

# Harrow Oral Health Needs Assessment Survey Report

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## Introduction

As part of this Oral Health Needs Assessment, we conducted an extensive engagement piece with our local community and dental care professionals to obtain more detailed insights into oral health in Harrow. This is vital to painting a comprehensive overview and thus enabling more informed decision making on policy and practice.

Scientific literature and national data clearly demonstrate that certain groups experience worse oral health and face greater difficulties accessing dental care.<sup>1,2</sup> Despite these inequalities, there is a stark lack of localised data on oral health in these groups. As the Harrow Public Health team, it is our statutory duty to identify and address inequalities in our local population and NICE guidelines make it clear that there is an expectation that Oral Health Needs Assessments must consider how to explore such inequalities.<sup>3,4</sup> We identified specific populations to focus our survey on in Harrow for a combination of reasons, which were:

- Scientific literature and/or national data demonstrate they experience oral health inequalities
- There is little to no local data on their oral health
- They are present and living in Harrow
- They are a well-defined group – some evidence showed that certain population groups experience worse oral health (for example people with certain mental health conditions), however for the purposes of this survey it was challenging to define the extent of such a group with the available evidence. Given our limited capacity, it would have been unfeasible to define these groups more broadly.

The population groups our survey therefore focussed on were:

- Children and adults with Special Educational Needs and Disabilities (SEND)
- Children Looked After
- Rough sleepers
- Refugees and asylum seekers
- Older adults in care and nursing homes

Receiving direct input from people belonging to these groups would be fundamental to gaining an understanding of their experiences. To bolster this, we also wanted to hear from their carers, both paid professionals and informal unpaid carers. Carers have considerable appreciation of the state of oral health in these groups and are often the ones seeking dental care access for them. In addition, they often play an essential role in providing mouth care to individuals and influence their oral health behaviours.

We also wanted to engage with and receive input from local dentists and dental care professionals (a dental care professional is a term covering a variety of roles qualified to practice certain aspects of dental care, such as dental nurses and hygienists)<sup>5</sup>. Their experience of providing NHS dentistry provides invaluable insight into the challenges that must be overcome to ensure they are enabled and empowered to give accessible and high-

quality care. As front-line professionals in contact with the vulnerable population groups at greater risk of poor oral health, they are also in a vital position to inform this Needs Assessment about local circumstances.

It is important to note that although our findings provide valuable insight into the experiences and needs of these vulnerable population groups, our results cannot be used to identify local oral health inequalities. In addition, these results cannot be generalised to the entirety of these population groups due to the relatively low response rates.

## Methodology

This work was divided into three different surveys, one for each of: dentists and dental care professionals, carers and care professionals and residents belonging to these vulnerable population groups.

The first step was to formulate aims for each survey, which were devised to enable the results to best inform the wider Needs Assessment and its recommendations. These aims followed a similar pattern for each survey, ultimately designed to obtain information on the state of oral health, oral health behaviours and understanding of these, experiences of accessing, receiving and providing dental care as well as an opportunity to express thoughts and ideas for change.

The aims for each survey were:

### Dentists and dental care professionals

- To obtain a general overview of dental perspectives of the state of oral health in Harrow
- To obtain insight into dental perspectives of the reasons why some people have poor oral health in Harrow, including oral health behaviours and wider determinants, and how these can be addressed
- To obtain insight into dental perspectives of the challenges facing NHS dentistry, including accessing care, and how these can be addressed

### Carers and care professionals

- To obtain a general overview of carers/care professionals' perspectives of oral health in the vulnerable population groups they care for in Harrow
- To obtain insight into carers/care professionals' perspectives of the reasons why some people in the vulnerable population groups have poor oral health in Harrow, including oral health behaviours and wider determinants, and how these can be addressed
- To obtain insight into carers/care professionals' perspective of the challenges facing NHS dentistry, including accessing care, for vulnerable population groups and how these can be addressed
- To obtain insight into the extent of carers/care professionals' oral health training and awareness of guidance they or the settings they work in should be following

### Residents

- To obtain a general overview of the state of oral health in identified vulnerable population groups in Harrow
- To obtain insight into the reasons why people within these population groups might have poor oral health, including oral health behaviours and wider determinants, and how these can be addressed

- To obtain insight into the challenges people within these population groups might face when accessing or receiving dental care and how these can be addressed

Validated questions were used for each survey as much as possible and came from a variety of sources.<sup>6,7,8,9</sup> Another important consideration was that the resident survey was targeted at populations with SEND and limited English. Therefore, questions were all designed to be easy-read. This included editing some validated questions as they were not sufficiently easy-read. To further improve accessibility, the survey was translated to Ukrainian, Dari and Pashto. This was to cater for people on the Homes for Ukraine scheme and Afghan Resettlement Programme who make up the majority of refugees in Harrow. It was not feasible to translate the survey further as there are a considerable number of other languages used by other refugees and asylum seekers in Harrow, but each to a substantially lesser extent. We unfortunately did not have capacity to cater for each one.

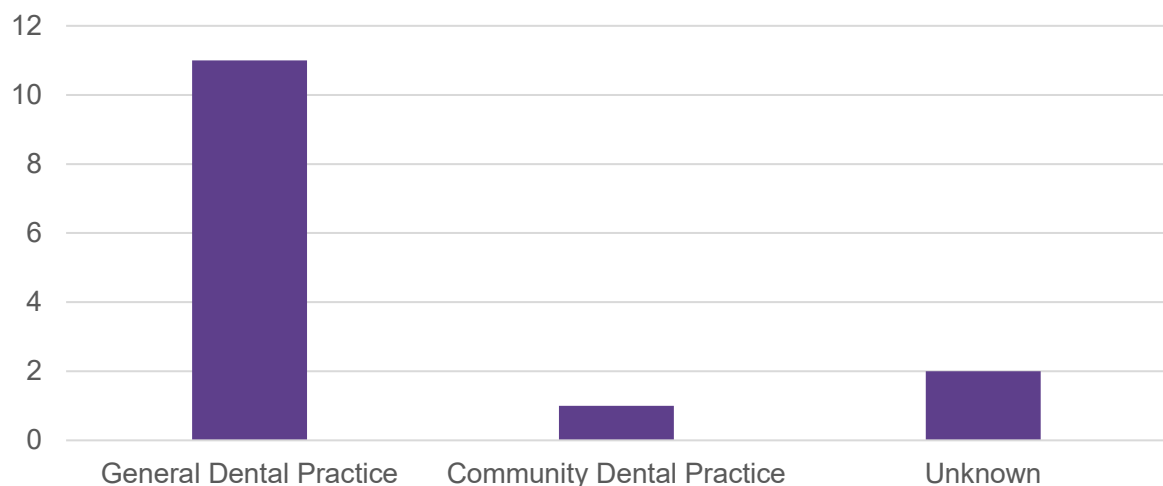
The survey was disseminated to each target group via an extensive network of channels. This included passive engagement with survey posters in different settings, communication via newsletters and email lists, as well as active in-person engagement in a variety of forums and settings that were targeted at those who may not be as easily able to access the survey online, such as rough sleepers.

# Dentists and dental care professionals

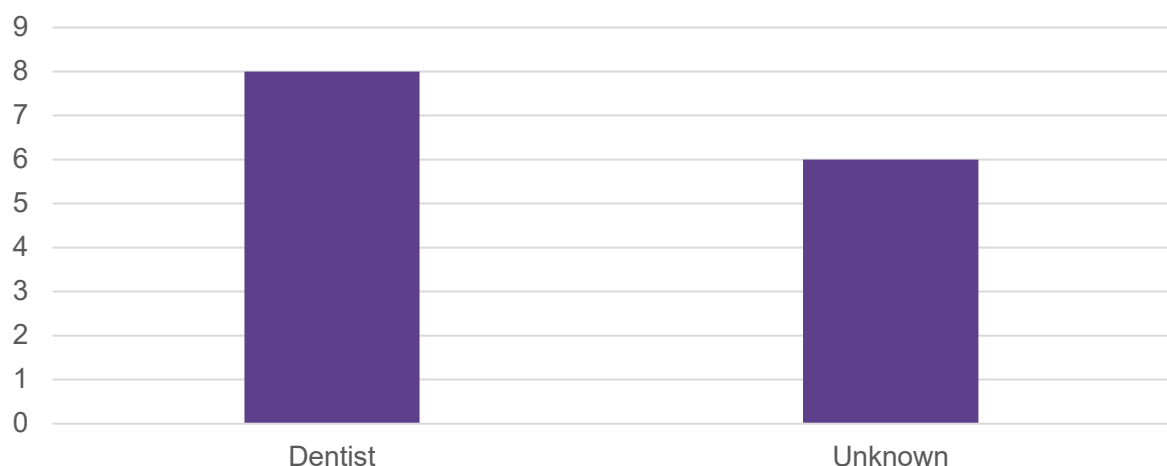
## Background

There were a total of 14 responses to the dentist and dental care professionals survey. The majority (11) of respondents work in a General Dental Practice, with one from a Community Dental Practice (Figure 1). 2 respondents did not provide their workplace setting. 8 respondents were dentists, while the other 6 did not provide their role (Figure 2). Most respondents (10) provided both NHS and private dental care with 4 only providing NHS care (Figure 3). No respondents worked in the private sector only. The following figures visualise these findings.

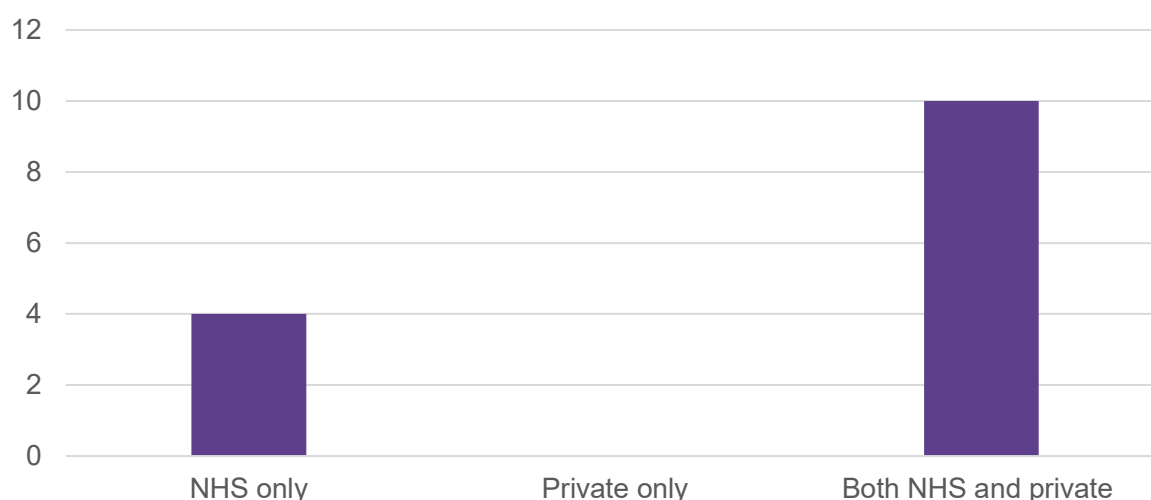
**Figure 1: What kind of dental setting do you work in? (*Dentist and dental care professional survey*)**



**Figure 2: What role do you have? (*Dentist and dental care professional survey*)**

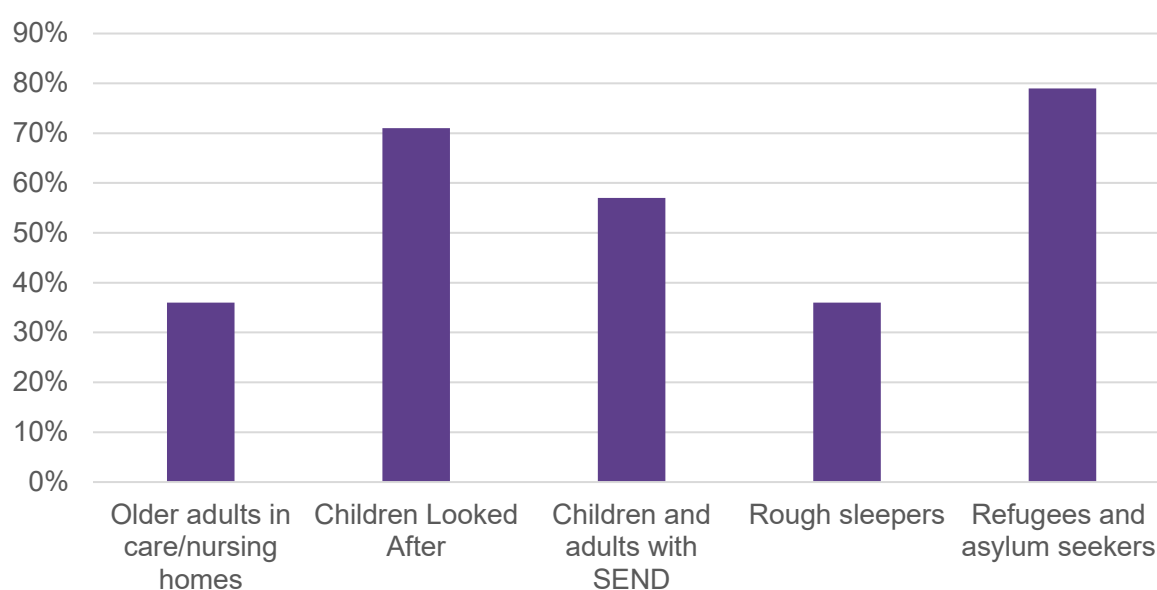


**Figure 3: Do you provide NHS or private care, or both? (*Dentist and dental care professional survey*)**



Respondents were asked whether they provided care to the five population groups whom this survey was focussed on. The proportion of respondents who cared for each group varied. The majority provided care to Children Looked After (71%) and Refugees and Asylum Seekers (79%), with just over half also looking after children and adults with SEND (57%). In contrast, under half provided care to rough sleepers (36%) and older adults in care and nursing homes (36%). Overall, this indicates a relatively comprehensive cross-section of experience providing dental care to these population groups. The results are shown in Figure 4.

**Figure 4: Which of the following groups do you care for in your practice? (*Dentist and dental care professional survey*)**

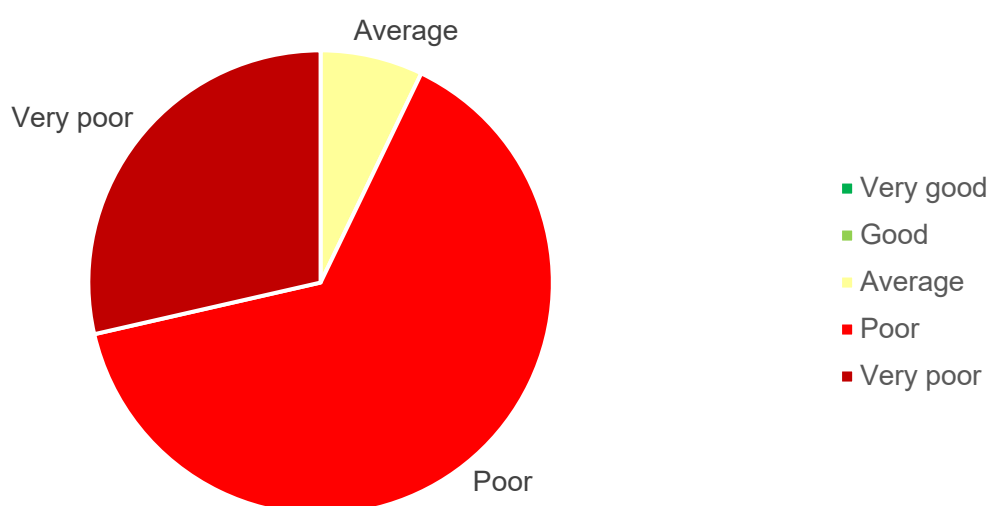




## State of oral health in Harrow

The vast majority of dentists and dental care professional respondents (13) believe that the state of oral health in Harrow is poor or very poor, with none saying it is good or very good. These findings are shown in Figure 5.

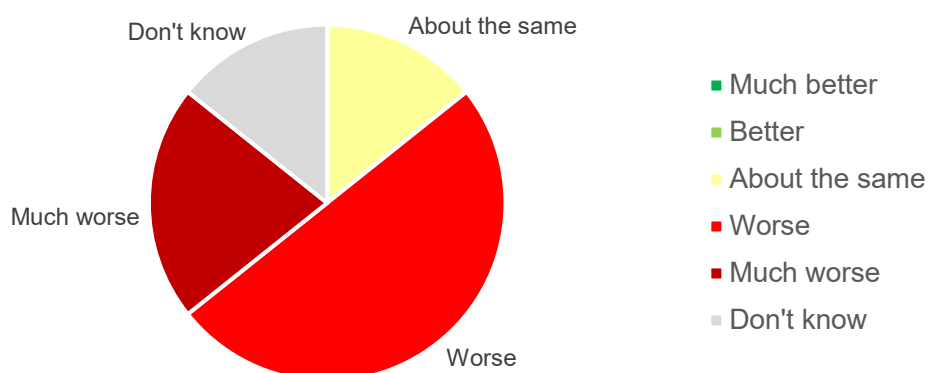
**Figure 5: How would you describe the state of oral health in Harrow? (Dentist and dental care professional survey)**



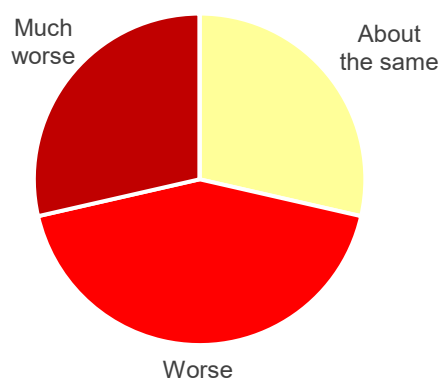
Dentists and dental care professionals were also asked to describe the state of oral health in each of the five target population groups for this survey, relative to the oral health of the general population in Harrow. Most survey respondents believed that the state of oral health is worse or much worse than the general population in each of these population groups. These findings indicate that, from a dental perspective, these population groups are particularly affected by poor oral health. The findings are grouped together below in Figure 6.

**Figure 6: Based on your experience working in Harrow, how would you describe the state of oral health in the following groups compared to the general population? (Dentist and dental care professional survey)**

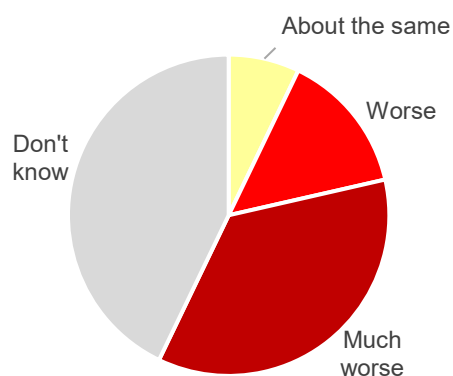
State of oral health in children and adults with SEND



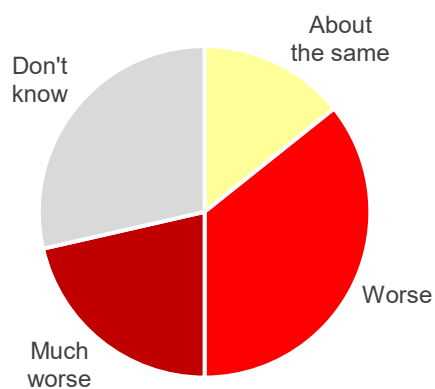
State of oral health in children looked after



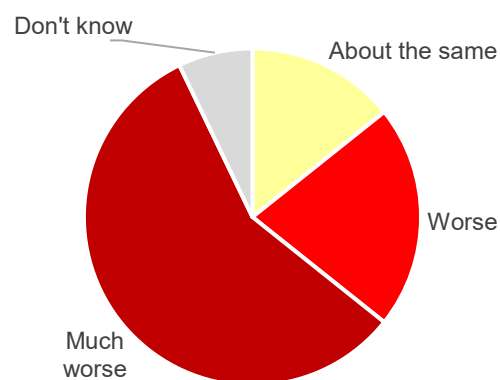
State of oral health in rough sleepers



State of oral health in older adults in care/nursing homes



State of oral health in refugees and asylum seekers



## *Reasons for poor oral health in Harrow*

The dentist and dental care professional survey contained two open-answer questions, the first of which asked: “What do you believe are the greatest contributors to poor oral health in Harrow, and how do you believe these can be addressed?”.

The main contributor which was identified was a lack of education, awareness and engagement with good oral hygiene practices, arising from a young age. Specifically, this related to poor toothbrushing skills and low-quality diets high in sugar. From a dental perspective, they experienced a lack of motivation to engage with oral hygiene practices being an issue and found parents faced challenges with reinforcing oral health behaviours with their children. This ranged from simple barriers like lacking time to constantly supervise a child’s toothbrushing, to being unable to control all elements of their diet. To address these issues, dentists and dental care professionals believed that greater focus should be placed on prevention and promotion of good oral health behaviours. This includes gearing dental appointments around prevention and rewarding dentists financially for their time and efforts towards this, which they currently aren’t. In addition, respondents highlighted the importance of implementing and enhancing oral health promotion in key settings, such as schools, workplaces and in the wider community such as in shopping centres.

“Educating the kids as well as parents of good oral health as well as good eating habits but the kids come from more disadvantaged families, and so they are not given proper nutritious meals and parents unable to afford healthy foods so children are fed junk food which ultimately contributes to poor oral hygiene”

“Residents have poor diet and lack of understanding of prevention - how to brush teeth the correct technique and how often and how to use floss and cut down on sugar”

The importance of making toothpaste and toothbrushes more affordable for vulnerable families was also raised, with one idea suggesting making them free for all children and adults receiving benefits. Addressing these wider determinants of health was also identified in the inaccessibility of affordable healthy foods which particularly affects disadvantaged families. This results in children eating low-nutrient, high-sugar foods which are more affordable and accessible, worsening their oral health. Making healthier foods more accessible and affordable in combination with more education on healthy eating was suggested to address this.

In addition, cultural practices were identified as another factor contributing to poor oral health. Specifically, the consumption of betal nuts, paan and khaat which increase the risk of oral cancer was raised. This suggested a need for more culturally competent education on practices that affect oral health.

Another contributor to poor oral health that was consistently raised by dentists and dental care professionals was the access barriers to NHS dental care. This is also covered in greater detail in the “Challenges facing NHS Dentistry section”. Ideas to address this focussed on the need to reform NHS Dentistry, with more funding required for practices.

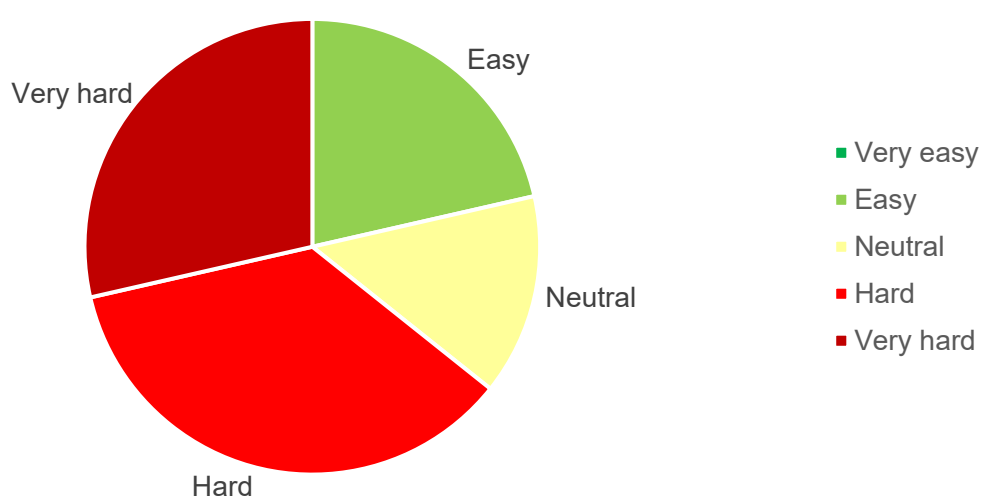
Another important point was the need for increased resource and capacity to provide care for patients with more complex needs. In addition, dentists and dental care professionals stated that people only seeking dental care when they have an issue (such as pain), and not on a regular basis, also contributes to poor oral health in Harrow as it removes the opportunity for dentists to make preventative interventions. Ideas to address this included combining greater availability of regular dental appointments with raising awareness of the importance of seeing a dentist regularly.

Related to healthcare provision was the need to make oral health messaging more consistent across the borough. This is also covered in more detail in the “Challenges facing NHS Dentistry section”. Dentists and dental care professionals identified a lack of consistent messaging across health services in Harrow (not just dental services, but across all settings) and that this could be better coordinated.

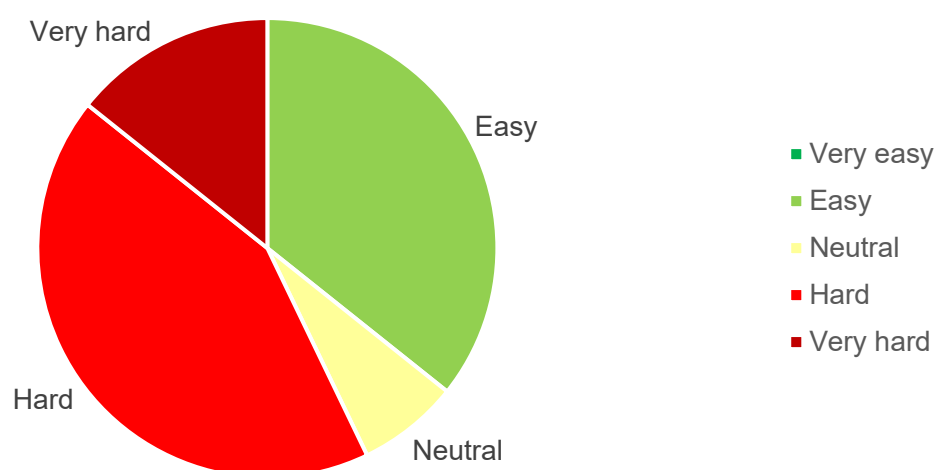
## Challenges facing NHS Dentistry

A key challenge facing NHS Dentistry is the accessibility of appointments. Perspectives from dentists and dental care professionals were mixed, but overall the majority of respondents believe it is hard or very hard to arrange appointments in Harrow. They were asked about both routine and urgent appointments, which had similar patterns of responses. These results are displayed in Figures 7 and 8.

**Figure 7: How easy or hard is it arrange a routine NHS dentist appointment in Harrow? (Dentist and dental care professional survey)**

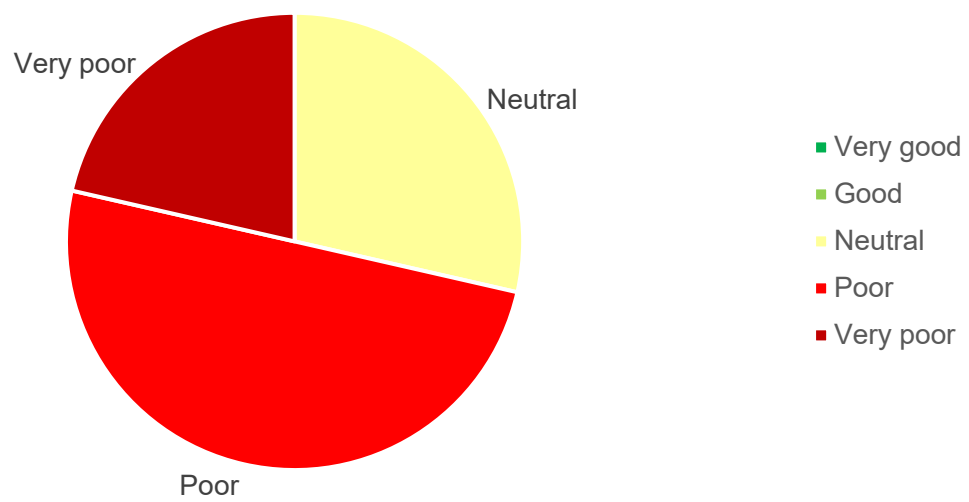


**Figure 8: How easy or hard is it to arrange an urgent NHS dentist appointment in Harrow? (Dentist and dental care professional survey)**



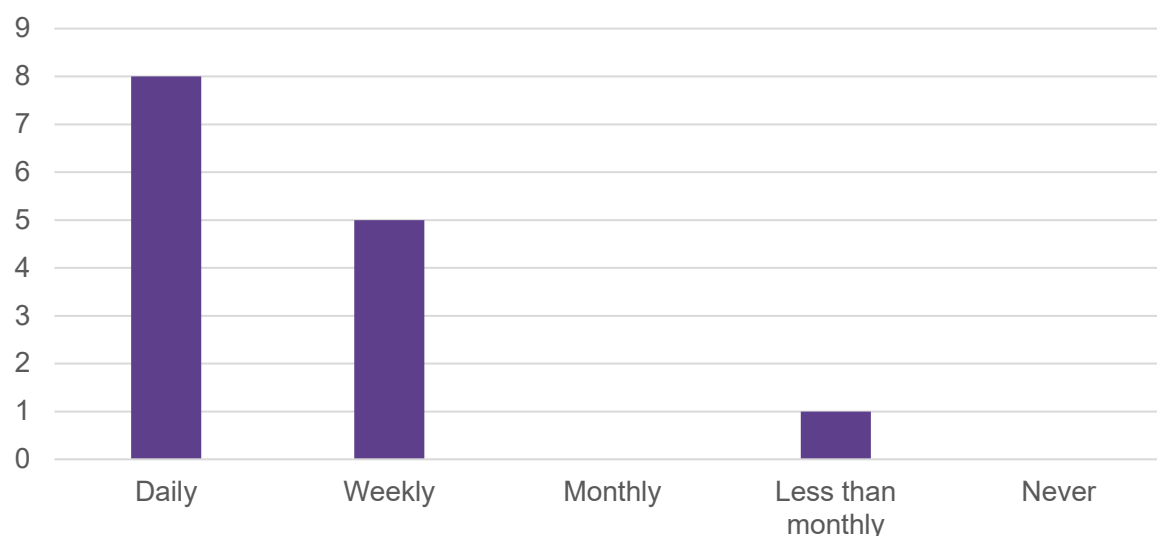
The survey asked what dentists and dental care professionals thought awareness of how to access NHS dental care is like in Harrow. Most respondents (10) thought awareness of how to access NHS dentistry is poor in Harrow, as shown in Figure 9. From a dental perspective, this indicates that there is a combined issue of appointments being both difficult to arrange, and residents not being aware of how to access them.

