded.

- 23 participants (67.65%) said 'yes'.
- 7 participants (20.59%) said 'somewhat'.
- 4 participants (11.76%) said 'no'.

Additional Comments

"They need to see a dentist."

"We have not been able to have a check-up for our youngest at all and have been waiting for the community dentist for 18 months."

"Dentist gives clear advice every appointment."

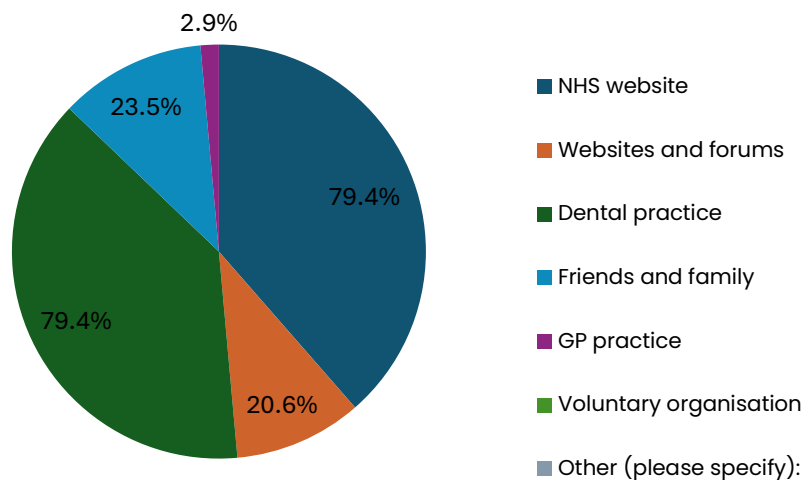
"Would like assurance that they are not developing/don't have cavities, rather than simply a count of how many teeth they have - I could do that every 6 months and note it in their red book etc."

Question 13

**13. If you needed advice on children’s teeth and/or gums, where would you go?
Please tick all that apply.**

Answer Choices		Response Percent	Response Total
1	NHS website	79.41%	27
2	Websites and forums	20.59%	7
3	Dental practice	79.41%	27
4	Friends and family	23.53%	8
5	GP practice	2.94%	1
6	Voluntary organisation	0.00%	0
7	Other (please specify):	0.00%	0
		answered	34
		skipped	0

If you needed advice on children’s teeth and/or gums, where would you go? Please tick all that apply.



Regarding where they would go if they needed advice on children’s teeth and/or gums, all 34 survey participants responded.

- 27 participants (79.41%) said ‘NHS website’.
- 27 participants (79.41%) said ‘dental practice’.
- 8 participants (23.53%) said ‘friends and family’.
- 7 participants (20.59%) said ‘websites and forums’.
- 1 participant (2.94%) said ‘GP practice’.

Question 14

14. What information, education or resources would help you to support your child (or children) to keep their teeth and gums healthy? Examples may include healthy meal ideas, information about sugar content, and information on teeth brushing.

Answer Choices		Response Percent	Response Total
1	Open-Ended Question	100.00%	34

When asked what information, education or resources would help them to support their child or children to keep their teeth and gums healthy (with examples including healthy meal ideas, information about sugar content, and information on teeth brushing), all 34 survey participants responded. The following responses were provided, categorised by theme of discussion.

Participants who responded 'Not Applicable'

Eight participants responded with 'not applicable' or equivalent responses and non-descript answers. Two of these responses included:

"If there was more information would help to take on board."

"More general publicity to support what we say at home."

Ideas and Suggestions

Teeth Brushing and Oral Hygiene:

"Guide on how to brush properly."

"How to get around my 2 years old not liking having his teeth brushed."

"Teeth brushing."

"Videos of how to brush properly or a song to sing in their head so they are brushing for long enough."

"I think information for children about WHEN to brush their teeth, i.e. before or after mealtimes."

"Information about brushing teeth properly."

"A tooth brushing timer app."

"Child friendly brushing techniques."

"How to floss correctly."

"Any why's would be great probably. Why should they brush for 2 minutes. Why twice a day etc. They do it because they're good kids but they love to challenge us!"

"Info on brushing."

Education in Early Years and School Settings:

"School visits from dentists."

"At my son's preschool, they did oral health sessions and used toys and books to demonstrate good oral health."

"It might be helpful for dentists to go into schools and show some of the equipment they use and why, etc."

"The school have provided information at times which has helped our children understand the importance of oral health."

"Kids taught to brush teeth at school."

Nutrition and Sugar Content:

"Examples of good recipes, clever swaps, how to notice issues."

"Pictures and examples of how much sugar is contained in treats, but also everyday foods which they may not think of as being high in sugar i.e. tomato ketchup."

"Info on sugar content in less obvious products is always useful. I would also be interested in how much sugar is in the school meals which students get free at KS1."

"We do well with meals and I try and cook a lot from scratch to minimise sugar intake."

"Information about sugar content. Child friendly materials on how sugar impacts on oral health."

"Healthy, appealing snack ideas with information about hidden sugars."

"Information about sugar content."

"Sugar content."

"Food."

Mix of the Above:

"Information about sugar content would be useful, and teeth brushing would be good too. When I was a child, my brother and I were sat down with a dental hygienist and a pretend set of teeth and toothbrush. We were shown exactly how

we should be brushing our teeth, which I still remember 40 years later. This was not something that my children experienced and I think it would really help etch it on children's memories if a practical demo like this could take place."

"The actual contents of sugar in things, we've signposted and given out to parents from when their baby is 6 months so they know they shouldn't be offering sugary foods until at least 4/5 years old where possible."

"Factual information about why teeth need to be cleaned, common brushing mistakes, sugar content on food and drinks, how to keep their teeth healthy."

"I am always a fan of educating families on healthy meals and especially the impact of fizzy drinks, and the correct way to brush teeth. This needs to be ingrained from early childhood otherwise it's not an easy habit to switch to."

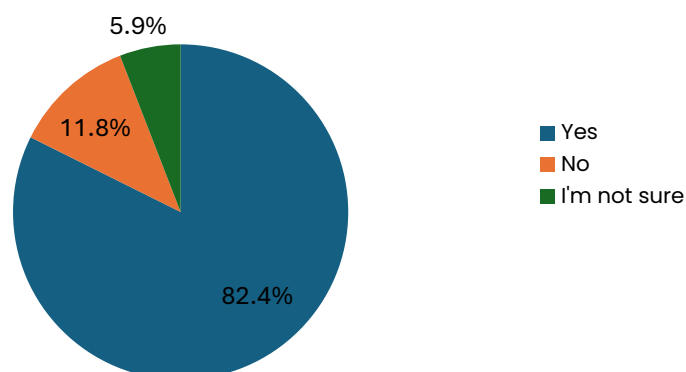
"Education around timing of snacks and types of snacks related to mealtimes and teeth brushing."

Question 15

15. Would you like to see more support for keeping children's teeth and gums healthy in schools? Examples may include dentists or dental nurses visiting the school to do check-ups, provide education, or apply fluoride varnish if your child (children) need it.

Answer Choices		Response Percent	Response Total
1	Yes	82.35%	28
2	No	11.76%	4
3	I'm not sure	5.88%	2
		answered	34
		skipped	0

Would you like to see more support for keeping children's teeth and gums healthy in schools?



In consideration of whether they would like to see more support for keeping children's teeth and gums healthy in schools, with examples including dentists visiting the school to do check-ups, provide education, or apply fluoride varnish if needed, all 34 survey participants responded.

- 28 participants (82.35%) said 'yes'.
- 4 participants (11.76%) said 'no'.
- 2 participants (5.88%) said 'I'm not sure'.

Various participants provided further comments, either advocating for more support in schools, or raising concerns around this support being provided.

Supportive Comments

"Providing educational lessons on sugary foods and drinks."

"This would really help children whose parents can't easily get them to a dentist."

"I think this would be invaluable, especially where a parent isn't taking them regularly. It opens up the conversation with their friends and they can see it's not scary."

"Would be helpful if there were check-ups in school. I did pay for one of my sons to have the fluoride treatment, so if this was free it would be great."

"Yes to information and maybe plaque reveal tablets but not fluoride varnish."

"See my earlier comment about my experience of mobile dental practices visiting schools, which I think is a great idea. An opt-out scheme rather than an opt-in one will always mean more children are seen."

"A school visit from a dentist would certainly be helpful as well as a workshop parents could attend that would inform them of what to anticipate from dentist visits as their children go through primary and into secondary. (i.e. what will happen, why just simply tooth counts, when more thorough exams will start taking place, when braces begin being considered, when children begin getting braces and what that process is)."

"Dentists or dental nurses visiting the school for checkups would be a game changer. I remember dental nurses coming to my school when I was younger and making buzz's bees out of cotton wool for us! I think all parents would love this, even for a small charge. Convenience is everything."

Concerns around Support in Schools




"I don't feel that this is schools responsibility."

“Check-ups yes, but not daily teeth brushing. I think this is a huge infection control issue and I would not want my child having their teeth brushed at school. We get enough illnesses. Without them sharing toothbrushes by accident.”

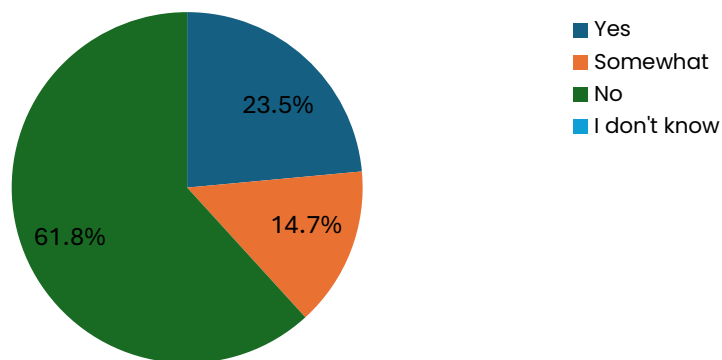
“I work in a school – dental nurse visit would be fantastic but... Parents need educating as well as the children, potentially even more so.”

Question 16

16. Have you felt stressed or worried about your child's (or children's) teeth and/or gums in the last year?

Answer Choices			Response Percent	Response Total
1	Yes		23.53%	8
2	Somewhat		14.71%	5
3	No		61.76%	21
4	I don't know		0.00%	0
			answered	34
			skipped	0

Have you felt stressed or worried about your child's (or children's) teeth and/or gums in the last year?



When asked if they have felt stressed or worried about their child or children's teeth and/or gums in the last year, all 34 survey participants responded.

- 21 participants (61.76%) said 'no'.
- 8 participants (23.53%) said 'yes'.
- 5 participants (14.71%) said 'somewhat'.

Additional Comments

“They weren’t brushing well, brought them electric tooth brushes and it’s improved.”

“My youngest’s 2 front teeth have worn down. My private dentist checked them and reassured me.”

“She had a damaged tooth but the dentist was able to remove it very easily.”

“Husband does not have one of his teeth (an adult tooth never came in) and there is a chance that our children might experience the same.”

“Yes the two teeth having problems.”

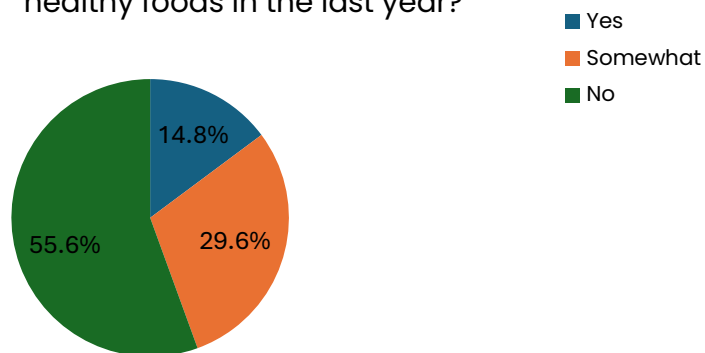
“See above - rumination syndrome.”

Question 17

17. Has the increased cost of living affected your ability to purchase healthy foods in the last year?

Answer Choices		Response Percent	Response Total
1	Yes	14.81%	4
2	Somewhat	29.63%	8
3	No	55.56%	15
4	I don't know	0.00%	0
		answered	27
		skipped	7

Has the increased cost of living affected your ability to purchase healthy foods in the last year?



Regarding whether the increased cost of living had affected their ability to purchase healthy foods in the last year, 27 participants responded. Seven participants chose to skip the question.

- 15 participants (55.56%) said 'no'.
- 8 participants (29.63%) said 'somewhat'.
- 4 participants (14.81%) said 'yes'.

