Kingston Oral Health Needs Assessment Children and Young People 0-19 years 2026











THE ROYAL BOROUGH OF KINGSTON UPON THAMES

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Summary:

The Children and Young People's Oral Health Needs Assessment (OHNA) aims to provide an oral health profile of 0-19s in Kingston, identify inequalities and risk factors, evaluate current services and provide evidence-based recommendations to improve oral health outcomes in the Royal Borough of Kingston upon Thames.

Councils are required to provide or commission oral health surveys and review oral health data in order to develop and implement strategies that meet the needs of people in the local community.

A Kingston Oral Health Needs Assessment (OHNA) Steering Group was convened to agree:

- the process, roles and timelines for the Kingston OHNA production
- data on services, population demographics and oral health needs
- current oral health provision assessment
- assistance in gathering feedback from stakeholders and the public
- reviewing feedback to finalise the OHNA and publication.

This report provides an overview of the local Kingston data, oral health provision for children and young people in the borough and feedback from stakeholders, parents, carers and young people. This has informed nineteen recommendations across five themes, which aim to help to further enhance local oral health and reduce oral health inequalities in children and young people in Kingston. The five themes, which the recommendations align to are:

- Direct Intervention and Access to Services
- Public Health Promotion and Communication
- Staff Training and Professional Development
- School and Adolescent Focus
- Strategic Planning and Policy Inclusion

Introduction, Aims, Scope:

It is well understood that children's oral health is fundamental to their overall health and wellbeing. The negative impacts of poor oral health are extensive; ranging from the physical impacts of pain and infection on eating, sleeping and speaking to the social and developmental impacts on self-confidence, school attendance and risk of life-long dental problems. Despite tooth decay being largely preventable, dental extractions remain the main reason for hospital admission in children and young people (CYP) in Kingston. Oral health therefore remains a public health issue with a need for the continued development of interventions to help achieve sustained and long-term improvements to the oral health of CYP.

Aims & Objectives

Our aim is to assess the oral health profile of CYP in Kingston, identify inequalities and risk factors, evaluate current services and provide recommendations to improve oral health outcomes.

Our objectives are as follows:

- Describe the current oral health status and needs of CYP in Kingston, with regional and national data.
- Highlight inequalities faced by subgroups of the population.
- Outline current oral health services provided in Kingston.
- Identify gaps in current oral health services through discussion with stakeholders.
- Provide evidence-based recommendations, that are within Kingston local authority's sphere of influence, for oral health promotion for CYP.

Scope

This needs assessment is focused on CYP aged 0 to 19 years and considers the oral health of this cohort.

Methodology:

Information to inform this needs assessment was collected through five main methods:

A. Short guidance review and background data on oral health influences and costs
B. Review of local survey and hospital data
C. Summary of existing offers and services
D. Stakeholder interviews
E. Interviews and focus groups with young people and parents and carers.

From this information, key themes and service gaps were identified. Recommendations are then made based on these insights and data.

Findings

A. Setting the Scene: Guidance and influences on oral health, costs (Background & context)

Context and Evidence

Following the transfer of Public Health from the NHS, under the Health and Social Care Act (2012), the responsibility of oral health improvement lies with local authorities.[1] This includes a statutory requirement for local authorities to complete or commission oral health surveys, largely as part of the National Dental Epidemiology Programme (NDEP), and oral health promotion programmes. The NDEP is coordinated by the Office for Health Improvement and Disparities (OHID) in the Department of Health and Social Care (DHSC). Improving children's oral health is an OHID priority. The National Institute for Health and Care Excellence (NICE) in Oral Health: Local Authorities and Partners,[2] details improving oral health by developing and implementing a strategy that meets the needs of people in the local community.[3] It aims to promote and protect people's oral health by improving their diet and oral hygiene, and by encouraging them to visit the dentist regularly. NICE guidance also states that oral health should be a core component of Local Authority Joint Strategic Needs Assessments (JSNA) and Joint Local Health and Wellbeing Strategies (JLHWS).

The evidence base for oral health promotion is strong and nationally recommended, with a Public Health England (PHE) 2013 local authority toolkit providing direction for local commissioning for children and young people,[4] and NICE guidance (PH55) Oral health: local authorities and partners[5] laying out a range of recommendations forming the basis of a wider strategic approach to meet local oral health needs. Systematic reviews referenced in these guidance documents demonstrate that twice daily fluoride toothpaste application reduces the severity and incidence of tooth decay in children, and if initiated daily in a school or nursery setting i.e. through a supervised toothbrushing programme (STP), with promotion of home toothbrushing, can help establish life-long healthy oral health behaviour.

There is strong evidence that the daily application of fluoride toothpaste to teeth reduces the incidence and severity of tooth decay in children.[6] The NICE guidance recommends supervised toothbrushing schemes for nurseries and primary schools in areas where children are at high risk of poor oral health. It is also known that children in more deprived areas tend to have poorer oral health compared to their less disadvantaged

1 Local authorities improving oral health: commissioning better oral health for children and young people. PHE June 2014 https://assets.publishing.service.gov.uk/media/5a7d6f6bed915d269ba8aa6a/CBOHMaindocumentJUNE2014.pdf
2 National Institute for Health and Care Excellence (2014). Overview | Oral health: local authorities and partners | Guidance | NICE. [online] Nice.org.uk. Available at: https://www.nice.org.uk/guidance/ph55
3 National Institute for Health and Care Excellence (2014). Overview | Oral health: local authorities and partners | Guidance | NICE. [online] Nice.org.uk. Available at: https://www.nice.org.uk/guidance/ph55
4 Improving oral health: an evidence-informed toolkit for local authorities. [online] Available at: https://www.gov.uk/government/publications/improving-oral-health-an-evidence-informed-toolkit-for-local-authorities
5 National Institute for Health and Care Excellence (2014). Overview | Oral health: local authorities and partners | Guidance | NICE. [online] Nice.org.uk. Available at: https://www.nice.org.uk/guidance/ph55
6 Marinho VC, Higgins JP, Sheiham A, Logan S. Fluoride toothpastes for preventing dental caries in children and adolescents. Cochrane Database Syst Rev. 2003 Jan 20;2003(1):CD002278. doi: 10.1002/14651858.CD002278

peers, and are also less likely to brush their teeth twice daily. Supervised toothbrushing schemes also support the NHS Core20PLUS5[7] approach that aims to reduce health inequalities for children and young people.

Financial Cost

Oral health diseases continue to place a large financial burden on the NHS and wider society for what are essentially preventable diseases.[8] According to data from the financial year ending 2024, the NHS spent an estimated £74.8 million on hospital admissions for tooth extractions in 0 to 19-year-olds in England, with £45.8 million attributed to decay-related extractions.[9] As dentinal decay is largely preventable, this data highlights a substantial ongoing cost to the NHS and the need for continued work into targeted interventions to improve the oral health outcomes of children.

Wider Determinants of Oral Health and Inequalities

Inequalities in oral health largely reflect those of general health, with outcomes linked to wider social, economic and environmental determinants. Inequalities in Oral Health in England,[10] published by Public Health England in 2021, explained that a marked social gradient exists for oral health outcomes amongst children across the country. This is reflected locally in the data from Hospital Episode Statistics, which highlights children living in areas of high deprivation in Kingston are more likely to experience dentinal decay. It is therefore crucial that prevention work focuses on tackling these inequalities.

As a borough, Kingston has outlined improving oral health and reducing tooth decay, as a focus of the 'Starting Well' priority in its Joint Local Health and Wellbeing Strategy 2025-28 (JLHWS)[11] and in the Kingston Healthy Weight Strategy 2024/25 to 2026/27.[12] This includes reducing health inequalities by taking a particular focus on those residents and areas of Kingston where time in good health is lowest. This aligns with requirements set out by NHS Core20PLUS5 for local specific action to tackle the widening health inequalities caused by deprivation, of which oral health is one of five clinical priority areas.[13]

Lifestyle

Every child who has teeth is at risk of tooth decay, but existing data shows that the risk increases for those living in the more deprived areas.[14] Differences in household income, education, employment and neighbourhood circumstances are associated with differing levels of child and young people's development, including levels of good oral health. Child poverty can be measured in different ways, the latest 2025 income deprivation affecting children index (IDACI) data shows that around 10% of children in the borough live in areas with income deprivation.[15]

7 Core20PLUS5 is a national NHS England approach to support the reduction of health inequalities at both national and system level. The approach defines a target population cohort and identifies '5' focus clinical areas requiring accelerated improvement. See: https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/core20plus5-cyp/#:~:text=Core20PLUS5%20is%20a%20national%20NHS,clinical%20areas%20requiring%20accelerated%20improvement.