**Figure 9: How would you rate people's awareness of how to access NHS dental care?**  
*(Dentist and dental care professional survey)*



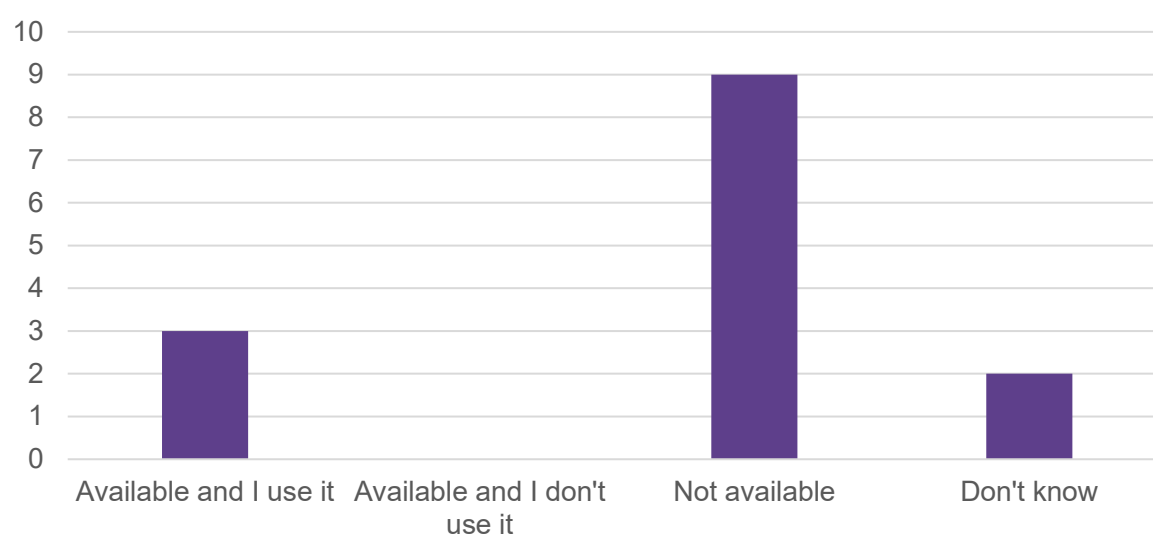
Harrow is an incredibly diverse area and a considerable number of languages are spoken in the borough. Feedback from both local residents and dental services raised language barriers as a significant issue affecting the provision of care. Dentists and dental care professionals were asked how frequently language barriers are an issue in their practice to give a sense of the magnitude of these concerns. For more than half of respondents (8), language barriers are an issue on a daily basis, with all bar one other responses (5) stating that they were a weekly issue as shown in Figure 10.

**Figure 10: How frequently are language barriers an issue in your NHS practice? (Dentist and dental care professional survey)**



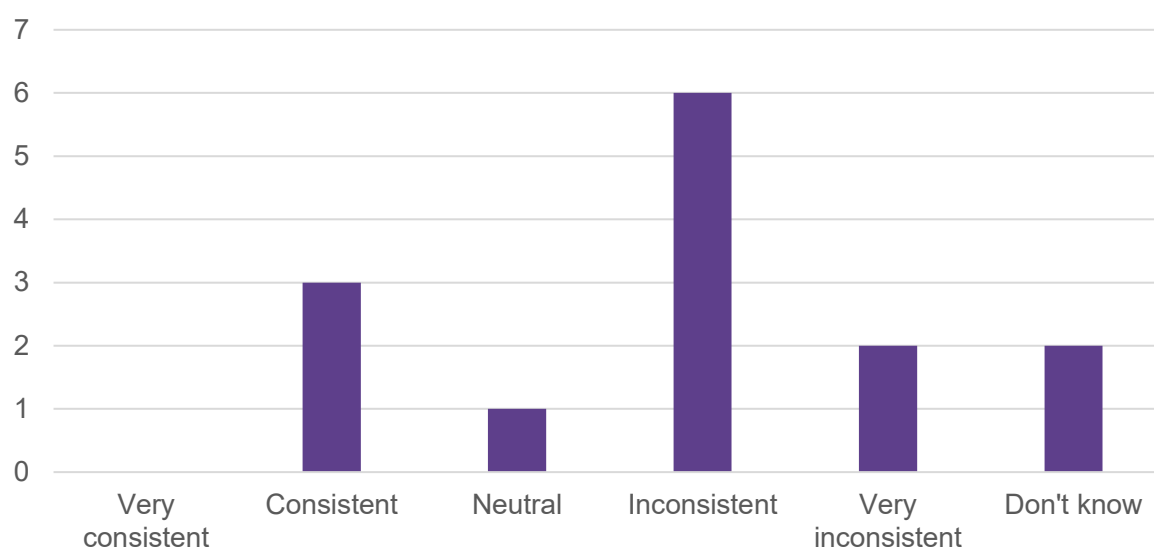
Dentists and dental care professionals were subsequently asked whether they had an interpreter service available in their NHS workplace and whether they use it. Despite the frequent occurrence of language barriers, most dentists (9) stated that there is no interpreter service available to them. This is a concerning finding and suggests that dentists are not enabled to overcome the issue of language barriers in the care they provide. All the respondents who reported having an interpreter service available used it. These findings are shown in Figure 11.

**Figure 11: Do you have an interpreter service available in your NHS workplace, and do you use it? (Dentist and dental care professional survey)**



Dentists and dental care professionals were asked how consistent they believe dental advice is in Harrow – it is important to note that this does not just relate to professionals in dentistry, but across the whole health sector. Most respondents (8) believe that dental advice is inconsistent or very inconsistent, as shown in Figure 12. This is a concern given the mixed messages that could be passed on to local people, hindering engagement with good oral health behaviours.

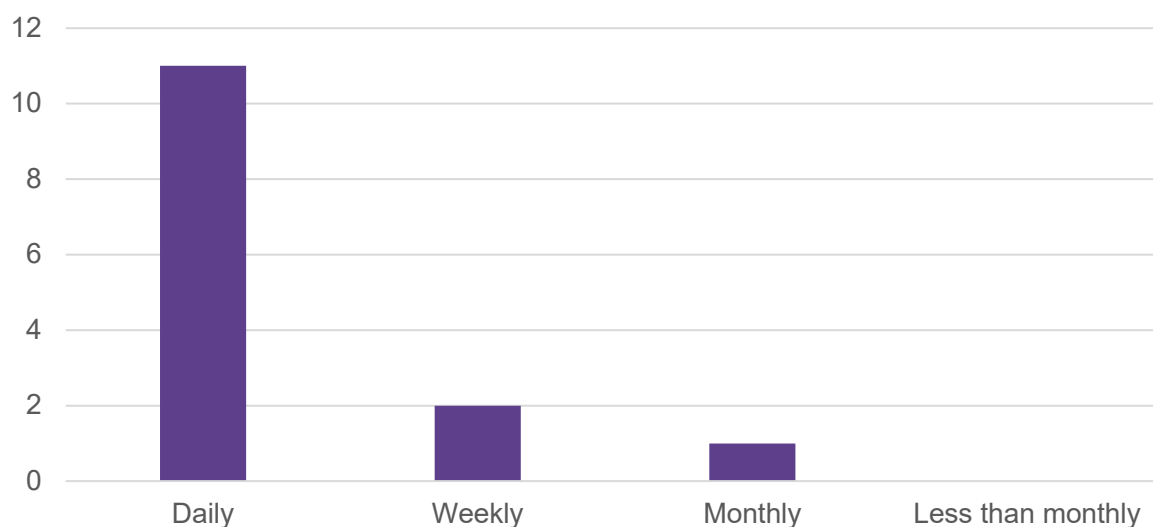
**Figure 12: How consistent do you believe dental advice is across all health professionals and providers in Harrow? (*Dentist and dental care professional survey*)**



During initial engagement for this Needs Assessment, local dental care professionals raised concerns about patients frequently not turning up to their appointments. Nearly all respondents (11) said that patients failed to attend (FTA) on a daily basis (Figure 13). This indicates a significant burden on NHS dental practices given the monetary cost they will incur and leaves valuable appointments unused that could have been accessed by other people.

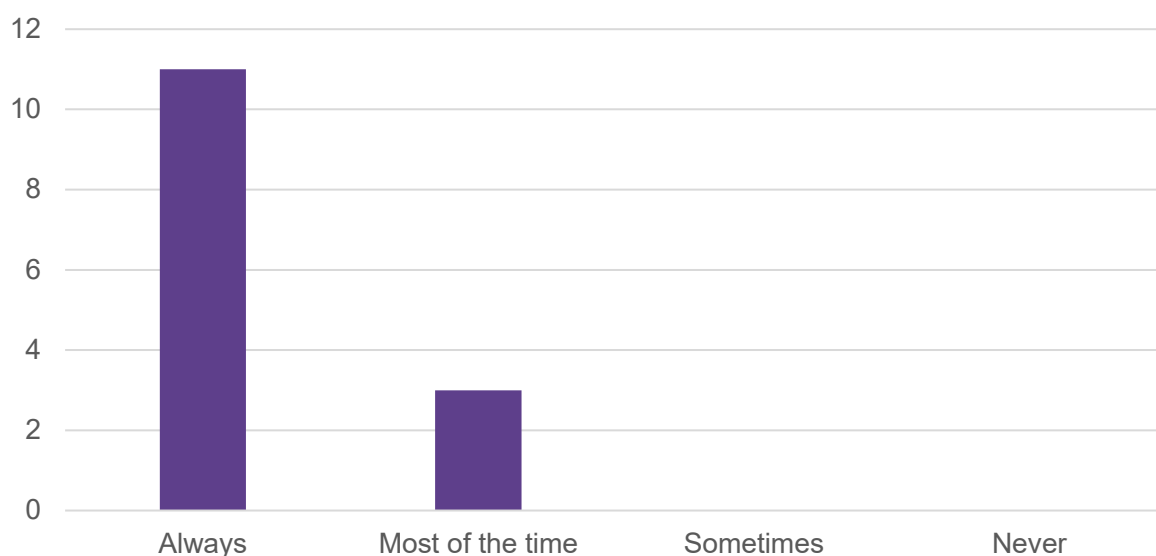


**Figure 13: How frequently do patients fail to attend (FTA) appointments in your NHS practice? (*Dentist and dental care professional survey*)**



Nearly all dentists and dental care professionals said that they always provide advice to patients to prevent poor oral health (11), with all others stating that they do this most of the time (3). This is demonstrated in Figure 14. Advice from dentists on good oral hygiene and behaviours is crucial to ensuring local people are well-informed to best look after their teeth.

**Figure 14: How frequently do you provide advice to patients to prevent poor oral health in your NHS practice (*Dentist and dental care professional survey*)**



In addition to the multiple-choice questions relating to challenges facing NHS Dentistry in Harrow, dentists and dental care professionals were also given the opportunity to answer an open-answer question: “What do you believe are the greatest challenges facing NHS Dentistry in Harrow, and how do you believe these can be addressed?”.

The availability of NHS Dentist appointments was the most common theme, arising due to flaws in the NHS Dentistry funding and contract systems that fail to remunerate dentists adequately to provide NHS care. These responses consistently identified the need for NHS Dentistry reform to enable dentists to provide more accessible care to local people.

“Availability of dentists due to lack of funding and broken contract which does not remunerate dentists well enough to provide NHS care”

Another theme was the pressures placed on NHS Dentistry from patient need, significantly contributed to by poor oral hygiene practices arising from a lack of capability and motivation for people to engage with. The significant number of FTAs adds to this. As covered earlier, dentists and dental care professionals consistently raised the need to enhance oral health prevention and promotion of good hygiene practices, which is critically important for children and their parents, guardians and carers. Making healthier foods more accessible and affordable particularly for more disadvantaged families would also enable improvements in their oral health, as would better remunerating dentists for providing oral health prevention advice. These actions would ultimately serve to relieve demand and pressure on NHS dental services.

Language barriers were recognised as another challenge facing NHS dentistry, often leading to misunderstandings of the dental advice provided. To better cater for patients’ needs, improved access to interpreters is required.

## *Summary*

It is clear that from a dental perspective, oral health in Harrow is poor and vulnerable population groups are particularly affected. Dentists expressed issues arising from limited awareness and engagement with good oral health behaviours, with many acknowledging that these are heavily influenced by wider determinants, including the affordability and accessibility of healthy food, toothbrushes and toothpaste, as well as cultural practices. Inconsistent messaging arising from across the health and care system was also identified as an issue which may create confusion around what behaviours are beneficial for oral health.

To address these issues, dentists and dental professionals believe that an increased focus on prevention and oral health promotion is needed. Responses indicated that this should involve the delivery of consistent messages across all settings to change behaviours and ultimately improve oral health. This will also help to reduce pressure on dental services, however there was a strong theme that NHS Dentistry reform is needed to increase capacity in the system. Alongside this, dentists and dental professional respondents believed that provision of NHS dental care can be improved with greater access to interpreters and reducing the number of Failed To Attend (FTAs).

# Children and Adults with SEND

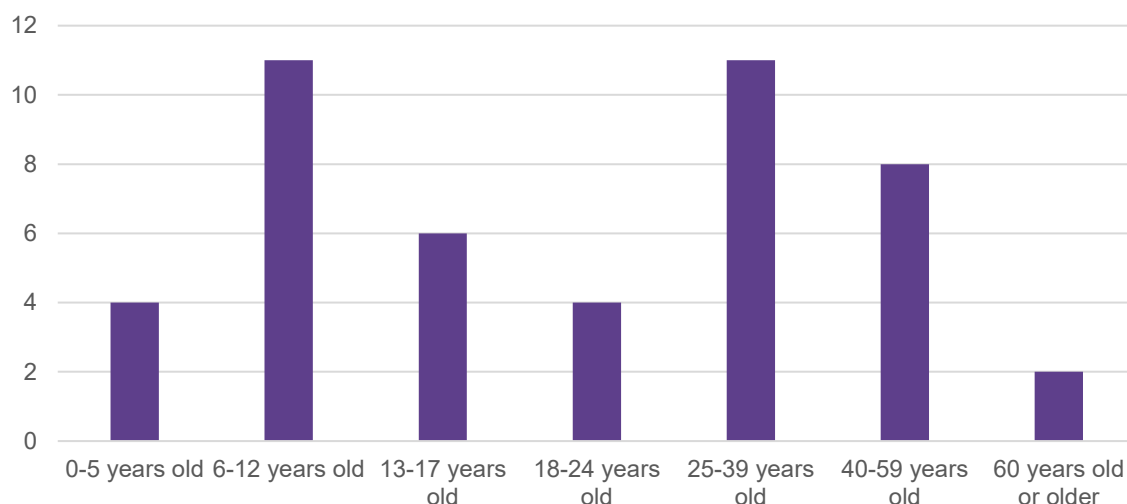
## Background

Contained in this analysis of children and adults with Special Educational Needs and Disabilities (SEND) are surveys for residents and carers. The residents survey results are a combination of children and adults. For children, the survey questions were answered by their parents or legal guardians, and adults were either able to answer for themselves or if they lacked capacity to do so, then it may be answered by their legal guardian on their behalf. The results children and adults were merged due to the small sample size. Most but not all questions for children and adults were the same, but children were not asked some questions such as those on tobacco and alcohol use. Therefore total responses to each question may vary. As a result of questions being answered either by an individual for themselves, or by another person on behalf of someone else, the perspectives of responses vary and this is a limitation we must recognise. However, due to the small sample size, we decided that it would be more useful to merge all responses to provide a more comprehensive set of results.

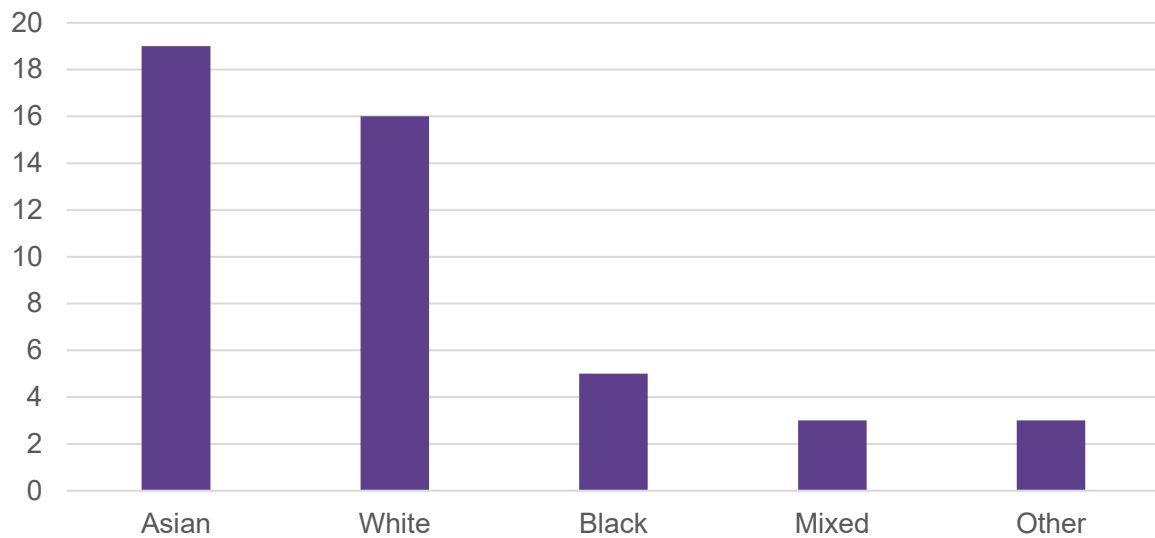
In total there were 46 resident responses for the survey, with 21 children and 25 adults. Figure 1 shows the range of ages for responses. The most reported ethnicity was Asian and White with 19 and 16 respondents respectively (Figure 2).

In addition, there were a total of 15 responses to the children and adults with SEND carers survey. The majority of these (12) were unpaid carers as shown in Figure 3.

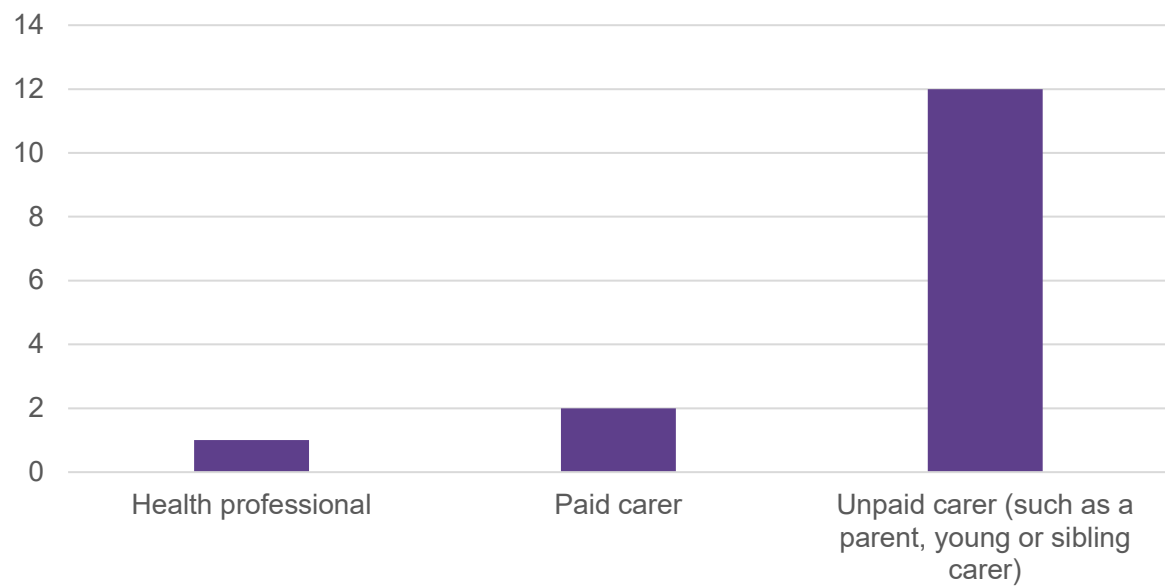
**Figure 1: What is your/their age? (Resident survey)**



**Figure 2: What is your/their ethnicity? (*Resident survey*)**



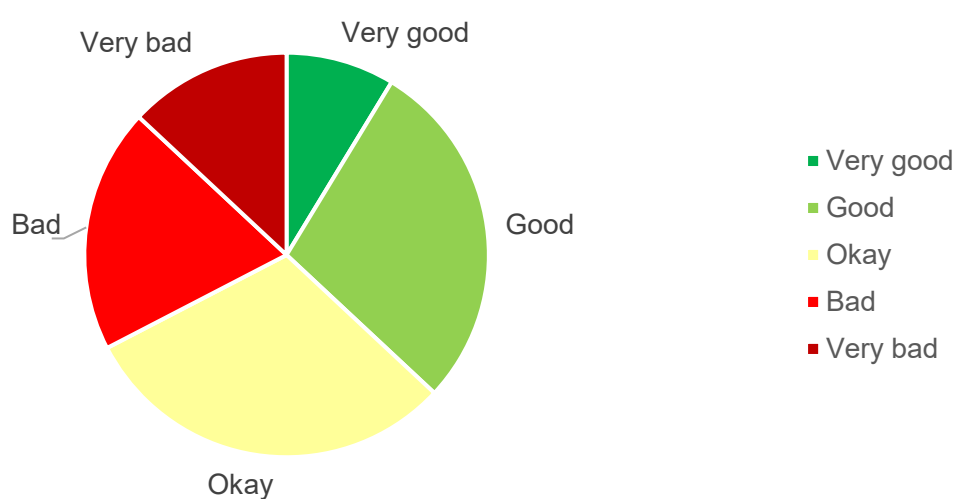
**Figure 3: What role do you have caring for children and adults with SEND? (*Carer survey*)**



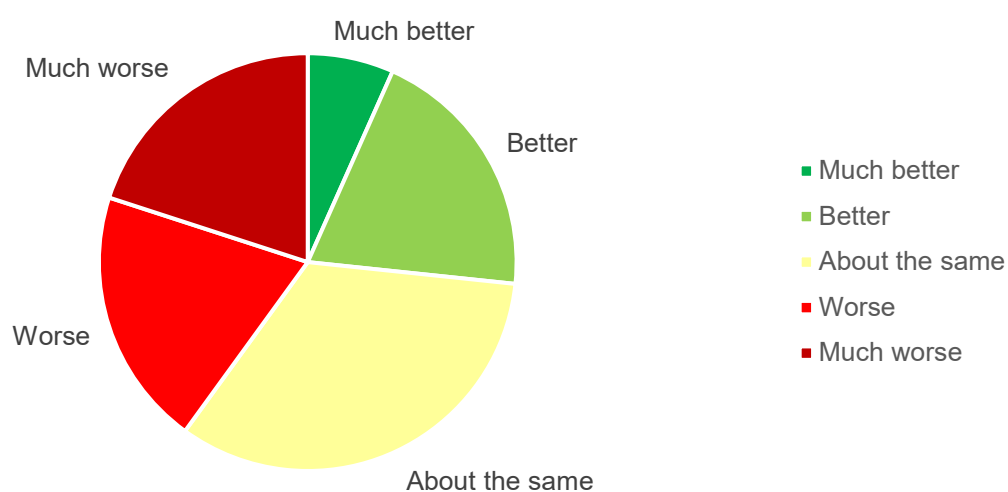
## State of oral health in children and adults with Special Educational Needs and Disabilities

Generally, resident survey responses were mixed when reporting self-perceived oral health or that of the person they care for, with approximately a third reporting 'good' or 'very good', 'okay' and 'bad or very bad' (Figure 4). Responses to the carers survey were similarly mixed as shown in Figure 5, meanwhile dentists were more likely to report that children and adults with SEND had worse or much worse oral health than the general population (Figure 6).

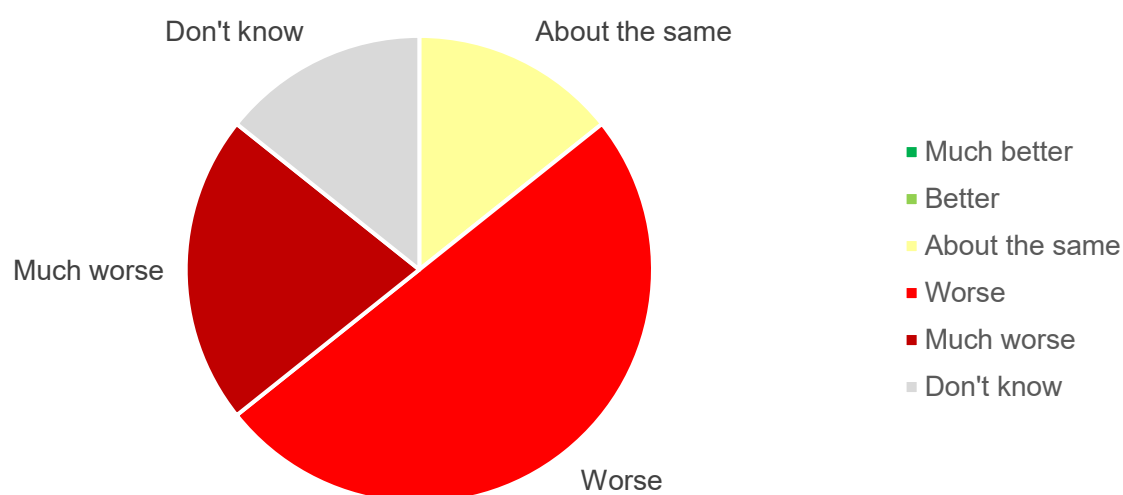
**Figure 4: How would you describe the health of your/their teeth and mouth? (Resident survey)**



**Figure 5: Based on your experience providing care for children and adults with SEND, how would you describe the state of their oral health compared to the general population? (Carer survey)**

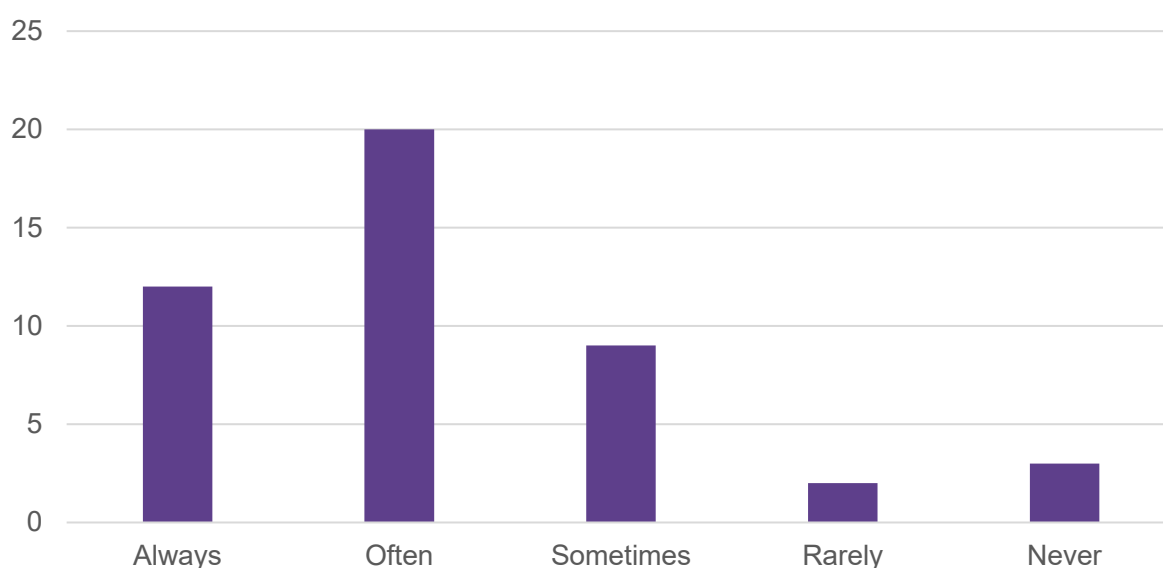


**Figure 6: Based on your experience working in Harrow, how would you describe the state of oral health in children and adults with SEND compared to the general population? (Dentist and dental care professional survey)**

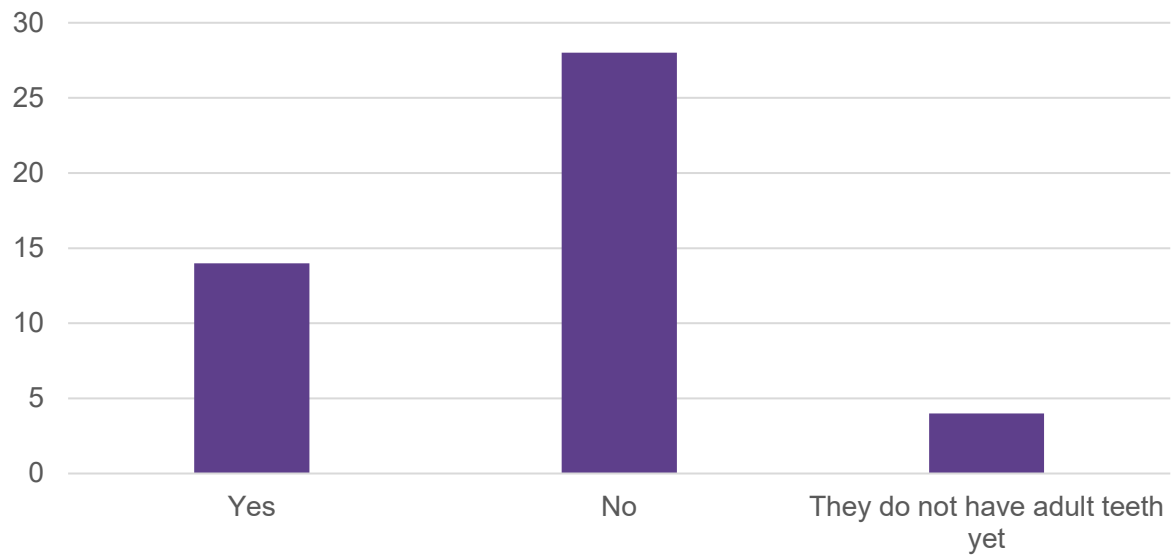


However, most (32) respondents to the residents survey reported they 'always' or 'often' worry about the health of their/the person they answered for teeth or mouth as shown in Figure 7. Nearly a third of respondents (14) reported themselves or the person they look after losing at least one adult tooth (Figure 8), with nearly half (20) experiencing bleeding gums when brushing their teeth or eating (Figure 9). Most responses (22) indicated that they never had pain in their teeth or mouth, however there was significant variation and some even had pain daily (3) or every week (5) as shown in Figure 10.