These results show that the increased cost of living has affected at least 12 participants (44.44%) on some level in relation to their ability to purchase healthy foods in the last year.

Various participants provided additional comments around how the increased cost of living has affected their food purchases. Several participants highlighted an increased cost of fruit and vegetables and said that this has impacted the amount of fruit and vegetables they are able to purchase.

Additional Comments

"I would prioritise healthy food over treats."

"Chocolate and sweets are cheaper than fruit and veg - why?"

"I'm able to purchase less fresh fruit and veg."

"We're managing but things are definitely much more expensive than they used to be, especially meat, butter, eggs."

"I prioritise buying healthy food and we have been able to absorb the increased costs so far."

"I am lucky that I have the time to cook from scratch, which I think makes cooking healthy meals cheaper."

"Rising costs of fruit, veg and milk has. I certainly am conscious as the children gulf down a box of strawberries but also do not want to stop them eating the healthier options!"

"Nothing is cheaper, I do try with healthy options."

"Unfortunately highly processed foods and those full of sugar are much cheaper to buy. We would love to be able to buy more fresh fruit and veg within our budget."

"Not always able to buy fresh produce as often as I would like to."

"Cheaper to buy pre-made snacks which I know have more sugar."

"Kids love to snack and healthy snacks in particular are very expensive."

“Need to cut back.”

“Fresh fruit and vegetables are now generally dearer.”

“Fresh fruit and veg can be reasonably priced.”

Question 18

18. Is there anything else you'd like to tell us?			
Answer Choices		Response Percent	Response Total
1	Open-Ended Question	100.00%	13

When asked whether there was anything else they would like to share with us, 13 participants responded. Twenty-one participants chose to skip the question.

Participants who responded ‘Not Applicable’

Out of 13 participants, 5 responded with ‘not applicable’ or equivalent answers.

Participant’s Comments

Access to NHS Dental Practice Concerns:

“My family are in a fortunate position whereby we can afford a private dentist but the inability for people to access dental treatment is a concern for me. Current waiting list for braces for youngest is 2 years - that is for NHS treatment and clearly shows lack of capacity.”

“We have to travel longer than we’d like to see an NHS dentist. We moved house but not dentist because finding a dentist taking new NHS patients is extremely difficult.”

Other Concerns Around NHS Dental Services:

“More NHS dentists. Children's teeth should be prioritised.”

“More advertisement about dental health and detriments to NHS budget etc.”

“Looooong long wait to see orthodontist for braces. Still not been seen.”

Education on Importance of Oral Health:

“When a dentist simply counts their teeth, it minimises the importance of oral health for children. My children have questioned the value and purpose of going to the dentist when this is all that has happened. Understanding why this is the

focus and what more thorough exams will happen in the years to come would help.”

“It's really important to identify and remove barriers to children attending the dentist.”

“More knowledge about what is bad for teeth.”

Positive Feedback:





“My dentist at Castle Dental, Bishops Stortford is fantastic.”

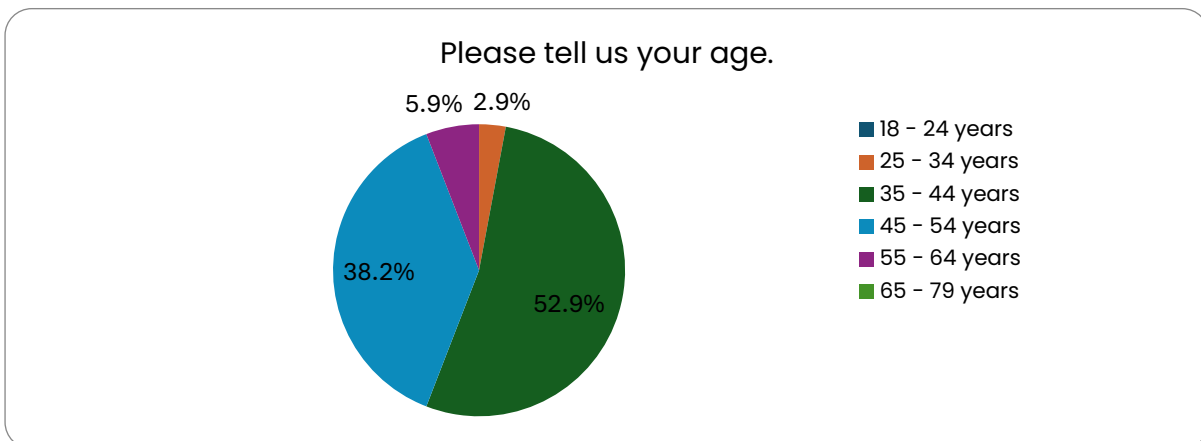
4.0 Demographics

Demographic survey questions were also asked to understand the key characteristics of those participants who took part in the survey, including age, gender, ethnicity, and geographical location. Participants were also asked whether they considered themselves to be a carer, if they had a disability or a long-term health condition, and whether their child or children have any special educational needs, disabilities or neurodevelopmental disorders.

All demographic questions were answered on a voluntary basis.

Question 1



Please tell us your age.				
Answer Choices			Response Percent	Response Total
1	18 - 24 years		0.00%	0
2	25 - 34 years		2.94%	1
3	35 - 44 years		52.94%	18
4	45 - 54 years		38.24%	13
5	55 - 64 years		5.88%	2
6	65 - 79 years		0.00%	0
7	80+ years		0.00%	0
8	Prefer not to say		0.00%	0
			answered	34
			skipped	0

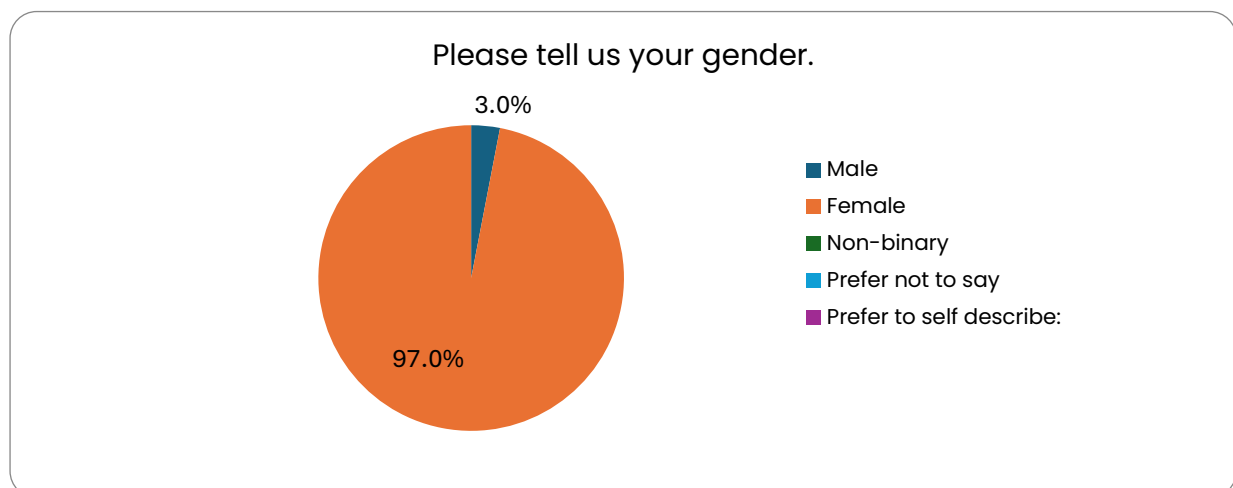


All 34 survey participants responded to this question.

- 18 participants (52.94%) were aged between 35 – 44 years old.
- 13 participants (38.24%) were aged between 45 – 54 years old.
- 2 participants (5.88%) were aged between 55 – 64 years old.
- 1 participant (2.94%) was aged between 25 – 34 years old.

Question 2






Please tell us your gender.				
Answer Choices			Response Percent	Response Total
1	Male		3.03%	1
2	Female		96.97%	32
3	Non-binary		0.00%	0
4	Prefer not to say		0.00%	0
5	Prefer to self-describe:		0.00%	0
			answered	33
			skipped	1

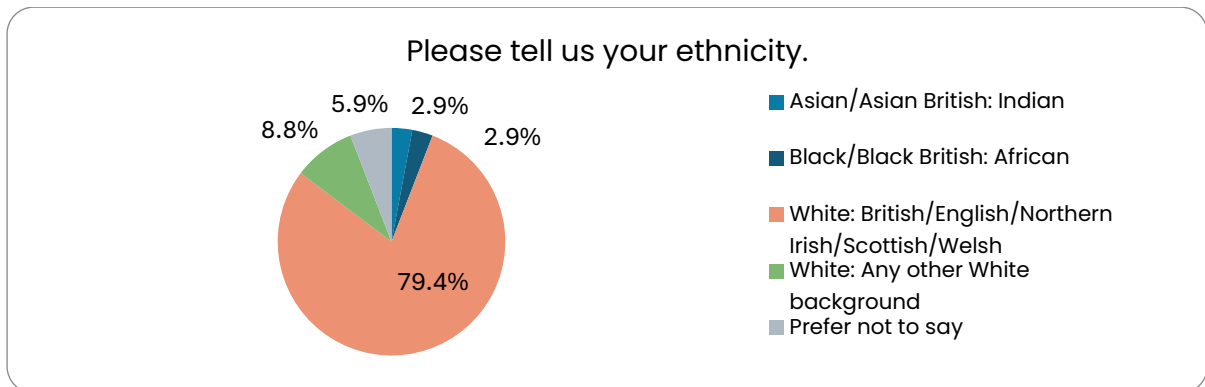


A total of 33 participants responded with their gender. One participant chose to skip the question.

- 32 participants (96.97%) identified as 'female'.
- 1 participant (3.03%) identified as 'male'.

Question 3

Please tell us your ethnicity.				
Answer Choices			Response Percent	Response Total
1	Arab		0.00%	0
2	Asian/Asian British: Bangladeshi		0.00%	0
3	Asian/Asian British: Chinese		0.00%	0
4	Asian/Asian British: Indian		2.94%	1
5	Asian/Asian British: Pakistani		0.00%	0
6	Asian/Asian British: Any other Asian/Asian British background		0.00%	0
7	Black/Black British: African		2.94%	1
8	Black/Black British: Caribbean		0.00%	0
9	Black/Black British: Any other Black/Black British background		0.00%	0
10	Mixed/multiple ethnic groups: Asian and White		0.00%	0
11	Mixed/multiple ethnic groups: Black African and White		0.00%	0
12	Mixed/multiple ethnic groups: Black Caribbean and White		0.00%	0
13	Mixed/multiple ethnic groups: Any other Mixed/Multiple ethnic group background		0.00%	0
14	White: British/English/Northern Irish/Scottish/Welsh		79.41%	27
15	White: Irish		0.00%	0
16	White: Gypsy, Traveller or Irish Traveller		0.00%	0
17	White: Roma		0.00%	0
18	White: Any other White background		8.82%	3
19	Prefer not to say		5.88%	2
20	Other (please specify):		0.00%	0
			answered	34
			skipped	0



All 34 survey participants responded to this question.

- 27 participants (79.41%) identified as 'White British/English/Northern Irish/Scottish/Welsh'.
- 3 participants (8.82%) identified as 'White: Any other White background'.
- 2 participants (5.88%) said 'Prefer not to say'.
- 1 participant (2.94%) identified as 'Asian/Asian British: Indian'.
- 1 participant (2.94%) identified as 'Black/Black British: African'.