8 Public Health England. (2021, March 19). Inequalities in oral health in England. GOV.UK. https://www.gov.uk/government/publications/inequalities-in-oral-health-in-england

9 Dental surgeons respond to latest figures for hospital tooth extractions due to tooth decay in 0 to 19-year-olds — Royal College of Surgeons. Royal College of Surgeons. https://www.rcseng.ac.uk/news-and-events/media-centre/press-releases/dental-surgeons-respond-to-figures-for-hospital-tooth-extractions-0-to-19yearolds/#:~:text=The%20estimated%20cost%20to%20the,of%20a%20largely%20preventable%20condition

10 Public Health England. (2021, March 19). Inequalities in oral health in England. GOV.UK. https://www.gov.uk/government/publications/inequalities-in-oral-health-in-england

11 Kingston Joint Local Health and Wellbeing Strategy 2025 to 2028 https://www.kingston.gov.uk/health-and-wellbeing/kingston-joint-local-health-and-wellbeing-strategy

12 Kingston Healthy Weight Strategy 2024/25 to 2026/27 https://www.kingston.gov.uk/sites/default/files/2025-09/RBK%20Healthy%20Weight%20Strategy%2024_25%20to%2026_27%20FINAL%20-%20Google%20Docs_0.pdf

13 Core20PLUS5 – An approach to reducing health inequalities for children and young people https://www.england.nhs.uk/about/equality/equality-hub/national-healthcare-inequalities-improvement-programme/core20plus5/core20plus5-cyp/

14 Public Health England Guidance: Health matters: child dental health Published 14 June 2017 https://www.gov.uk/government/publications/health-matters-child-dental-health/health-matters-child-dental-health#risk-factors -for-tooth-decay

15 Ministry of Housing, Communities and Local Government: English indices of deprivation 2025 https://www.gov.uk/government/statistics/english-indices-of-deprivation-2025

Diet

Diet plays a crucial role in oral health, with the consumption of free sugar in food and drinks being the most common risk factor for dentinal decay[16] with evidence supporting the relationship between the total amount of sugars consumed and dental caries development.[17] In addition, the probability of being above a healthy weight increases significantly with both total and added sugar intake above dietary recommendations.[18] The UK Government recommends limiting the intake of free sugars to less than 5% of total energy intake. However, according to the most recent National Diet and Nutrition Survey, nationally 91% of children exceed this target.[19] The main sources of free sugars consumed by children are in processed food and drinks, most notably cereal and cereal products and soft and fruit drinks. In addition to the quantity of sugar, the frequency of consumption, in particular between meals, has been found to be associated with increased risk of dental caries. Continued public health work is therefore required in order to promote and support children in maintaining a balanced diet, low in free sugars, in order to prevent poor oral health.[20]

Infant feeding

Factors influencing children's oral health begin from infancy, with evidence showing that breastfeeding until the age of 12 months is associated with a decreased risk of tooth decay.[21] In addition to this, breastfeeding promotes development of oral and facial structures and breastmilk itself provides essential vitamins and minerals for healthy development of teeth and gums.[22] OHID formerly Public Health England (PHE), therefore recommends that babies are exclusively breastfed for the first 6 months of life, when complementary food is introduced. The NHS and World Health Organisation encourages breastfeeding to continue up to 2 years and beyond. Local data collected by Health Visitors in Kingston shows breastfeeding rates are higher than the national average at 75%, compared to 52.7%, at 6 to 8 weeks.[23] There is limited recent published data for breastfeeding rates beyond 6-8 weeks.

Whilst breastfeeding has protective characteristics, prolonged bottle feeding has been associated with an increased risk of dental caries in infants. In particular, incisor decay is linked to long term bottle use with sugar-sweetened drinks, especially when given overnight or for long periods during the day. Guidance therefore states that infants should never be put to bed with a feeding bottle, and bottle feeding should be discouraged altogether from one year. Parents are also advised that from six months infants should be introduced to a free-flow cup with a meal, instead of a bottle, in order to learn sipping instead of sucking and phase out the use of bottles by 12 months.

16 National Diet and Nutrition Survey 2019 to 2023: report. (2025, June 11). GOV.UK. https://www.gov.uk/government/statistics/national-diet-and-nutrition-survey-2019-to-2023/national-diet-and-nutrition-survey-2019-to-2023-report

17 Moynihan PJ, Kelly SA. Effect on caries of restricting sugars intake: systematic review to inform WHO guidelines. Journal of Dental Research 2014; 93(1): 8-18. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3872848/

18 Magriplis E, Michas G, Petrizdi E, Chrousos GP, Roma E, Benetou V, Cholopoulos N, Micha R, Panagiotakos D, Zampelas A. Dietary Sugar Intake and Its Association with Obesity in Children and Adolescents. Children (Basel). 2021 Aug 3;8(8):676. doi: 10.3390/children8080676. PMID: 34438567; PMCID: PMC8391470. https://pubmed.ncbi.nlm.nih.gov/34438567/

19 World Health Organization: WHO. (2025, August 14). Sugars and dental caries. https://www.who.int/news-room/fact-sheets/detail/sugars-and-dental-caries

20 Delivering better oral health: an evidence-based toolkit for prevention: Chapter 10 Healthier eating 10th September 2025 .GOV.UK https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention/chapter-10-healthier-eating

21 Breastfeeding and dental health. (2019, January 30). GOV.UK. https://www.gov.uk/government/publications/breastfeeding-and-dental-health/breastfeeding-and-dental-health

22 Ong, K., Crown, Scientific Advisory Committee on Nutrition, Public Health England, Food Standards Agency, Department of Health and Social Care, Welsh Government, & Scottish Government. (2018). Feeding in the first year of life. In Feeding in the First Year of Life. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/725530/SACN_report_on_Feeding_in_the_First_Year_of_Life.pdf

23 Department of Health and Social Care (DHSC). (n.d.). Fingertips | Department of Health and Social Care. https://fingertips.phe.org.uk/search/breastfeeding

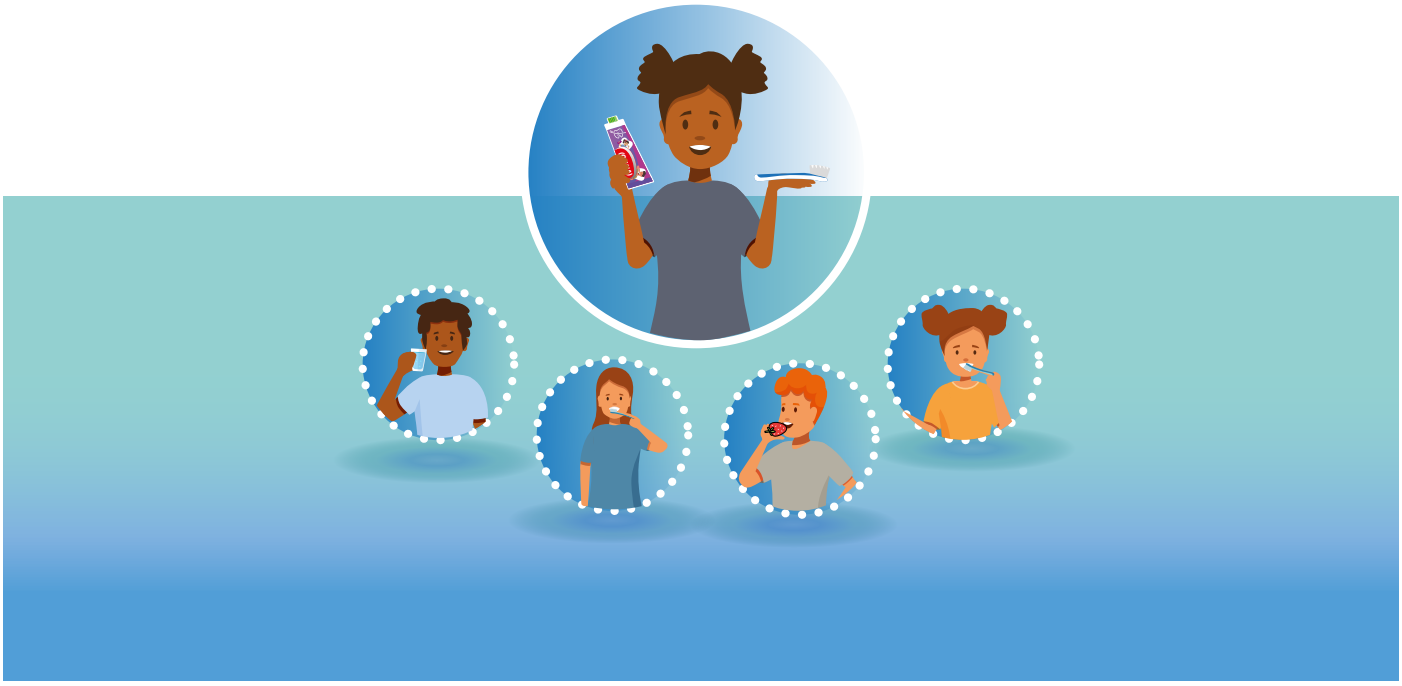
Toothbrushing and the availability of fluorides

Fluoride is highly effective in reducing dental caries. In England, only about 10% of England's population have a fluoridated water supply. The widespread availability of fluoride toothpaste is therefore the most common method of fluoride usage.[24] The global decline in dental caries over recent decades, and in children over the past thirty years, is largely attributed to the regular, daily use of fluoride toothpaste at home.[25]

Dental Services

There are many dental practices in Kingston offering family-friendly, comprehensive dentistry. NHS dental care is free for children under 18 years of age (or 19 in full-time education), with regular check-ups recommended from as soon as the first milk tooth appears or before the child is 12 months old. This will allow the child to become familiar with the environment and get to know the dentist. Accessing the dentist provides parents and carers with preventative advice from an early age and identifies any oral health problems at an early stage.