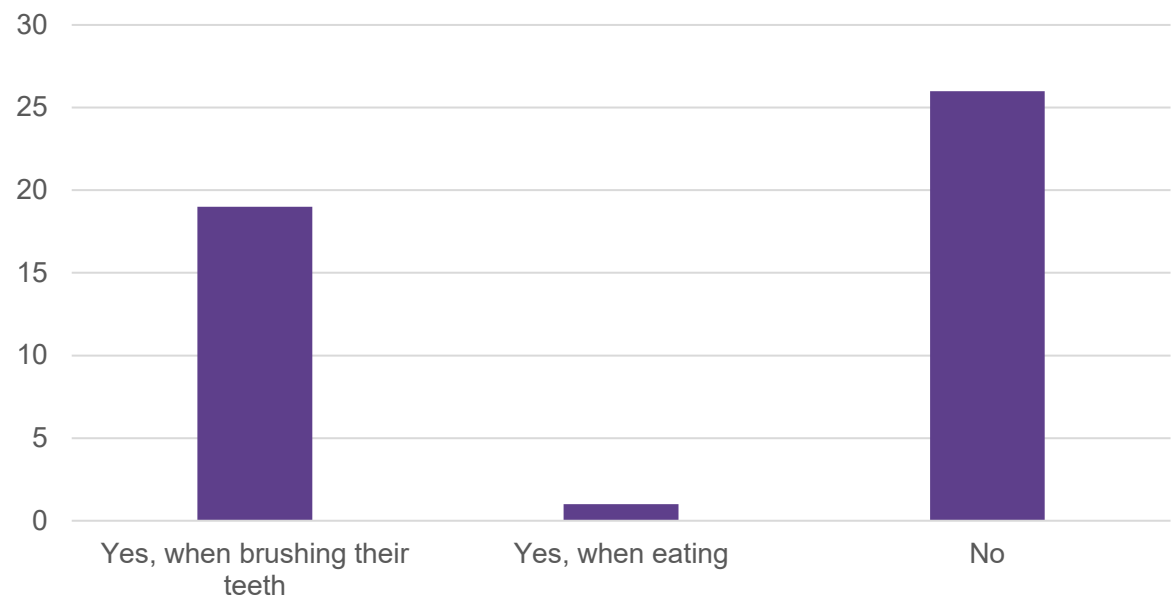
**Figure 7: How often do you worry about the health of your/their teeth and mouth? (Resident survey)**



**Figure 8: Have you/they lost any of your/their adult teeth? (*Resident survey*)**

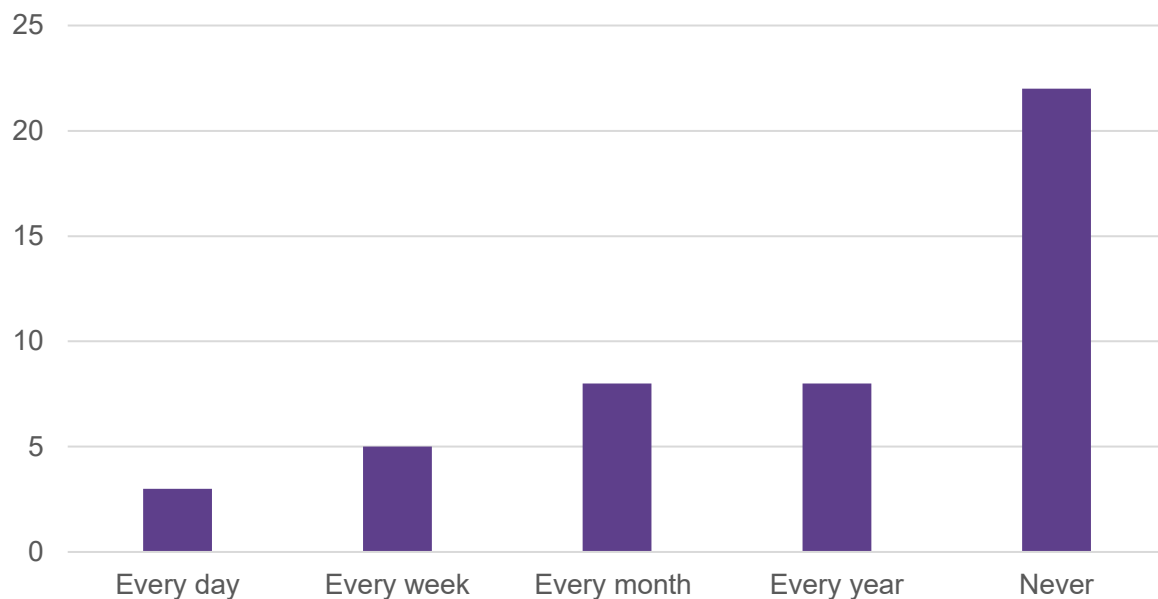


**Figure 9: Do your/their gums bleed? (*Resident survey*)**





**Figure 10: How often do you/they have pain in your/their teeth or mouth? (*Resident survey*)**

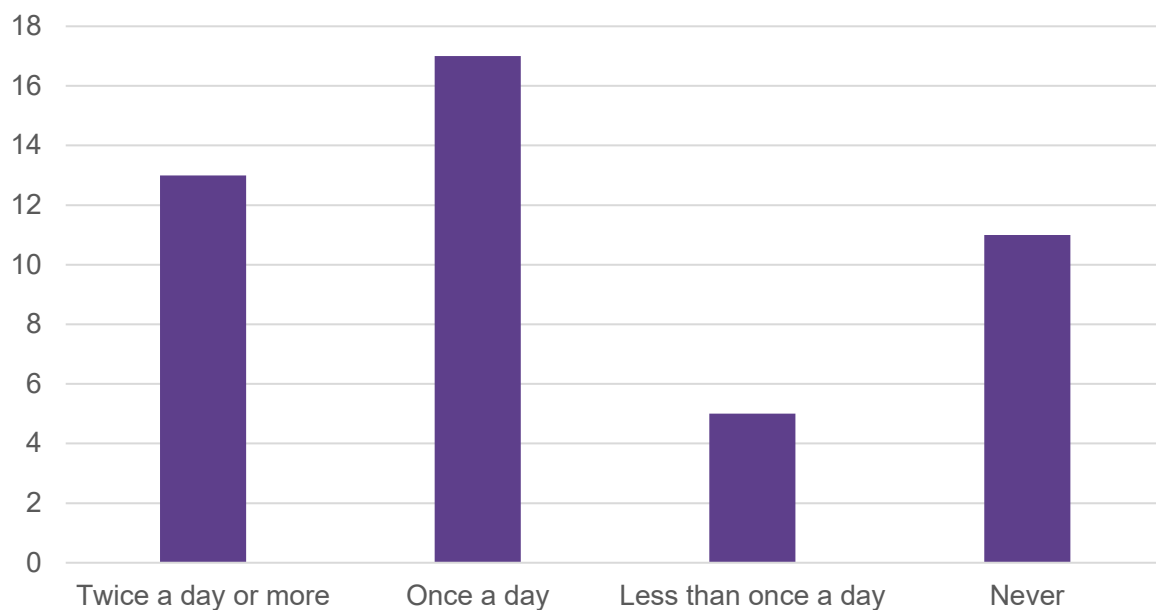


The perspectives from each of the resident, carer and dentist surveys on the state of oral health differ. Residents on the whole indicated okay or good oral health compared to dentists who believe oral health in children and adults with SEND is worse than the general population, while carers' responses were more balanced. Note should be made of the fact that the questions were slightly different and therefore not directly comparable, with one an absolute measurement and the other relative to the general population. In slight contrast to residents responses regarding the state of oral health in children and adults with SEND, the survey questions more specifically related to oral health outcomes pointed towards a significant proportion having poor oral health, albeit the minority. In particular, the relatively high number of children and adults with SEND who had lost adult teeth, who's gums bleed and have regular pain in their mouths, with many frequently worrying about their oral health.

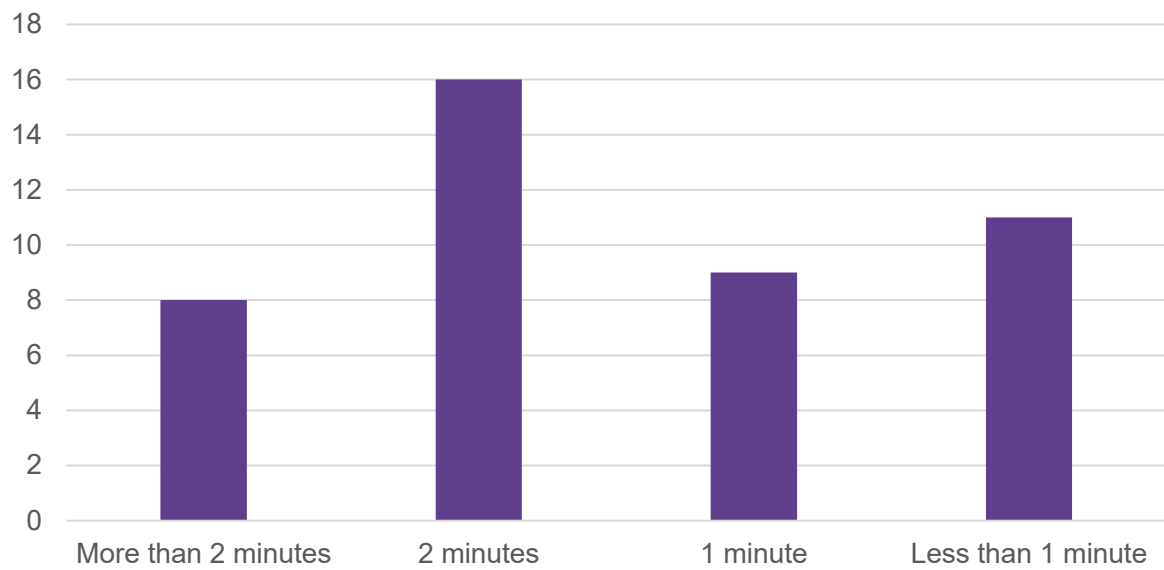
## *Reasons for poor oral health in children and adults with Special Educational Needs and Disabilities*

Respondents to the residents survey were asked about the oral health behaviours and hygiene practices of children and adults with SEND. Toothbrushing behaviour was very mixed, and only a minority (13) brushed their teeth twice a day as recommended, with some even never brushing their teeth (11) as shown in Figure 11. Of those who do brush their teeth, most do brush their teeth for 2 minutes (16) or more than two minutes (8), however many (20) don't brush it for this recommended duration (Figure 12). Most children and adults with SEND brush their teeth with fluoride toothpaste (32), however some do not (4) or don't know if they do (8) (Figure 13). Of those who responded to the survey on behalf of someone else that they care for, most said that the person with SEND brushes their teeth on their own (10) as shown in Figure 14. These results show that there is a concerningly large proportion of the children and adults with SEND population who do not engage with optimal oral hygiene practices.

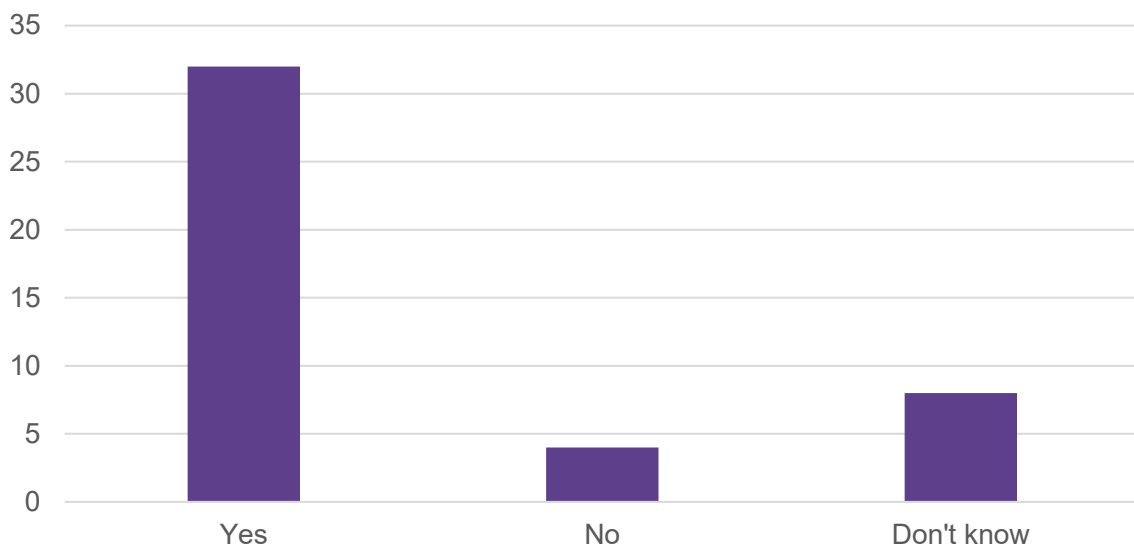
**Figure 11: How many times do you/they brush your/their teeth each day? (*Resident survey*)**



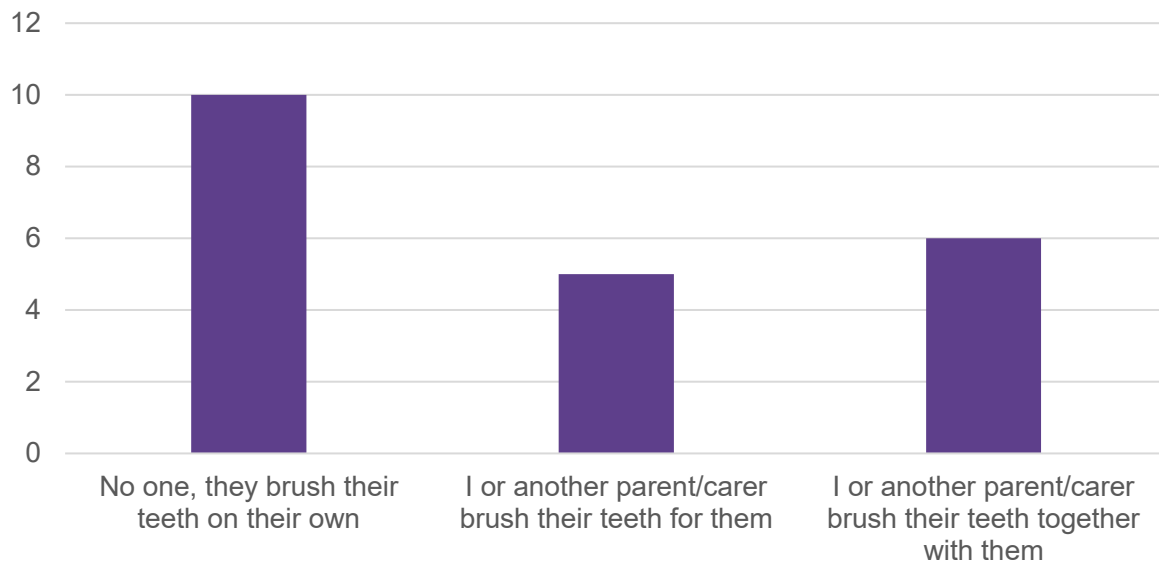
**Figure 12: How long do you/they brush your/their teeth for? (*Resident survey*)**



**Figure 13: Does your/their toothpaste have fluoride in it? (*Resident survey*)**

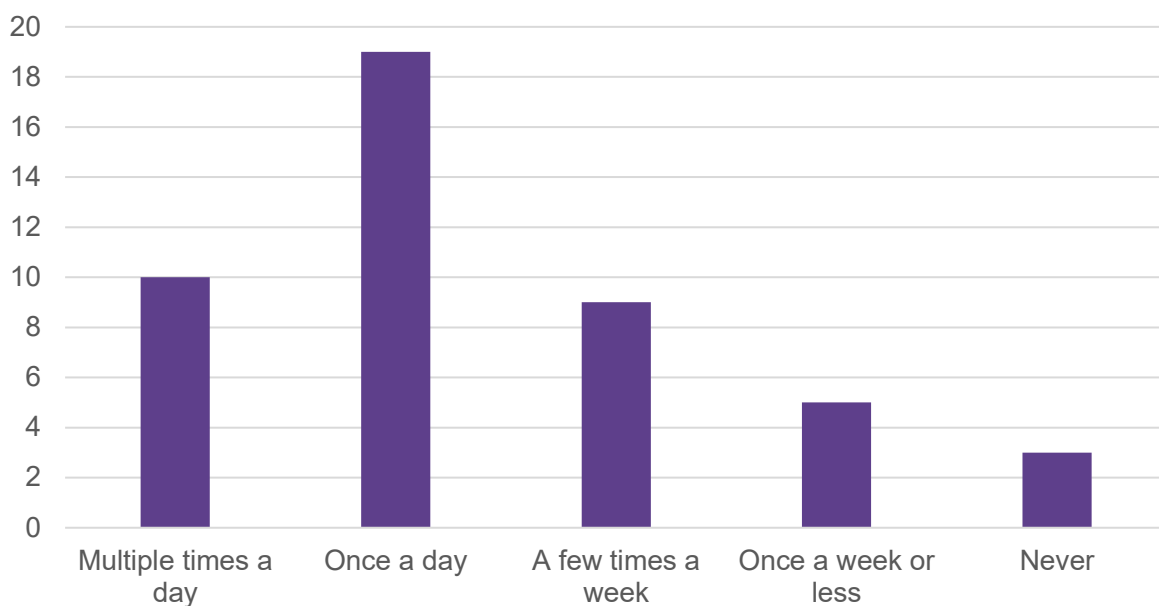


**Figure 14: Who helps them to brush their teeth at home? (Resident survey)**

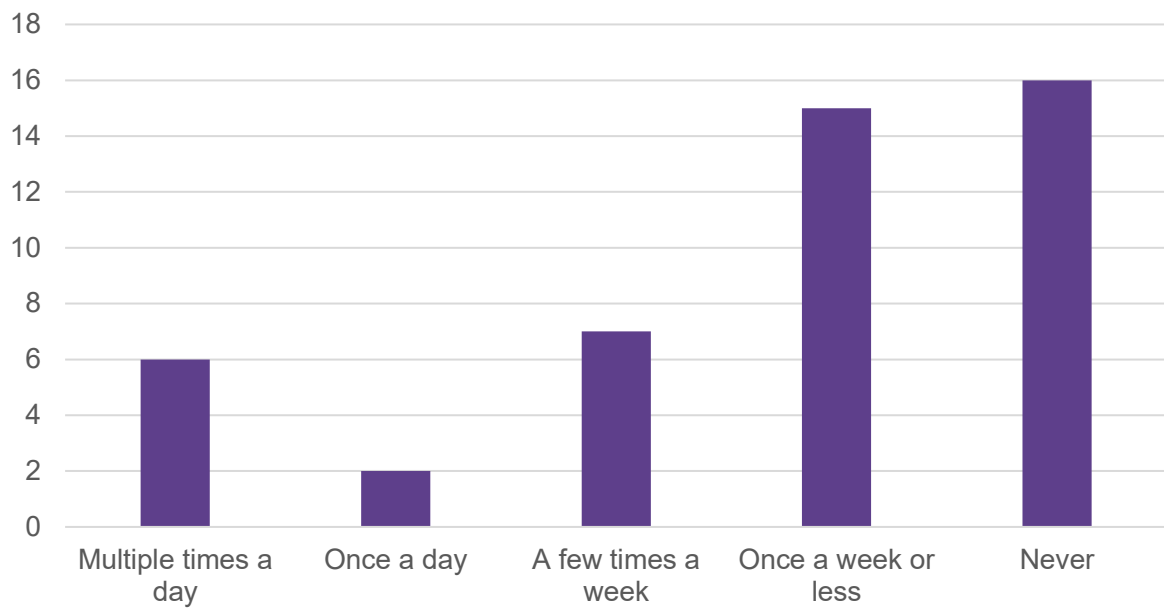


With regards to dietary habits, respondents to the residents survey were asked how often they or the person with SEND they were responding on behalf of eats sugary foods and fizzy drinks. There was significant variation in responses, but at least half ate sugary foods on at least a daily basis (29) as shown in Figure 15. In contrast, fizzy drinks were consumed less frequently, with most either drinking them once a week or less (15) or even never (16) as seen in Figure 16.

**Figure 15: How often do you/they eat sugary foods (like chocolates, sweets, biscuits or cakes)? (Resident survey)**

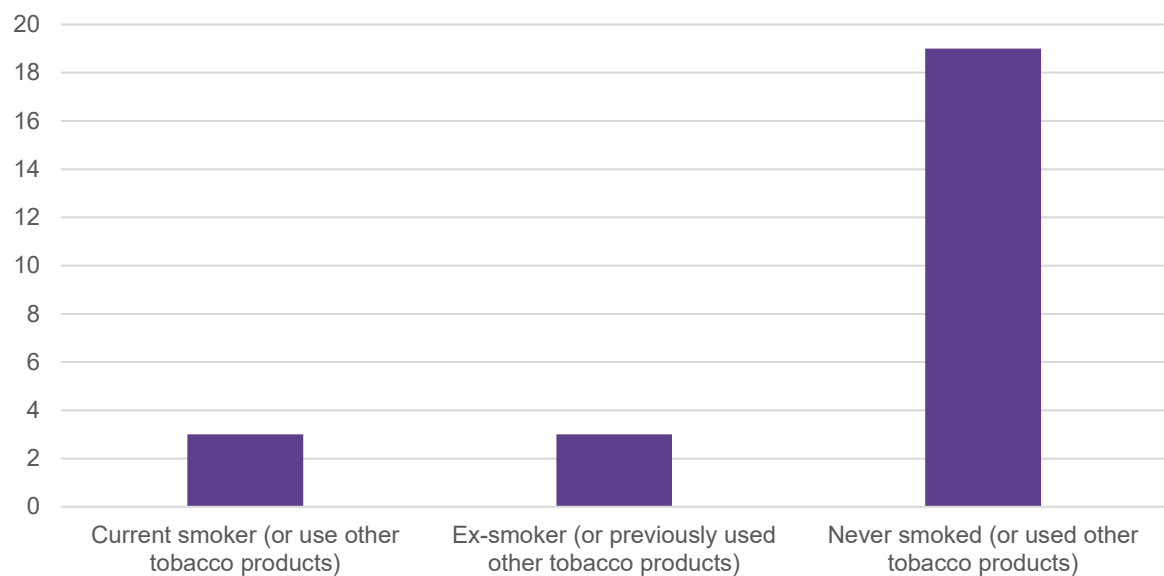


**Figure 16: How often do you/they drink fizzy drinks? (*Resident survey*)**

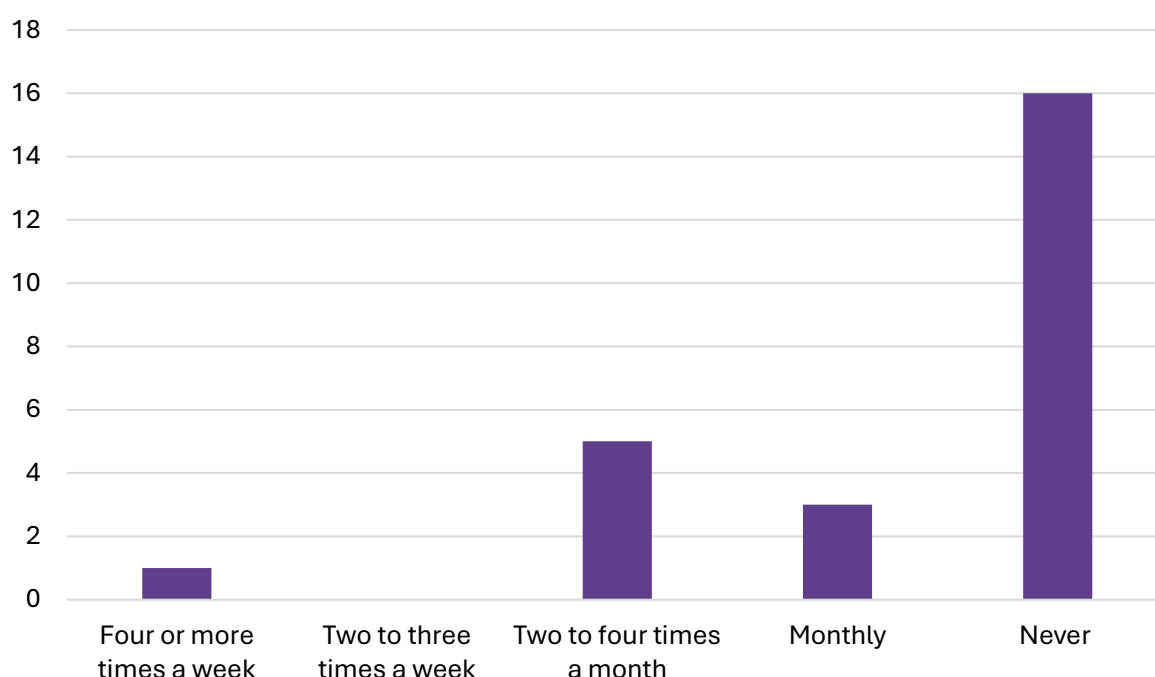


Questions for adults with SEND also included questions about tobacco and alcohol use. The majority did not smoke (22) or drink alcohol (22) as shown in Figures 17 and 18.

**Figure 17: Do you/they smoke or use other tobacco products (like chewing tobacco)? (*Resident survey*)**



**Figure 18: Do you/they drink alcohol? (Resident survey)**

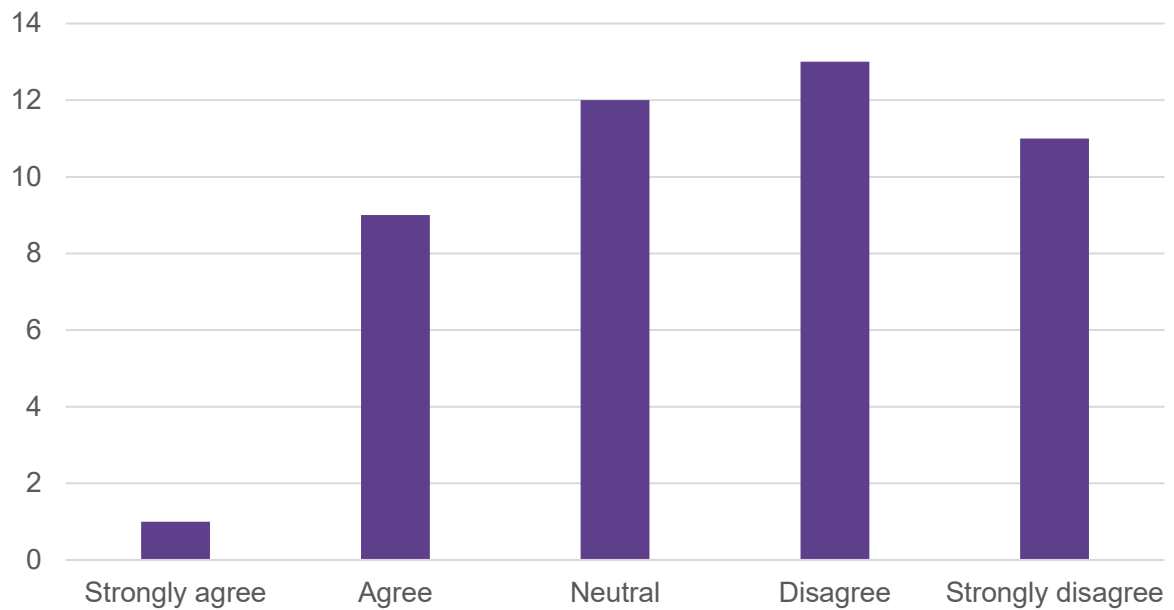


Respondents to the residents survey were asked how much they agreed or disagreed with a series of statements. This was to obtain a picture of their knowledge and understanding of oral health behaviours. It is important to note that this question was aimed at the person answering the survey, therefore it could be an adult with SEND responding about their knowledge and understanding related to their own oral health, or a parent or legal guardian from a perspective related to the person they care for. Responses were combined to provide a more comprehensive overview rather than a weaker insight if results were separated. Both perspectives are important as ultimately either the person responding for themselves or on behalf of another play the crucial caring role in that individual's life.

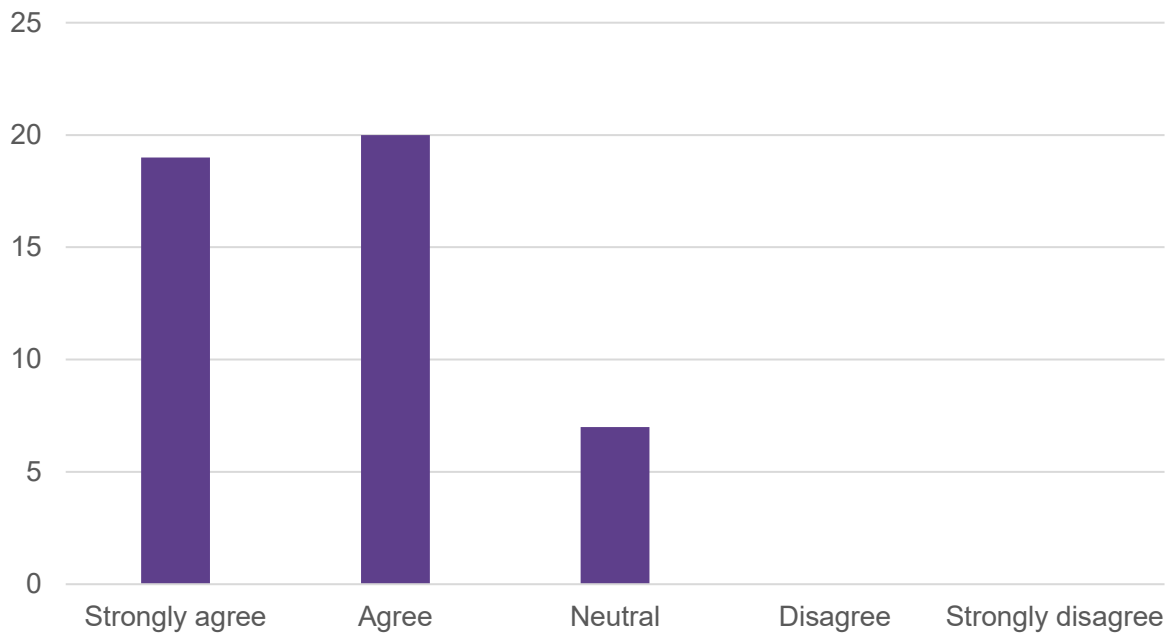
Just over half of respondents (24) reported not getting confused over what is or isn't healthy for one's teeth and mouth, although some felt that they did feel confused to some extent (10) as shown in Figure 19. Nearly all respondents agreed that what you eat and drink (39) and brushing your teeth properly (43) make a big difference to oral health (Figures 20 and 21). When asked the same question about tobacco and alcohol, results on the whole showed a similar pattern however more people did not believe they made a big difference to oral health as shown in Figures 22 and 23. Lastly, respondents were asked about the availability and affordability of healthy food as well as toothbrushes and toothpaste. Results showed significant variation, with many finding it hard to find or afford them, although more so healthy food than toothbrushes and toothpaste, as seen in Figures 24 and 25.