Question 4

What is the first half of your postcode? (For example: CM20)		
Answer Choices	Response Percent	Response Total
1 Open-Ended Question	100.00%	33

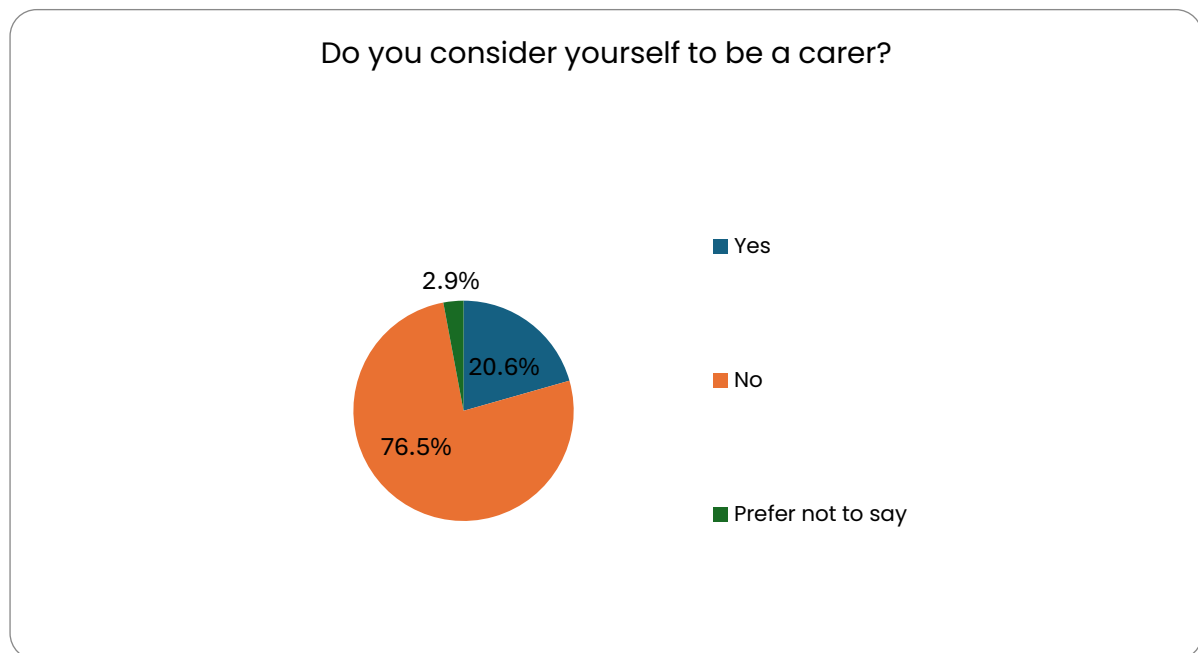
A total of 33 participants provided their postcode. One participant chose to skip the question.

- 8 participants (24.24%) said 'CB10' (Saffron Walden, Uttlesford).
- 7 participants (21.21%) said 'CM16' (Epping).
- 5 participants (15.15%) said 'IG10' (Loughton, Epping Forest).
- 3 participants (9.09%) said 'CM20' (Harlow).
- 2 participants (6.06%) said 'EN9' (Waltham Abbey, Epping Forest).
- 2 participants (6.06%) said 'CB11' (Saffron Walden, Uttlesford).
- 2 participants (6.06%) said 'CM22' (Sheering, Epping Forest).
- 1 participant (3.03%) said 'CM17' (Harlow).
- 1 participant (3.03%) said 'IG8' (Woodford Green).
- 1 participant (3.03%) said 'IG7' (Chigwell, Epping).

One participant (3.03%) outside of west Essex participated in the survey through our webpage and said 'CO15' (Clacton-on-Sea, Tendring).

Question 5

Do you consider yourself to be a <u>carer</u> ?				
Answer Choices			Response Percent	Response Total
1	Yes		20.59%	7
2	No		76.47%	26
3	Prefer not to say		2.94%	1
			answered	34
			skipped	0






All 34 survey participants responded to this question.

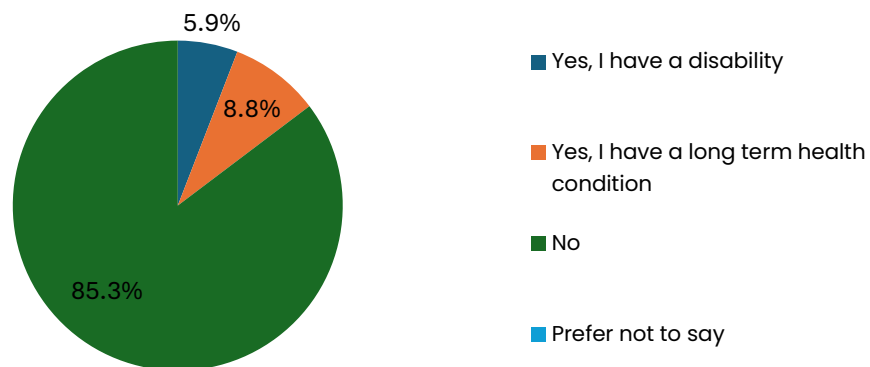
- 26 participants (76.47%) said 'no'.
- 7 participants (20.59%) said 'yes'.
- 1 participant (2.94%) said 'prefer not to say'.

Question 6

Do you have a disability or long-term health condition?

Answer Choices			Response Percent	Response Total
1	Yes, I have a disability		5.88%	2
2	Yes, I have a long-term health condition		8.82%	3
3	No		85.29%	29
4	Prefer not to say		0.00%	0
			answered	34
			skipped	0

Do you have a disability or long-term health condition?







All 34 survey participants responded to this question.

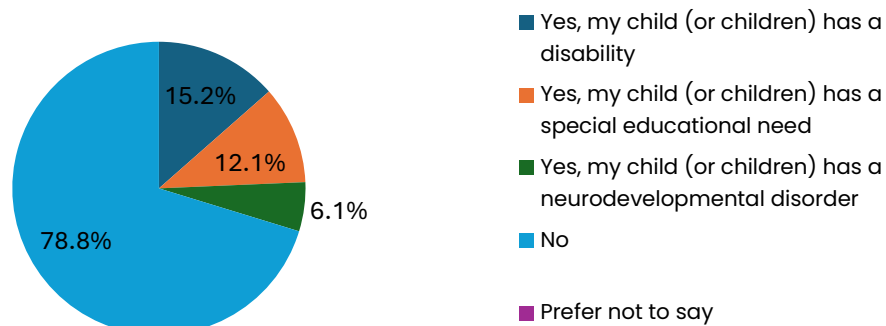
- 29 participants (85.29%) said 'no'.
- 3 participants (8.82%) said 'yes, I have a long-term health condition'.
- 2 participants (5.88%) said 'yes, I have a disability'.

Question 7

Does your child (or children) have any special educational needs, disabilities, or neurodevelopmental disorders?

Answer Choices			Response Percent	Response Total
1	Yes, my child (or children) has a disability		15.15%	5
2	Yes, my child (or children) has a special educational need		12.12%	4
3	Yes, my child (or children) has a neurodevelopmental disorder		6.06%	2
4	No		78.79%	26
5	Prefer not to say		0.00%	0
			answered	33
			skipped	1

Does your child (or children) have any special educational needs, a disability, or a neurodevelopmental disorder?



A total of 33 participants responded. One participant skipped the question.

- 26 participants (78.79%) said 'no'.
- 5 participants (15.15%) said 'yes, my child (or children) has a disability'.
- 4 participants (12.12%) said 'yes, my child (or children) has a special educational need'.
- 2 participants (6.06%) said 'yes, my child (or children) has a neurodevelopmental disorder'.

5.0 Case Studies

Many people offered to talk to us directly and tell us about their stories in-depth. We would like to thank everyone who took the time to share their experiences, helping us to produce this report. From those that we have spoken to, we would like to highlight four case studies reflecting the lived experience of people in west Essex. These include two case studies from parents who took part in the survey and were willing to share their views and experiences in more detail and two case studies from professionals working in the public sector who were willing to share their insights. Names have been changed to provide anonymity.

Lived Experiences

Case Study 1

'Anna'

Anna is a mother of two children, a 9-year-old boy and 7-year-old girl who both attend an NHS dental practice in Epping every six months. The interview began with Anna reflecting on whether she had ever experienced any struggles accessing an NHS dental practice for her children. "I was really lucky because when I registered them, I think there was space. Well, there was space on the NHS list and I just saw that they had some, so I registered myself and my children, my husband at the time was going somewhere else. He tried to register a year or two ago, but he cannot register at the practice, so he's had to register as a private patient. I know a lot of people have issues, but I was lucky. In terms of appointments, we always book them six months ahead when we finish our last appointment."

Anna then considered her children's experiences of visiting the dentist and her experiences taking them to appointments. "I used to try and take them and have me go first and then the two of them afterwards, but then the two of them are free to kind of run around and touch everything and it didn't really work very well, but at least they saw me doing it and then they did it themselves. So now I book one after the other so they both do it together. They've been generally positive, they have very little done so they essentially sit down, the dentist looks at their teeth and might give him a quick polish or put some fluoride on them. So I'd say that it's very minimal that they actually have anything done.

My daughter says she doesn't particularly like it very much, but she doesn't like going back in the chair and it's nothing to do with the dentist. I think there still is a fear, I can understand because I don't love going to the dentist, but it's not come from anywhere and doesn't stop them going. I'm having migraines, so for me,

going backwards in the chair, I actually can't do it right now because I get so dizzy. It makes me want to vomit and there will be other people, children as well that have that. My son has it, but it's not so bad in the dentist, but just considerations like that. If a child doesn't feel well when they're in the dentist chair, what can you do about it?

Ideally I would like them to have their teeth cleaned and probably looked at a bit more rather than just go back, count their teeth, paste something on and then done. Perhaps the kids don't really need it done, but as an adult you generally do, but you're asked to pay for a hygienist before you go to the dentist. It's just very different from the care that I had growing up. But with the dentist himself, he's very, very nice. He tries to talk to them, ask them questions, he's very kind. His assistants are very nice to them as well. And I think getting [the appointment] out of the way as quickly as possible is good."

Regarding how well her children's oral health needs are understood and addressed by the practice, Anna commented: "I think they have a very good understanding of oral health. I don't know how much of that necessarily comes across in the appointment. If you ask questions, you get answers. I don't know if the dentist goes into their school when they're in the reception year and does a session with them, I'm not sure if my daughter will have had that because of COVID. As a parent, you kind of have to do the best that you can, so recently I moved from normal brushes to electric toothbrushes because I found the kids weren't brushing their teeth well enough. Not to the point where they've got any fillings or anything, but I thought you could just see that they weren't quite clean. And I remember having a conversation a few years ago asking if it was okay to move to an electric toothbrush. They must have been under 5 years old at that point and the dentists said it wasn't needed. I think it's very difficult to know what it is that you should or shouldn't be doing from such a quick appointment. If the teeth look fine, it's fine. So I think I'm assuming if the teeth didn't look fine, perhaps they'd give you more information, but if you are doing it all right they don't really say anything."

As to whether she believes the dentist communicates clearly with her and her child, Anna added: "I think they are perfectly happy and very knowledgeable if you ask them questions. I feel like I am quite strict with my kids in terms of the amount of sugar that they have, because in relation to their peers, I try not to let them have as much. But it would be useful to know things like how much sugar is okay in a general day or week if they were to be eating sweets. Is there a difference between sweets like Haribo and chocolate? What is the healthier version? We live in a society now where everyone is having a lot more sugar. It's more available. The kids want it and I see parents at the gate in the afternoon snack giving their

child a pack of grab bags. So I don't do that. But my kids definitely have sweets and when they're over at other people's house, they shove their faces with sweets and when I was growing up, it wasn't so readily available.

The food now is packed with sugar and other nasties and I think it's really quite difficult as a parent to navigate that and give your child a good diet. So it would probably be helpful just to have some kind of comments on that. I find it hard to limit the amount of sugar my kids eat because there's a lot of pushback. And also is it just sugar content that we're supposed to be looking out for? Because that's the big one, obviously. But maybe if they're eating too many carbs or something, I don't think that's an issue, but you know, sugar is the one that everyone is probably more aware of. But are there things that we should be aware of that I don't know anything about?"

Prompted to think of anything that her children's dentist currently does, or could do, to make the dental practice more child or family friendly, Anna said: "I don't think so, because you don't want toys or things in there. I think you actually want the appointment to be quite quick. I think they do it well. I think going in and having them sit in reception is always a pain because they're touching everything and so maybe something to focus their attention in reception. But in the actual room, I think it's best that they just do what they do. Having the dentist know how to talk to children, just in terms of asking how their school is like, things like that. And then I don't know, having a sticker at the end of it, they used to get a sticker. I don't know if they do now, stuff like that kids love. So just simple, small things. Maybe having a little corner where there's magazines or something to play with, because having a 7-year-old and a 9-year-old who don't love sitting down, if you're supposed to arrive 10 minutes early, it is a bit of a nightmare."

On whether the practice provides Anna and her children with enough information, guidance and resources about children's teeth and gums, Anna commented: "Again, I think it's partly how much you ask. I wouldn't say it's offered, but I think that's probably a lack of time on their behalf and it would be hard because everyone's got kids at different ages. But what would be useful is what is important for children at different ages, because you have the stage where they have their baby teeth, where you're kind of brushing and that's all fine. But as they're moving to their adult teeth it would be useful to know, I don't know, are there diet changes they should be thinking about? Should you be changing to an electric toothbrush? When should you start flossing? What are the things to be looking out for? And information around when adult teeth come through, when children's teeth fall out, because I know friends of my 9-year-old who've lost very few teeth. I think it's just that reassurance that everything's absolutely normal. Maybe that thing of, if your child hasn't lost any teeth by the age of eight, just book

an appointment with your dentist and go and talk to them about it. If you're seeing this, or if you're not seeing that, book an appointment.