The Princess Alexandra Wing at Kingston Hospital provides specialist and comprehensive dental care for children. Emergency care can be accessed by contacting the NHS 111 service, which can direct you to an urgent dental care hub. The Infant Preventative Dental Scheme (IPDS) is available for children under 5 with special needs and is provided by the Community Special Care Dentistry at King's College Hospital NHS Foundation Trust. The aim of the scheme is to prevent dental disease and the subsequent need for dental treatment often complicated due to medical and behavioural challenges.



24 Delivering better oral health: an evidence-based toolkit for prevention: Chapter 9 Fluoride Updated 10th September 2025 .GOV.UK https://www.gov.uk/government/publications/delivering-better-oral-health-an-evidence-based-toolkit-for-prevention/chapter-9-fluoride

25 Pitts NB, Zero DT, Marsh PD, Ekstrand K, Weintraub JA, Ramos-Gomez F and others. Dental caries. Nature Reviews Disease Primers. 2017;3:17030 https://pubmed.ncbi.nlm.nih.gov/28540937/

B. Data review and analysis

National Dental Epidemiology Programme data (NDEP)

An important source of data for this Needs Assessment was the National Dental Epidemiology Programme (NDEP) survey. As previously mentioned, it is a statutory requirement for local authorities to complete or commission these surveys. The most recent NDEP survey was conducted on 5-year-old school children in 2024, with results published in 2025.[26] Previous 5-year-old surveys were conducted in 2022, 2019, 2017 and 2015. Results showed the percentage of 5-year-old children in Kingston with evidence of tooth decay was 23.9%, up significantly from 16.3% in 2022. This was slightly higher than the national average of 22.4% but lower than the London average of 27.4% (see Figure 1).

Figure 1. Percentage of 5-year-old children in Kingston, London and England with any evidence of tooth decay

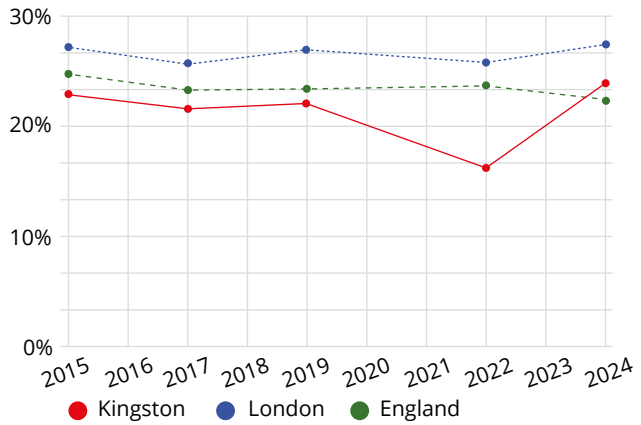
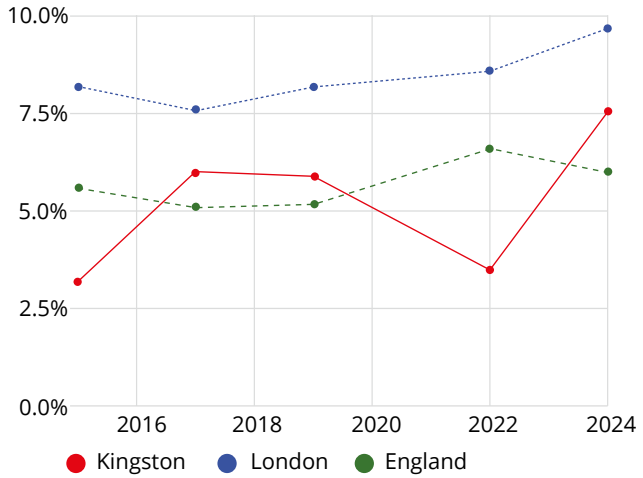
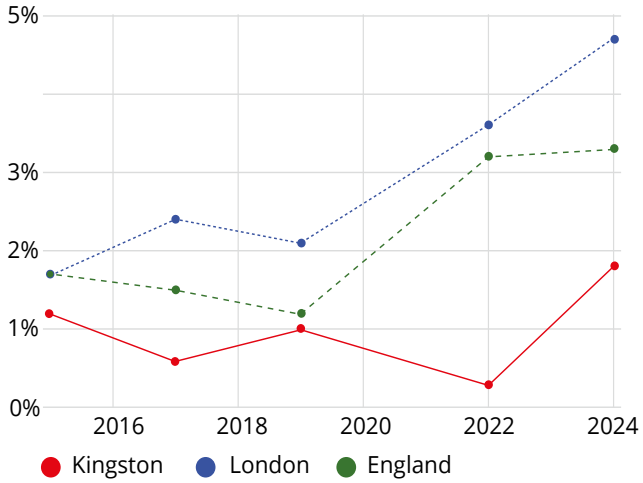


Figure 2. Percentage of 5-year-old children with evidence of incisor decay from 2015 to 2024



In addition to an increased percentage of 5-year-olds with any evidence of decay, there was a rise in percentage with evidence of incisor decay, from 3.5% in 2022 to 7.6% in 2024 (Figure 2). This is specifically assessed due to its association with long term bottle use of sugar-sweetened drinks. A rise was also seen in the percentage of children with substantial amounts of plaque, which untreated can lead to decay, from 0.3% to 1.8% in 2022 and 2024 respectively (Figure 3).

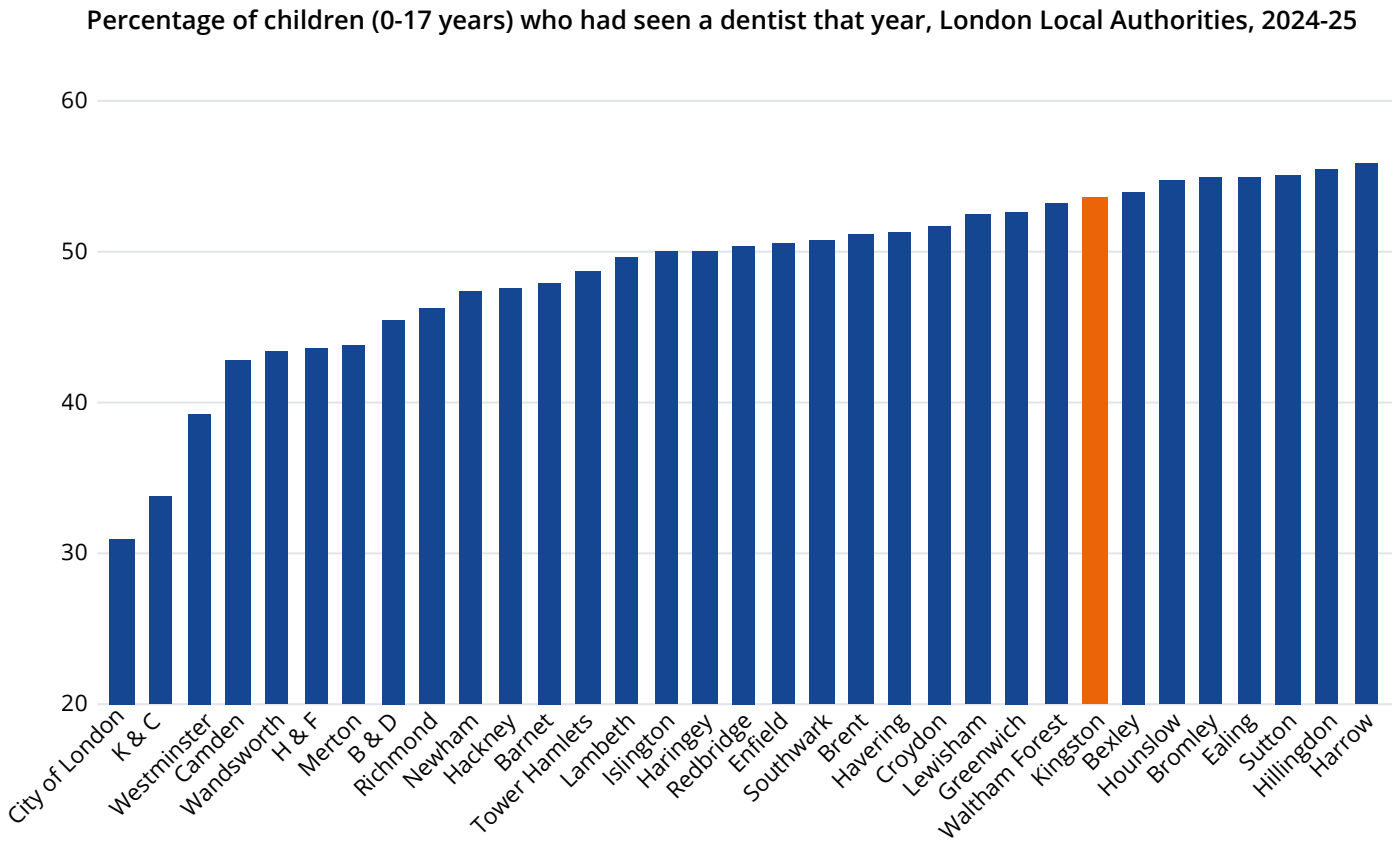
Figure 3. Percentage of 5-year-old children with substantial plaque from 2015 to 2024