Altogether these findings suggest there is consistent understanding that diet and toothbrushing, and to a slightly lesser extent tobacco and alcohol, are important for oral health. There is significant variation in experiences regarding availability and affordability of healthy food and toothbrushes and toothpaste, indicating that this is a challenge for some children and adults with SEND or their parents/legal guardians.

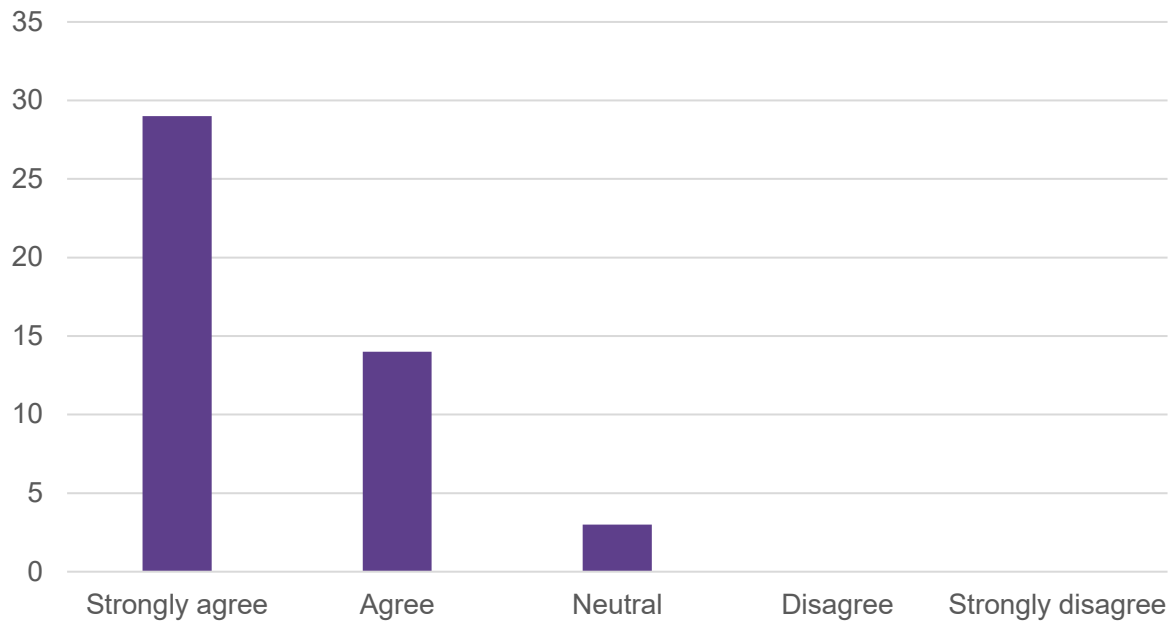
**Figure 19: I get confused over what is or isn't healthy for my/their teeth and mouth  
(Resident survey)**



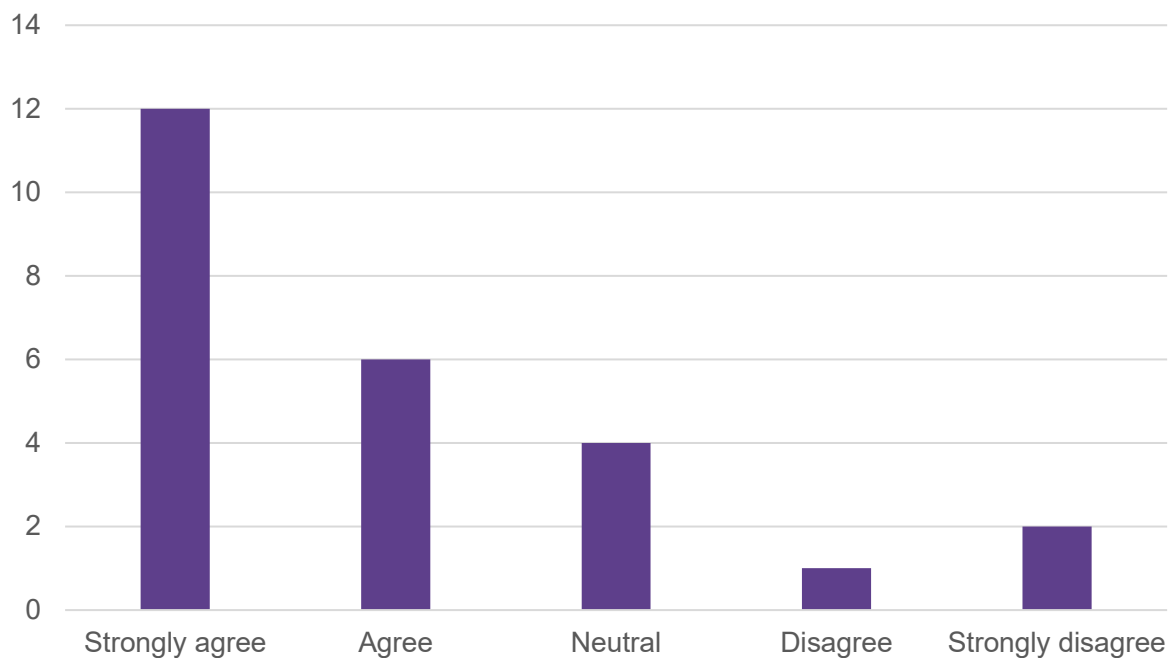
**Figure 20: What I/they eat or drink makes a big difference to how healthy my/their  
teeth and mouth are (Resident survey)**



**Figure 21: Brushing my/their teeth properly makes a big difference to how healthy my/their teeth and mouth are (*Resident survey*)**

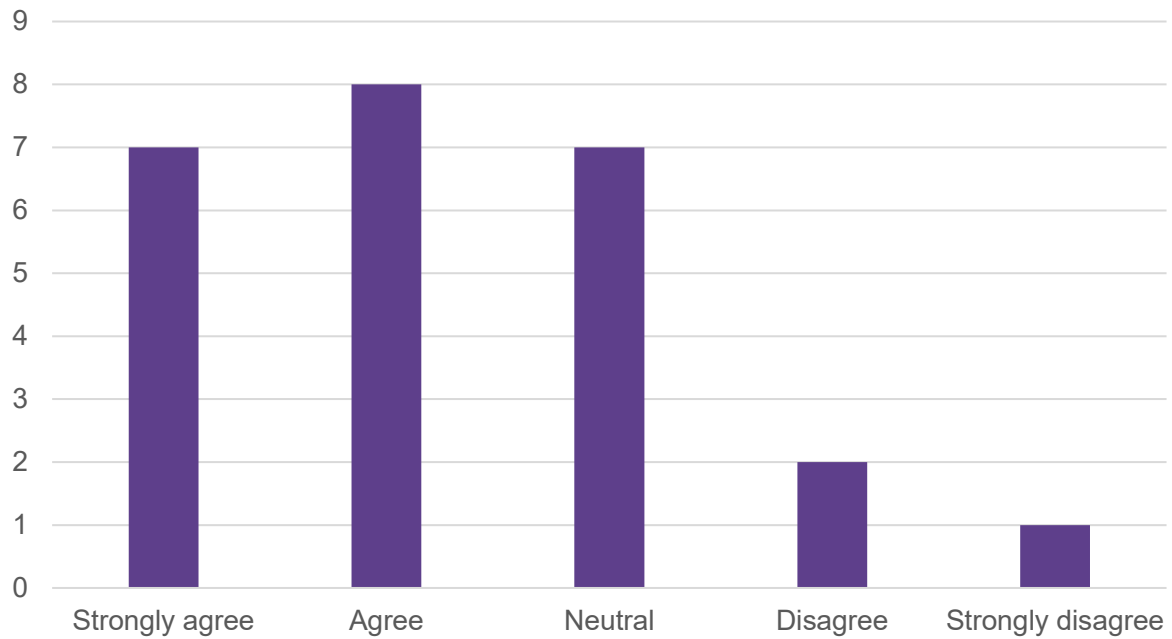


**Figure 22: Smoking or using other tobacco products makes a big difference to how healthy my/their teeth and mouth are (*Resident survey*)**

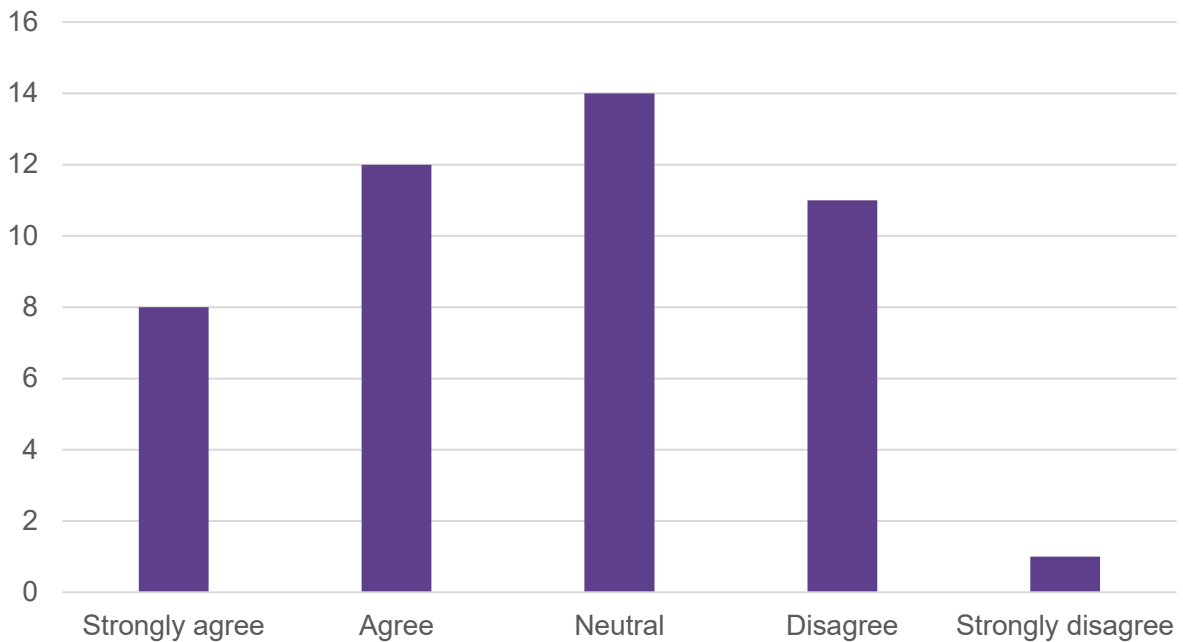




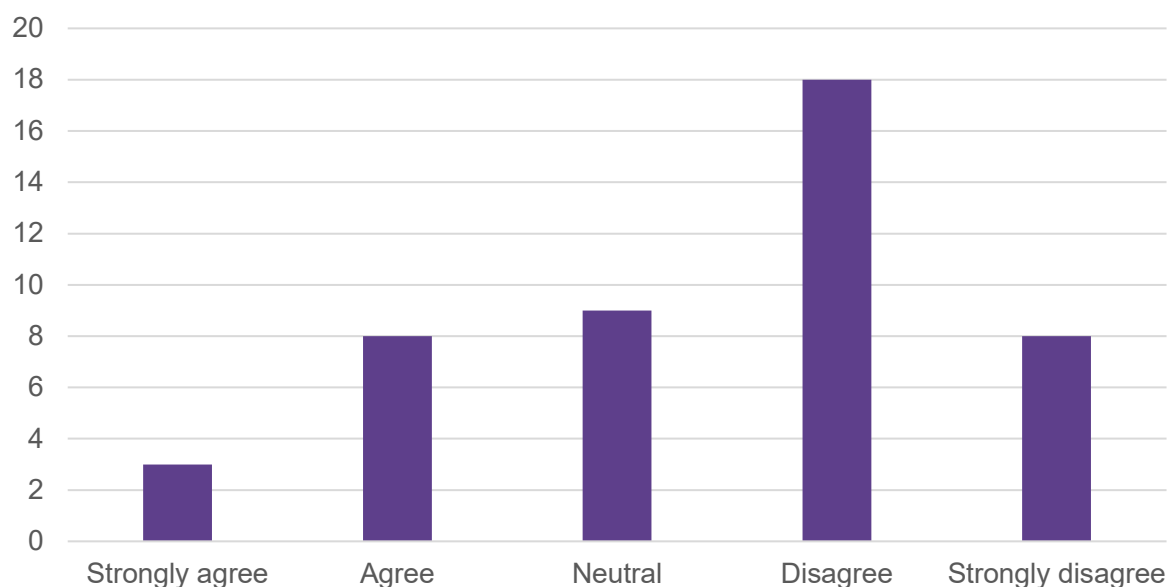
**Figure 23: Drinking alcohol makes a big difference to how healthy my/their teeth and mouth are (*Resident survey*)**



**Figure 24: It is hard to find or afford healthy food for myself/them (*Resident survey*)**



**Figure 25: It is hard to find or afford toothbrushes and toothpaste for myself/them (Resident survey)**



The residents survey included several open-answer questions, two of which relate to reasons for poor oral health. These were “What makes it hard to keep your/their teeth and mouth healthy?” and “What could help to make your/their teeth and mouth healthier?”, which cover both reasons for poor oral health and ideas for addressing these.

A key theme that was identified specifically for children and adults with SEND was sensory issues, such as texture sensitivity and gag reflexes being triggered by toothbrushing. In addition, it was pointed out that people with ADHD can find it difficult to remain focused on brushing their teeth for at least two minutes and that it is a boring task that they do not want to engage with. Some found that disruptions to their routines meant they may not brush their teeth, or that they find it hard to remember to brush. This makes it harder for people with SEND to maintain their oral hygiene with regular and thorough brushing as well as eating foods that are healthy.

“Brushing my teeth triggers my gag reflex which can make it harder to brush teeth more than once a day. Also, choice of food and drink can make it harder as the texture of food can heavily influence my eating choices. These may not be the healthiest for my teeth unfortunately. Disruptions in routines can affect what time I brush my teeth or if I brush my teeth at all”

Many respondents also believed that the availability of sugary foods and fizzy drinks made it difficult to eat healthily. This also includes unclear labelling on food and drinks which compounds challenges with making informed choices on eating food that is beneficial for oral health. Exacerbating these factors is the challenge of accessing NHS dental care, with some people with SEND or their parents/legal guardians finding it difficult to arrange

appointments or having bad experiences when receiving care. This is covered in more detail in the next section.

To address these reasons for poor oral health, many respondents recognised the need for regular and thorough toothbrushing, as well as the need to consume fewer sugary foods and fizzy drinks. Some responses went further to suggest ideas for improving oral health, such as making healthier food more accessible and affordable in shops. Many responses advocated for better access to NHS dental care and that dentists should be upskilled in working with people with SEND. Another idea was that parents and carers should be trained to improve the oral care they provide to their children or people with SEND, particularly to help them better overcome sensory issues.

Carers were also asked a similar combined question: "What do you believe are the greatest contributors to poor oral health for the people you provide care for?" and "How do you believe these can be addressed?". Carers raised similar concerns about the consumption of sugary foods and juices, as well as the challenges of engaging people with toothbrushing and issues with sensory aversion. The cost of SEND-friendly toothbrushes was also raised as a barrier to good brushing practices. The challenges of accessing dental care were also raised, with a lack of appointments in addition to some poor experiences with dental practices and professionals not catering for SEND needs.

Suggestions for addressing these issues focused largely on the need for more education on good oral health behaviours. This ranged from working with people with SEND directly to teach them about healthy dietary choices as well as training parents and carers on oral hygiene practices, with SEND-friendly educational resources to refer to. Alongside this, ensuring that dentists are trained to care for people with SEND was raised, as well as the need to improve access to dental care with more dentists and specialised care. Another idea was to provide a greater holistic approach to dental care with play therapists and sensory occupational therapists for children with SEND. Lastly, the need to make SEND-friendly toothbrushes more affordable or providing them to parents was raised.

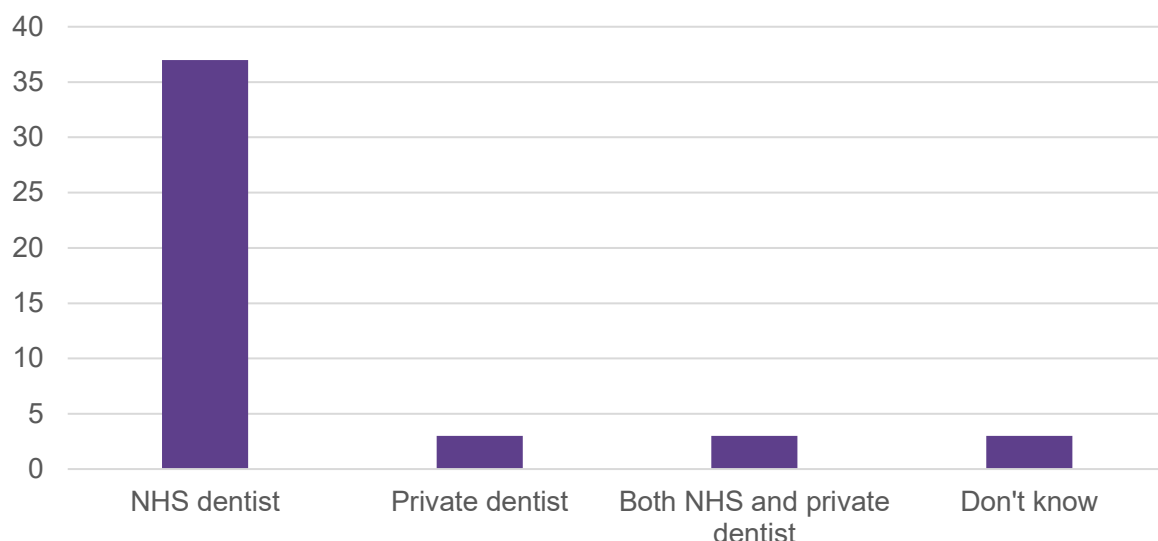
## Experience accessing and receiving dental care in Harrow

To provide background information about the dental care children and adults with SEND access, resident survey respondents were asked what kind of dentist they use, with the vast majority using solely NHS dentists (37) as shown in Figure 26. Most people with SEND, or their parents/legal guardians, knew how to get an NHS dentist appointment near them (39) with a handful not knowing (7) (Figure 27). When carers were asked how they would rate people with SEND or their parents/legal guardians awareness of how to access an NHS dentist, there was a wide cross-section of results from very good to very poor as shown in Figure 28.

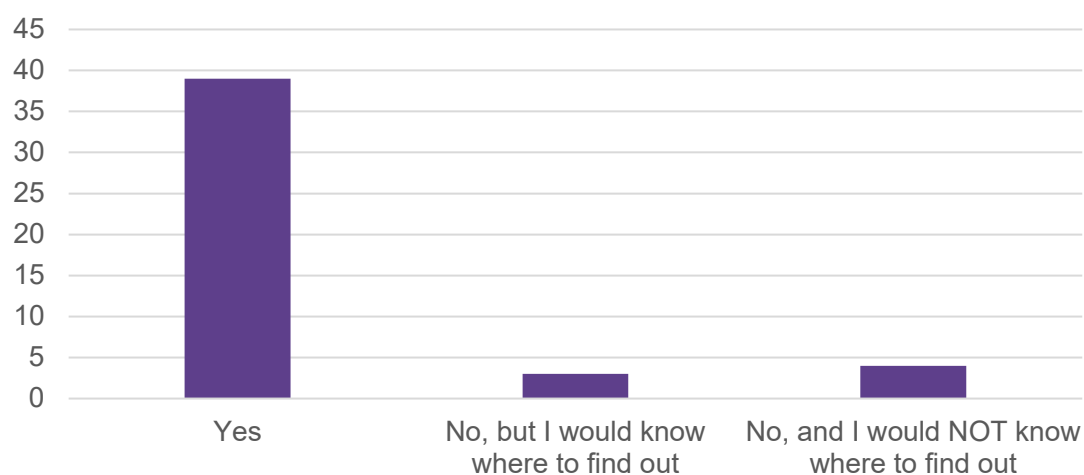
Most children and adults with SEND go to the dentist regularly, within the period of once a year to two years however some reported only going when they needed to (7), for instance when they had pain in their teeth as shown in Figure 29. Parents of children with SEND were asked when their child was first taken to the dentist, with just over half saying that their child was 3 years or older (Figure 30).

There was a relatively equal split between resident survey respondents who found it easy or hard to arrange NHS dentist appointments, with slightly more finding it easy as seen in Figure 31. The carers survey responses showed a relatively similar pattern, with most believing people with SEND have an average experience arranging an NHS dentist appointment (6), although Figure 32 shows that more carers believe it is harder than easier. Although on the whole this shows that experiences are relatively good, or at least average compared to the general population, there is significant variation with many having considerable difficulty.

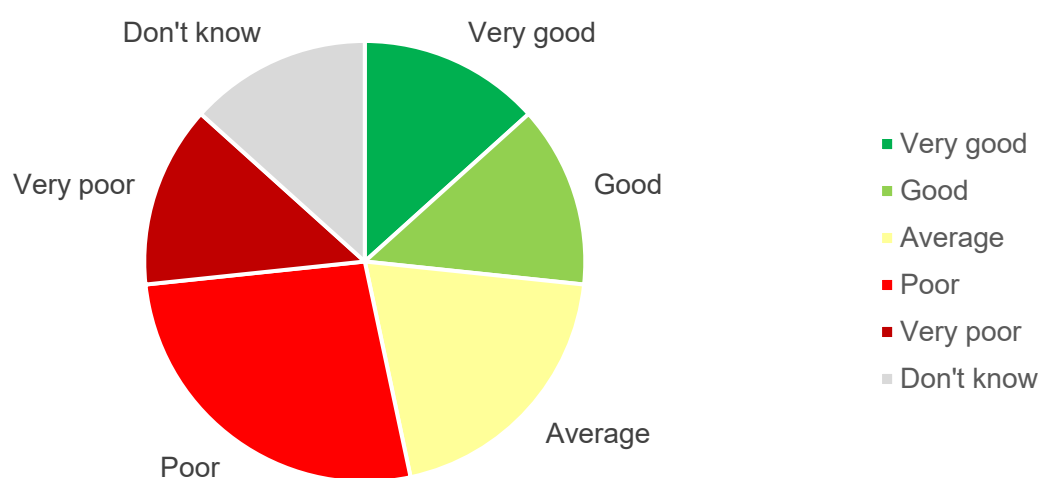
**Figure 26: What kind of dentist do they use? (Resident survey)**



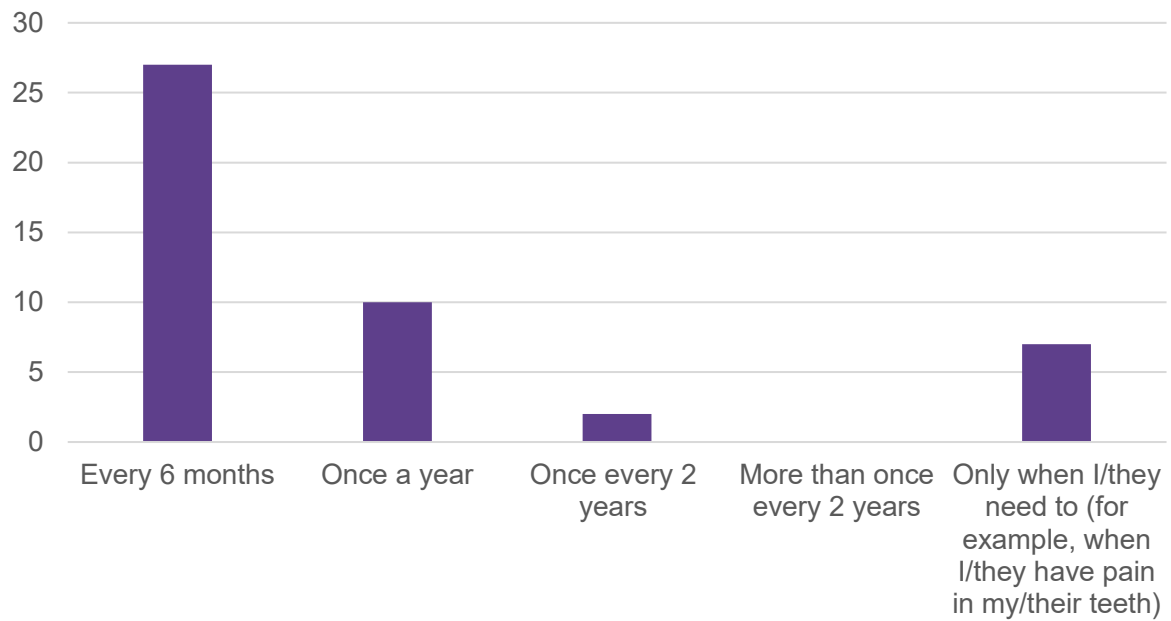
**Figure 27: Do you know how to get an NHS dentist appointment near you/for the person you care for? (*Resident survey*)**



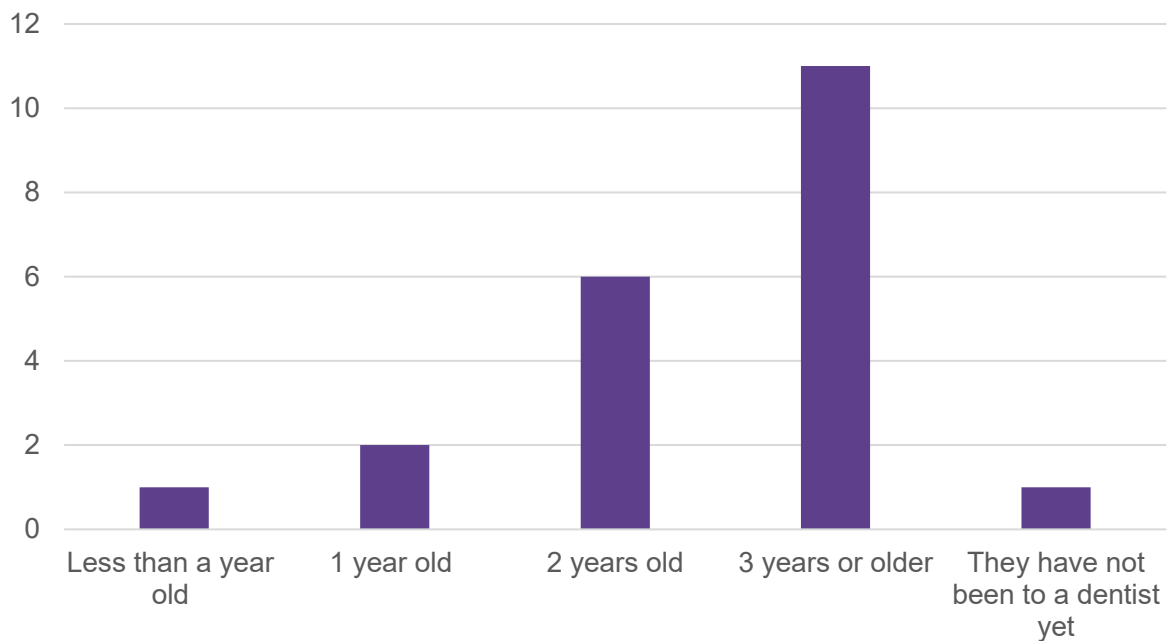
**Figure 28: How would you rate children and adults with SEND or their legal guardian/carers awareness of how to access an NHS dentist in Harrow compared to the general population? (*Carer survey*)**



**Figure 29: How often do you/they go to the dentist? (*Resident survey*)**



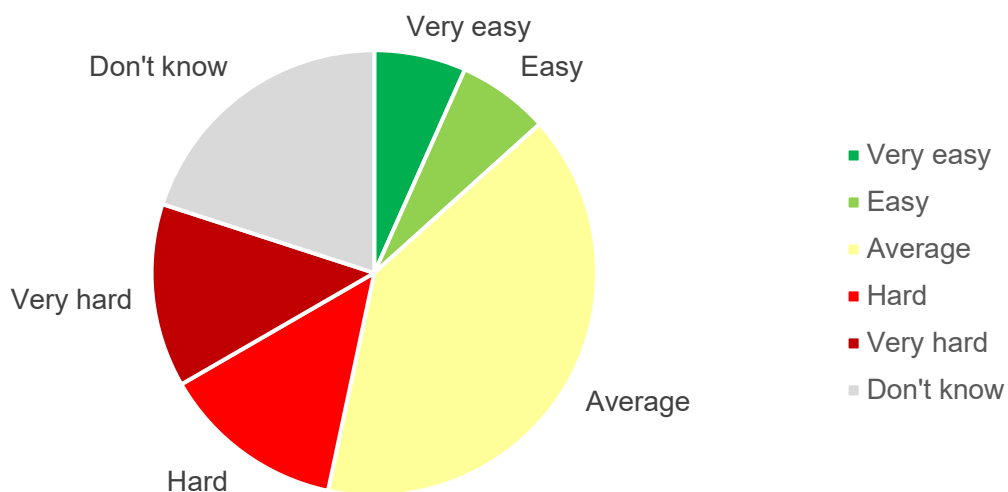
**Figure 30: How old was your child (or the child you care for) when they first went to the dentist? (*Resident survey*)**



**Figure 31: Have you found it easy or hard to get an NHS dentist appointment near you/for your child? (*Resident survey*)**



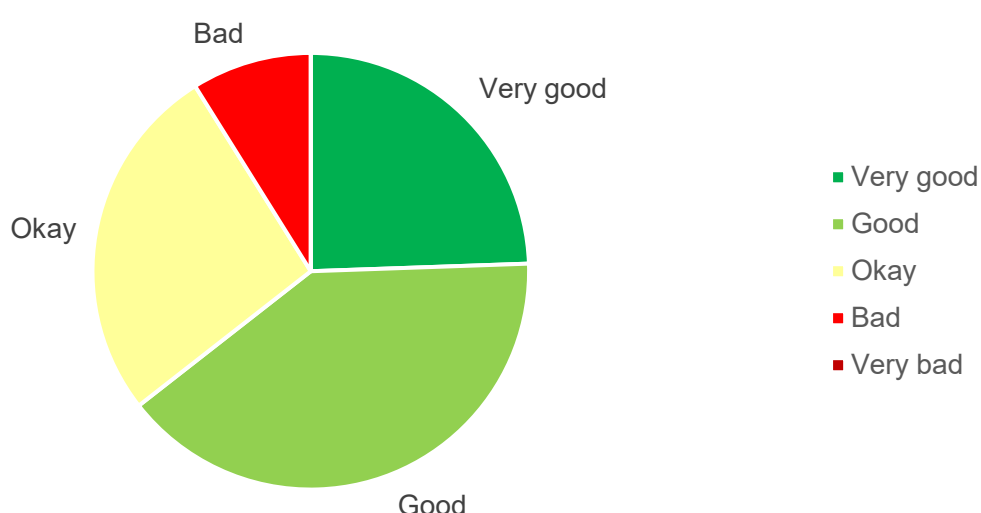
**Figure 32: How easy or hard do you believe it is for children and adults with SEND to get an NHS dentist appointment in Harrow compared to the general population? (*Carer survey*)**



When children and adults with SEND access dental care in Harrow, resident survey respondents indicated that their overall experience is good as demonstrated in Figure 33. Most respondents did not pay for NHS dentist appointments (34) although a quarter do (Figure 34). As shown in Figure 35, there was a balance of resident survey respondents who found it easy or hard to afford NHS dentist appointments, with the largest proportion finding it neither easy nor hard (19). When they last saw a dentist, most respondents reported being given advice about their oral health although some did not (8). Of those who did receive advice, three quarters reported that this was helpful as shown in Figure 36. When given advice, most residents thought that it was either always or mostly consistent (34) although again there was variation, with some respondents reporting that advice is more inconsistent (12) (Figure 37). This was further explored with carers, who reported that oral health advice is usually only sometimes (8) or even never (4) consistent as shown in Figure 38.