So, for example, I think my friend was told by her dentist to switch to chocolate rather than Haribo if they were going to have sweets. I remember being told by a dentist a few years ago if you're having sweets, wash your mouth out with water, don't brush them straight away. But I wouldn't stick to it with the kids because they have a set bedtime. It's that kind of like, what habits should we be helping them to develop? And what understanding do they need so that they have good oral health as they grow up because at their current age, they've got no care in the world.

I think there's a stage that kids go through, and it's much younger than mine, where they can start really pushing back against brushing their teeth. I know friends of mine used YouTube and songs about how long to brush your teeth for or why you should brush your teeth. But even with the dentist saying something proactively about how they might go through that, 'here's some resources we have for you'. I'm probably old school, but if I'm in a dentist and someone hands me a leaflet, I will go home, I'll read it. But if they tell me to go to a website and check that out, there is no chance that's going to stay in my head. I'm not going to make time for it. If their teeth are really bad and they need to learn a new way of brushing, perhaps, yes, I would. But it's information I would quite like to have given to me so I can read it. Thinking about kids nowadays, they are probably much happier with an iPad or something like that. And so it depends on who your target audience is, if you want it to be the kids watching it, you're probably more likely to be using videos. But then it's kind of the same thing with the sugar, kids are on screens the whole time. Do you want something else to keep them on those screens?"

Describing her children's general attitude towards brushing their teeth, Anna said:
"So both of ours are quite good at it. It's always been part of their routine. We've always done it. It's a non-negotiable, has to be done. Neither of them love it and they have bad timekeeping at that age. There's no understanding for them of that time, which is partly why we got the electric toothbrush because it will time it for you. I think if you're manually brushing, you're always going to have the issue of kids not brushing for long enough.

I think also as a parent, when you teach them to brush their teeth, you're probably quite diligent at it and you check and everything, but when they get to the age of 7 or 9 years old, where they're getting themselves ready by themselves, I'm stood in the bathroom with them a lot of the time checking that they can do it because I know they can do it. It's more about whether they're putting the effort in. What we found recently was that my daughter was having a build-up on the front teeth

because she just wasn't getting round to them. So how do you refresh the information so that they're remembering to do it themselves? If there's any little gimmicks, like dentist's giving away egg timers, things that are visual, that children can use themselves and that belong to the child. I think that kind of thing would be very effective. But it is that length of time, because there's no chance that most children are brushing their teeth for two minutes. Probably no chance adults are either."

Reflecting on her experiences of teaching her children how to brush their teeth, Anna added: "It is challenging because it's very mood dependent. Bedtime is never a delightful time of day. At seven and nine years old, you can negotiate a bit better with them, but certainly between the ages of three to five, it can be an absolute pain. And also because their teeth are probably hurting quite a lot with wobbles and teeth coming through. And I think as a parent you're probably so far away from having experiences this, that you forget. So again, a reminder from dentists that at this age it's probably going to be quite painful. As a parent, you just have to push through, and you have to do this every night. My bugbear at the moment is the amount of toothpaste that goes all over the place. It's challenging as a parent because it is a chore for the kids. It's yet another thing they're being asked to do. It's not particularly fun. With an electric toothbrush, they at least have a bit more excitement about it. Now my daughter's got a 'Frozen' themed one. And it actually helps quite a lot. My son doesn't necessarily like the vibrations of the toothbrush, so what options are out there? Is moving your child to an electric toothbrush better than them just brushing manually? It would just be useful if that information was there, maybe in a handout or a pack of information that schools can send home.

The next set of questions explored the increased cost of living and whether this has impacted Anna's ability to purchase healthy food for her children in the last year. "It hasn't affected us in the sense of that I've not bought the healthy foods, but it certainly does. I mean, the cost of living has gone up. I've very conscious of ultra processed food and I want to buy products that are healthier and luckily I'm in a position to do that. It would be quite helpful for children's oral health to know what foods to swap out. Things like fruit strings, they say they're healthy, but actually, I don't think they are that healthy and they're full of sugar. So like, is that a healthy thing for them to have? And also understanding that they're kids, they don't want to have healthy stuff.

When asked if she had ever experienced any time constraints which have impacted her ability to take her child to the dentists or book an appointment, Anna said: "For me personally, probably not, because I structure my work around the school day, but I am an exception. The only reason I'm working shorter hours is

because it's a nightmare to try and do childcare or anything, so I tend to make an appointment directly after school and I'm not working so it's fine. But it would be really challenging for parents who are working full time. The weekends are as bad as the weeks, my kids both play football, so they have games on a Saturday and Sunday. I don't know how you get around that and you're obviously advised very strongly by the school to not book those things in school time."

Around whether she would like to see more support for keeping children's teeth and gums healthy in schools, Anna commented: "I think it would be important because there will be some families that don't necessarily teach or enforce it at home. So coming at a child in an educational setting, I know this year my daughter's been doing healthy food, for example, having an understanding when those topics are and if they're talking about healthy teeth, having information from the local dentist. With having a dentist come in, I don't see any downside to that. And when the tablets which show plaque and residue were given to my son during an oral health session at school, I remember all the kids wanting to do that and then they can actually visibly see the issues with their teeth."

In regard to any other ways in which children's oral health experiences and local dental service provision could be improved, Anna said: "I think it's just this value for money question, because obviously I have to pay for my appointments, and I pay £25 to go and sit in a chair, have them looked at, maybe cleaned. Yes, it's amazing to have a service which is not particularly expensive, but as to whether it's adding value, if your teeth don't need any work, it's not adding much value. It's just the feeling like you're actually getting something out of the appointment, and I don't feel like I am. There's no service. As to whether Anna would recommend her children's dental practice to other parents, she added: "Absolutely. It's not something I would rave about, but if someone said are you happy with your dentist? Yeah, absolutely. It's fine. But that's much more because of what the NHS offers. I don't think you're going to get a different service anyway. My dentist is very kind, very nice. I've been seeing him for a few years now. Very nice chap. I would recommend him in that sense, but I wouldn't say I've had the best service ever. And I don't think you necessarily can with the dentist because with the waiting lists and the NHS, you just get what you're given."

Case Study 2

'Bridget'

Bridget is a mother of two children, a 6 year old and a 4 year old, who both attend an NHS dental practice in west Essex, approximately every six months. Her eldest child was around six months old at the time of their first dental appointment, while

her youngest child was around 12 months old and faced delays attending their first dental appointment due to COVID restrictions.

The interview began with a discussion around Bridget's experiences of struggling to access a local dental practice. "I tried to find a dental practice locally, but only private was available. I was still registered at an NHS dental practice where I used to live (a 30 minute drive away), and the dental practice accepted my children."

Reflecting upon her children's experiences of visiting the dentist and her experiences taking them, Bridget said: "The dentist is very friendly. Over the years he has introduced what happens at the dentist in small steps. My children now sit on the dental chair and allow the dentist to look inside their mouths. [...] I am very happy with the care they receive. So much so, I am not looking to move to a more local dental practice."

When asked how comfortable her children feel when visiting their dentist and whether there are any aspects of the experience that they find stressful or comforting, she said: "Over the years the dentist has introduced what happens at an appointment in small steps. He gives them a sticker each time too!" In response to whether the dentist has ever carried out any preventative treatment with her children, such as applying a fluoride varnish to prevent tooth decay, she said: "Yes at the last appointment, fluoride was applied." She added that her children have not yet experienced any issues with tooth decay.

Bridget then considered how well she felt that her children's oral health needs are currently understood and addressed by their dentist, Bridget responded with "very well." When asked whether she feels that her children's dentist communicates clearly with her and her children about their oral health and any treatment plans, she said "yes" - adding that she would also recommend the dental practice to other parents. Regarding whether the dentist has ever given her children any oral health advice, for instance, teaching them how to use a toothbrush, Bridget said: "No, but the dentist [has] said their brushing is good." Considering how the dental practice could be made more child or family friendly, Bridget suggested a designated "children's waiting area".

Reflecting on whether her children's dentist provides enough information, guidance and resources on how to best look after children's teeth and gums, Bridget said: "I have never received information, but I would feel comfortable asking." She added, "I do not feel I need any information as I have not encountered any difficulties with my children's teeth." Regarding whether she felt she had enough information around the impact of oral health issues such as tooth decay and managing sugar intake, Bridget said: "[I'm] not sure, I know the importance of brushing regularly and issues fizzy drinks cause." When considering

whether she felt able to ask the dentist for advice or information regarding her children's oral health, she said "yes".

The next set of questions explored children's oral health experiences at home. When asked how she would describe her children's general attitude towards brushing their teeth and maintaining their oral health at home, Bridget said: "They will brush their teeth, but often not for long enough. They know if they do not brush their teeth they have 'stinky breath'." Exploring her experiences of teaching her children about their oral health and how to brush their teeth at home, Bridget added: "They brush their teeth alongside me, especially when [they were] younger. They can brush more independently now." Regarding whether she felt she has enough information around what foods or snacks are best for her children's oral health, she said "yes". In consideration of whether she would like to see more support for keeping children's teeth and gums healthy in schools, Bridget said: "Yes, I'm not actually sure what happens at my daughter's primary school regarding this. I know at my son's preschool they have done sessions on teeth brushing and looking after teeth."

The final stage of the interview opened up the discussion around whether there were any other improvements that could be made regarding children's oral health experiences and local dental services, in which Bridget highlighted: "More availability of NHS services, if there [was] an NHS dentist locally, I would have used this when my children were young." She added, "my dentist runs specific clinics for children during the school holidays, only for children. This makes it easier to fit in appointments around school."

Expert Voices

Case Study 3

'Charlotte'

'Charlotte' works in public health and wellbeing in a public facing role with oversight across healthcare services in the local area. She also has several years of experience as a qualified dental hygienist and therapist and previously worked for a charity on a project focussed on Essex healthy school teams, through which she then developed an interest in working in the public health sector. As the lead for oral health topics in her team, she frequently works in collaboration with other dental consultants to explore how dental service provision and oral health experiences can be improved in the local area.

The interview began with exploring Charlotte's general insights around the topic of children's oral health experiences. This included reflecting on some of the common factors which may prevent parents or families from taking their child to

the dentist and people's experiences of struggling to access NHS dental practices in the local area. "I think in terms of access, there has been, for years, a very mild misconception that parents think there are no dentists. There are websites and services such as 'find a dentist' which anyone can visit to see what local dentists are accepting patients. And there are services that are accepting child patients. So I think there's this misconception and a barrier that needs to be broken down with parents, carers and families. In terms of emergency dentists, if a child needs emergency dental care, then there are routes for that as well, including NHS 111.

It's a lengthy process and it may take some time to find a dentist, and there are plenty that aren't accepting NHS patients currently. Perhaps there is a lack of appointments, but actually there needs to be that motivation for people to go and find them. I think in terms of other reasons that people might not go to the dentist, it might not be a priority for them. There's many reasons, it could be a fear or anxiety of the dentist, but also, if a parent works multiple jobs and [has to] find time to take the child to the dentist, there's a lot of barriers to that. I know some schools aren't happy about parents taking their child to the dentist during school hours. So there are a lot of barriers to potentially getting to a dentist which goes beyond just getting the appointment as well."

Regarding increasing motivations around visiting the dentist and whether there are any information and resources around oral health which could highlight the importance of these visits, Charlotte said: "I mean, there are ample resources around oral health, there's NHS resources, there's the NHS web pages about oral health. But I think in terms of education, there's a lot of parents who don't think baby teeth are important. So if there's decay in baby teeth, some people might think that it's just the baby tooth, so it's fine. But it's about education. Baby teeth are really important, because if those get decay, that may hinder the development of the permanent tooth and then that child needs to go through treatment upon treatment to fix the decay of the adult tooth. With filling a tooth, it's better to never touch a tooth because once you put a filling in there, it needs replacing every certain amount of years and you need to take slightly more of that tooth out. So I think it's about education for parents around dentistry."