26 The National Dental Epidemiology Programme (NDEP) is a programme of annual oral health surveys. The surveys are co-ordinated by the Office for Health Improvement and Disparities (OHID) in the Department of Health and Social Care (DHSC).
The aim of the survey is to measure the prevalence and severity of dental caries experience among children in the age cohort selected within each lower tier local authority. Information from the surveys is vital to inform local oral health needs assessments and in planning and evaluating local health services.
OHID have coordinated biennial surveys of 5 year olds in maintained schools, 3 year olds in nurseries and children in Year 6 (10 and 11 year olds). Schools are randomly selected in each LA and invited to participate. Children in the age cohort in the school are selected and those with parental agreement to participate are examined in school. See National Dental Epidemiology Programme (NDEP) for England: oral health survey of 5 year old schoolchildren 2024 - GOV.UK 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

National data from the 2024 NDEP survey shows that there was a clear correlation between increasing deprivation and poorer dental health in five year olds. At the national level, children of 'Other' ethnic groups, and Asian children, have the poorest dental health, with the remaining ethnicities (Black, Mixed and White) having less decay on average, and at a similar level to each other.

Figure 4. Percentage of children seeing a dentist, London LAs, 2024-25

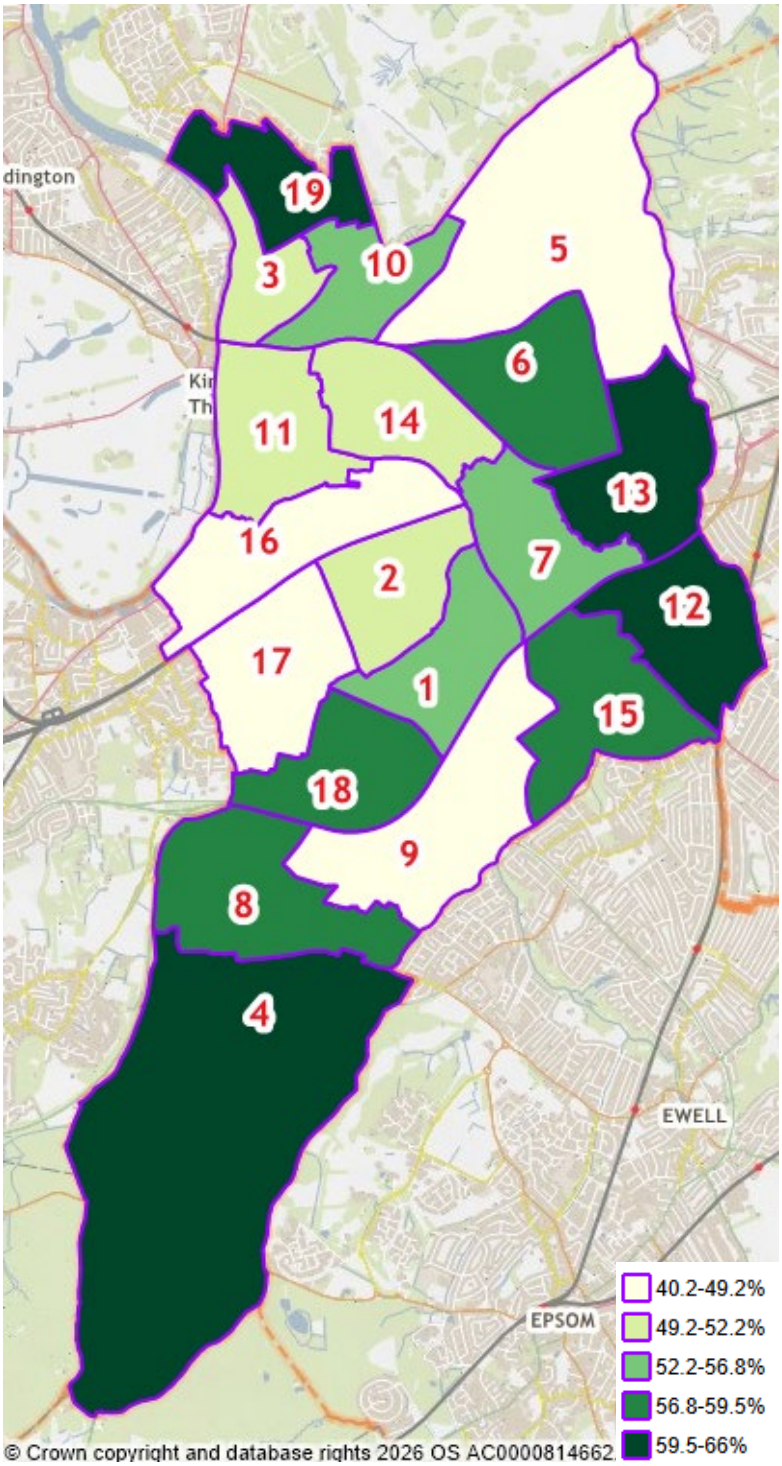


NHS Dental Statistics

The most recent dental statistics for England, produced by the NHS Business Services Authority, cover 2024/25. The figures show that almost 20,000 children (0-17 years) in Kingston saw a dentist that year, which equates to 54% of our child population (see Figure 4). Kingston is the eighth highest of the London boroughs by this measure, with the average for the region being 50% of children visiting a dentist in 2024/25.

There is also a ward level breakdown for the same metric, which shows considerable variation between the wards (Figure 5). No geographical pattern of dental usage could be seen, however the lowest ward for childhood dental visits was St Mark's and Seething Wells (number 16) with just over 40% of children seeing a dentist in 2024/25. The highest level of usage was in New Malden Village ward (13) with 66%. A broadly similar picture could also be seen for dental visits in adulthood at ward level.

Figure 5. Percentage of children seeing a dentist, Kingston wards, 2024-25



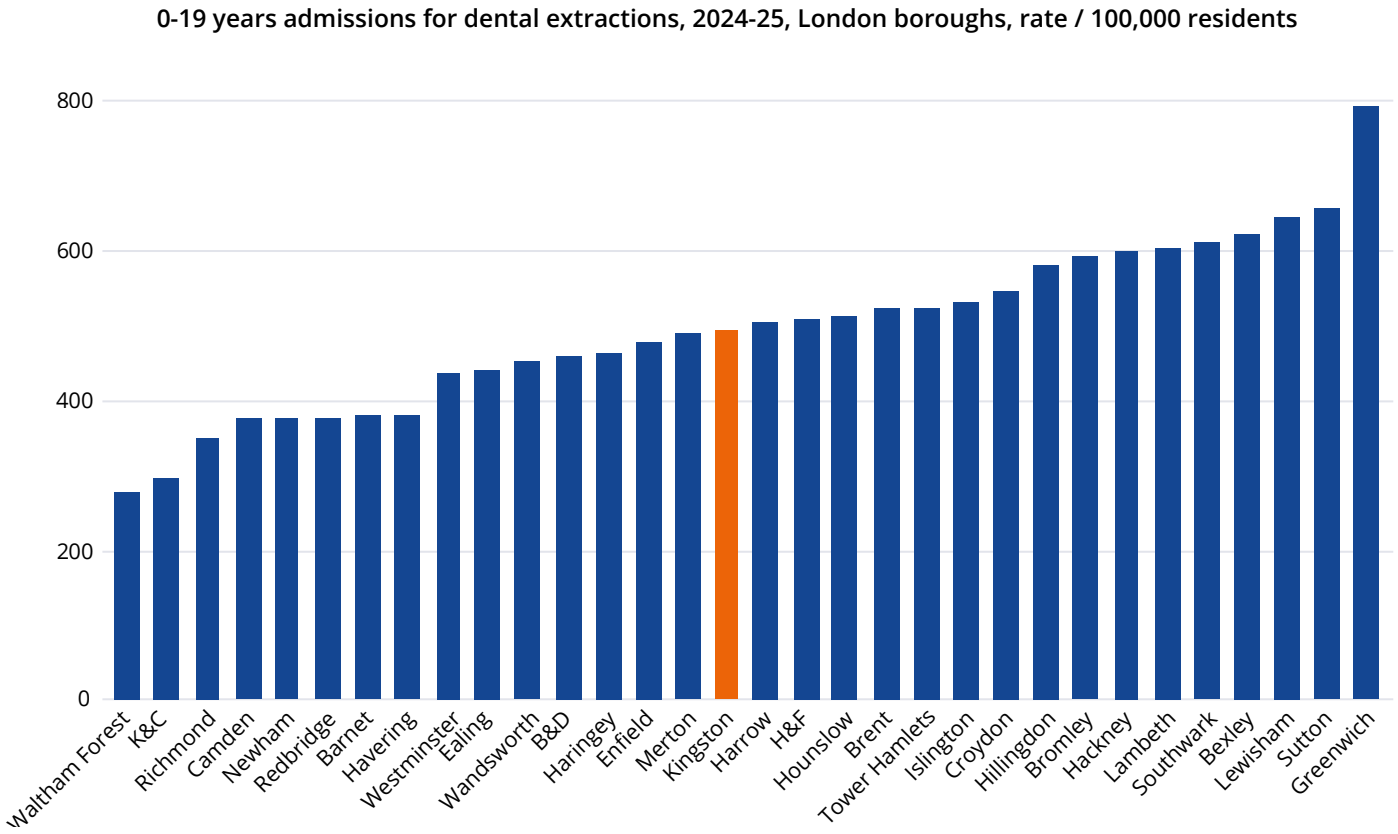
Index	Ward Name
1	Alexandra
2	Berrylands
3	Canbury Gardens
4	Chessington South & Malden Rushett
5	Coombe Hill
6	Coombe Vale
7	Green Lane & St James
8	Hook & Chessington North
9	King George's & Sunray
10	Kingston Gate
11	Kingston Town
12	Motspur Park & Old Malden East
13	New Malden Village
14	Norbiton
15	Old Malden
16	St Mark's & Seething Wells
17	Surbiton Hill
18	Tolworth
19	Tudor