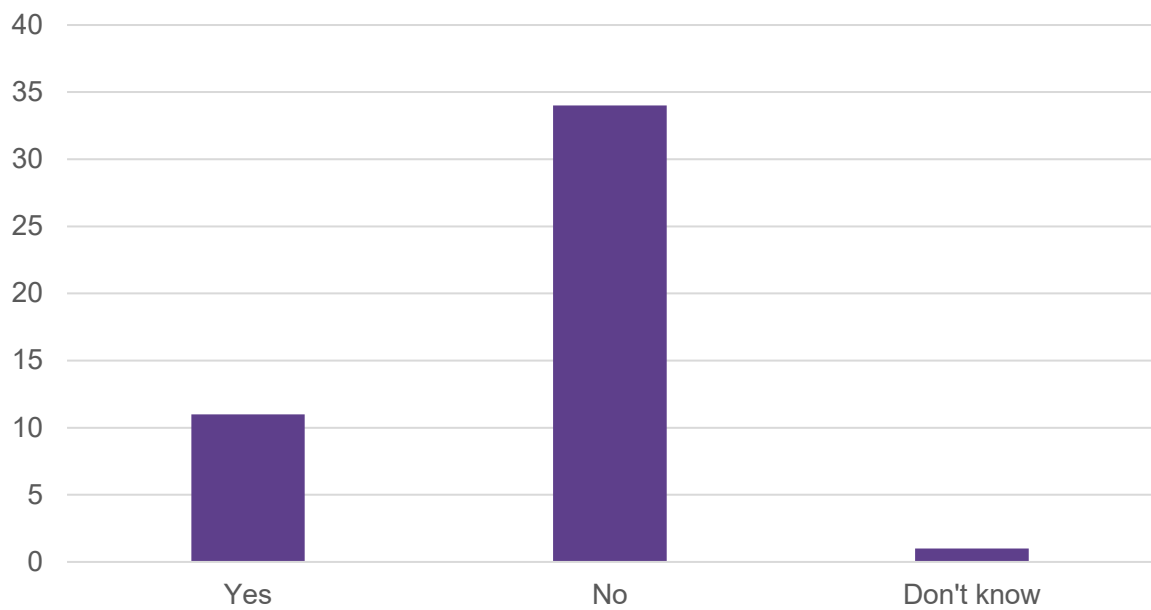
Most respondents to the residents' survey found it easy or very easy to talk to their dentist (32), although there was some variation with 9 finding it hard (Figure 39). This reflects the findings of the carers survey, with carers largely reporting that communication barriers were an issue for people with SEND sometimes (5) or never (6) as seen in Figure 40. English was not the first language of 10 respondents to the residents' survey (Figure 41). When these particular respondents were asked if they had an interpreter at their appointment, all reported that they did not (Figure 42). However, all of these respondents also stated that they would not like an interpreter (Figure 43). It is important to note that just because they reported that English is not their first language, they may have proficient enough English to communicate at an appointment therefore an interpreter may not have been necessary.

**Figure 33: When you/they last saw a dentist, how would you rate your/their experience? (*Resident survey*)**

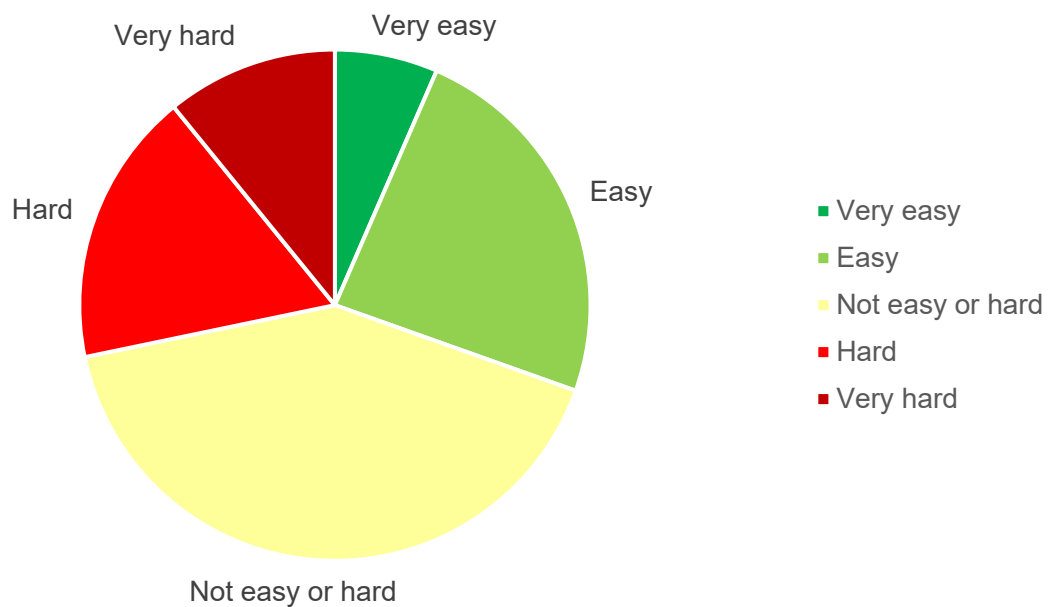




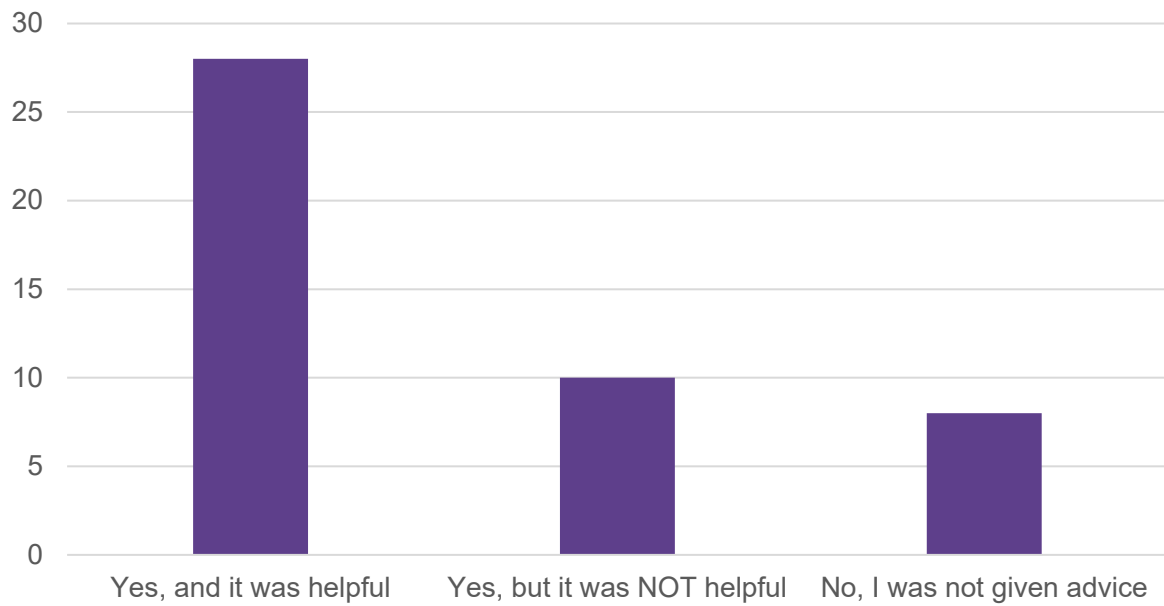
**Figure 34: Do you pay for your/their NHS dentist appointments? (*Resident survey*)**



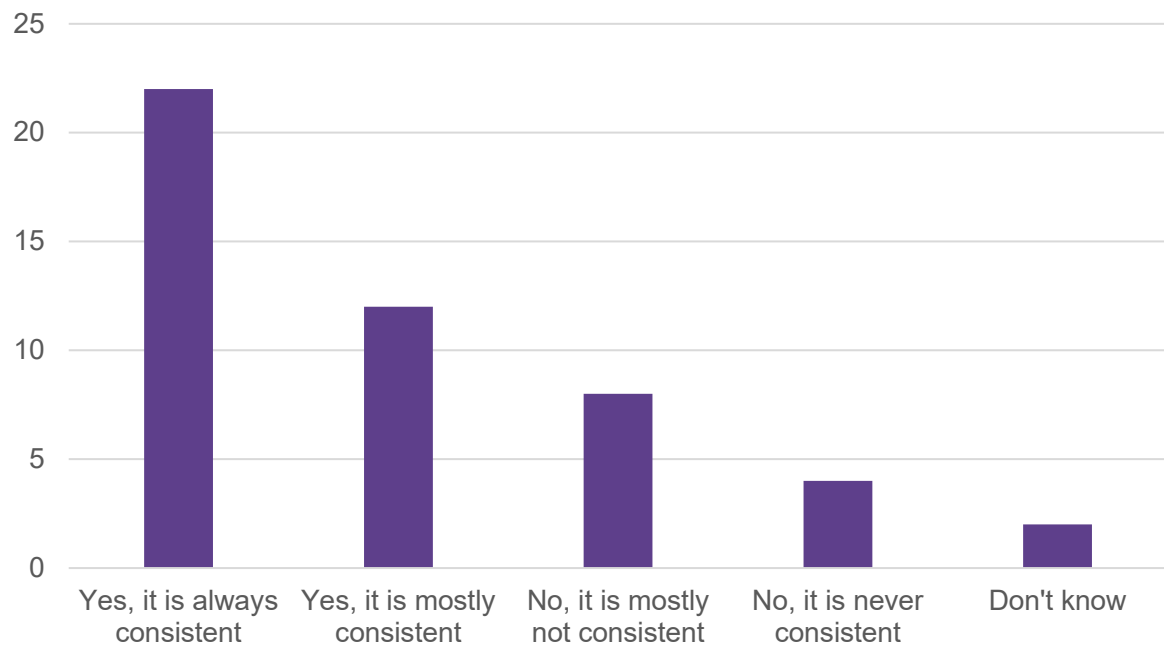
**Figure 35: Do you find it easy or hard to afford NHS dentist appointments/for your child (or the child you care for)? (*Resident survey*)**



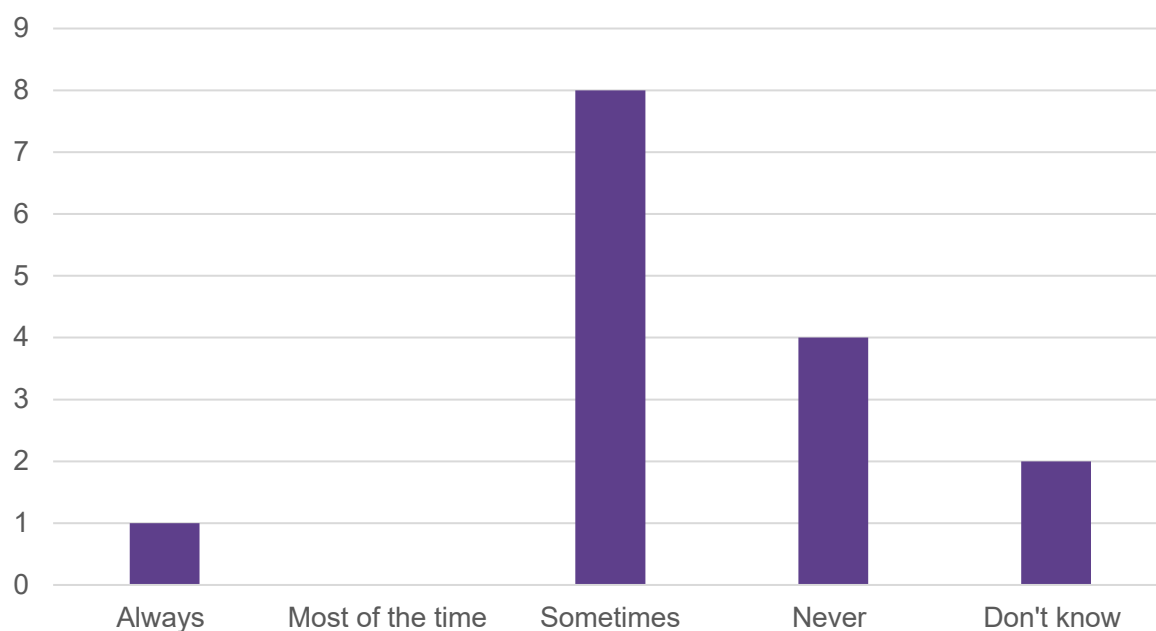
**Figure 36: When you last saw a dentist, were you given advice on how to look after your/their teeth and was this advice helpful? (*Resident survey*)**



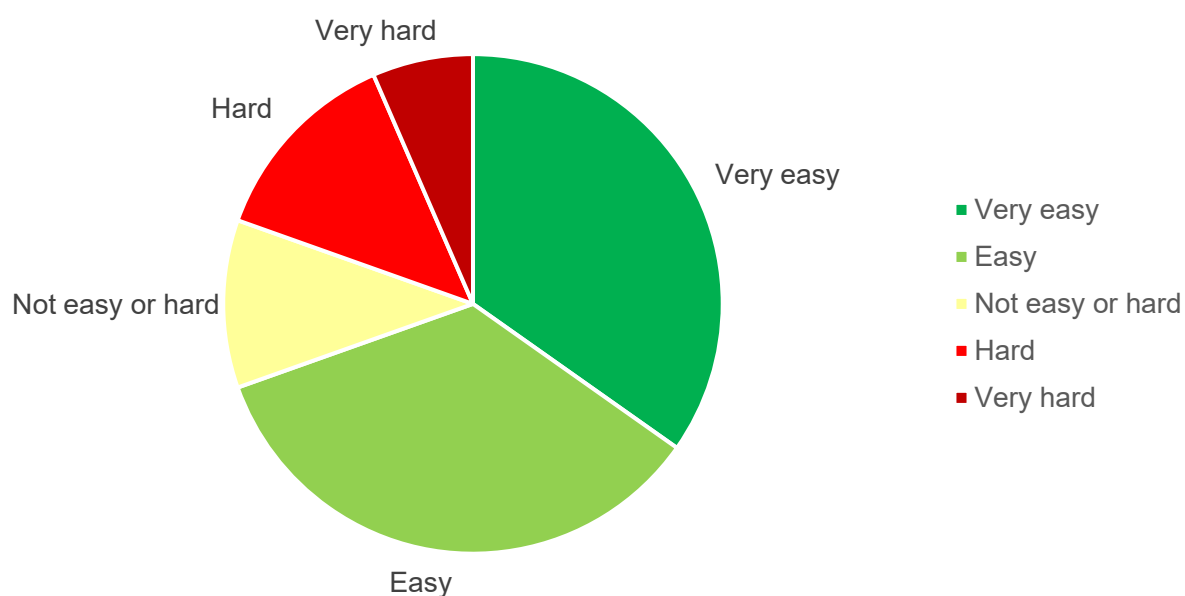
**Figure 37: Is the advice you are given by dentists and other health professionals about your/their teeth and mouth consistent? (*Resident survey*)**



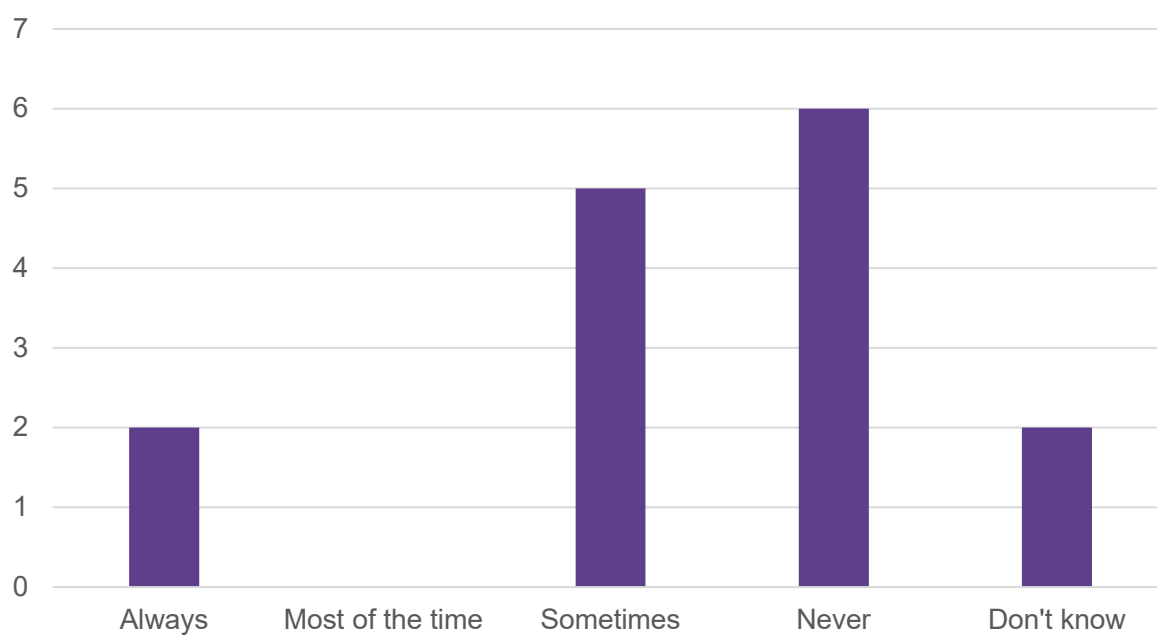
**Figure 38: Do you believe dental advice is consistent across all dentists and health professionals in Harrow for children and adults with SEND? (Carer survey)**



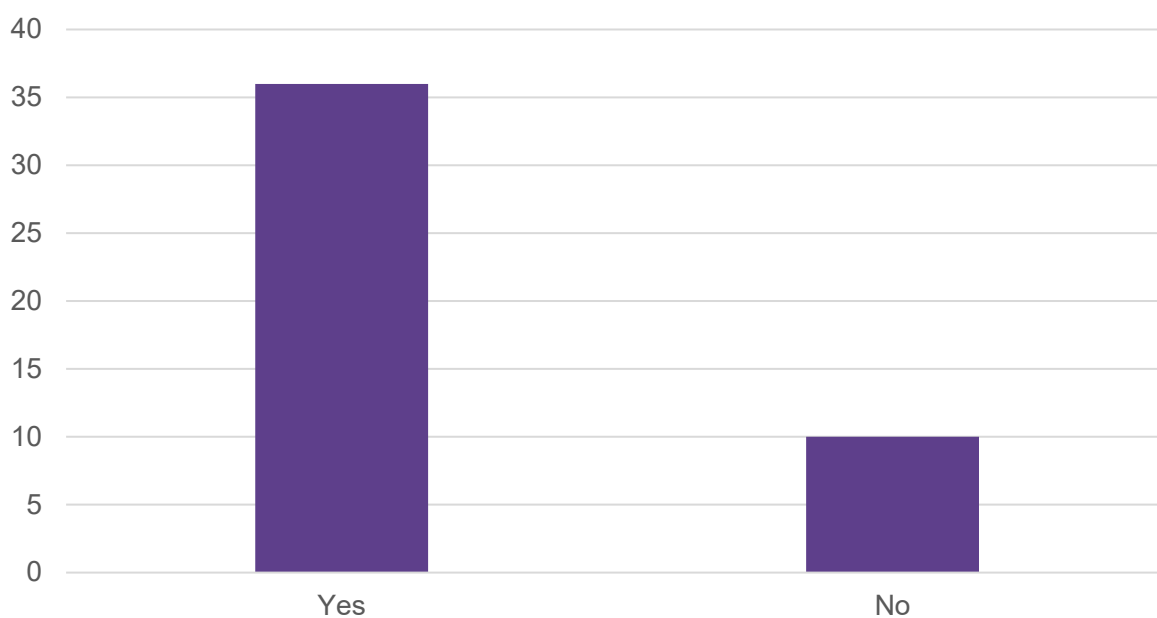
**Figure 39: Do you find it easy or hard to talk to your/their dentist (for example, because of the language they were speaking, or for other reasons)? (Resident survey)**



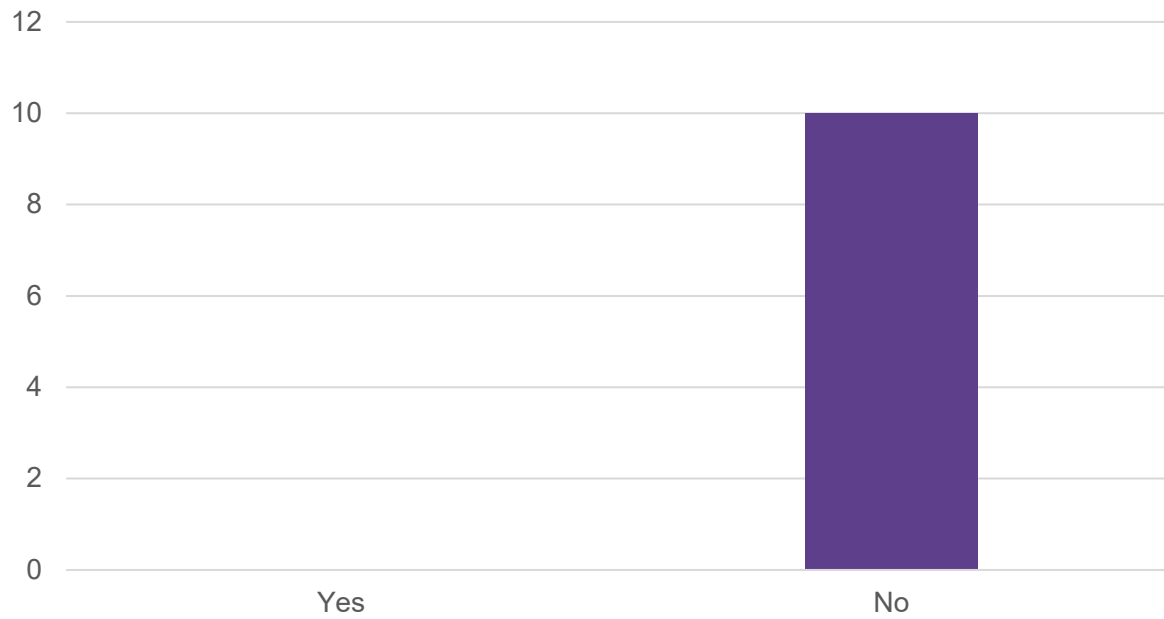
**Figure 40: Are language or other communication barriers an issue for children and adults with SEND when receiving dental care in Harrow? (Carer survey)**



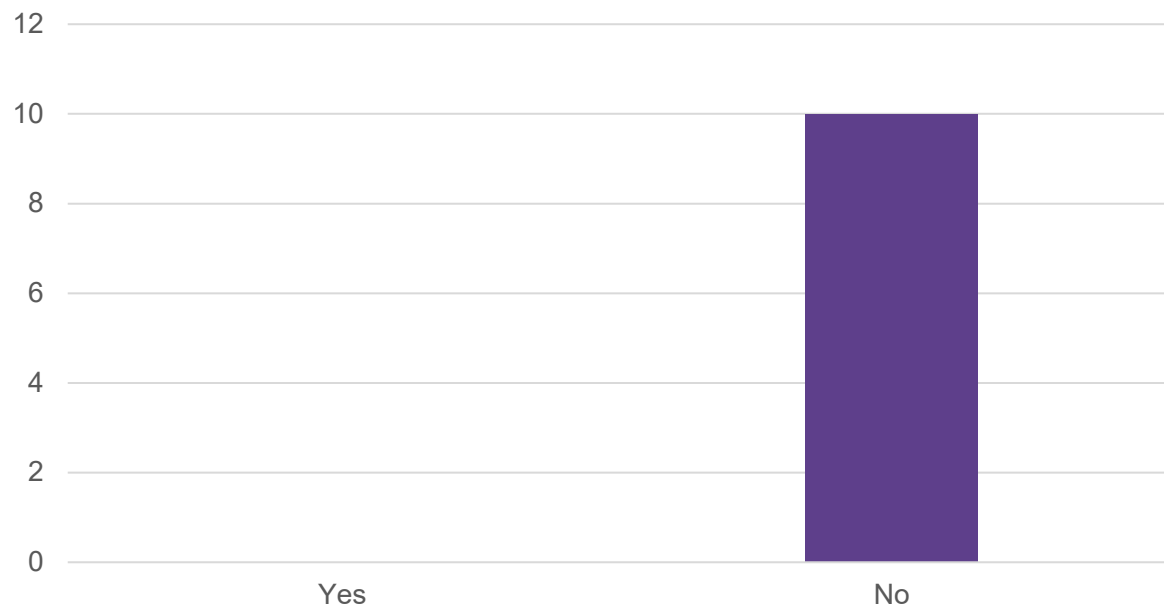
**Figure 41: Is English your first language? (Resident survey)**



**Figure 42: Did you have an interpreter to help you to talk to your/their dentist?  
(Resident survey)**



**Figure 43: Would you like to have an interpreter to help you to talk to your/their dentist? (Resident survey)**



Respondents to the residents survey were asked the open-answer question: "Please tell us why you found it easy or hard to get an NHS dentist appointment for yourself/your child (or the child you care for), and why you had a good or bad experience at this appointment".

Similar themes arose as with the questions about poor oral health earlier. Namely, many people with SEND experienced challenges arranging appointments, with some unable to find a dentist taking NHS patients, while one respondent also reported finding it difficult to book over the phone due to their disability which acted as a deterrent to going to the dentist. The cost of accessing NHS dental care was also noted as a deterrent for some adults with SEND. When receiving dental care, respondents also reported that practices are sometimes not capable of treating patients with complex needs, with reasonable adjustments not made. Specific examples included having to go up stairs despite physical disability, and a dentist not communicating well despite a child being anxious and scared.

"With my daughter's condition not all NHS dentists can treat her"

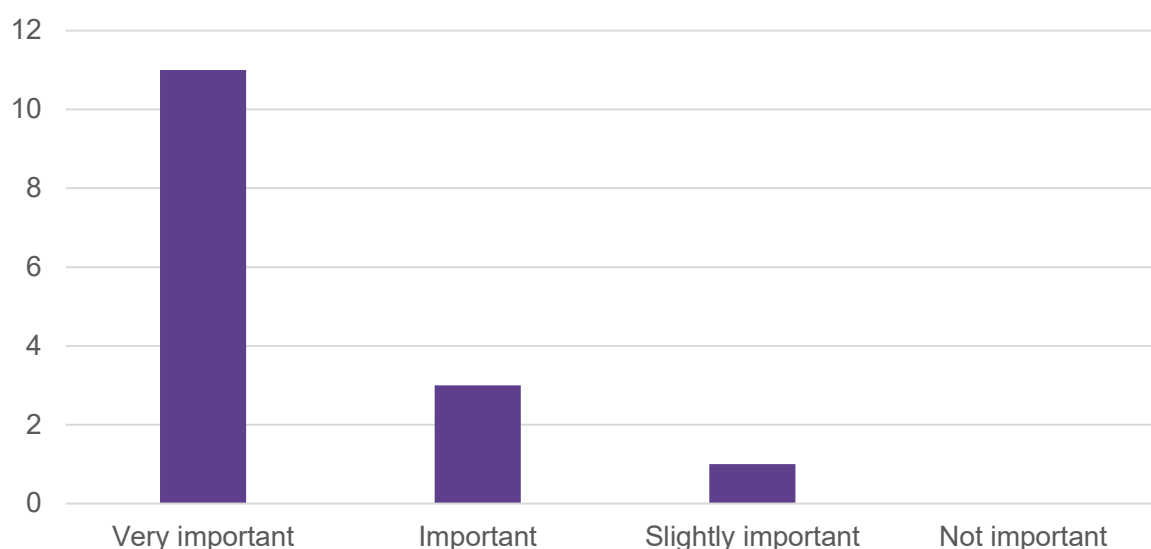
Many responses to this question were very positive though. Respondents reported finding it easy and a simple process with booking appointments. Note was made of some practices sending reminders for routine appointments far in advance to ensure the individual was able to arrange a time suitable for them. Many responses also detailed receiving excellent care, with considerate dentists that explain things clearly and well, accounting for patient needs.