Discussing how often parents, carers and families should be taking their children to the dentist, when they should they start taking their child and why it's important to visit the dentist, Charlotte said: "So there's a national campaign, which implies that you need to take your child to the dentist by the age of one. [The Dental Check by One campaign (DCby1) was established by the British Society of Paediatric Dentistry (BSPD) in partnership with the Office of the Chief Dental Officer for England in 2017 to ensure all children see a dentist as their teeth come through, or by their first birthday, at the latest.] However, I've been told by some

parents who call the dentist and say 'I need to take my child in by the time they're one', and then dentist has said 'no, take them in when they're two or three'. So actually there's an element where the dentists are saying 'no, the child doesn't need to be seen', but actually it's a national campaign that a child should be seen by the dentist as early as possible.

Dental care is free for pregnant women, children, and for those who have had a baby in the last 12 months. So ideally, what parents should be doing is as soon as a child is born and if the mum is going for a check-up, or the dad or a member of the family, then bring the baby along. It's important because it acclimatises the child to the dentist. Similar to a haircut, you take a child early to get them used to the experience. So it's about getting the child to the dentist early so they understand what will happen and also to allow the family to get that education. There's advice right from birth that you should be wiping the gums of the child before the teeth come through at six months. There's all this information, the family need to get. To understand what that advice is, they need to get their child to a dentist as early as possible. There's various guidance around how regularly to bring a child back and the dentist should be fully aware as to when the child needs to next be brought in, once a year as a general rule. But I wonder if there could be better messaging to make parents and children aware of when they should be going to the dentist roughly."

In regards as to whether she believes dental staff have a strong enough understanding of some of the challenges children and families might face when visiting the dentist (such as fear, anxiety, frustration or discomfort), Charlotte said: "I'd like to think so. I know that as a general professional, you get all sorts of patients through the door and you understand that some may be anxious and some may not be. I know there is a movement in North East Essex to go towards child-friendly practises. And I'm not entirely sure what that entails, but it's about making dental practise more friendly for children. I have worked previously with practises where they had initiatives where one day in the half term the dental practise would open and it would just be open to children and there would be toys and in the waiting room and they would come and get their teeth checked. And get any treatment done there and then. But it was a lot more relaxed, there wasn't really sounds of drills in other rooms or anything like that. So that could be an option. But I'm more than certain that all the dental staff are really well trained and understand some of those issues. The Mid and South Essex Integrated Care Board (MSE ICB) also have a pilot currently going on called the 'Children and Young People Dental Pilot' where they're linking schools to dental practises. And again, that's going to lead to a similar thing where they will have a potential open day for children to come and get treatments done. So there's a lot of really good

ideas out there and it would be interesting to see how those pilots pan out and get new learnings from those.”

Considering the impact of tooth decay and other oral health issues and how this can affect children and families, Charlotte said: “I mean, there's so many statistics out there. For example, something like 60,000 school days are lost every year because of tooth decay. There is so much research and so much writing about why tooth decay is bad. Things like tooth decay in children affecting their speech and eating. They might not be able to eat solid foods, it can impact their ability to socialise. There's so many impacts that go beyond pain in the mouth. Tooth decay is quite painful, but interestingly with children, it can get quite severe before there's pain. I'm not sure the exact reason behind this, but you can sometimes get a child through the door that hasn't really had any pain, but is experiencing quite extensive decay. And if a child needs to get multiple teeth out under general anaesthetic, that's a truly traumatising process because they have to be put under and if their first experience of the dentist includes having to get 10 fillings done, that's going to be a very bad experience and can potentially lead to the development of a dental phobia which means that they'll be less likely to go to the dentist in the future.

There are so many implications of tooth decay, but also around gums and poor brushing. There is the element of tooth decay, which is a lot more prevalent in children, however, gum disease will inevitably, in the long run, cause a lot of problems as well. So you don't just brush your teeth to get rid of tooth decay, you also brush to make sure that you don't get gum disease. But there are hundreds other reasons why tooth decay could impact someone, even confidence, especially with all these shiny, pearly teeth on social media, a child or teenager might compare themselves to this and not even want to smile.”

Exploring how receiving dental treatments for tooth decay, such as tooth extractions, can impact children and families, Charlotte added: “As a very minimum, you miss time off school, and the parent can miss time off work. And that can potentially then cause a financial impact. There's so many layers and I think a good approach to think about it is through what's called ‘determinants of health’ [the social and economic environment, the physical environment, and the person's individual characteristics and behaviours] and not just looking at health as a socioeconomic factor, but also the mental health behind it. It is traumatising and I don't think anybody really enjoys getting dental treatment done, especially fillings or taking teeth out. Even local anaesthetic and getting injections is all unpleasant, so I think it's beyond just the dental pain. You need to think of it quite holistically, there's also the recovery afterwards and it's not just about getting to the dentist and getting the treatment, it's also the bits behind it, about the parent

taking time off work and all those other things that need to fall into place for that child to receive the treatment.”

In relation to how important it is for parents and families to ensure that their child's oral health needs are being understood and addressed by the dentist, Charlotte said: “I think it is really important. It's important for the dentist to make sure that the patient has understood what you've said. So a lot of times you can ask the patient to repeat back to you, it can sound patronising, but it helps you know that the patient understood what you said because I've had cases in the past where you've done the oral hygiene, you've explained how to brush your teeth, and they come back next time having said they weren't told any of that. I think there needs to be that communication.”

When prompted as to how parents, carers and families can help their child to remember the oral health advice they are given in between appointments, Charlotte added: “To add to the previous question, just that emphasis on fluoride varnish and preventative sealants, parents should be making sure that the dentist is providing that preventative treatment if needed. In terms of how to help parents remind their kids at home, I think it's important for the dental practise itself, depending on the age of the child, to explain it to the child as well. The advice is that for children under seven years old, parents should be brushing their teeth for them. But from eight years old onwards, the child can brush their own teeth, so it's even messaging like that which needs to be made clear to parents. So, it's tough. It is really tough. Not being a parent myself, I can only imagine how difficult it is trying to force your child to brush twice a day, every day. I think when your child is younger and you know they don't want to brush their teeth and they fight on this, it's giving that parents the advice on how to get your child to be cooperative and make them understand that it is important and not to miss the session. Again, there's a lot of resources advising parents on how to brush their child's teeth, so it's about highlighting those.”

On how dental practices could be made more child or family friendly, Charlotte said: “There is guidance and there is a whole thing around child friendly practises which I don't have full knowledge about. But there are several aspects to child friendly practises, there's the environment, there's also the techniques that you use. In clinical terms, there are certain techniques that you can do, such as putting a crown on the baby tooth to help, which is considered more child friendly and considered less intrusive. In terms of the environment, a lot of dentists do have play areas and books. I think that's potentially an option. Most of them have stickers and will hand the patient a sticker at the end. I don't think there's one answer for all practises. I think they kind of need to do what works best for them. There are also a lot of child-only dental practises which perhaps could be used as

learning as they're probably the most child friendly, but a lot of those are private only. But there is stuff out there to get learning from."

Charlotte then considered how much responsibility dentists should have in terms of providing information, guidance and resources to parents, carers and families on behalf of their children. "I think every dentist should have the responsibility to provide each patient with oral health instruction. It'd be interesting to check on the NHS dentistry website to understand if someone comes in for a band one check-up, what comes under that. I do believe oral health instruction does come under that, so every dentist should be providing it. So there is definitely a responsibility on the dentist to provide oral health education and instruction to each patient.

There's also many other professionals that can also share or will have information, for example, NICE (National Institute for Health and Care Excellence) guidance. They recommend that dental information is put into each branch of everything. [...] It's about making sure that the parent hears that same information as many times as they can. There should be opportunities to share or have information in different places, we're working at the moment to make sure that there's oral health information available in libraries. Places like food banks and community supermarkets where there are vulnerable families, those places where they can pick up a toothbrush, ideally we want there to be some sort of education around oral health there. I would say it's a dentist's responsibility and it's the family's responsibility. However, as discussed with previous barriers where oral health may not be a priority for families, they might not be seeking that information out themselves. So it's about what professionals, allied healthcare partners, public sector partners and voluntary sector partners providing that information for them."

When asked if she thought parents and families have enough information around the impact of oral health issues such as tooth decay and gum disease, Charlotte added: "I would say it will be very mixed. The research shows that individuals in deprived areas are more likely to have tooth decay and children in less deprived areas are less likely to have tooth decay. From that you could question whether those in lower deprivation areas are receiving messages around the importance of oral health. I think from a public health perspective it's about universal proportionalism. So making sure that everyone who needs to benefit does benefit, but also focusing on those most at need groups who perhaps don't have that information or knowledge.

Considering whether there needs to be more information and awareness around sugar content, what foods and drinks to avoid to support children's oral health and whether there needs to be more education around sugar intake, diet and nutrition, Charlotte said: "I'll start with saying that diet and sugar absolutely is a

key factor of tooth decay. So I think it's also important to understand what causes tooth decay, and it is that sugar source that then fuels the bacteria to start breaking things down. So [monitoring] sugars are key to reducing the chance of tooth decay. And in terms of messaging, absolutely there is so many things that people should be aware of as a prime example of hidden sugars.

Interestingly, the sugar advice for oral health and general dietary advice can differ. As an example, a nutritionist may recommend raisins as a healthy snack. However, from a dental perspective, raisins are really high in sugar, so we would not recommend them. So there's a lot of sort of hidden sugars, things like fruit, yoghurt, ketchup, those are the main examples. Breakfast cereals have a lot of sugar in them, which people may not really realise. Another example is squashes that say no added sugar, they still have sugar in them, they just don't have any added sugar. So there's a lot of information that that does need to be shared. It's a really tough one because as a professional and as someone who spreads those messages, my job is to get them out everywhere. From my perspective, there's so much information about all this all over the place. It's about whether that information is in the right place, where families are looking for information.

The next set of questions explored how parents and families could best ensure that children are maintaining their oral hygiene at home and how children's general attitude towards brushing their teeth could be improved. "There's lot of resources in terms of brushing songs that they can put on YouTube, or there's various apps which focus on encouraging children to brush for the full two minutes. I think that's the important aspect. It's about ensuring they brush for long enough and thoroughly enough around the whole mouth. However, around 20% of Essex is digitally excluded, which means they may not have access to a phone or internet, so even using a sand timer or something like that. I think there's a lot of resources out there that can be used, but again, it's about trying to understand what actually works for that young person. And also thinking about children with disabilities, special education needs or neurodivergent children as to what best helps them, because that may be different. And again, there is information out there. It depends what information parents are accessing and what additional information they want.

Reflecting on how the cost of living may have impacted people's ability to purchase healthy foods for their children and whether there are any initiatives that could support families, Charlotte said: "The first thing I'll say in terms of oral health is the fact that you don't need the most expensive toothpaste, you can just get the cheapest supermarket brand toothpaste and it is just as effective as all the branded toothpastes out there. There is a misconception that oral health products are expensive, with some electric toothbrushes costing hundreds of

pounds, but there are cheaper options out there. In terms of purchasing food, there is the national healthy start vouchers and vitamins which is a national initiative that some families might be eligible for. And that provides each family, depending on the age of their child and how many children they have, with some financial support to spend on healthy foods, including milk, fruit and vegetables. In terms of schools, it's about making parents aware of free school meals and healthy start vouchers, there's only currently a 60 to 70% uptake for this roughly across Essex, with west Essex having one of the lowest uptakes of healthy start vouchers across Essex. There are also community supermarkets which function as your bridge between food banks and supermarkets with discounted food. But there is more information and support out there.

Exploring whether there could be more support for keeping children's teeth and gums healthy in schools, Charlotte added: "Currently I'm not sure if there is much happening in schools, there is a supervised toothbrushing pilot for 50 settings across Essex. In an ideal world, it would be great if every early setting and every infant setting in the whole country participated and supervised toothbrushing. But it's important to understand that schools are very busy and they have a lot of other competing priorities. So it's about how we encourage them to promote oral health without it being too tedious, such as through a supervised toothbrushing programme. I think with educating schools, it's less effort than they think it's going to be. It's just about that supervision and it can be done as quickly as sort of 10 minutes from start to end. So it's about providing that education because there have been some barriers into getting into educational settings. There is National Smile Month in May where schools can do work around that. There's plenty of oral health resources online for schools which can be shared.