Kingston Hospital Data (Hospital Episode Statistics 'HES')

Recently released national data on hospital tooth extractions in 0-19 years in 2024-25 reports over 56,000 admissions for extraction in English hospitals that year, which is a 14% increase on the previous year and the highest annual total since 2019. At regional level, London's rate for all extraction admissions is around 500/ 100,000 residents in that age group across the year, which is in the middle of the regional table, fourth highest of the nine regions and slightly above the national average. Most regions saw an increase in the rate of admission between 2023-24 and 2024-25.

In comparison with the other London local authorities, Kingston sits in the middle of the table for extraction admission rate (see Figure 6). (N.B. this is for all extractions, not only those resulting from caries, around 40% of extractions do not have caries as the primary reason).

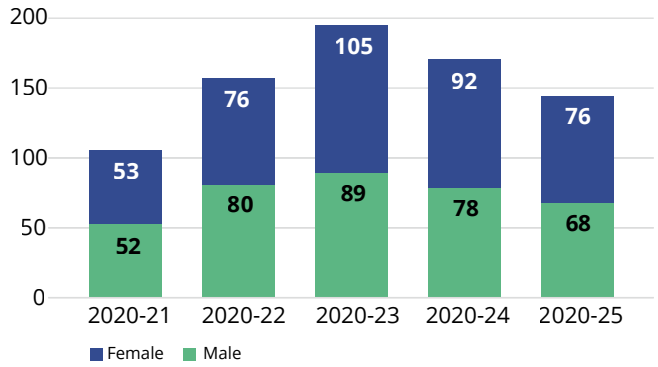
Figure 6. Admission rate for dental extractions in 0-19 yrs, London boroughs, 2024-25



In order to better understand the impact and severity of dentinal decay on CYP in Kingston over time, a deeper analysis of hospital admission data for tooth extractions due to dental caries was undertaken. The scope for this analysis looked at the past five full years of hospitalisation data, from 2020-21 to 2024-25, for all Kingston residents aged 0-19 years. There has been a yearly decline in the total number of admission for dental caries since 2022-23 (see Figure 7). There were slightly more admissions for girls, accounting for 52.3%, than boys, accounting for 47.7%. It should be

noted that these numbers are for admissions, not individuals, and around 10% of the 688 children included had multiple admissions for this cause over the five years.

Figure 7. Total admission numbers for dental caries for all Kingston CYP aged 0-19 years for dental caries by year



When considering the age of the children when they were hospitalised for dental caries, a peak can be seen between the ages of four and eight years, with 60% of all such admission in this age group. The age profile was largely similar for boys and girls, with a median age of 7 years 9 months for boys, and 7 years 11 months for girls (Figure 8).

When considering the relationship between deprivation of area of residence (as measured by the Index of Multiple Deprivation [IMD]), and the likelihood of hospitalisation for dental caries, there is a linear relationship between higher deprivation and increased admissions (see Figure 9). Children living in the most deprived parts of the borough are more than three times as likely as those in the least deprived areas to have been admitted for dental caries in this time period, a far larger difference than that seen in the Kingston JSNA 2023.

Looking at the rate of admissions per ward, there were significant differences amongst areas of the borough. There is a general north-south gradient, with rates broadly increasing the further south within the borough (with Norbiton, an area of higher deprivation, the exception in the north). The ward with the highest level (Chessington South & Malden Rushett) has more than four times the rate of the lowest (Coombe Hill) (Figures 10 & 11).

Figure 9. Admission numbers for dental caries for all Kingston CYP aged 0-19 years, between 2020/1 - 2024/5, by IMD deprivation decile, rate / 1,000 residents/ year

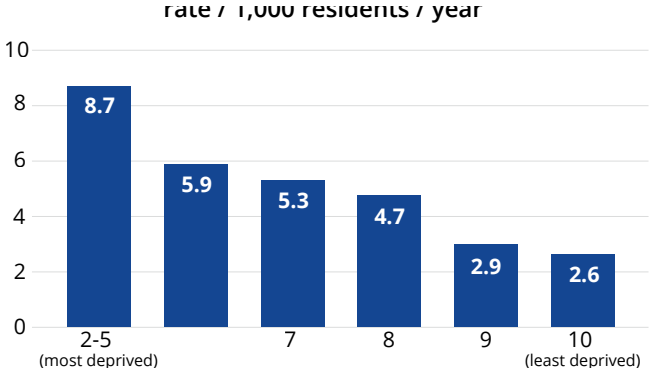


Figure 8. Total admission numbers for dental caries for all Kingston CYP aged 0-19 years, between 2020/1 -2024/5