## Carer oral health training and support

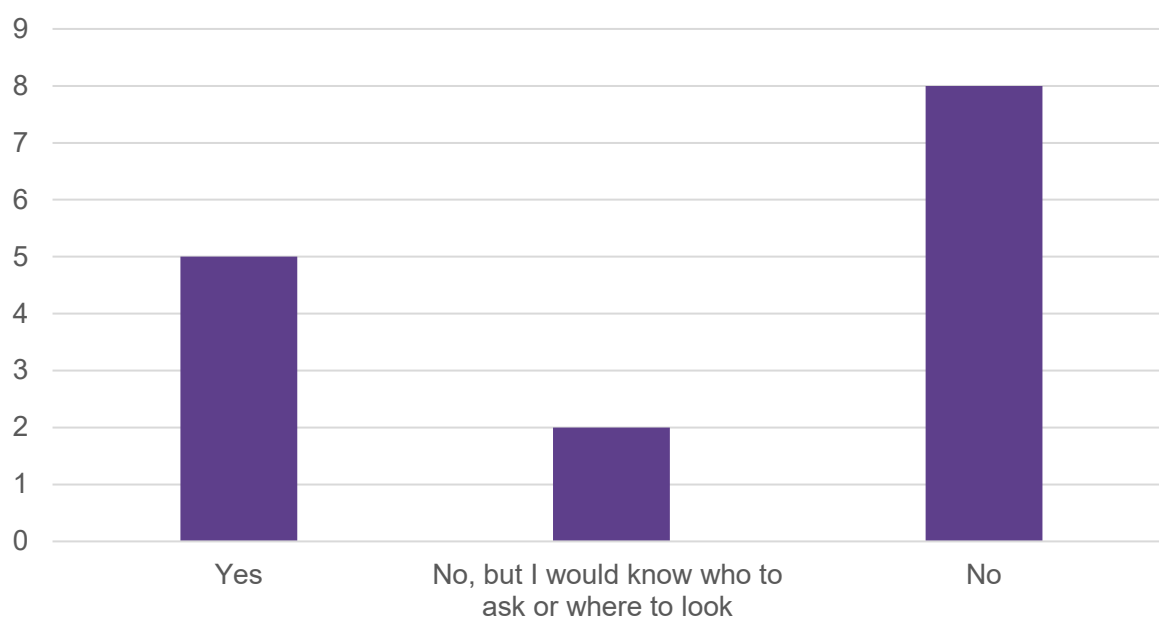
Respondents to the carers survey were asked questions to obtain insight into the extent carers are enabled and capable of providing support to children and adults with SEND with their oral health. Most carers believe that improving oral health is a very important part of the care they provide (11), with none believing it is not important as shown in Figure 44.

Most carers reported that they would not know where to direct or signpost children and adults with SEND to receive appropriate oral health support (8) as seen in Figure 45. Meanwhile, most carers reported that they never (6) or only sometimes (6) felt like they had access to information or receive sufficient support to help children and adults with SEND with their oral health (Figure 46). Most carers had not received any education or training on oral health (13), and of those who had (2) this was only basic, with no respondents receiving any advanced training (Figure 47).

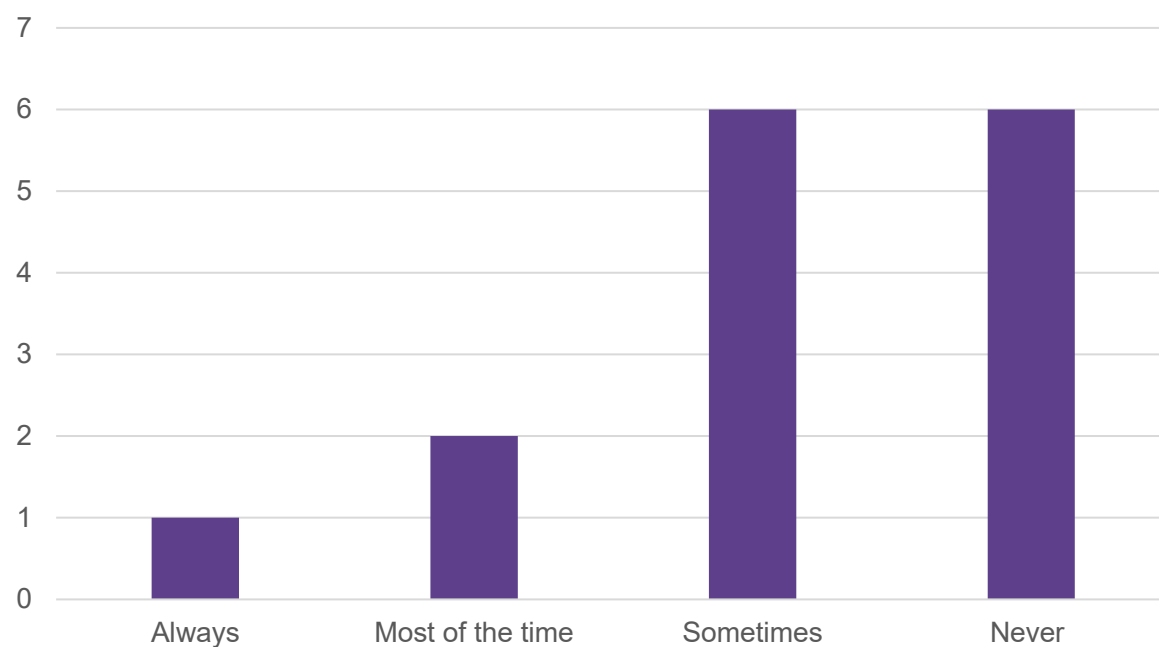
**Figure 44: How important do you believe improving oral health is as part of the care you provide to children and adults with SEND? (Carer survey)**



**Figure 45: Do you know where to direct or signpost children and adults with SEND to receive appropriate oral health support? (*Carer survey*)**

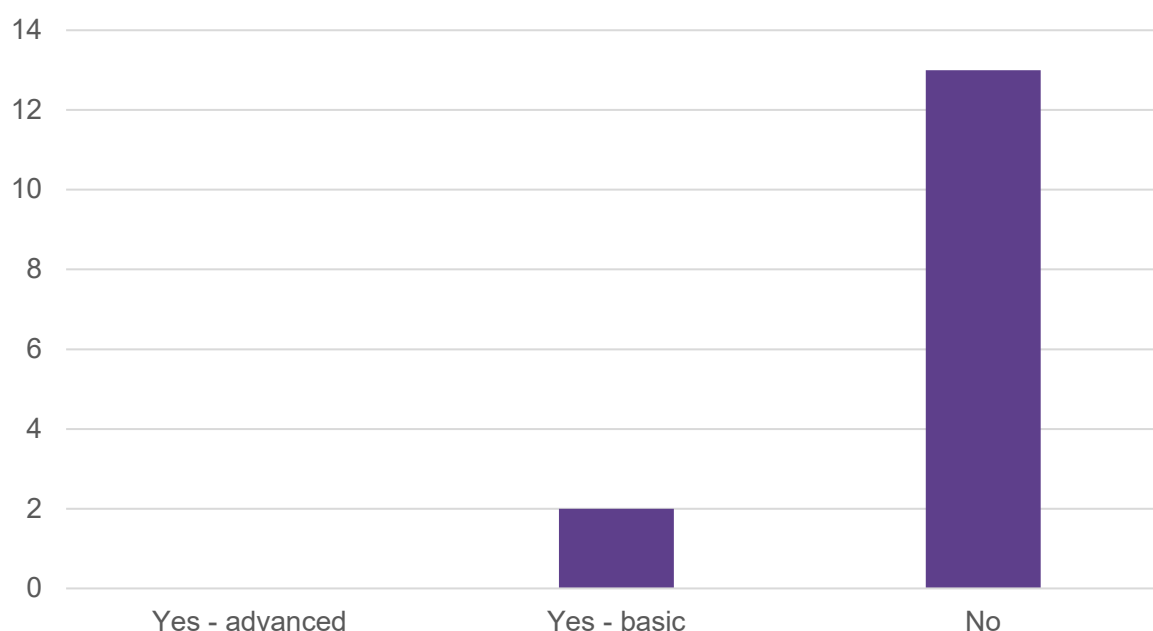


**Figure 46: Do you feel you have access to information or receive sufficient support to help children and adults with SEND with their oral health? (*Carer survey*)**





**Figure 47: Have you been given any oral health education or training for the care you provide to children and adults with SEND? (Carer survey)**



Carers were asked “What are the biggest challenges you face in improving the oral health of the people you provide care for?” and “How do you believe these could be addressed?”. Again difficulties accessing NHS dentistry was noted as an issue, as well as the cost of appointments which deter people from seeking care. Providing more appointments with clearer communication about availability as well as reducing cost were suggested to overcome these issues.

Sensory aversion was also another recurring theme, with many people with SEND particularly children fearing dental care and toothbrushing. The need to expose children with SEND to dental care early so that it alleviates fears was raised. In addition, the need for dentists to be trained in providing care to people with SEND was also mentioned to improve communication and the use of sensory-friendly approaches.

Carers also reported that they struggled to provide oral health care to people with SEND due to a lack of direction, resources or support in their role. Enhancing the provision of information and having resources at their disposal was suggested to overcome this.

## Summary

There were a reasonable number of responses to the resident's survey for children and adults with SEND, with a cross-section of ages and ethnicities. However, it is important to note that the findings should still be interpreted with caution due to limited generalisability.

Overall, there were variable perspectives on the state of oral health in children and adults and SEND in Harrow. Residents and carers responses were balanced between oral health being good or bad, however dentists believe that it is largely worse than the general population. In addition, the results from questions specifically relating to oral health outcomes were concerning. Many children and adults with SEND experienced regular pain, bleeding gums and had lost adult teeth, with many frequently worrying about their oral health. Overall, these findings suggest that people with SEND in Harrow have significant unmet oral health needs.

Challenges with sensory aversion and other manifestations of neurodiversity were identified as a key issue leading to poor oral health in people with SEND, affecting dietary and toothbrushing habits, and causing fear of seeking dental care. The effect of this is seen in the results of questions on oral health behaviours, with many people with SEND not engaging with good oral hygiene practices, although respondents did have a good understanding and recognition of their importance. The cost of healthy food as well as toothbrushes and toothpaste was noted as another barrier to engaging with good oral health behaviours, demonstrating the influence of the wider determinants of oral health.

Experiences accessing dental care were variable, with some residents finding it hard to arrange an NHS dentist appointment, while others did not report the same difficulties. An important point to note was that most children with SEND were first taken to the dentist aged 2 years or older, later than is recommended. Overall, residents reported positive experiences with the dental care they receive in Harrow, however again there is variation with some finding that dental practices and dentists do not accommodate for the complex needs of people with SEND. Residents and carers also reported significant inconsistency of oral health messages provided by dental and health professionals.

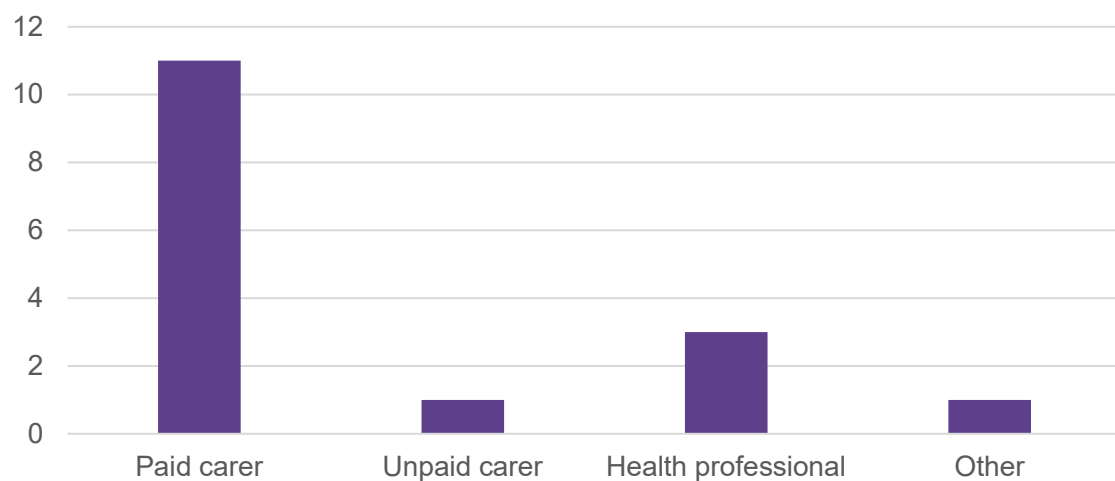
To overcome the issues people with SEND experience with their oral health, suggestions focussed on better accommodating for the complex needs many people with SEND have. This includes accessibility and delivery of dental care. Addressing the wider determinants by making healthy food and SEND-friendly toothbrushing equipment more available and affordable was also raised, as was the need to provide better training, education and support to people with SEND, their parents and carers. Although improving oral health was a priority for carers, most reported little support or training on the subject.

# Children Looked After

## Background

Contained in this analysis of Children Looked After (CLA) are the surveys for residents and carers. The residents survey for CLA was completed by foster carers or other legal guardians on behalf of the child, while the carers survey was open to anyone who provides care for CLA (including foster carers). There were 6 responses to the CLA residents survey and 16 for the carers survey. The roles of those responding to the CLA carers survey varied, but most identified as paid carers. A full breakdown is shown in Figure 1. The results of these surveys should be interpreted with caution given the limited generalisability of results, especially the CLA resident survey.

**Figure 1: What role do you have caring for CLA? (Carer survey)**



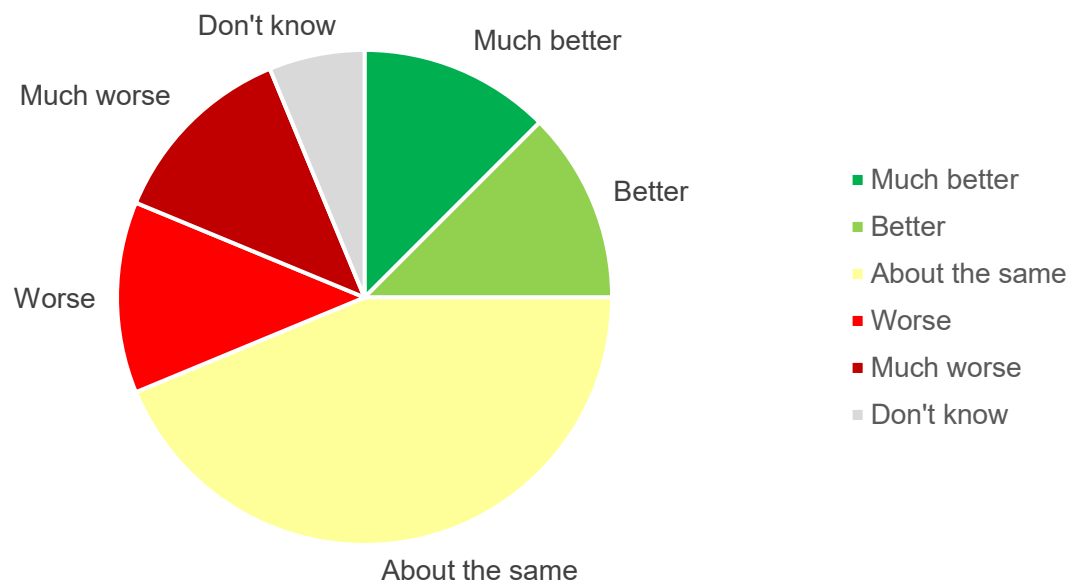
## State of oral health in Children Looked After

Half of responses (3) to the CLA resident survey said that the child in question had good or very good oral health, with a minority having bad health as shown in Figure 2. A slightly different picture was seen when carers were asked how they would rate the oral health of CLA, as seen in Figure 3. A quarter of carers (4) believed CLA had better or much better oral health compared to the general population, with nearly half (7) saying it is about the same. Another quarter (4) of carers believe the oral health of CLA is worse or much worse than the general population. This is in further contrast to the dentist and dental care professionals survey, with most respondents believing that the state of oral health in CLA is worse or much worse than the general population (Figure 4).

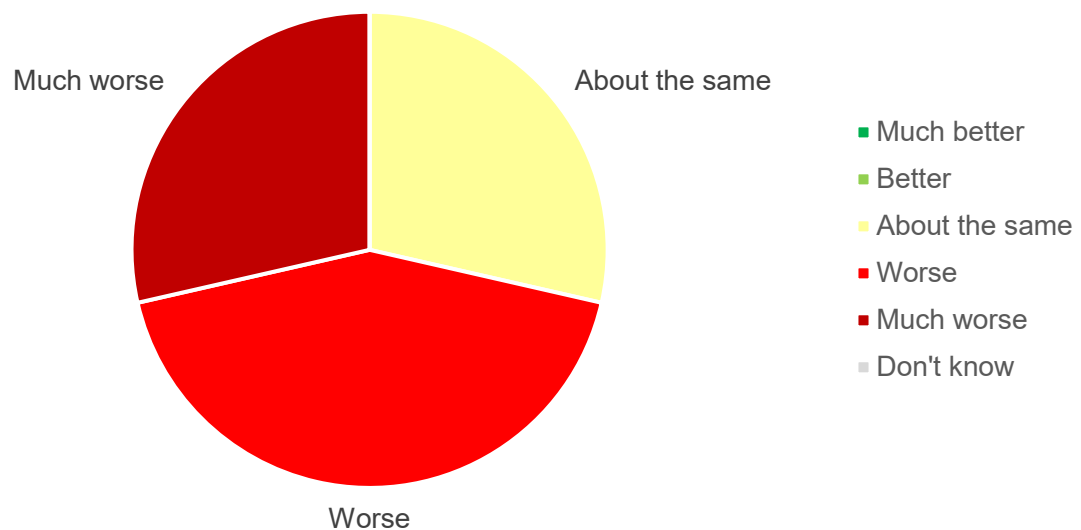
**Figure 2: How would you describe the health of their teeth and mouth? (Resident survey)**



**Figure 3: Based on your experience providing care for CLA, how would you describe the state of their oral health compared to the general population? (*Carer survey*)**

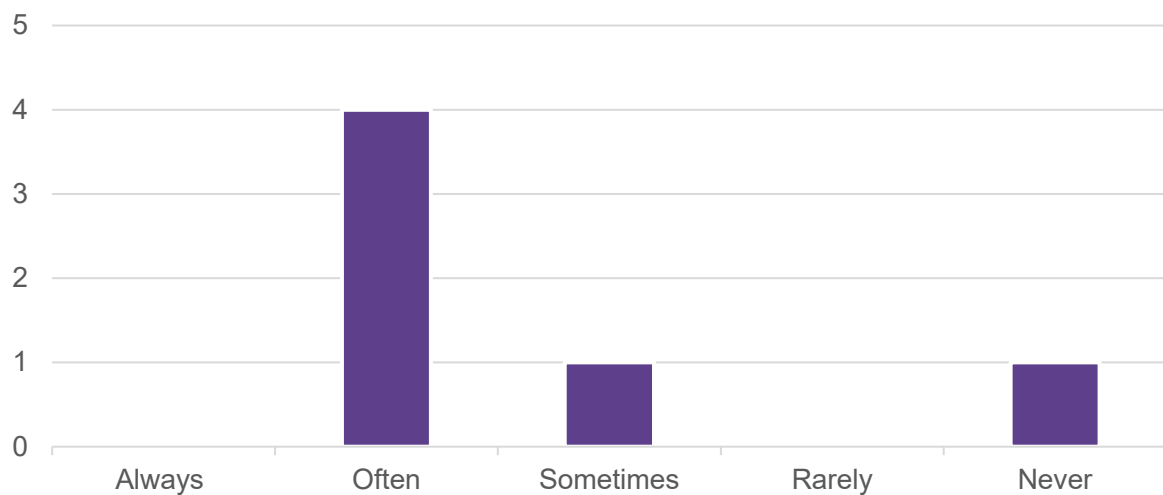


**Figure 4: Based on your experience working in Harrow, how would you describe the state of oral health in CLA compared to the general population? (*Dentist and dental care professional survey*)**

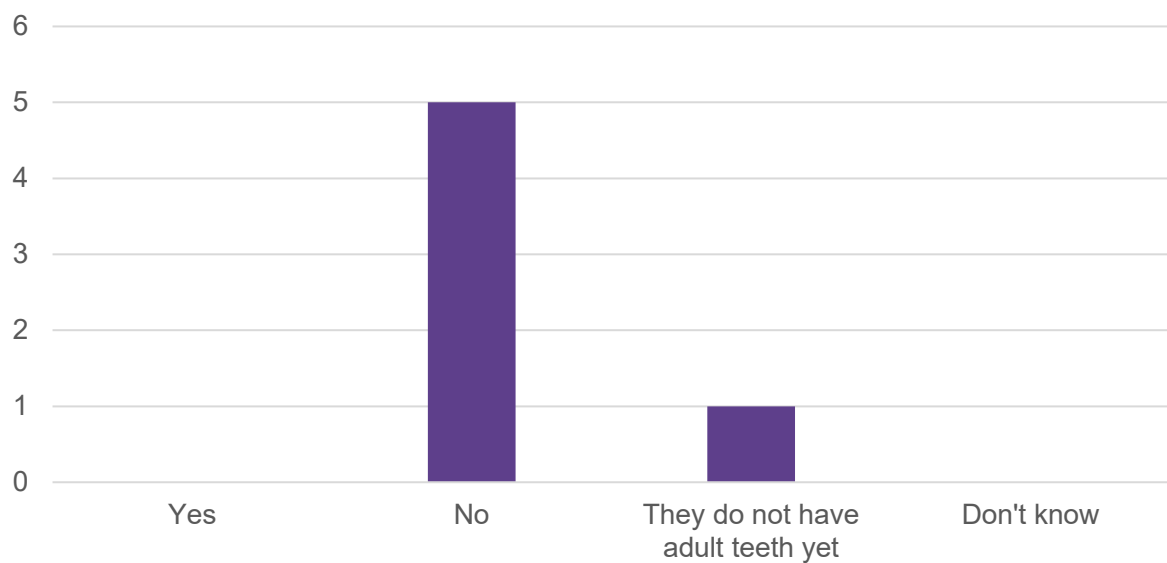


Respondents to the CLA residents survey were subsequently asked more questions about the state of the child in question's oral health. The majority (4) often worried about the child's oral health, with the distribution shown in Figure 5. Respondents indicated that no child had lost any of their adult teeth (Figure 6), although a third (2) of children's gums bleed when brushing their teeth (Figure 7). Most children (4) never have pain in their teeth or mouth, although some reported pain up to a weekly occurrence, as shown in Figure 8.

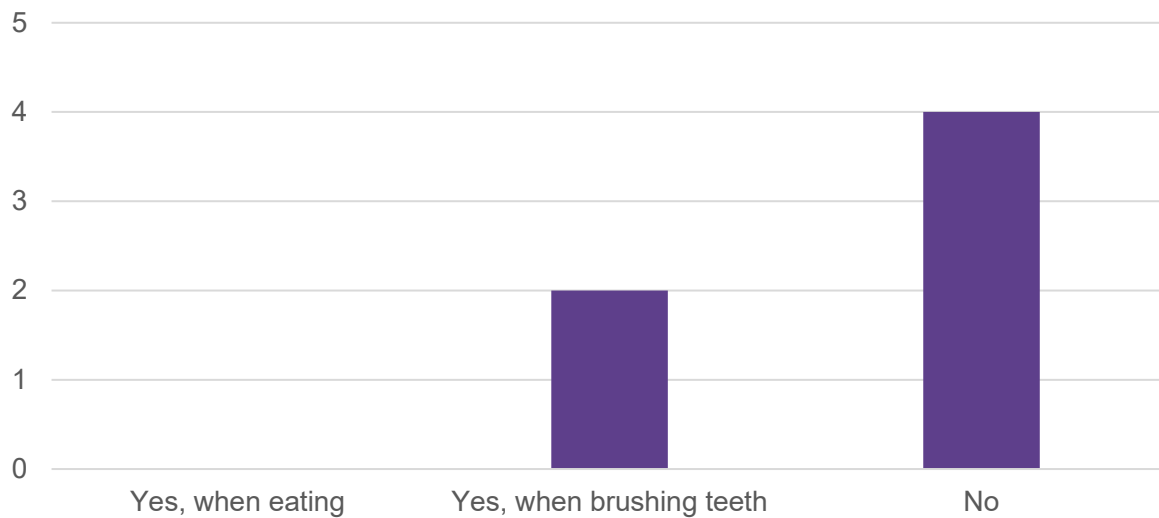
**Figure 5: How often do you worry about the health of their teeth and mouth? (Resident survey)**



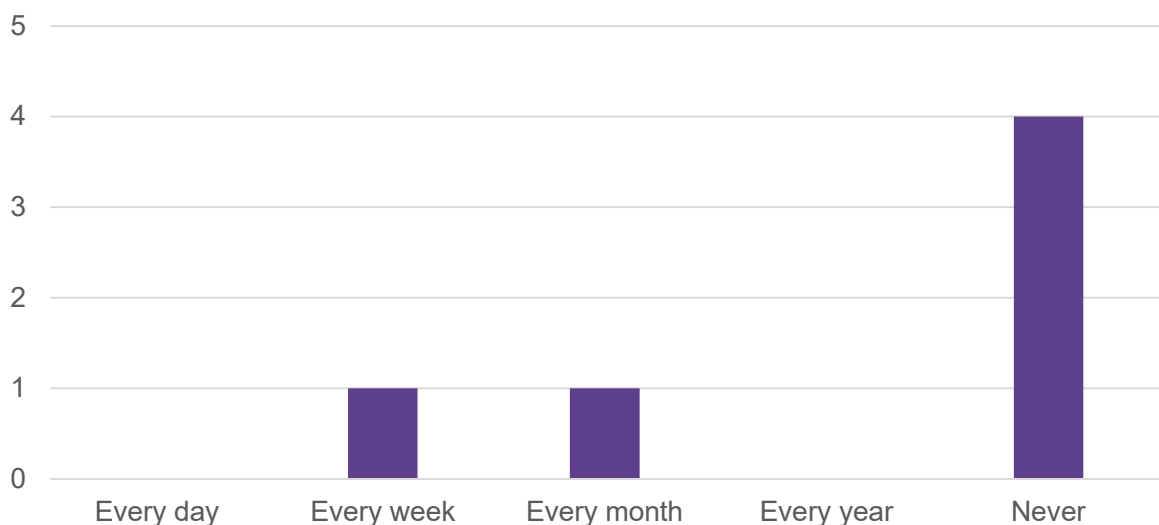
**Figure 6: Have they lost any of their adult teeth? (Resident survey)**



**Figure 7: Do their gums bleed? (*Resident survey*)**



**Figure 8: How often do they have pain in their teeth or mouth? (*Resident survey*)**

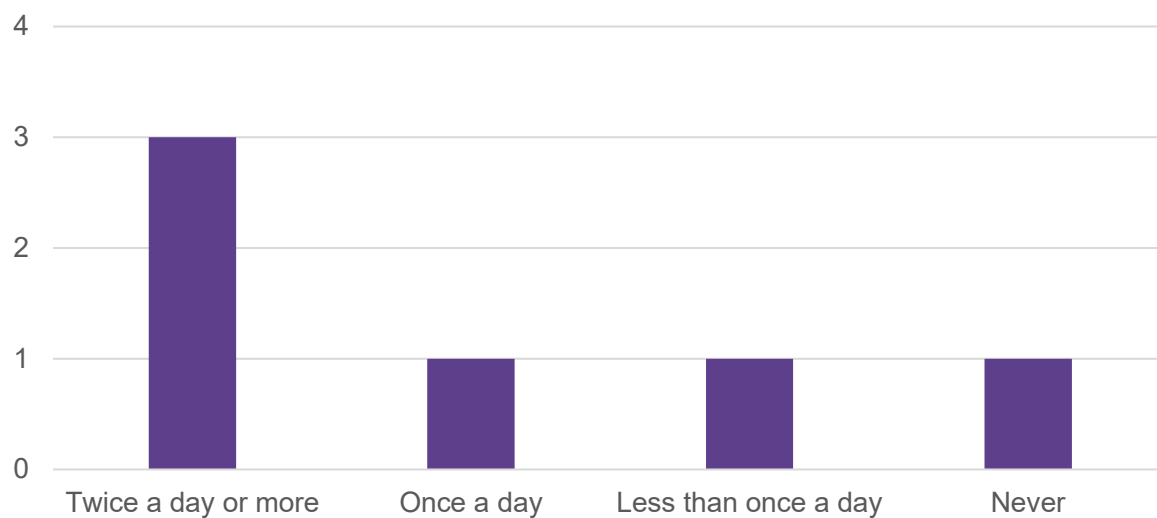


The perspectives from each of the resident, carer and dentist surveys on the state of oral health differ, with residents on the whole indicating okay or good oral health compared to dentists who believe CLA oral health is worse than the general population, while carers' responses were more balanced. Note should be made of the fact that the questions were slightly different and therefore not directly comparable, with one an absolute measurement and the other relative to the general population. The more specific responses related to oral health in CLA provided by the residents' survey were largely positive, although with some concerns to highlight such as some CLA having bleeding gums and pain in their teeth or mouth on a regular basis. It is also important to note again that the findings of this particular survey are limited by the low number of responses (6).