In the final stage of the interview, Charlotte was offered the opportunity to share any further ideas, suggestions or concerns around children's oral health experiences and dental service provision. "As a leaving remark, I just want to say that dental decay is 100% preventable and with the right education and the right technique and the right oral health routine, there is absolutely no reason that any child should have dental decay. So the fact that there is such high levels of dental decay, for example, I think in Harlow one in four children have dental decay according to the five-year-old oral health survey, is pretty frustrating. Because if a child brushes their teeth well with a fluoride toothpaste twice a day and follows this routine and reduces their sugar intake, then they shouldn't have any tooth decay. So I think education is such a key point. And yes, access to dentistry is frustrating, but it's thinking about prevention and how that can save the NHS money so it doesn't need to be spent on dental treatments. So if there can be a push for prevention and education, I think that's the way forward."

Case Study 4

'David'

'David' works as a district councillor in west Essex where his responsibilities include decision making in committees on planning and services, engagement with the local community, and helping constituents with any problems. As part of his role, he also works in partnership with local community groups and other public facing bodies. One topic of concern for David in regard to the oral health experiences of children and families in the local area includes the availability and cost of dental services.

David began the interview by considering some of the common factors which might prevent parents, carers and families from taking their child to the dentist, and highlighted three key factors, including: "[A] lack of knowledge of available services, particularly with reference to current news on dental services in the UK, fear of incurring unexpected costs [and] worries about the impact on children of visits to the dentist." Considering whether dental practices have a strong enough understanding or awareness of some of the challenges parents, carers and families might face when taking their child or children to the dentist, he reflected: "This varies a lot between dental practices, it would be better to try and raise the standards for all services." When asked how children's and families' experiences of NHS dental services could be improved and whether he thought an adequate level of care is currently being provided to service users, David said: "I think the increasing number of children with poor dental health indicates that the level of support is not adequate."

Regarding whether dental staff have a strong enough understanding or awareness of the challenges children might face when visiting the dentist, David said: "I think that a lot can be done to improve the understanding dental staff have about the challenges that face parents and carers and their children when visiting the dentist. Establishing good habits for dental care is important for a person's entire life. Poor habits, for example avoiding dental visits, can have a serious long-term impact on dental health in later life. [...] For a lot of families, the time and cost of getting children to attend dental treatment can often be a reason for not going. This will often have a very negative impact on the child's dental health."

David then reflected on how important it is for parents or families to ensure that their child's oral health needs are being understood and addressed by their dentist, and if there are any ways in which practices could improve their communication and engagement. "It is extremely important that children establish good habits for dental health. Being aware of the challenges faced by

children and parents such as the fear of dentistry, anxiety about pain or discomfort is very important. It should be a key part of dental staff training to be able to deal with these issues in a positive way. [...] I think the key to improving the way children and parents/carers perceive dental treatment is to make the whole experience very normal and friendly. Dental practices could do a lot more in this regard."

In consideration of whether dental practices provide enough information, guidance and resources to parents and families around children's oral health, David said: "Information should include easy to understand information about what dental treatment involves and its advantages in terms of general health." On whether he thought parents and families have enough information around sugar intake and which foods or drinks to avoid to maintain better oral health, he added: "Generally, there is a lack of awareness about the relationship between food and drink and dental health. The NHS does provide good information on this topic. I am not sure families make best use of this advice."

He then considered the impact of the cost of living on parents and families' ability to purchase healthy food and if there should be more education and support around oral health and nutrition from schools. "I am strongly in favour of free school meals for all children, I also think schools should be an important source of information on this topic." Discussing whether he thought schools and early year settings currently provide enough information and education around keeping children's teeth and gums healthy, David responded: "This varies a lot between schools, it would be better if all schools could provide a good level of support for dental health education."

In the final stages of the interview, David reflected on whether there were any other improvements he would like to see in relation to children's experiences of dental services in west Essex. "Given the importance of dental health and its relationship to overall health over a lifetime, I believe this topic should be given a much higher priority than it gets now. Dentists should be encouraged to improve their support for children's dental health. Especially as setting good habits will provide them with a steady stream of customers in the future."

6.0 Key Findings

Below is a list of some of the key findings which have been gathered during the creation of this report, including data and statistics from our survey results and overview of the engagement and discussions which formed our case studies.

Survey Demographics

Age of Participants

- The majority of participants (52.94%) were between 35 and 44 years old.
- 38.24% were aged between 45 and 54 years old.
- 5.88% were aged between 55 and 64 years old.
- 2.94% were aged between 25 and 34 years old.

Gender

- 96.97% of participants identified as 'female'.
- 3.03% identified as 'male'.

Ethnicity

- The largest ethnicity group (79.41%) identified as 'White British/English/Northern Irish/Scottish/Welsh'.
- 8.82% of participants identified as 'White: Any other White background'.
- 2.94% of participants identified as 'Asian/Asian British: Indian'.
- 2.94% of participants identified as 'Black/Black British: African'.
- 5.88% of participants preferred not to say.

Location

- 24.24% of participants were from Saffron Walden, Uttlesford (CB10).
- 21.21% of participants were from Epping (CM16).
- 15.15% of participants were from Loughton, Epping Forest (IG10).
- Smaller groups were from other areas including Harlow, Waltham Abbey, and Woodford Green.

Carer Status

- 20.59% of participants considered themselves to be carers.
- 2.94% of participants preferred not to say.

Disability or Long-Term Health Condition

- 8.82% of participants had a long-term health condition.
- 5.88% of participants had a disability.

Special Educational Needs, Disabilities & Neurodevelopmental Disorders

- 15.15% of participants said their child(ren) had a disability.
- 12.12% said their child(ren) had a special educational need.
- 6.06% said their child(ren) had a neurodevelopmental disorder.

Survey Results

Children's Ages

- The majority of participants cared for children between 4 and 13 years old, with the highest responses from parents of 10-year-olds (32.35%) and 5-year-olds (23.53%).

Dental Care Attendance

- 94.12% of participants said that their children attended a dental practice.
- Of those, 87.5% received NHS dental care, while 12.5% received private care.
- Most children attended the dentist every six months (87.5%), with fewer attending annually or every three months.

Age of First Dental Appointment

- 25% of children had their first dental appointment at 4 years old.
- 21.88% of children had their first visit under 1 year old.
- 18.75% of children had their first visit at 2 or 3 years old.
- 15.63% of children had their first appointment at 6 years old.

Experiences of the Dentist

Positive Experiences:

- Most children were reported to have had positive experiences, describing calm, friendly, and informative interactions with dentists. Many dentists were depicted as patient, having explained procedures and ensured that children felt comfortable during appointments.
- 51.72% of participants noted that dentists rewarded children with stickers, which were highly appreciated. Family-friendly practices, including appointments during school holidays, were also highlighted positively.

Mixed Experiences:

- Some children were reported to have experienced initial anxiety but felt fine after their first visit and some parents shared concerns about rushed appointments or insufficient checks.
- Parents of children with special needs mentioned challenges in finding appropriate care.

Negative Experiences:

- Some participants mentioned struggles in regard to their distance from practices and difficulties finding a local NHS dentist.
- There were reports of poor treatment by some dentists who were not sensitive to children's needs.
- One traumatic experience was reported, where a dentist unexpectedly extracted a tooth, causing distress.

Child and Family-Friendly Practices

- Stickers were a common child-friendly reward which was mentioned positively by 44.12% of participants.
- Positive feedback was received for dentists' engagement with children when they took the time to explain steps to ease nervousness.

Suggestions for Improvements:

- In regard to child-friendly waiting areas, participants suggested having more toys, books, and designated areas for children in waiting rooms.
- In terms of communication, some parents felt reception staff could interact more with children to create a consistent welcoming atmosphere.
- Around training for dentists, recommendations included more training for handling nervous or anxious children.

Barriers to Attending Dental Appointments

- 38.24% of participants said they struggled to access an NHS dentist.
- 29.41% of participants said they faced challenges with time constraints.
- 17.65% of participants mentioned fear or anxiety as a barrier.
- 14.71% of participants cited distance or travel issues.
- 5.88% noted that the dentist practice was not child or family-friendly.

Children's Oral Health Concerns

- 50% of participants expressed concern around their children's oral health, with most rating their concern between 3 and 5 on a scale of 1 to 5.
- Some specific concerns included cavities, braces, tooth extractions, and special needs related to dental care.

Sources of Information and Support

- 67.65% of participants felt they had sufficient information about oral health, but some requested additional resources, especially on prevention.

- 79.41% of participants turned to the NHS website or their dental practice for advice, with some also consulting friends and family.

Resources and Education Needed

Teeth Brushing and Oral Hygiene:

- Parents expressed a desire for guides or videos on proper brushing techniques and ways to engage children in oral hygiene.

Early Years and School Education:

- Many recommended that schools offer more oral health education, including organising visits from dental professionals.
- 82.35% of participants supported oral health initiatives in schools, including check-ups, fluoride varnish applications, and nutrition education.

Sugar Content and Nutrition:

- Participants sought more information on healthy snacks, the impact of sugar on oral health, and ways to minimise sugary foods.

Cost of Living Impact

- 44.44% of participants reported that the increased cost of living had affected their ability to purchase healthy foods, particularly fresh produce and healthy snacks.

Case Studies

Access to NHS Dental Services

Availability and Registration: Case studies highlighted challenges around accessing NHS dental care, particularly for those unable to easily register or find local NHS practices. Anna and Bridget were able to access services, but others, like David, noted that availability can vary, with some families facing barriers like a lack of nearby practices or the inconvenience of long travel times.

Appointment Scheduling: Both Anna and Bridget successfully scheduled regular appointments, but Anna pointed out that working parents may struggle with availability, especially for weekend or after-school slots.

Barriers to Dental Visits

Cost and Knowledge Gaps: There was a significant concern across the case studies about the cost of services and lack of knowledge regarding available options. David and Charlotte emphasised that many families are unaware of affordable care options or are concerned about unexpected costs.

Anxiety and Fear: Both David and Charlotte noted the role of dental anxiety—not just for children but also parents, which affects the likelihood of seeking care.

Children's Dental Experiences

Routine and Positive Experiences: Most children had generally positive experiences with dental visits, particularly in cases where care was introduced gradually, such as Bridget's children, who were eased into procedures with stickers and small steps. However, fear of the dentist was still a concern for some children, as seen with Anna's daughter.

Dental Habits: Establishing good oral health habits early on was considered essential, and both David and Charlotte stressed the need for proactive, consistent care to prevent long-term issues like tooth decay or dental anxiety.

Education and Communication on Oral Health

Lack of Information: Across the board, there is a lack of accessible information about children's oral health, particularly regarding diet and brushing techniques. Anna and Bridget both mentioned needing more practical advice from dentists on how to care for their children's teeth, such as when to start flossing or how to handle sugar consumption.

Proactive Guidance: While some dental practices were approachable (like Anna's), there was a common sentiment that dental staff could be more proactive in providing detailed advice about oral health.

Role of Dental Practices

Child-Friendly Environment: Both Anna and Charlotte emphasised the need for child-focused dental environments to make dental visits less intimidating. Suggestions included more engaging environments, such as waiting areas with toys, and using child-friendly techniques like fluoride varnish.

Training for Dental Staff: Charlotte and David both mentioned the importance of staff training to better handle children's fears, making the experience more comfortable and normal for young patients.

Schools and Community Support

School Education: Both Charlotte and Bridget supported oral health education in schools, with Charlotte advocating for supervised tooth brushing programmes and more nutrition-related education. However, David noted how the availability of this can vary, with some schools offering oral health sessions and others not providing as much consistent education.

Community Resources: Charlotte emphasised the importance of making oral health information accessible in different places like community centres, libraries, and food banks, particularly for disadvantaged families who may not have access to other resources.

Impact of the Cost of Living:

Affordable Nutrition and Healthy Foods: Some case studies noted that the cost of living has significantly impacted families' ability to maintain a healthy diet for their children, which is crucial for oral health. While David stressed the importance of having free school meals, Anna shared her concerns around hidden sugars in processed foods, particularly in children's food, snacks and drinks.

Cost of Dental Care: Both David and Charlotte discussed the financial barriers that can prevent families from seeking dental care, with Charlotte stressing that affordable care options and programmes like Healthy Start Vouchers should be more widely promoted.

Preventative Approach to Oral Health

Focus on Prevention: Charlotte, in particular, emphasised the need for preventative care to avoid future dental issues, such as tooth decay. These included early dental visits, good oral hygiene practices, and consistent parental involvement.

Role of Parents: All case studies highlighted the crucial role of parents in managing oral health. Charlotte and David mentioned that parents need more accessible guidance to ensure children develop healthy habits from a young age.

Improving the Dental Experience

Friendly and Supportive Practices: Across the case studies, there was a clear call for improved communication and more engaging, child-friendly environments in dental practices. David and Bridget both suggested the importance of creating an environment that reduces anxiety, whether through better training for staff or child-friendly waiting areas and rewards.