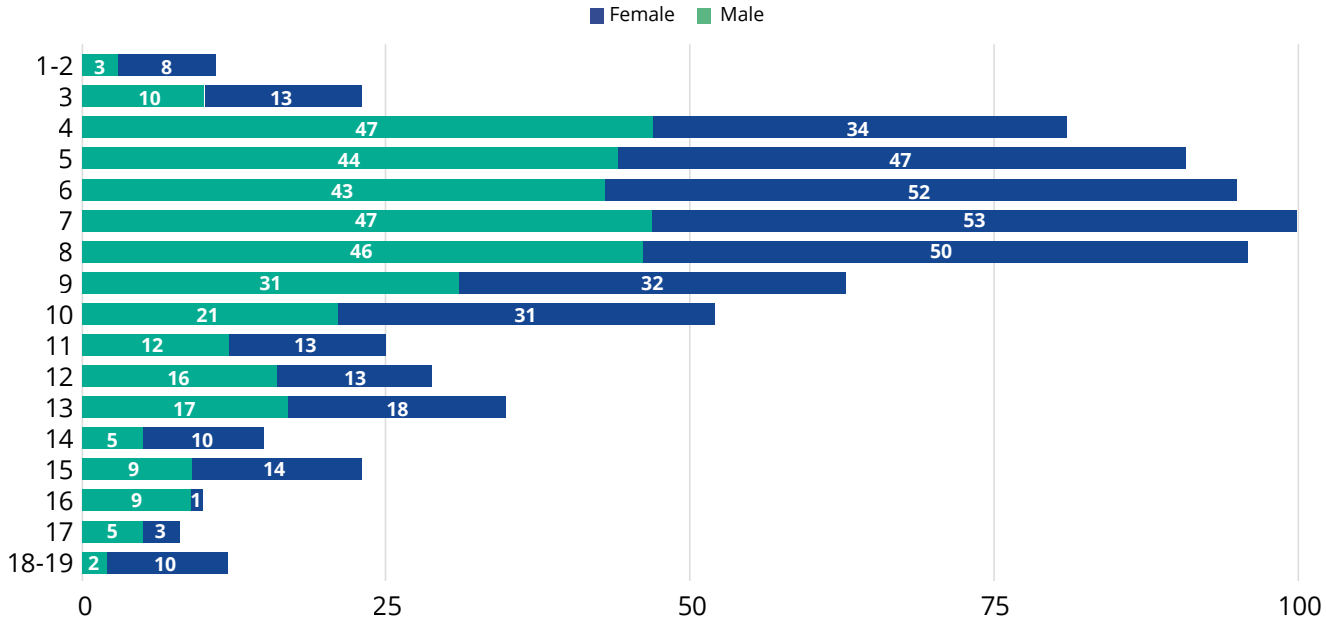


Figure 10. A map of Kingston by ward with corresponding names

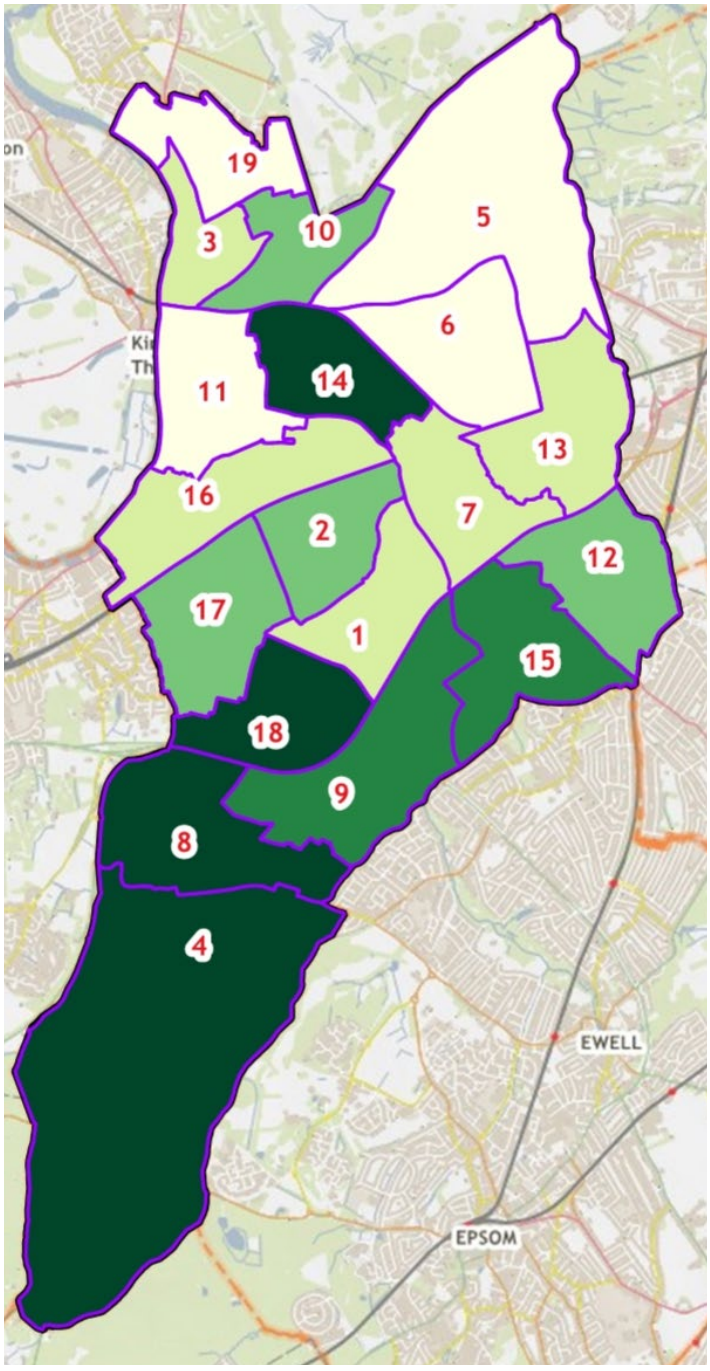


Figure 11 - Rates of hospital admission for dental extractions per 1000 children under 18 years or other.

Index	Ward Name	Rate / 1,000 pop / year
1	Alexandra	3.8
2	Berrylands	4.5
3	Canbury Gardens	3.8
4	Chessington South & Malden Rushett	7.9
5	Coombe Hill	1.9
6	Coombe Vale	2.5
7	Green Lane & St James	4.2
8	Hook & Chessington North	6.3
9	King George's & Sunray	5.6
10	Kingston Gate	4.6
11	Kingston Town	3.2
12	Motspur Park & Old Malden East	5.0
13	New Malden Village	4.3
14	Norbiton	7.2
15	Old Malden	6.0
16	St Mark's & Seething Wells	3.9
17	Surbiton Hill	5.2
18	Tolworth	6.6
19	Tudor	2.9

Children Looked After (CLA)

The local authority that looks after a child must arrange for them to have an initial health assessment and regular review health assessments.[27] These include checks of the child's general state of health, including dental health, and dental care needs. Figure 12 shows the percentage of Children Looked After who received a dental check up.[28]

27 Promoting the health and wellbeing of looked after children - Statutory guidance for local authorities, clinical commissioning groups and NHS England March 2015 https://assets.publishing.service.gov.uk/media/630623bdd3bf7f3660de63da/Promoting_the_health_and_well-being_of_looked-after_children_August_2022_update.pdf

28 Department For Education website - Create tables on children looked after in England https://explore-education-statistics.service.gov.uk/data-tables/fast-track/485c57ba-9df5-4191-eb67-08de1b107f4b

Figure 12. Percentage of Children Looked After who have received a dental check up

Dental checks - Kingston	2021-22		2022-23		2023-24		2024-25		National average (24/25)
	No.	%	No.	%	No.	%			%
Dental checks up to date	74	92.5%	53	84.1%	62	91.2%	68	79.1%	81%

National Child Measurement Programme (NCMP)

To better understand the wider dietary picture influencing the oral health of CYP in Kingston, data from the National Child Measurement Programme (NCMP) was reviewed.[29] The NCMP collects annual height and weight data of Reception (age 4-5 years) and Year 6 children (age 10-11 years) and therefore monitors trends in overweight and obesity levels. The NCMP data was reviewed as evidence shows that there is an association between higher rates of overweight and obesity in children and poor dental health.[30]

Key findings from the latest data published in 2024-25 show the trend for levels of excess weight in Reception year in Kingston is generally upwards whilst obesity levels have plateaued. In Year 6, there was a slight fall in levels of overweight and obesity, and levels in this Year group are low in the borough compared to historical figures. Kingston performs comparatively well within London, with the fifth lowest level of excess weight amongst Reception children, and the second lowest among Year 6 children. Despite this, the data does highlight a notable increase in obesity in age, with levels more than doubling between Reception and Year 6. The weight categories for the two age groups are shown in Figures 13 and 14.

Figures 13 and 14. The percentage of children belonging to each weight class in Reception and Year 6 in Kingston in 2024-25

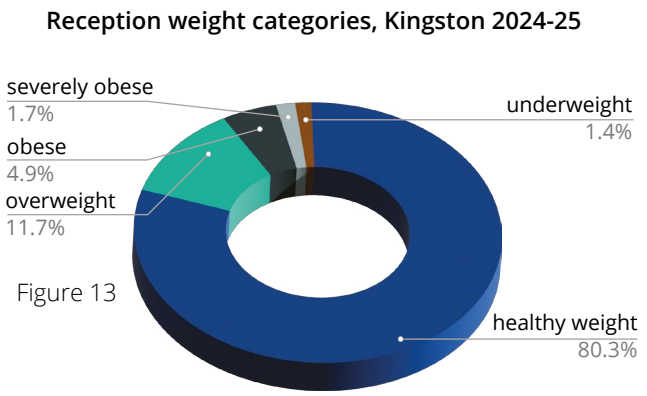


Figure 13

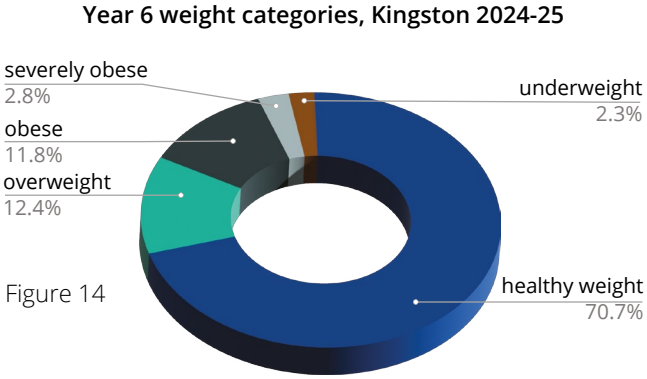


Figure 14

29 Office for Health Improvement and Disparities. (2025, November 4). National Child Measurement Programme. GOV.UK. https://www.gov.uk/government/collections/national-child-measurement-programme

30 The relationship between dental caries and obesity in children: an evidence summary. PHE October 2025 https://assets.publishing.service.gov.uk/media/5a804bffed915d74e33f99cc/Caries_obesity_Evidence_SummaryOCT2015FINAL.pdf

C. Summary of existing offers and services

Summary of existing Oral Health Promotion (OHP) offers in Kingston for children and young people

A range of Oral Health Promotion (OHP) offers are currently available to support children and young people (CYP) in Kingston. These are provided and delivered by a combination of services as outlined below.