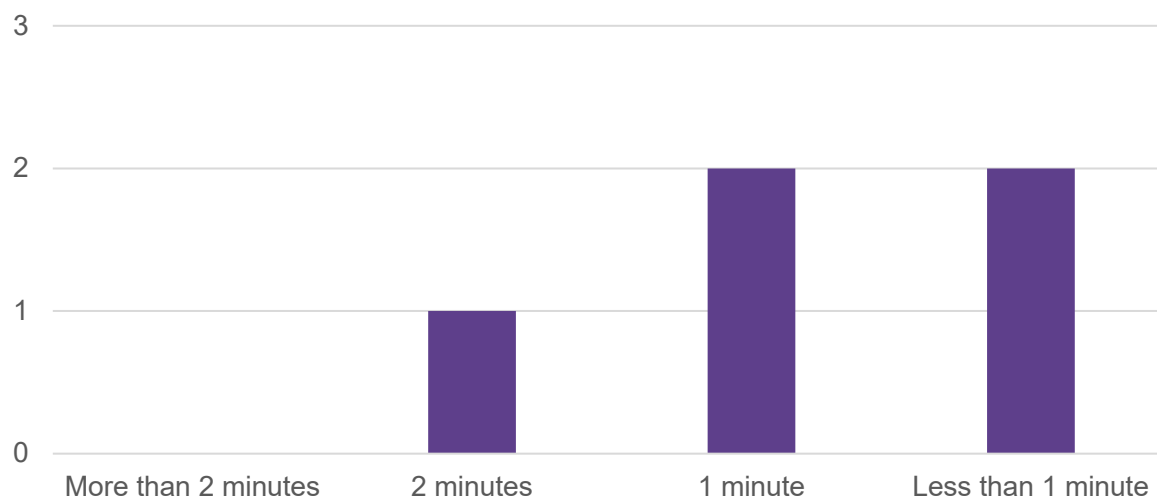
## Reasons for poor oral health in Children Looked After

As critical factors contributing to oral health, respondents to the resident survey were asked about CLA's behaviours and oral hygiene practices. Half of CLA (3) brush their teeth twice a day or more, with a concerning number (2) brushing their teeth less than once a day or even never, as shown in Figure 9. Of those that do brush, most (4) brush for a minute or less (Figure 10) and most know that they use fluoride toothpaste (3), with one not using fluoride toothpaste (Figure 11). All of the respondents reported that the CLA brush their teeth on their own (Figure 12). Albeit limited by the low number of responses, these answers to the resident survey indicate variability in CLA's oral health behaviours with room for improvement – for instance, brushing their teeth twice a day and for at least 2 minutes.

**Figure 9: How many times do you/they brush their teeth each day? (Resident survey)**

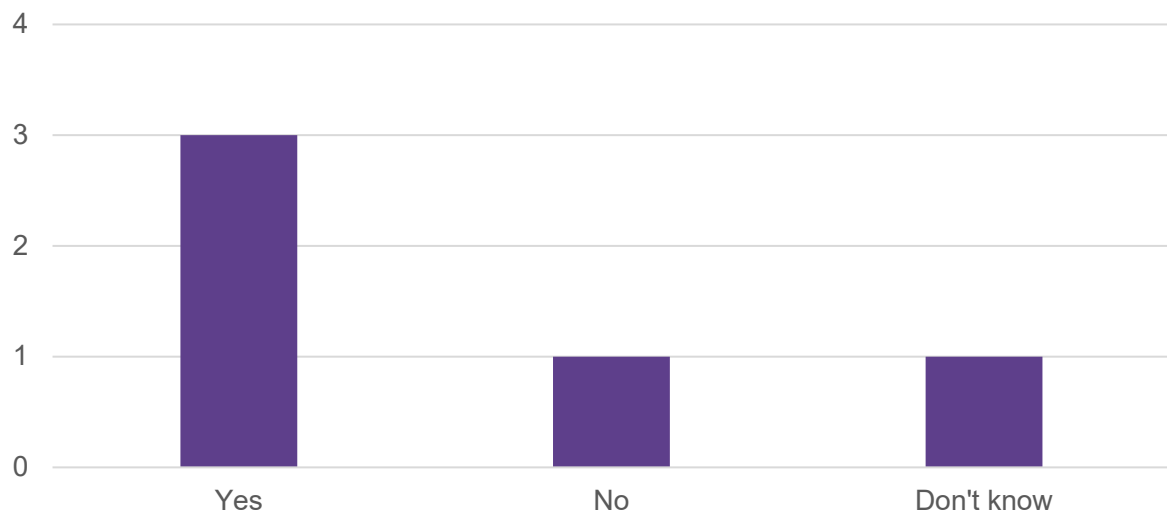


**Figure 10: How long do you/they brush their teeth for? (Resident survey)**

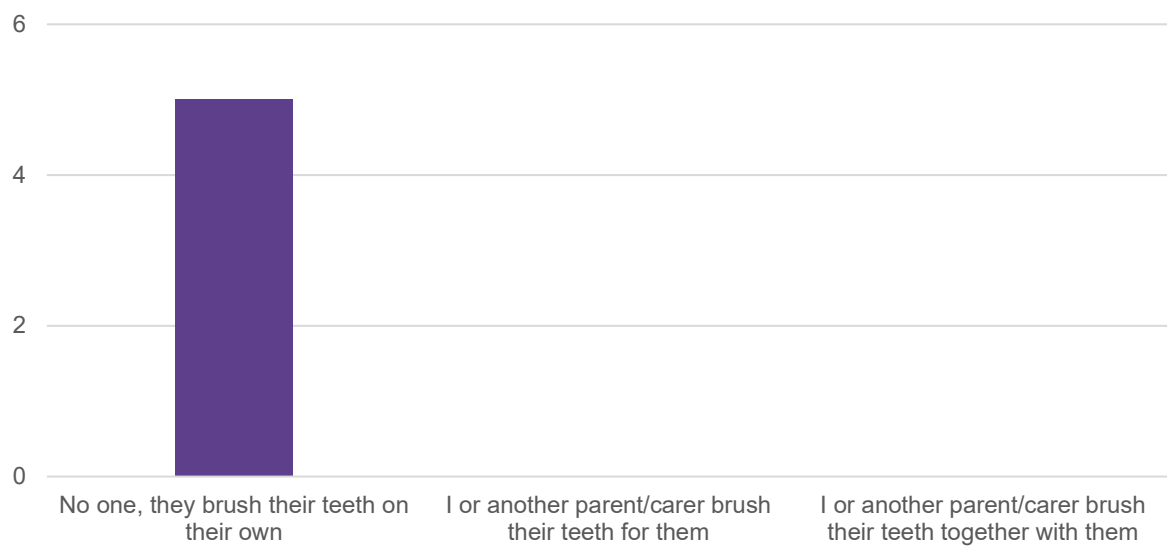




**Figure 11: Does their toothpaste have fluoride in it? (*Resident survey*)**

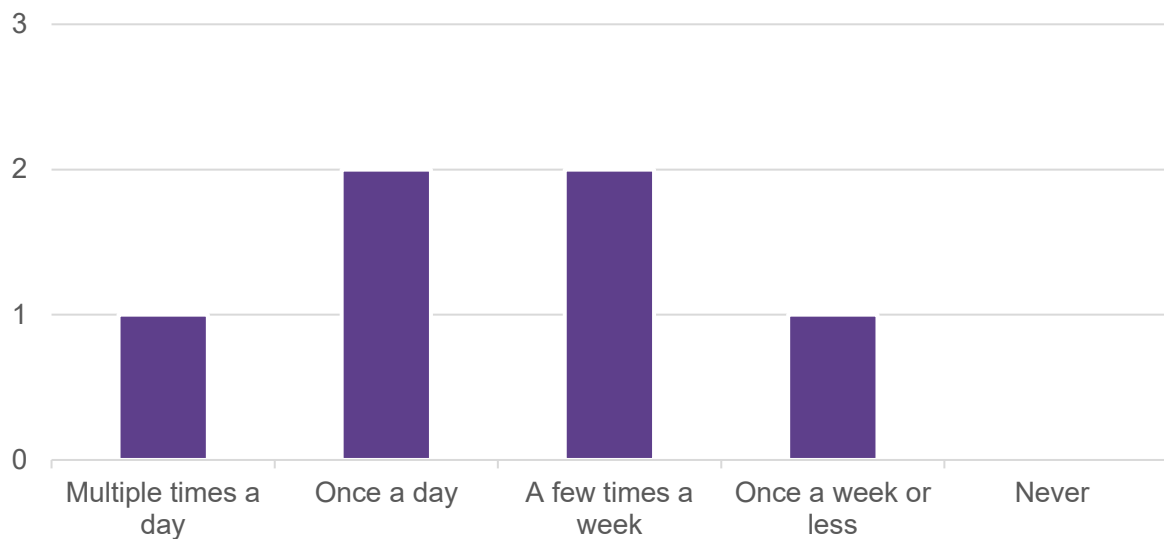


**Figure 12: Who helps them to brush their teeth at home? (*Resident survey*)**

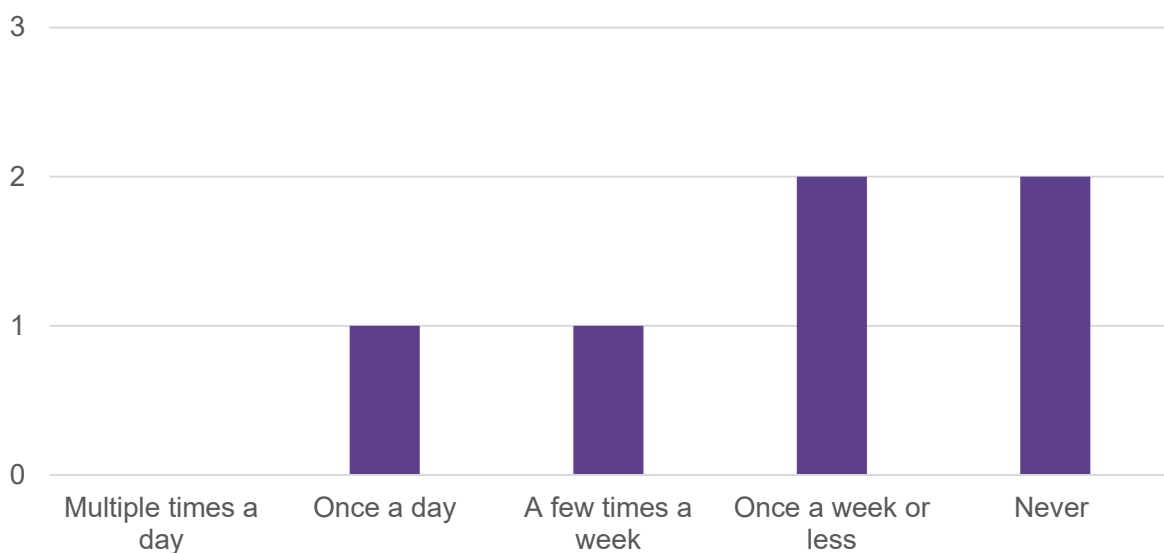


With regards to dietary habits, respondents to the resident survey were asked how often the child in question eats sugary foods and drinks fizzy drinks. Both saw variation in responses, but half of CLA ate sugary foods on at least a daily basis (Figure 13). In contrast, fizzy drinks were consumed less frequently, sometimes even never (Figure 14).

**Figure 13: How often do they eat sugary foods (like chocolates, sweets, biscuits or cakes)? (*Resident survey*)**



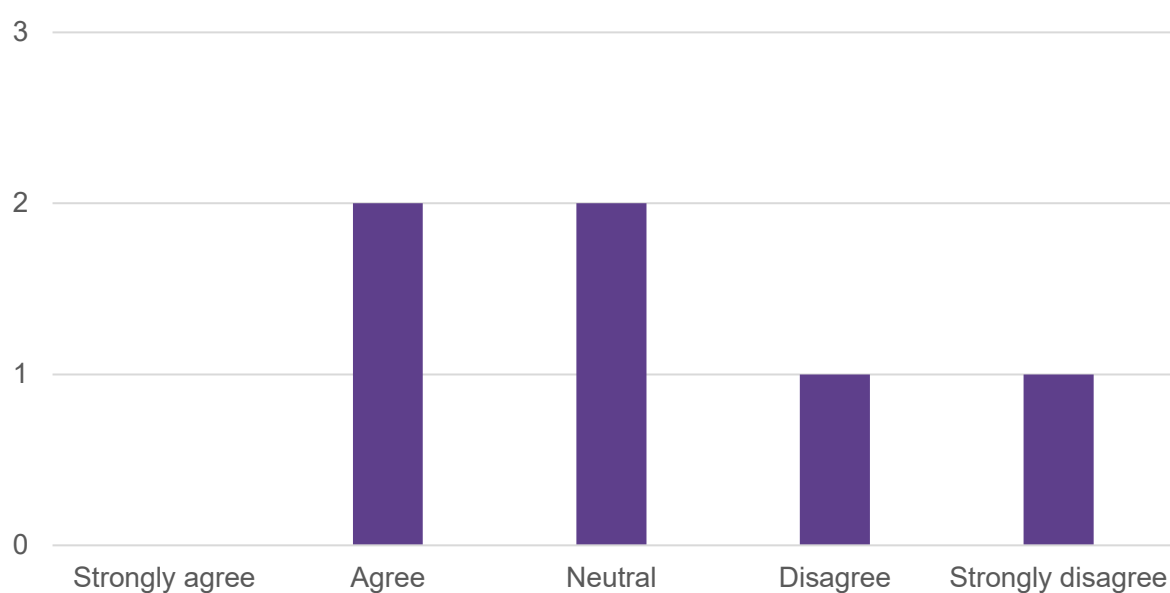
**Figure 14: How often do they drink fizzy drinks? (*Resident survey*)**



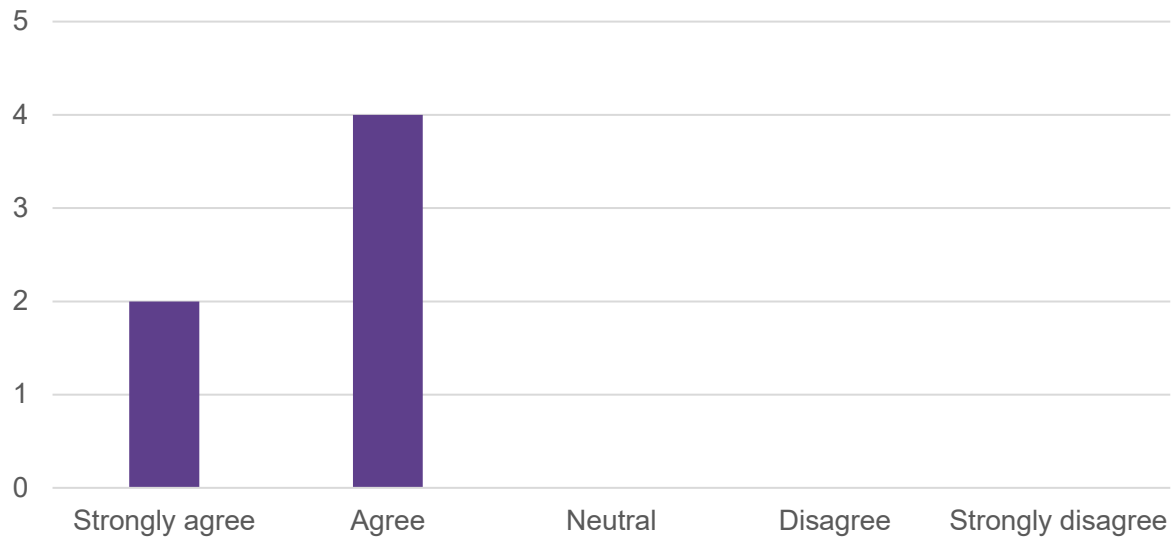
Respondents to the CLA resident survey were then asked how much they agreed or disagreed with a series of statements. This was to obtain a picture of their knowledge and understanding of oral health behaviours. Respondents were asked whether they get confused over what is or isn't healthy for the child in question's oral health, with the answers widely variable – some (2) reported getting confused while others (2) disagreed as shown in Figure 15. All respondents believed that what a child eats or drinks and brushing their teeth properly make a big difference to how health their teeth and mouth are, although were more likely to agree than strongly agree as shown in Figures 16 and 17. Variation was also seen in the responses regarding whether it is hard to find or afford healthy food or toothbrushes and toothpaste for CLA. Respondents were more likely to agree that it is hard to find or afford healthy food (2), with most feeling neutral (3) (Figure 18). Most respondents disagreed that it is hard to find or afford toothbrushes and toothpaste (4), although some others thought that it is (2) (Figure 19).

These findings suggest there is consistent understanding that diet and toothbrushing are important for oral health, although respondents were more likely to only agree rather than strongly agree with this. There was more variability in the findings about accessibility and affordability of healthy food, toothbrushes and toothpaste, indicating that this is a challenge for some foster carers and legal guardians of CLA.

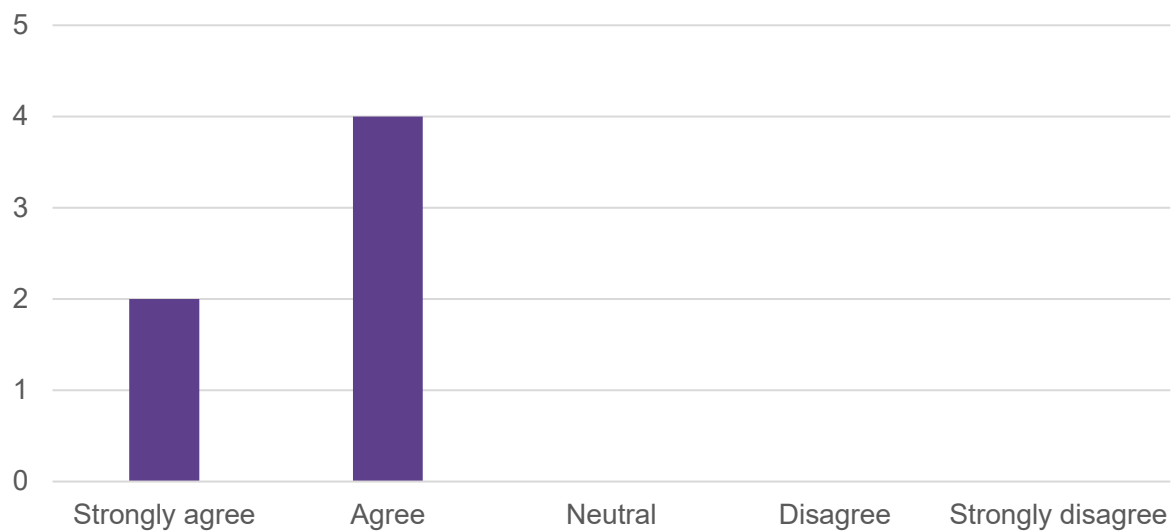
**Figure 15: I get confused over what is or isn't healthy for their teeth and mouth  
(Resident survey)**



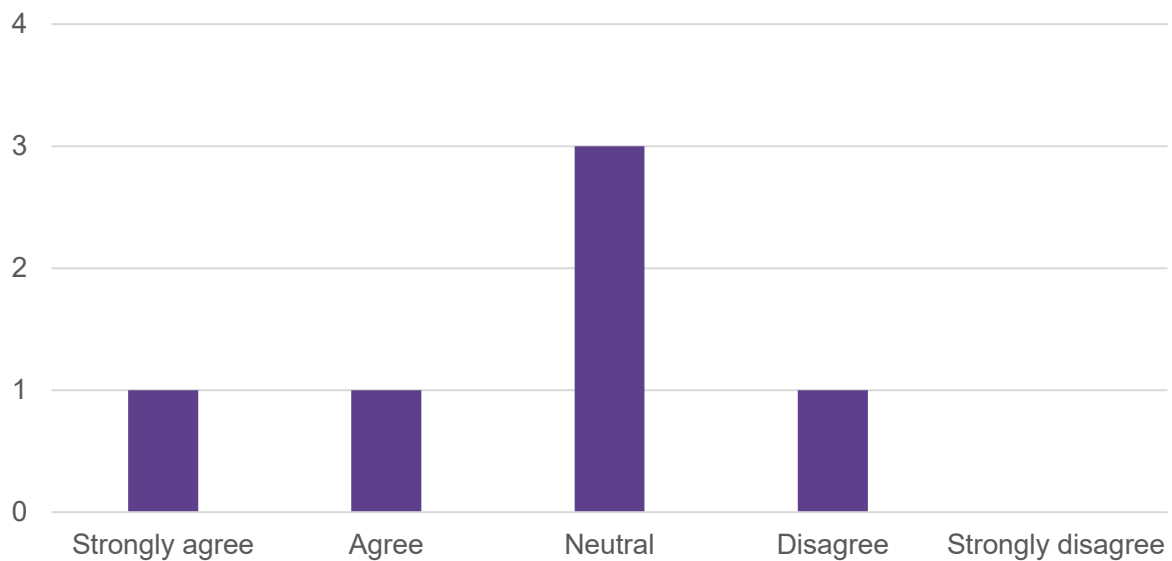
**Figure 16: What they eat or drink makes a big difference to how healthy their teeth and mouth are (*Resident survey*)**



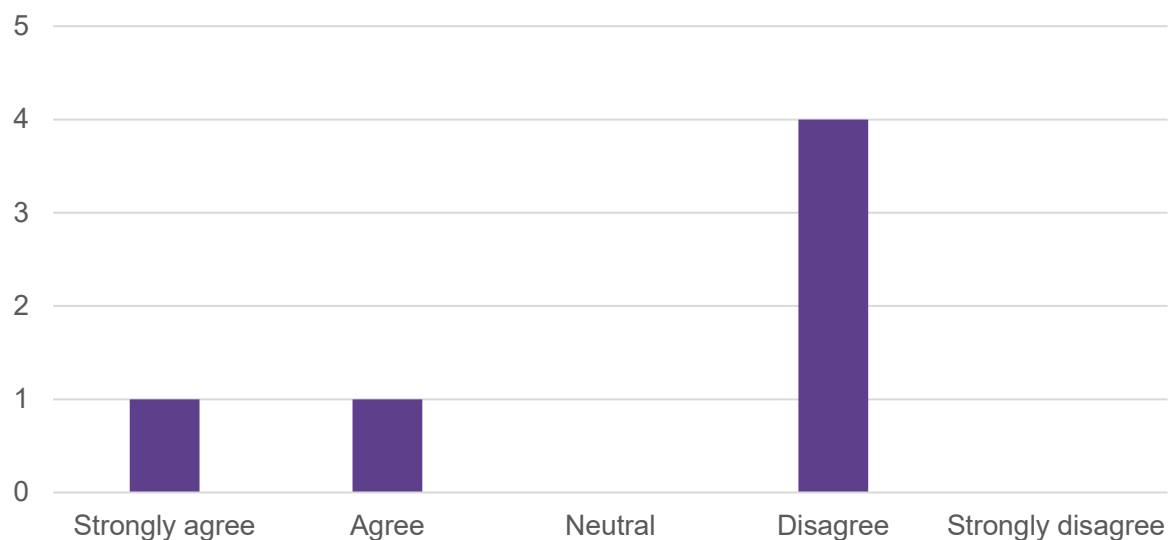
**Figure 17: Brushing their teeth properly makes a big difference to how healthy their teeth and mouth are (*Resident survey*)**



**Figure 18: It is hard to find or afford healthy food for them (*Resident survey*)**



**Figure 19: It is hard to find or afford toothbrushes and toothpaste for them (*Resident survey*)**



The resident survey included several open-answer questions, two of which relate to reasons for poor oral health. These were “What makes it hard to keep their teeth and mouth healthy?” and “What could help to make their teeth and mouth healthier?”, which cover both reasons for poor oral health and ideas for addressing these.

The key theme identified was the challenge of children not engaging with good oral health behaviours. Specifically this was believed to be due to a lack of motivation, ranging from

perceived laziness to oral hygiene practices like toothbrushing not being a priority for them. Similarly, children want to eat sugary foods such as sweets which is difficult to constantly manage. To address this, respondents believed more carer and parental encouragement is important to motivate and support children to engage with good oral hygiene practices. More generally, the importance of reducing sugar intake, brushing teeth twice a day with good quality toothpaste as well as using mouthwash and floss was highlighted.

The carers survey asked a similar combined question: "What do you believe are the greatest contributors to poor oral health for the people you provide care for?" and "How do you believe these can be addressed?". As with the residents survey for CLA, the strongest theme was behaviours that harm oral health such as limited toothbrushing and poor diets.

Underlying this though were themes of a lack of understanding and motivation to engage with better oral hygiene. In addition, this often stems from parental influences and culture, with their own limited understanding of good oral health behaviours and motivation to engage with them having impacts on the children that are reliant on them, for instance being given sugary food and drink and toothbrushing not being encouraged enough. It was also noted that children may experience dental neglect before coming into care. Ideas for addressing these behaviours focussed on the need for more education and oral health promotion. It was raised that this should be targeted at children and parents, as well as those providing care to this vulnerable population group such as foster carers and health professionals and done so in a variety of settings, which schools being highlighted as an example. In addition, making healthy food more available and affordable was suggested as an important factor in enabling parents to provide food that is less harmful to their children's oral health.

**"This group of children are more vulnerable than the average child and needs to be treated with priority even by the general dentist.**

**Children Looked After are often more challenging to engage in care. General dental services not only need to prioritise these young people but also agree to be more proactive in encouraging them to attend and offer flexibility with appointments"**

Lastly, carers raised concerns about poor access to NHS dental care and the implications this has on oral health, specifically a lack of NHS dentists and appointments as well as CLA not being prioritised enough. To overcome these issues, ideas broadly recognised the need for more NHS dentists, but also focused on the need for dentists to better prioritise appointments for CLA, be more proactive in encouraging them to attend and offer greater flexibility with appointments given their greater needs. The experiences of CLA accessing and receiving dental care in Harrow are covered in more detail in the following section.

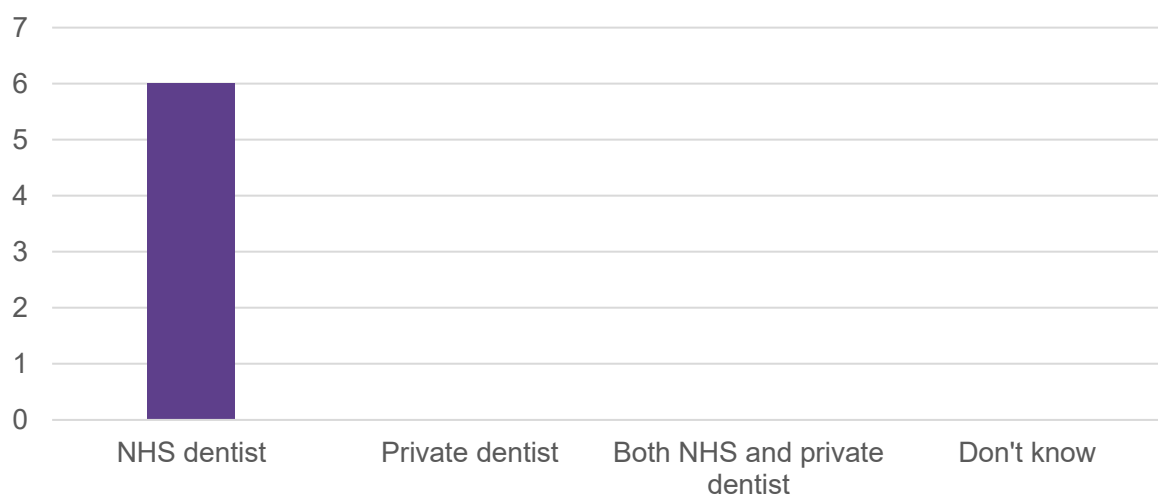
## Experience accessing and receiving dental care in Harrow

To provide background information about the dental care CLA access, resident survey respondents were asked what kind of dentist the child in question uses, with all CLA accessing NHS care rather than private as shown in Figure 20. As foster carers or legal guardians, respondents were asked whether they knew how to get an NHS dentist appointment near them for the child they care for. All bar one (5) did know how to get an NHS dentist appointment, with the only respondent who did not know also indicating that they would not know where to find out (Figure 21). Alongside this, most carer survey respondents believe awareness of how to access an NHS dentist appointment for CLA is good as seen in Figure 22.

Most CLA (5) go to the dentist every 6 months, with one only going when they need to as shown in Figure 23. Half of respondents (3) did not know when the child in question first went to the dentist, but of those that did most (2) were three years or older as seen in Figure 24.

Overall, there was an equal split between resident survey respondents finding it easy or hard to get an NHS dentist appointment near them for the child they care for. This is demonstrated in Figure 25. The carers survey responses showed a relatively similar pattern as seen in Figure 26, with variable responses indicating some believe it is very easy for CLA to get an NHS dentist appointment, compared to others believing it is very hard. Overall most believe it is at least an average experience for CLA relative to the general population. This variation in experience is an important finding though.