Holistic View of Oral Health: Charlotte also called for a more holistic approach to oral health that considers the entire community, including schools, dental practices, and family support. This included reducing the emphasis on reactive dental treatments and focusing more on education and prevention.

7.0 Recommendations

Below is a list of some of our recommendations on how children's oral health experiences and NHS dental services can be improved in the west Essex area, based on the findings we have gathered during the creation of this report.

Enhance Access to NHS Dental Care:

Promote Availability of Weekend and After-School Appointments: To accommodate working parents, offer more flexible appointment scheduling options, including weekend and after-school slots.

'Open Day' Events: Encourage dental practices to host 'open-days' where they can dedicate a day of appointments towards dental check-ups for children and families during the half term or school holidays. This can help tackle issues with time constraints and make children feel more comfortable visiting the dentist.

Improve Public Awareness of NHS Services: Raise awareness about available NHS dental services, especially among low-income and disadvantaged families, to ensure that all families can access affordable care.

Make Dental Practices More Child-Friendly:

Use Child-Focused Techniques: Implement dental procedures like fluoride varnish and simple rewards (e.g., stickers) to make visits enjoyable for children and create positive associations with dental care.

Staff Training for Dental Anxiety: Provide dentists and staff with specialised training to handle children's fears and anxiety, including techniques for gradual introduction to dental procedures and offering clear explanations.

Create Engaging Waiting Areas: Design dental waiting areas with child-friendly spaces and seating, including toys, books, and interactive activities focused on oral health education, to make children feel comfortable and reduce anxiety.

Foster a Positive Relationship Between Children and Dental Care:

Gradual Introduction to Dentistry: Introduce children to dental visits gradually, especially for those who have had previous negative or traumatic experiences. Consider organising 'open day' events or 'meet the dentist' sessions at local dental practices where children can become familiar with the environment and staff without the pressure of a treatment visit.

Incorporate Fun into Oral Health Learning: Integrate oral health education in a fun and interactive way, such as through gamified experiences or through digital

apps that engage children and parents in tracking brushing habits, teaching them oral hygiene routines, and rewarding healthy practices.

Oral Health Awareness Campaigns: Consider launching or promoting more campaigns aimed at raising awareness of the importance of early dental visits, brushing techniques, and the impact of diet on oral health. These campaigns can target parents, caregivers, schools, and communities, encouraging better oral health practices across the board. For example, raising awareness on National Smile Month alongside the Oral Health Foundation, or promoting the Dental Check by One Campaign (DCby1).

Proactive Communication and Education:

Provide Detailed Oral Health Information: Ensure dentists proactively offer more specific and practical advice on children's oral health, such as best brushing techniques, managing sugar intake and when to start flossing. This can be delivered in-person or through easy access resources (e.g., brochures, websites).

Avoid Mixed-Messages and Tackle Misconceptions: Provide clear and consistent guidance to avoid mixed-messaging and ensure this information also tackles common misconceptions around oral health. (For instance, being able to use a supermarket branded toothpaste, only using a pea size amount of toothpaste, not rinsing your mouth after brushing your teeth.)

Offer Video and Visual Guides for Parents: Develop instructional videos or visual guides for parents to help them teach proper brushing techniques and engage children in oral hygiene practices.

School-Based Education Initiatives: Implement oral health education in schools, including supervised tooth brushing programs, fluoride varnish applications, and nutrition education focused on healthy eating and sugar intake.

Increase Support for Families with Special Needs:

Ensure Family-Friendly Dental Environments: Dental practices should be sensitive to the needs of families, including offering an inclusive, accessible, and welcoming environment that accommodates children with varying abilities.

Tailor Dental Services for Children with Special Needs: Children with special educational needs and disabilities may benefit from individualised care plans, adapted tools and sensory-friendly practices. Improve accessibility and ensure that dental professionals are trained to care for children with special needs. Where this is not possible, refer patients to the appropriate service, such as the Community Dental Services, who are able to provide more tailored support.

Integrate Digital Solutions for Better Access and Education:

Digital Oral Health Resources: Develop digital platforms, apps, or websites that provide parents with easy-to-access, engaging, and informative resources on children's oral health. These could include tips on brushing, videos on dental procedures, and interactive tools to track children's oral hygiene routines.

Tele-dentistry Services: Introduce tele-dentistry options for follow-up consultations, advice on minor dental concerns, or remote monitoring of oral health for children. This would be particularly beneficial for families in rural or underserved areas with limited access to dental practices.

Support from Schools and Community Resources:

Integrate Oral Health Education into School Curriculum: Encourage schools to provide regular oral health education and partner with schools to implement dental check-ups as part of routine school health initiatives.

Promote Dental Health Initiatives in Schools: More than 80% of survey participants supported oral health initiatives in schools. Offer more consistent school-based oral health programmes, including supervised tooth brushing and nutrition education, particularly where access to education may be limited.

Increase Availability of Oral Health Resources in the Community: Make oral health resources, including educational materials, brochures, and tools for parents, available in community centres, libraries, and food banks. This ensures accessibility to all families, particularly those with limited internet access.

Tooth Brushing Clubs and Dental Health Ambassadors: Encourage schools to promote tooth brushing activities and oral health education through tooth brushing clubs. Encourage students to be 'dental health ambassadors' who help promote oral hygiene practices, distribute educational materials, and organise school-based oral health events. This peer-led approach can empower students and create a more oral health-conscious environment.

Address Financial Barriers to Care:

Reduce Financial Anxiety: Raise awareness about affordable healthcare options, such as free NHS dental services for children and pregnant women, and any low-cost dental programmes to alleviate concerns about costs.

Promote Affordable Care Programmes: Support programmes like 'Healthy Start Vouchers' for low-income families to access both healthy food and dental care. Promote subsidised healthy snack programmes at schools or community centres and partnerships with local food banks to provide nutritious food options.

Offer More Preventive Care to Reduce Future Costs: Invest in preventive dental care, such as fluoride varnish, dental sealants, and early screening, to avoid expensive treatments later on. Preventative care should be emphasised in both dental practices and schools.

Focus on Early Intervention and Prevention:

Promote Early Dental Visits: Encourage parents to take children to the dentist by their first birthday, as early visits can help prevent dental anxiety and establish healthy habits from a young age.

Emphasise Prevention Over Treatment: Shift the focus from reactive dental treatments to proactive prevention, such as regular check-ups, fluoride treatments, and teaching children proper brushing and flossing habits.

Provide More Resources on Diet and Oral Health: Offer detailed advice on the impact of sugary snacks and drinks on oral health. Provide resources on how to reduce sugar consumption and encourage healthy snacks for children. Tackle the mixed messaging between nutritional advice and oral health advice.

Strengthen Family Involvement in Oral Health:

Provide Parents with Better Guidance: Offer more accessible guidance and education for parents on managing their children's oral health at home, including information on diet, oral hygiene routines, and how to make brushing engaging.

Incorporate Family Support into Dental Care: Involve parents more actively in dental visits, providing clear advice on how to maintain their children's oral health between visits. This could include follow-up communication or written reminders about key oral health practices.

Parental Support Programmes: Develop and promote programmes that support parents in managing their children's oral health, particularly in the early years. This could include local or virtual support groups where parents can share experiences and receive advice from professionals.

Improve Emotional Support and Reduce Anxiety:

Parental Education on Anxiety Management: Provide specific resources for parents on how to manage their child's dental anxiety. This could include strategies to create a calm environment before and during dental visits, and how to talk to children about dental care to reduce fear.

Create a Supportive, Welcoming Atmosphere in Practices: Ensure that dental practices foster an environment where children and their families feel welcome

and supported. This includes a positive first impression through friendly reception staff and a calming atmosphere.

Engage Children During Visits: Dentists should engage children in a friendly manner, explaining each step of the procedure and offering praise or rewards (stickers) for cooperation. This builds trust and reduces fear of visiting the dentist.

Understanding Dental Phobia and the Effects of Trauma: Specialised training should be provided to ensure dental practitioners have an understanding and awareness of how to handle patients with dental phobia or those living with the effects of trauma. Patients should not feel judged or stigmatised for their dental habits or conditions. It is important to foster a non-judgmental atmosphere that encourages open communication and promotes positive behavioural change.

Promote the Holistic Approach to Oral Health:

Encourage Collaboration Across Sectors: Promote a multiagency collaborative approach between dental practices, health visitors, school nurses, GPs, the education sector and community organisations to address children's oral health holistically via consistent education, accessible care, and community resources.

Integrated Care Models: Promote integrated care between dental professionals, paediatricians, and other healthcare providers to ensure a holistic approach to children's health, reinforcing the importance of oral health across services.

Encourage Regular, Preventive Care for Long-Term Health: Prioritise preventive care to reduce long-term dental issues and alleviate the strain on NHS resources by reducing the need for emergency care or costly restorative treatments.

Improve Data Collection and Monitoring of Children's Oral Health:

National Oral Health Surveys for Children: Continue to implement routine oral health surveys for children to identify trends, monitor treatment needs, and understand barriers to care. The data can be used to direct resources and ensure that interventions are reaching the right populations.

Continue to Monitor and Address Disparities in Access and Care: Continue to track and address inequalities in access to NHS dental care, particularly for marginalised groups. This could include offering additional support for children from lower socioeconomic backgrounds or those with special needs.

Safeguarding Children for Dental Teams:

Urgent Intervention: Ensure dental practices have a safeguarding process in cases of dental neglect, where they can implement urgent interventions, a specialist care plan, and schedule regular follow ups and monitoring.

8.0 Conclusion

This report highlights critical findings regarding children's oral health in the west Essex area, providing a comprehensive understanding of the challenges and opportunities for improving dental care for children and their families. Our survey data, coupled with case studies, paints a picture of a community that values oral health yet faces significant barriers to accessing care, particularly through NHS dental services. From concerns over cost and accessibility to the challenges of managing dental anxiety in children, many families are encountering obstacles that hinder regular and preventive dental visits.

One of the most notable themes emerging from the findings is the need for a more child-friendly and family-oriented approach in dental practices. Participants highlighted the importance of creating welcoming environments with child-focused strategies to ease anxieties. Equally important are flexible appointment schedules and increased awareness of available services to help working parents and those facing financial challenges.

Additionally, early intervention and preventive care are key factors for improving children's long-term oral health. Educating parents about proper dental hygiene, nutrition, and the importance of early visits can help establish healthy habits and reduce the likelihood of more severe dental issues in the future. Schools and community resources also play a critical role in promoting oral health education and ensuring that children, particularly those from disadvantaged backgrounds, have access to essential information and support.

The cost of living, which impacts families' ability to purchase healthy foods and maintain dental care, also emerged as a significant concern. In light of this, recommendations emphasise the importance of promoting affordable dental care programmes and increasing public awareness about free services available through the NHS.

Ultimately, the findings point to a need for a holistic approach to children's oral health that involves collaboration between dental professionals, schools, parents, and community organisations. By prioritising preventive care, improving accessibility, and fostering positive relationships between children and dental care providers, we can create a healthier future for children across west Essex. The recommendations outlined in this report provide actionable steps that, when implemented, will significantly enhance the oral health experiences of children and families, helping them to achieve and maintain optimal dental health.

9.0 Information and Resources

Below is a list of useful information and resources which have been gathered during the writing of this report for the use of parents, families and carers, health and care professionals, and those working in education or early-year settings.

Signposting

NHS England

Find a Dentist

This NHS search engine can be used to find a local NHS dental practice.

Read more: <https://www.nhs.uk/service-search/find-a-dentist>

Essex County Council

NHS Community Dental Services Essex

Community Dental Services CIC offers high quality specialist NHS dental care and treatment for patients residing in Essex who meet a certain criteria.

Read more: <https://www.communitydentalservices.co.uk/our-clinics/essex/>

Essex Child and Family Wellbeing Service

The Essex Child and Family Wellbeing Service helps families access local health services in the community. This includes support for children and young people aged 5 to 19 seeking help with dental care.

Read more: <https://essexfamilywellbeing.co.uk/>

Public Resources

NHS England

NHS Services – Dentists

An NHS portal with information about NHS dental services, how to find an NHS dentist and how much treatment costs.

Read more: <https://www.nhs.uk/nhs-services/dentists/>

Children’s Oral Health Programme

This eLearning programme provides information and advice about children’s oral health for parents, expectant mothers, early years healthcare workers, teachers, nurses, GPs and the public.