Core Local Authority/ NHSE-funded provision, delivered by King's College Hospital Community Dental Services:

NHSE commissions King's College Hospital Community Dental Services (CDS) to deliver the following in Kingston:

- Supervised Toothbrushing Programme (STP): Delivery of supervised toothbrushing sessions in nursery and reception in 6 primary schools in Kingston to support the development of good brushing habits and increase the availability of fluorides to prevent tooth decay from a young age. The schools were selected based on ranking combining free school meals, ward deprivation, and National Child Measurement Programme excess weight data. The top 10 priority schools were invited to participate and six agreed. In September 2024, the settings received training, resources and quality assurance monitoring from the King's OHP team. The settings continue to offer the STP to 3-5 year olds.
- Oral Health Promotion (OHP) workshops for Early Years (EY) providers 2024/25/26: Eight capacity-building training sessions that equip staff with knowledge and skills to promote good oral health practices among children and families. The "Healthy Little Teeth in Early Years" sessions (delivered by King's College) form part of our wider Healthy Early Years London (HEYL) offer. These sessions are embedded within the HEYL framework and sit alongside other training including Healthy Eating Habits in EY and Menu Planning in EY.
- OHP advice sessions for parents/carers at events and in Children's Centres 2024/25: The King's team delivered oral health promotion to families and carers and children in Kingston at more than 60 events and sessions.

SWL ICB-funded engagement (one-off pilot project 2025):

- Creation of oral health resources for teenagers (11-16yrs) 2025/26: King's OHP team has created age-appropriate oral health materials tailored to adolescent needs and behaviours to be utilised by the AfC youth worker team and Youth Health Ambassadors at the request of RBK Public Health.
- Training for Achieving for Children (AfC) youth workers 2025/26: This training will equip youth workers and Youth Health Ambassadors to deliver oral health messages and support the distribution of 'Pooled Prevention Fund' (PPF)-funded toothbrush and toothpaste packs and the King's College Hospital Community Dental Services teen resources and messages.
- Expansion of the Supervised Toothbrushing Programme 2025/26: Extended supervised toothbrushing to a small number of nurseries willing to participate as part of the pilot.

DHSC Public Health Grant uplift-funded activity (2025/26):

This DHSC-funded programme is intended to deliver supervised toothbrushing daily in Early Years settings and schools accompanied by distribution of home toothbrushing and toothpaste packs with the aim that all 3 to 5 year olds living in the 20% most deprived areas are brushing daily.

- Further expansion of the STP: The additional funding will support the King's team in the delivery of a supervised toothbrushing programme in a nursery with some with special educational needs and disabilities (SEND) provision and one other nursery and reception in a primary school in the borough.
- Donation of oral health products: Colgate-Palmolive has provided toothbrushes and toothpaste to support the extension of the Supervised Toothbrushing Programme and

provision of in-home toothbrushing with a fluoride toothpaste, for 104 children identified by DHSC as living in areas of high deprivation (Index of Multiple Deprivation quintiles 1 and 2).

Kingston Public Health 'Pooled Prevention Fund' (PPF)-funded work 2024 - 2027:

- **'HENRY'[31] OHP training and workshops:** provided for parents/carers and EY providers in order to increase understanding of toothbrushing, diet, and oral health routines.
- **Distribution of toothbrush and toothpaste packs:** Supply of oral health packs for use by Health Visitors, Children's Centres and youth clubs for children and young people aged 0-16 years.

D. Stakeholder input

Stakeholder interviews

Interviews were conducted with a range of stakeholders in order to provide professional insights into current OHP in Kingston and identify barriers, areas performing well and those with opportunity for improvement. The stakeholders included commissioners, providers and settings. Themes identified in the interviews are outlined below with a breakdown of key ideas.

- **Oral health in Kingston: priority and perceptions of local knowledge**
  - All professionals identified oral health as a priority in CYP in Kingston.
  - Stakeholders felt parents/carers of CYP in Kingston had a fairly good level of knowledge of oral health in comparison to other London boroughs.
- **Dental Services: advice, access and changes in approaches**
  - **Inconsistent advice from healthcare professionals** - lack of clear, consistent messaging can cause confusion amongst parents, particularly regarding what age young children should first visit the dentist.
  - **Practical barriers in accessing Dental Services** - uncertainty regarding the practical process of accessing a dentist, particularly for residents unfamiliar with UK health systems.
  - **Management of paediatric patients by General Dental Practitioners (GDP)** - a shift in management of dentinal decay with minimally invasive dentistry, from extractions in secondary care, means GDPs are required to adapt their skills. This includes developing paediatric specific techniques, adapting communication skills and being able to manage anxiety children experience around attending the dentist.
- **Diet and Feeding: infant feeding, sugar consumption, school food and food security**
  - **Infant feeding practices -** some perceived lack of support regarding breastfeeding and inconsistent bottle-feeding education preventing optimising infants oral health.
  - **Sugar consumption as a key issue -** diet repeatedly acknowledged as number one barrier preventing CYP from good oral health, particularly the availability and consumption of fizzy drinks and snacks.
  - **School food environment** - school food standards not consistent across the borough.
  - **Confusing marketing** - misleading marketing of snacks, cereals, baby foods and pouches give parents false confidence in food choices.
  - **Impact of food insecurity** - A perception that food insecurity is rising - it becomes harder for people to access healthy foods, this is linked with health inequalities including poor oral health.
- **Oral Health Promotion Services in Kingston: offer and reach**
  - **Comprehensive Early Years OHP offer** - strong OHP offers available for EY in Kingston, including HENRY training which provides links with health visiting and infant

31 https://www.henry.org.uk/

feeding teams. Toothbrush packs given out at 10 and 27 month reviews well received.

- **Scope to improve engagement with STP** - headteachers more likely to engage with programmes if greater evidence for it making improvements.
- **Uneven reach of OHP services** - The uptake of Health Visiting checks at 12 months in Kingston in 2024/25 is 76% and for 2.5 years is 64%,[32] resulting in the possibility some parents/carers may be missing out on receiving oral health advice from health visiting teams at these checks.

- **Population Inequalities: further targeting and teenagers**
  - **High need populations could be better served -** populations identified across interviews included SEN children and families, Gypsy, Roma, Traveller communities and those in high deprivation areas, who would benefit from greater support around oral health.
  - **Secondary schools and adolescents** - promotion work predominantly focuses on early years/primary schools and a different approach is required to engage older children.

E. Focus Groups

As part of the methodology, focus groups were designed and run with the aim of exploring parents', carers' and CYP views, experiences and behaviours relating to children's oral health. To incorporate a range of ages these were conducted at Children's Centres, focusing on children under 5 years, and Youth Clubs, with CYP aged 12 to 18 years. The questions were designed using the OHID toolkit for prevention as a framework by providing evidence base for good oral health and effective preventative behaviours and collaboration with a Nutritionist to ask specific diet and feeding questions related to oral health.

Children's Centres

We planned to conduct young children (under 5 years) focus groups during 'Stay & Play' sessions, in two Children Centres. The nature of the sessions meant plans were adapted and we instead conducted semi-structured interviews. We completed a total of 10 individual interviews with parents, asking the same questions to each, but leaving opportunity for discussion. We collated all the answers and performed a thematic analysis with the following findings.

- **Knowledge and Behaviours** - parents recognised the importance of oral health in the context of their child's overall health, however it was not always a priority due to competing demands. All parents understood "good oral health" requires regular toothbrushing, yet not all brushed their children's teeth twice a day, most often due to time pressures. Fewer parents acknowledged the role of nutrition within oral health, but those who did highlighted the importance of reducing sugar intake.
- **Nutrition** - parents had an awareness of a link between bottle feeding and oral health. They did not, however, fully understand how it impacts teeth. Notable habits were the use of bottles beyond the recommended 12 months and giving night-time bottles after brushing their teeth in the evening.
- In terms of snacks, convenience was a high priority, and whilst parents considered general health when choosing snacks they did not specifically focus on oral health. The vast choice and marketing of children's snacks made choosing the 'right' thing overwhelming.
- **Information Sources** - social media was a common source of information for parents looking for advice regarding oral health. There was an overall uncertainty of where to go to access reliable information with a mixture of responses including using google, asking their GP, speaking to their dentist or asking a friend.
- **Service Access and Barriers** - parents reported a low attendance of young children to the dentist, largely due to inconsistent advice on when children should first attend. Other reasons included a lack of time, personal

32 OHID Fingertips accessed 09/01/2026 https://fingertips.phe.org.uk/perinatal-cyp-mental-health#page/1/gid/1938133461/ati/502/iid/94121/age/1/sex/2/cat/-1/ctp/-1/yrr/1/cid/4/tbm/1

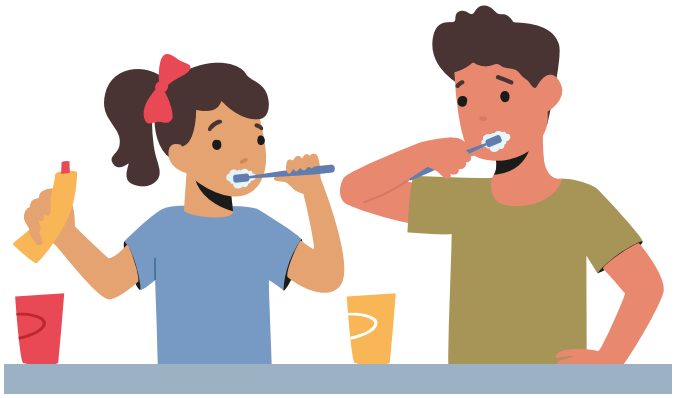
anxieties regarding dentist visits and unsure how to register.