Read more: <https://www.e-lfh.org.uk/programmes/childrens-oral-health/>

Children’s Teeth

An NHS page on how to look after children's teeth, including advice on brushing, toothpaste, establishing routines and taking a child to the dentist for the first time. Read more: <https://www.nhs.uk/live-well/healthy-teeth-and-gums/taking-care-of-childrens-teeth/>

Tooth Decay

See a dentist as soon as possible if you think you or your child has tooth decay. Read more: <https://www.nhs.uk/conditions/tooth-decay/>

Dental Check-ups

This NHS page explores dental check-ups, including why they're important, what happens during a check-up and how often you should visit the dentist. Read more: <https://www.nhs.uk/live-well/healthy-teeth-and-gums/dental-check-ups/>

Dental Treatments

This is a guide to the main treatments carried out by dentists. Some are readily available on the NHS, while some may only be available in certain circumstances. Read more: <https://www.nhs.uk/live-well/healthy-teeth-and-gums/dental-treatments/>

Take Care of Your Teeth and Gums

Information and guidance on how you and your children can have healthy teeth and keep trips to the dentist to a minimum. Read more: <https://www.nhs.uk/live-well/healthy-teeth-and-gums/take-care-of-your-teeth-and-gums/>

How to Keep Your Teeth Clean

Information and guidance on how to keep your teeth clean and healthy, including tips for best practice and how to choose the best toothbrush and toothpaste. Read more: <https://www.nhs.uk/live-well/healthy-teeth-and-gums/how-to-keep-your-teeth-clean/>

Baby teething symptoms

Find out how to spot the symptoms of when your baby is teething. Read more: <https://www.nhs.uk/conditions/baby/babys-development/teething/baby-teething-symptoms/>

Tips for helping your teething baby

Teething can be distressing for some babies, but there are ways to make it easier. Read more: <https://www.nhs.uk/conditions/baby/babys-development/teething/tips-for-helping-your-teething-baby/>

Looking After Your Baby's Teeth

This page explains how to brush and care for babies' and young children's teeth.

Read more: <https://www.nhs.uk/conditions/baby/babys-development/teething/looking-after-your-babys-teeth/>

Should my baby use a beaker or a cup?

This NHS video on baby bottles and cups explains when to move babies from bottles to cups and why.

Watch: <https://www.youtube.com/watch?v=TxFhhP53rIU>

Essex Child and Family Wellbeing Service

Oral Health

The Essex Child and Family Wellbeing Service have compiled a series of resources to help parents, carers and families take care of their children's teeth.

Read more: <https://essexfamilywellbeing.co.uk/services/pregnancy-and-first-five-years/oral-health/>

The British Society of Paediatric Dentistry

Kidsvids

The British Society of Paediatric Dentistry have created a series of oral health videos for children, in partnership with Dr Ranj, Hey Duggee and CBeebies.

Read more: <https://www.bspdp.co.uk/Kidsvids>

Institute of Health Visiting

Looking After Your Children's Teeth

A factsheet on simple steps to protect and improve your child's dental health.

Read more: <https://www.pacey.org.uk/wp-content/uploads/2024/09/Resource-Childrens-Teeth-support-iHV.pdf>

BBC: Tiny Happy People

Showing your toddler how to brush their teeth

This BBC article explains key ways to show a toddler how to brush their teeth.

Read more: <https://www.bbc.co.uk/tiny-happy-people/articles/zksybqt>

Brushing Kids' Teeth and Visiting the Dentist – The Singing Dentist

Dr Milad Shadrooh, known as The Singing Dentist, shares advice and answers to common questions about taking care of children's teeth.

Read more: <https://www.bbc.co.uk/tiny-happy-people/articles/z6jbydm#zpj3cxs>

Pacey

Oral Health

PACEY's oral health advice includes fact sheets for parents and their nutrition spotlight encourages healthy eating habits.

Read more: <https://www.pacey.org.uk/oral-health/>

Educational Resources

Department for Education

Oral Health

How to promote good oral health to young children in your setting.

Read more: <https://help-for-early-years-providers.education.gov.uk/health-and-wellbeing/oral-health>

Public Health England

Improving Oral Health: Supervised Tooth Brushing Programme Toolkit

A toolkit to support commissioning of supervised tooth brushing programmes in early years settings and schools.

Read more: <https://www.gov.uk/government/publications/improving-oral-health-supervised-tooth-brushing-programme-toolkit>

Oral Health Foundation

Dental Buddy Resources

The Dental Buddy programme hosts a series of educational resources for Early Years' Education Key Stage One and Key Stage Two.

Read more: <https://www.dentalhealth.org/dentalbuddy>

Early Start Nutrition

Supporting Oral Health In Your Early Years Setting

This supervised tooth brushing video shows a session in action.

Watch: <https://www.youtube.com/watch?v=oxAlvay7hFU>

BRUSH

The Supervised Toothbrushing Toolkit

This toolkit from BRUSH helps support the implementation of supervised toothbrushing programmes and clubs to reduce tooth decay in young children.

Read more: <https://www.supervisedtoothbrushing.com/>

Foundation Years

Children's Dental Health – A Guide for Early Years Educators

This video by Prof. Zoe Marshman explores tooth decay, sugar consumption, toothbrushing and ways that educators can promote children's oral health.

Watch: <https://www.foundationyears.org.uk/2024/11/childrens-dental-health-a-guide-for-early-years-educators/>

Health and Care Resources

NHS England

All Our Health: Child Oral Health (eLearning for healthcare)

This session provides health and care professionals with an overview of child oral health, including signposting to resources and promoting health and wellbeing.

Read more: <https://portal.e-lfh.org.uk/Component/Details/587510>

Arrangements for NHS urgent primary dental care during 2025/26

This letter sets out the requirements of ICBs in securing additional urgent dental care under the NHS 2025/26 priorities and operational planning guidance.

Read more: <https://www.england.nhs.uk/long-read/arrangements-for-nhs-urgent-primary-dental-care-during-2025-26-and-confirmation-of-the-closure-of-the-new-patient-premium-scheme/>

British Society of Paediatric Dentistry

Clinical Guidelines and Evidence Reviews

A guide to the key clinical areas when providing dental care for children, including the prevention and management of caries and erosion, pain and behaviour management, dental trauma and the developmental anomalies and other defects of hard tissue.

Read more: <https://www.bspdp.co.uk/Professionals/Resources/Clinical-Guidelines-and-Evidence-Reviews>

Office for Health Improvement & Disparities

Child Oral Health: Applying All Our Health

This guide is designed help front-line health and care staff promote the benefits of good oral health for children to patients, families and communities.

Read more: <https://www.gov.uk/government/publications/child-oral-health-applying-all-our-health/child-oral-health-applying-all-our-health>

Statistical commentary for hospital tooth extractions in 0 to 19 year olds 2024

A data set of hospital tooth extraction episodes in the financial year ending 2024.

Read more: <https://www.gov.uk/government/statistics/hospital-tooth-extractions-in-0-to-19-year-olds-2024/short-statistical-commentary-for-hospital-tooth-extractions-in-0-to-19-year-olds-2024>

Statistics on hospital tooth extractions for 0 to 19 year olds in 2024

The statistics of hospital tooth extractions for 0 to 19 year olds in 2024, with a comparison of figures by statistical region, NHS England region, upper tier local authority, lower tier local authority and integrated care board. Read more:

<https://view.officeapps.live.com/op/view.aspx?src=https%3A%2F%2Fassets.publis>

<https://www.nhs.uk/hospital-teeth-extractions-0-19y-2023-2024-v1.0.ods&wdOrigin=BROWSELINK>

Oral health survey of 5 year old school children 2024

This survey includes information and statistics about oral health in the early years.

Read more: <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-schoolchildren-2024/national-dental-epidemiology-programme-ndep-for-england-oral-health-survey-of-5-year-old-schoolchildren-2024>

Oral Health Survey of 5 Year Old Children 2022

This survey includes information and statistics about oral health in the early years.

Read more: <https://www.gov.uk/government/statistics/oral-health-survey-of-5-year-old-children-2022>

Public Health England

Oral Health Survey of 3 Year Old Children 2020

This survey includes information and statistics about oral health in the early years.

Read more: <https://www.gov.uk/government/statistics/oral-health-survey-of-3-year-old-children-2020>

Healthwatch Essex

Trauma Ambassadors Talk About Dental Phobia & Trauma

A Healthwatch Essex Trauma Ambassador shares her story of dental phobia and the need for trauma-informed education and understanding from dental staff.

Read more: <https://healthwatchessex.org.uk/2024/06/healthwatch-essex-trauma-ambassadors-talk-about-dental-phobia-trauma/>

Orthodontic Care in West Essex

In 2024, Healthwatch Essex published survey results and a qualitative engagement report on experiences of 'Orthodontic Care in West Essex'.

Read more: <https://healthwatchessex.org.uk/library/>

10.0 Glossary

Terminology

Cavity A cavity is a small hole in a tooth that occurs when the hard outer layer of the tooth (enamel) is damaged. It can lead to pain, infection, and tooth loss. Proper oral hygiene and regular dental cleanings can prevent cavities.

Core20PLUS5 Core20PLUS5 is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population, the 'Core20PLUS', and identifies '5' focus clinical areas requiring accelerated improvement.

Crowns A crown is a tooth-shaped covering that completely encases the visible part of the tooth. Some of the reasons why someone might have a crown fitted include for tooth repairs, to strengthen the tooth and to improve cosmetic appearance.

Dental caries These are small holes which can form from sugar breaking down on the surface of a tooth and producing acids which can demineralise the tooth enamel over time. In the early stages, dental caries can be reversed before the surface of the tooth breaks down to form a cavity.

Dental decay / Tooth decay Tooth decay can occur when acid is produced by plaque, which builds up on your teeth. This causes holes or cavities in teeth.

Dental Check by One Campaign The Dental Check by One campaign (DCby1) was established by the British Society of Paediatric Dentistry (BSPD) in partnership with the Office of the Chief Dental Officer for England in 2017 to ensure all children see a dentist as their teeth come through, or by their first birthday, at the latest.

Dental neglect Dental neglect refers to the persistent failure by parents or carers to obtain treatment or seek medical advice, to the extent that the child's health and wellbeing is compromised.

Enamel erosion Enamel erosion occurs when acids wear away the hard, outer layer of your teeth. A diet high in sugary, starchy or acidic foods can cause this acid production.

Filling A filling is a treatment for a tooth damaged by decay which restores the tooth back to its normal function and shape while preventing further decay. It is also used to repair worn down, cracked or broken teeth.

Fluoride / Fluoride varnish Fluoride varnish is a liquid or gel that contains a high concentration of fluoride. It is applied directly to the teeth and then hardens,

releasing fluoride into the enamel. Fluoride is a mineral that helps strengthen tooth enamel, making teeth more resistant to decay.

Integrated Care Board Integrated care boards (ICBs) are NHS organisations that plan and manage health services within each ICS area.

Integrated Care System Integrated care systems (ICSs) are local partnerships of health and care organisations and other sectors that aim to improve outcomes and reduce inequalities.

Primary teeth / Baby teeth Primary teeth, also known as ‘baby teeth’, are the first set of teeth which develop between the ages of 6 to 30 months old. The primary teeth shed to allow the permanent (adult) teeth to come through.

Permanent teeth Most permanent (adult) teeth develop between the ages of 6 to 13 years old after the primary teeth have shed.

Root canal A root canal is a dental procedure performed to treat infection or damage to the pulp of a tooth by removing the infected pulp and nerve, cleaning and shaping the inside of the root canal, and then filling and sealing the space.

Tooth enamel Tooth enamel is the hard, protective outer covering of the tooth which shields the tooth from cavities and damage.

Tooth extraction A tooth extraction is a dental procedure to remove a damaged or unhealthy tooth from its socket in the jawbone. Common reasons for extraction include severe tooth decay, gum disease, or impacted wisdom teeth.

Wisdom teeth Wisdom teeth are the last teeth to come through into your mouth. They usually come through between the ages of 18 and 24 years.

Acronyms

BSPD	British Society of Paediatric Dentistry
CDS	Community Dental Services
ECC	Essex County Council
DCby1	Dental Check by One Campaign
HWE ICB	NHS Hertfordshire and West Essex Integrated Care Board
MSE ICB	NHS Mid and South Essex Integrated Care Board
NAO	National Audit Office
NDEP	National Dental Epidemiology Programme
NICE	National Institute for Health and Care Excellence
NHSE	NHS England
OHID	Office for Health Improvement and Disparities

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