- Engagement with OHP in Kingston - a small proportion of parents had previously engaged with OHP services in Kingston, including King's Oral Health Promotion events in Children's Centres. The reason for parents not engaging was predominantly due to a lack of awareness of services on offer. There was demand for practical sessions on oral health integrated into Children Centres.

Youth Groups

Our focus group for older children took place at a local youth group. We conducted three separate groups, speaking to a total of 15 young people, aged from 12 to 16 years across three sessions. We used a pre-designed template of questions but allowed the opportunity for discussion and follow up questions as appropriate. Our thematic analysis of the discussions are as follows.

- Knowledge and Behaviours - oral health understanding was strongly appearance-based, with a focus on whiteness of teeth, rather than health-based. Tooth brushing habits were generally good, with all young people knowing to brush twice a day, and only occasionally inconsistent due to lifestyle factors.
- Nutrition - the key issue appears to be sugar intake in drinks, mainly fizzy drinks and caffeinated soft drinks. Young people were not concerned about sugar content or drinks or food, and prioritised taste always. Young people reported fizzy drinks were not available to buy in their schools but they would buy them themselves from supermarkets or bring them from home. No young people reported considering their oral health when choosing drinks or snacks.
- Information sources - young people reported that they wouldn't look up information on oral health, if they had questions they would ask their parents. A notable influence from social media were certain oral care companies with a focus on whitening products and flavoured toothpastes. It is noted that dental professionals have raised concerns regarding products which are lower in fluoride than standard toothpastes.
- Service Access and Barriers - responses regarding dental attendance ranged from attending every 6 months, with parents arranging appointments, to never attending. One young person reported having a tooth removed at home by a parent and another would prefer toothache to having to visit the dentist.
- Engagement with OHP in Kingston - no young people reported engaging with any specific OHP. Multiple young people had attended sessions at primary school on teeth hygiene habits. Young people felt they had sufficient oral knowledge and would not benefit from engagement with any further OHP services.



Key Themes

This section brings together key findings from across all methodology in this Oral Health Needs Assessment- data analysis, stakeholder interviews and focus groups.

Overview of oral health of CYP in Kingston

- Increase in prevalence of tooth decay - the percentage of 5-year-old children in Kingston with evidence of decay is on the rise, this in line with national trends. Kingston's rate remains below the London average, but has risen above the national average for the first time in 10 years. Data also showed incisor decay has more than doubled, indicating a gap in work to be done regarding bottle feeding practices.
- Oral health inequalities exist in Kingston - data shows that children living in more deprived areas of Kingston are more likely to be admitted to hospital for dental extractions, with children in the most deprived part of the borough being three times more likely than those in the least deprived areas.
- Decrease in hospital admissions - the number of hospital admissions for dental extractions in children continues to fall in Kingston. However, it is important to note the shift towards restoration of teeth in the community instead of extractions in secondary care, although the extent to which this is contributing to data is not clear. The clear peak of extractions for ages 4-8 years reinforces the importance of prevention in early years.

Diet as key reason for poor oral health

- Excessive consumption of free-sugars - throughout our methodology diet, and in particular sugar intake, consistently emerged as a key factor contributing to poor oral health.
- Little recognition from adolescents on the impact of sugar - young people in Kingston reported very high consumption of fizzy drinks, including energy drinks. There was, however, little awareness or interest in sugar content and the subsequent impact of these drinks on oral health and priorities were entirely around taste over health.
- Infant feeding practices influencing oral health - findings across stakeholder engagement regarding bottle-feeding practices associated with increased risk of tooth, particularly incisor decay, back up data from the NDEP. Breastfeeding rates are encouraging and higher than the national average, however little data is available beyond collection at 6-8 weeks.

Need for consistent and accessible messaging

- Across all stakeholder engagement we found a need for consistent and more accessible messaging regarding oral health for both parents and CYP of all ages.
- Conflicting messages for parents and carers of young children - decisions made by caregivers in early life can significantly impact the development of good oral health of CYP. It was found that whilst parents and carers are aware of this impact, it is difficult to prioritise oral health amongst competing demands when receiving inconsistent advice. Notably, caregivers were most unsure of when young children should first visit the dentist, leading to a delay in their first visit.
- Role of social media within oral health - social media was used by caregivers of young children to search for advice on nutrition and older children were influenced by advertisements for oral health products. The reliability of this information was rarely questioned and suggested residents are exposed to potential misinformation and misleading marketing of products.

Current OHP provisions

- Strong EY provision - support from a variety of professionals working within Early Years in Kingston. In particular the HENRY programme provides collaboration across nutrition, health visiting, early years and public health.
- Gap for more targeted work towards adolescents - much of the OHP provisions are aimed at early years and young children. Older children reported no engagement with OHP work and low motivation to participate. Focus on high sugar consumption is more important for this group than oral hygiene habits, which are generally good.

- **Identified population groups with higher need** - children living in areas of higher deprivation had higher rates of hospital admission for extractions.

Recommendations

This Oral Health Needs Assessment has identified unmet oral health needs for children in Kingston. The recommendations below are suggestions based on what is in the local sphere of influence.

The recommendations are organised into the following themes:

Direct Intervention and Access to Services

- Extend the DSHC-funded Supervised Toothbrushing Programme into additional settings, as funding allows, from 2026-2029 to widen reach.
- Ensure that parents and carers are aware of how to access a dentist and the recommendations for when and how frequently to take their child, promoting the Dental Check by 1 (DCby1).[33]
- Ensure that pregnant women are aware of their entitlement to, and how to receive, free NHS dental treatment.
- Support the promotion and increase the take up of entitlements, such as Healthy Start vouchers and Free School Meals.

Public Health Promotion and Communication

- Continue current oral health promotion offers aimed at parents and carers, with greater advertisement and promotion to increase engagement.
- Embed oral health promotion opportunities in pre-existing services, such as Stay & Play at Children Centres, to help maximise engagement.
- Ensure there are accessible resources with reliable oral health information for parents that support children's growth and oral health, including guidance on oral hygiene habits, bottle feeding, and when to first access dental services.
- Maintain consistent messaging across all stakeholders regarding oral health advice, including feeding, oral hygiene, and when and where to obtain dental services.

Staff Training and Professional Development

- Ensure continued practitioner access to sessions on Menu Planning and Healthy Eating Habits in Early Years (EY) for those working with under 5s, and explore scope to strengthen the infant feeding and bottle-feeding component within those sessions.
- Ensure all frontline staff (HVs, EY practitioners, Children Looked After Nurses, etc.) are confident in supporting Oral Health Promotion and conversations with parents and carers, and take up the training offers available.

School and Adolescent Focus

- Focus more on adolescents and adapt Oral Health Promotion to concentrate on nutrition.
- Identify opportunities for nutrition education in secondary schools, including oral hygiene and nutrition education resources for Key Stage 3 & 4 sections of the 'e-Bug programme.[34]
- Promote water-only school environments that support children's oral health and healthy weight.
- Utilise Youth Workers and Youth Wellbeing Champions to promote oral health through sessions using King's oral health training and resources.
- Increase the number of schools achieving Healthy Schools London (HSL) accreditation, using the HSL and Healthy Early Years London frameworks, to support schools in delivering Public Health priorities like Whole School Food Policies and Oral Health Promotion.

33 https://www.bspd.co.uk/dcby1

34 https://www.e-bug.eu/ e-Bug, operated by the UK Health Security Agency, is a health education programme that aims to promote positive behaviour change among children and young people to support infection prevention and control efforts, and to respond to the global threat of antimicrobial resistance. e-Bug provides free resources for educators, community leaders, parents, and caregivers to educate children and young people and ensure they are able to play their role in preventing infection outbreaks and using antimicrobials appropriately

Strategic Planning and Policy Inclusion

- Continue to support and drive participation in the National Epidemiological Programme for England in Kingston to understand local oral health needs.
- Include oral health and healthy weight promotion in the Kingston Best Start in Life Local Plan 2026-29, involving a multi-agency approach.
- Include oral health promotion and healthy weight interventions in 0-19s service specifications.
- Continue to prioritise actions from the Kingston JSNA 2023 and the Kingston Healthy Weight Strategy 2024-2027 that shape the wider environment to tackle determinants of oral health. Interventions include creating a supportive environment for healthier choices, implementation of a Healthier Advertising Policy and the opening of the Surplus Hub in New Malden.





Kingston Oral Health Needs Assessment Children and Young People 0-19 years 2026

For more information please visit data.kingston.gov.uk

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THE ROYAL BOROUGH OF KINGSTON UPON THAMES