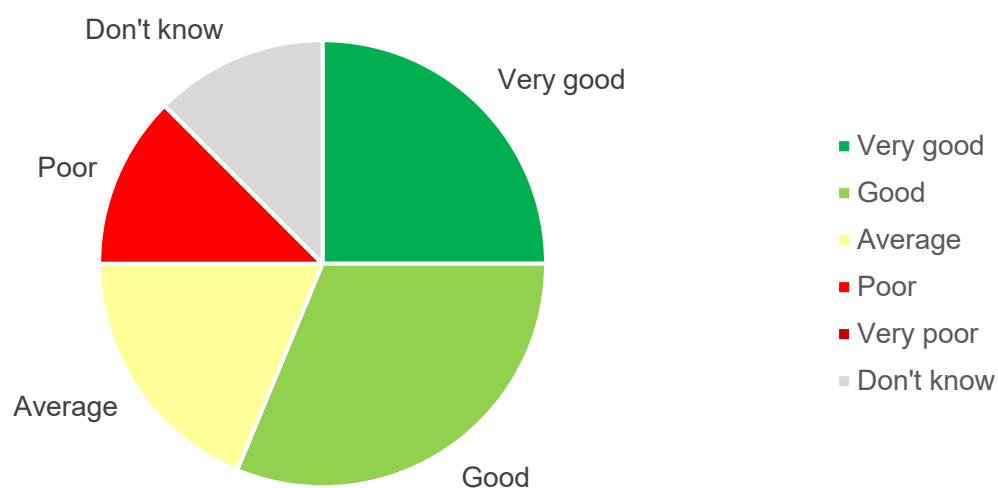
**Figure 20: What kind of dentist do they use? (Resident survey)**



**Figure 21: Do you know how to get an NHS dentist appointment near you for the child you care for? (*Resident survey*)**

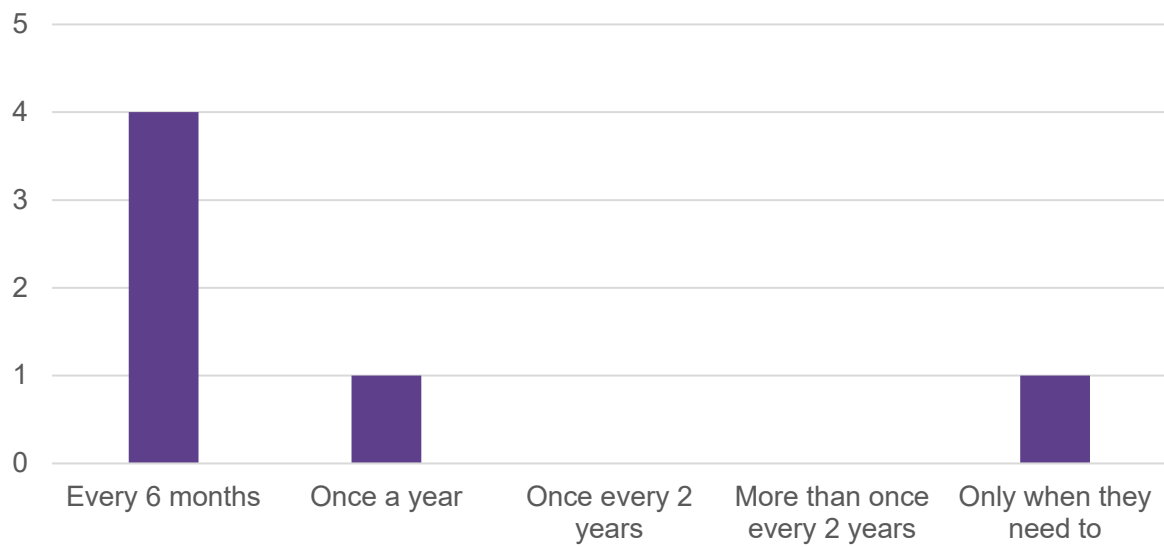


**Figure 22: How would you rate CLA or their legal guardian/carer's awareness of how to access an NHS Dentist in Harrow compared to the general population? (*Carer survey*)**

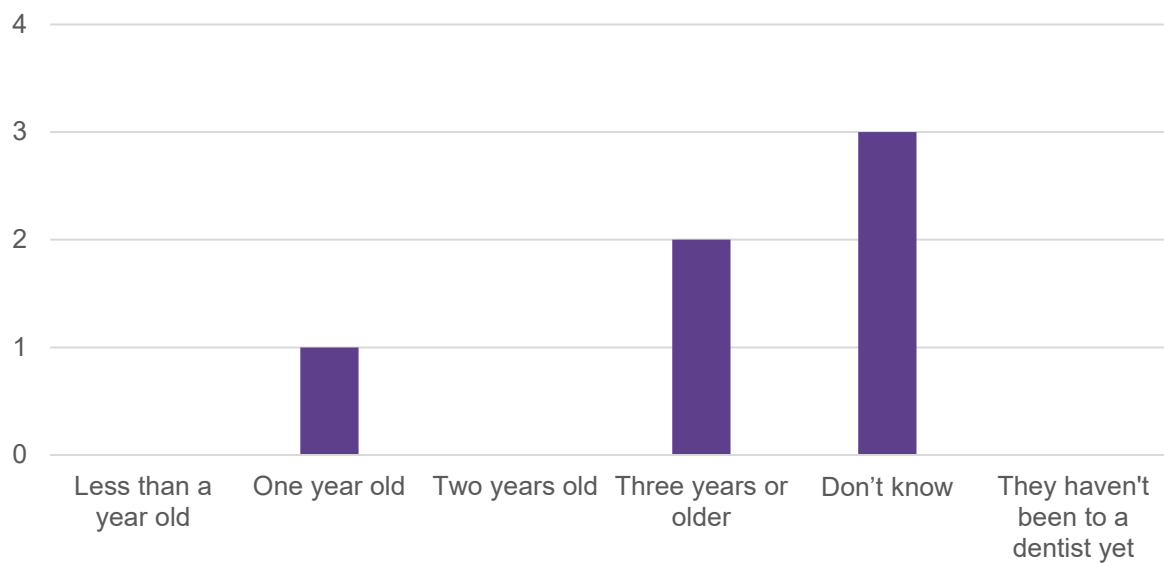




**Figure 23: How often do they go to the dentist? (*Resident survey*)**



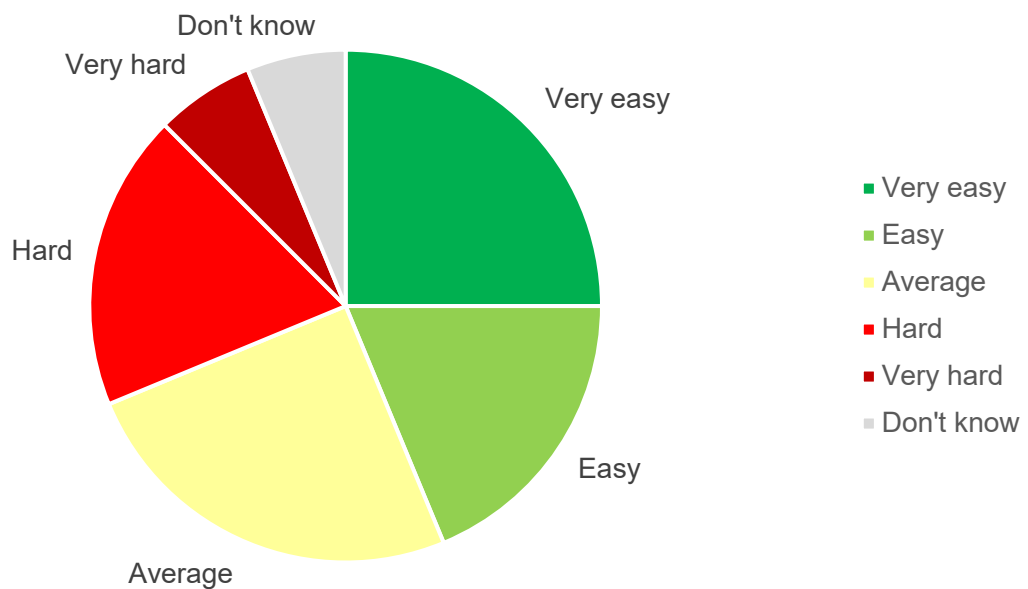
**Figure 24: How old was your child (or the child you care for) when they first went to the dentist? (*Resident survey*)**



**Figure 25: Have you found it easy or hard to get an NHS dentist appointment near you for your child (or the child you care for)? (Resident survey)**



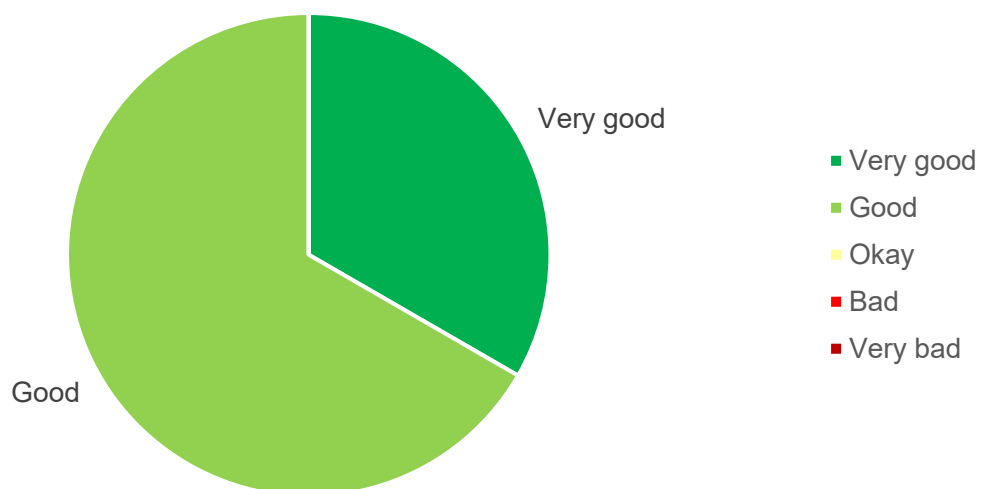
**Figure 26: How easy or hard do you believe it is for CLA to get an NHS Dentist appointment in Harrow compared to the general population? (Carer survey)**



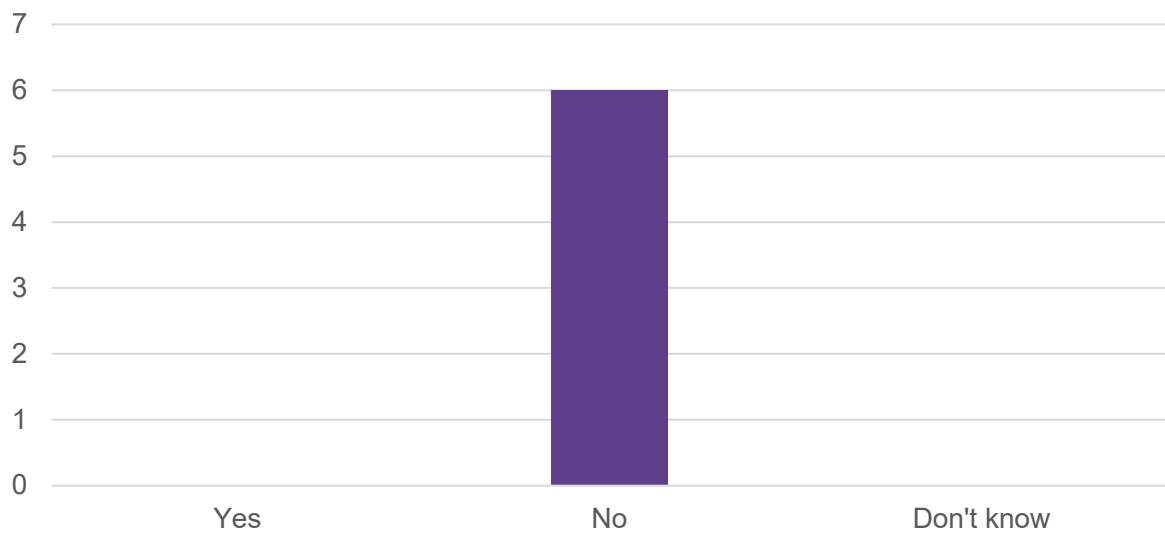
When CLA access dental care in Harrow, resident survey respondents indicated that their overall experience is good as demonstrated in Figure 27. All respondents stated that they do not pay for CLA appointments (Figure 28), and on the whole they found it easy or neither easy nor hard to afford dentist appointments (Figure 29). When they last saw a dentist, most respondents (5) report being given helpful advice to help CLA look after their teeth and mouth with no responses suggesting that no advice was given (Figure 30). When given advice, resident respondents said that it was either always or mostly consistent (5), with no responses to suggest advice is inconsistent (Figure 31). This was in some contrast to the findings of the carers survey for CLA. This showed that although most respondents who answered believed dental advice across all health professionals and dentists was consistent always (1) or most of the time (5), some believed it was only sometimes (3) or even never (1) consistent as shown in Figure 32.

Most respondents to the resident survey (4) also said that they found it easy or very easy to talk to their dentist (4), although there was some variation with one finding it hard as shown in Figure 33. This reflects the findings seen when carers were asked whether language or other communication barriers were an issue for CLA. Half of those who answered (5) said this was sometimes an issue, with the other half (5) saying it never is, as seen in Figure 34.

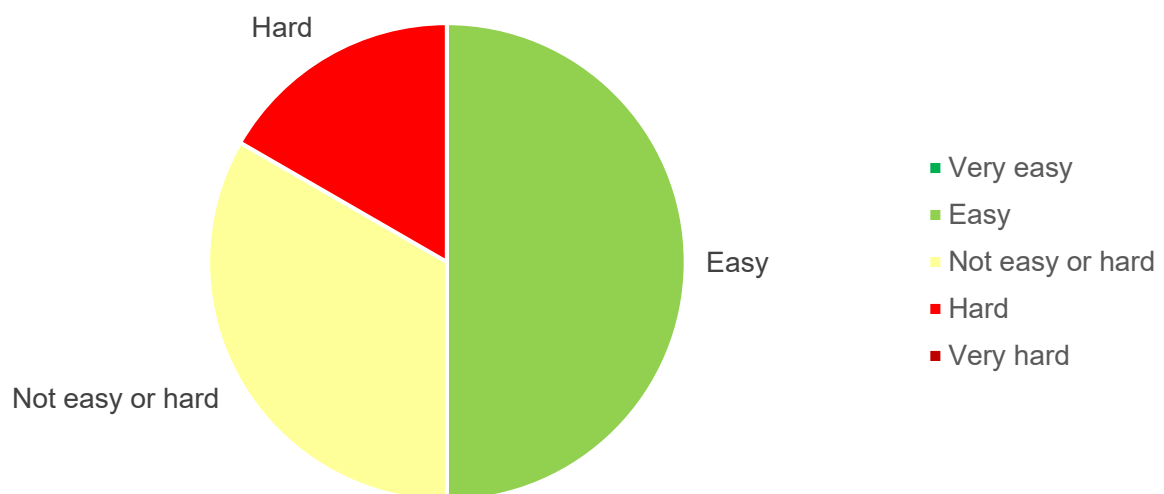
**Figure 27: When they last saw a dentist, how would you rate their experience?**  
**(Resident survey)**



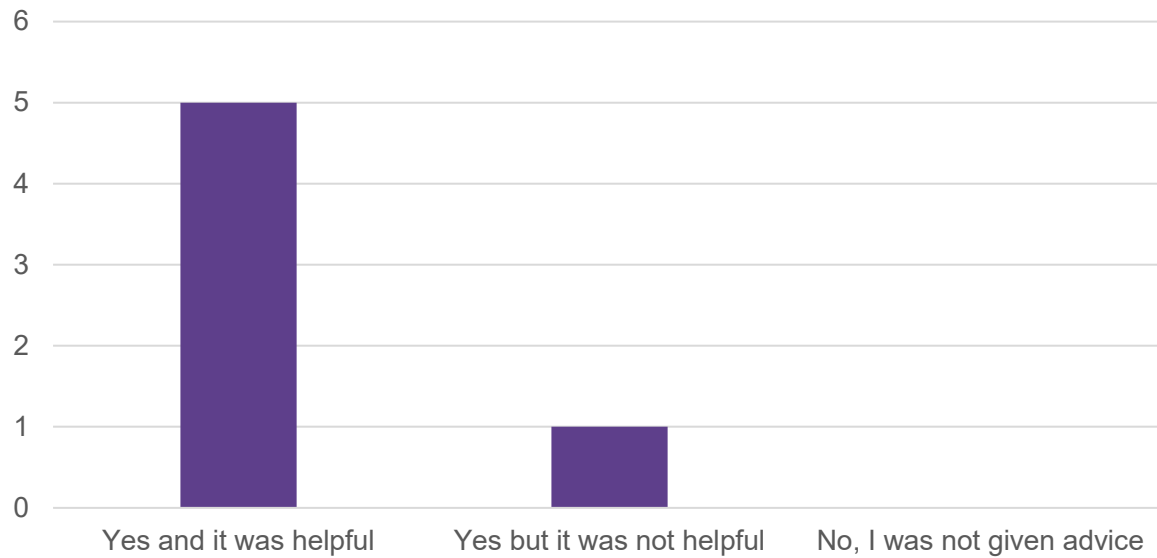
**Figure 28: Do you pay for their NHS dentist appointments? (*Resident survey*)**



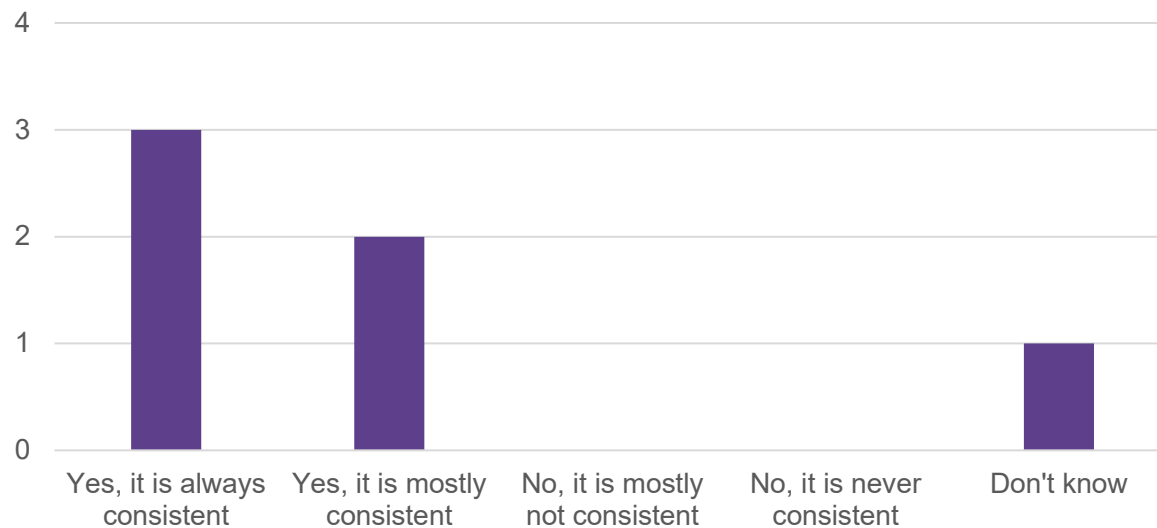
**Figure 29: Do you find it easy or hard to afford NHS dentist appointments for your child (or the child you care for)? (*Resident survey*)**



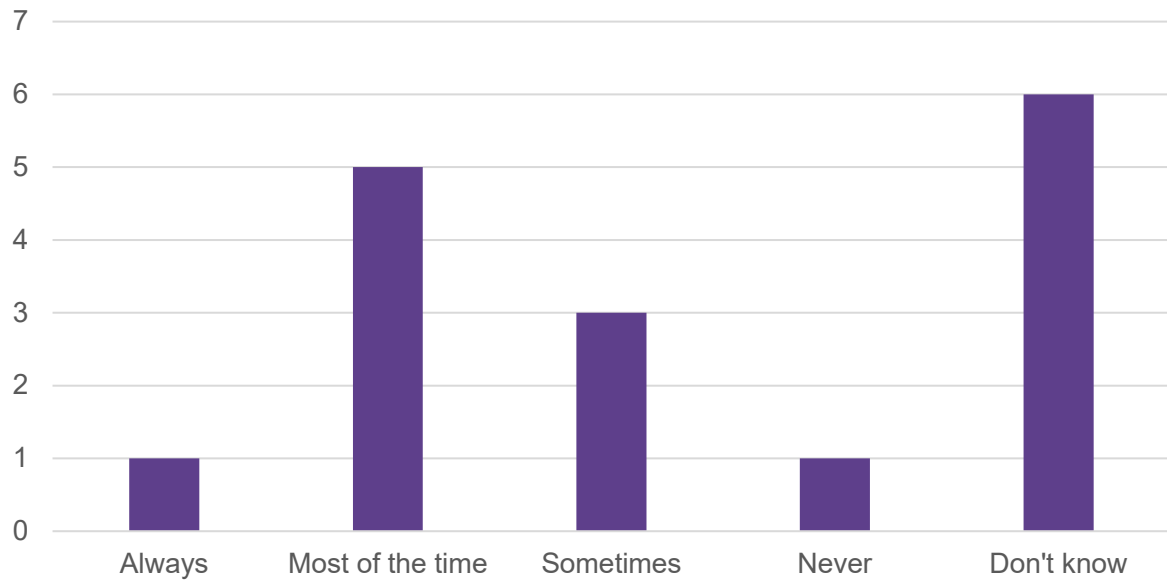
**Figure 30: When they last saw a dentist, were you given advice on how to look after their teeth and was this advice helpful? (*Resident survey*)**



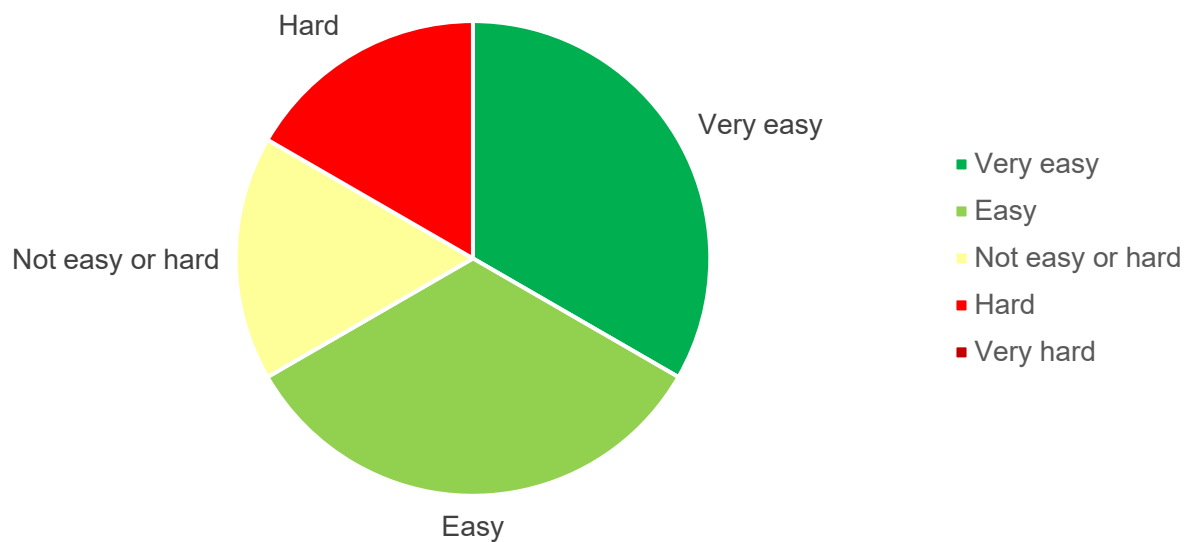
**Figure 31: Is the advice you are given by dentists and other health professionals about their teeth and mouth consistent? (*Resident survey*)**



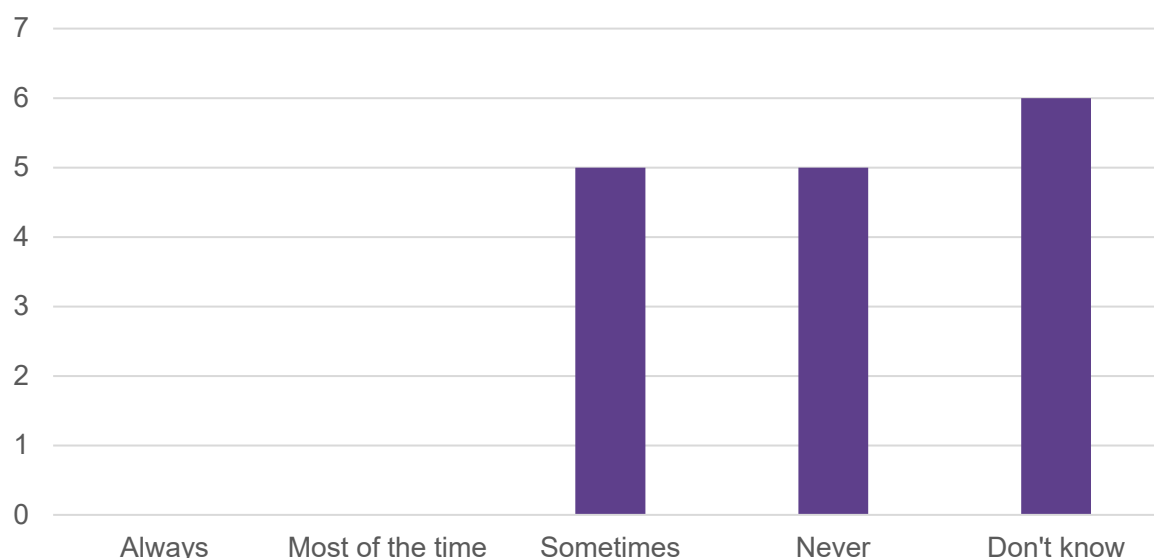
**Figure 32: Do you believe dental advice is consistent across all dentists and health professionals in Harrow for CLA? (Carer survey)**



**Figure 33: Do you find it easy or hard to talk to their dentist (for example, because of the language they were speaking, or for other reasons)? (Resident survey)**



**Figure 34: Are language or other communication barriers an issue for CLA when receiving dental care in Harrow? (Carer survey)**



Respondents to the residents survey were asked the open-answer question: “Please tell us why you found it easy or hard to get an NHS dentist appointment for your child (or the child you care for), and why you had a good or bad experience at this appointment”.

Similar themes to the earlier question on reasons for poor oral health arose on difficulty accessing NHS dentists, with respondents stating that they found it hard to find and register with a dental practice and that there are sometimes very long wait times. However, there was variation in people’s experiences, with others finding it very easy to book appointments with an NHS dentist. One cited that their dentist provides them with reminders to book appointments which is particularly helpful. Others also stated that their dentist is considerate of CLA needs, understanding their complex issues and accounting for these with good communication and prioritising their care with shorter wait times.

Conversely, variation was seen in the provision of care to CLA with other respondents experiencing challenges with language barriers and a lack of communication, for instance dentists not explaining procedures well to children.

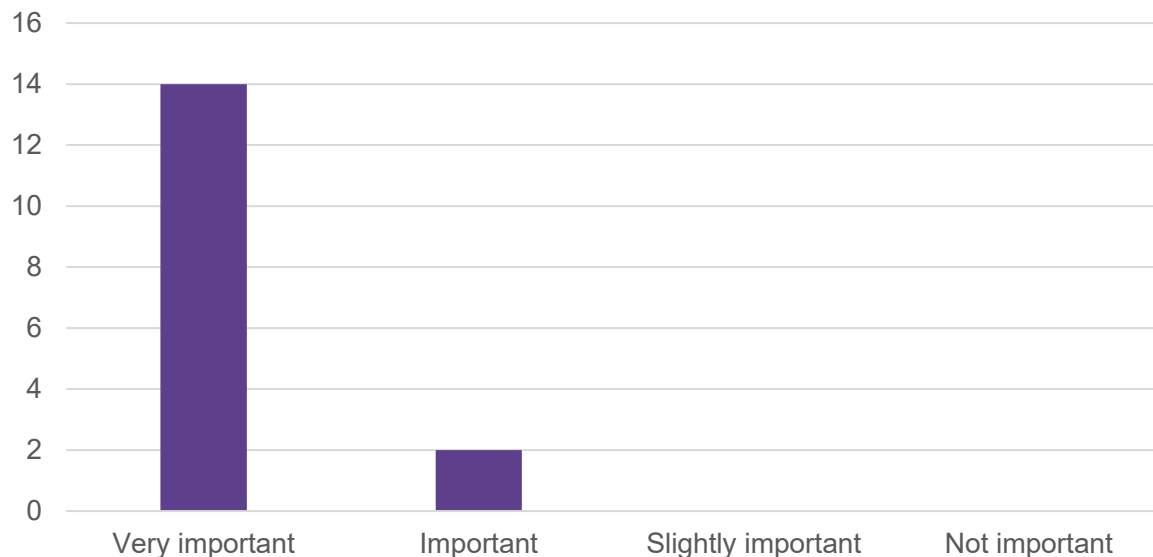
## Carer oral health training and support

Respondents to the carers survey were asked questions to obtain insight into the extent carers are enabled and capable of providing support to CLA with their oral health. The considerable majority of carers (14) believe that improving oral health as part of the care they provide is very important, with none believing it is not important as shown in Figure 35.

Most carers (12) reported knowing where to direct or signpost CLA to receive oral health support, and of those who wouldn't, half (2) would still know who to ask or where to look. However, some (2) would not know where to direct or signpost CLA (Figure 36). There was also some variation when carers were asked if they feel they have access to information or receive sufficient support to help CLA with their oral health. Most responded to say they are enabled to help CLA in this way either always (7) or most of the time (3), although some said this was only sometimes (4) or even never (1) as seen in Figure 37.

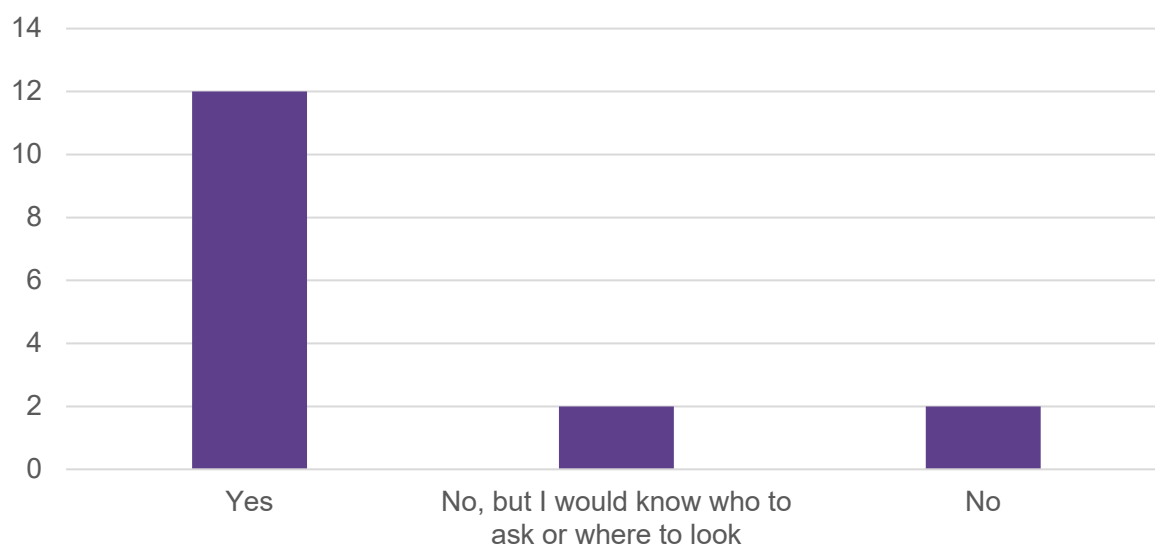
Most carers (10) said they had not received any oral health education or training as part of the care they provide. The other six respondents reported being given basic education or training on oral health, however none had received anything advanced as shown in Figure 38.

**Figure 35: How important do you believe improving oral health is as part of the care you provide to CLA? (Carer survey)**

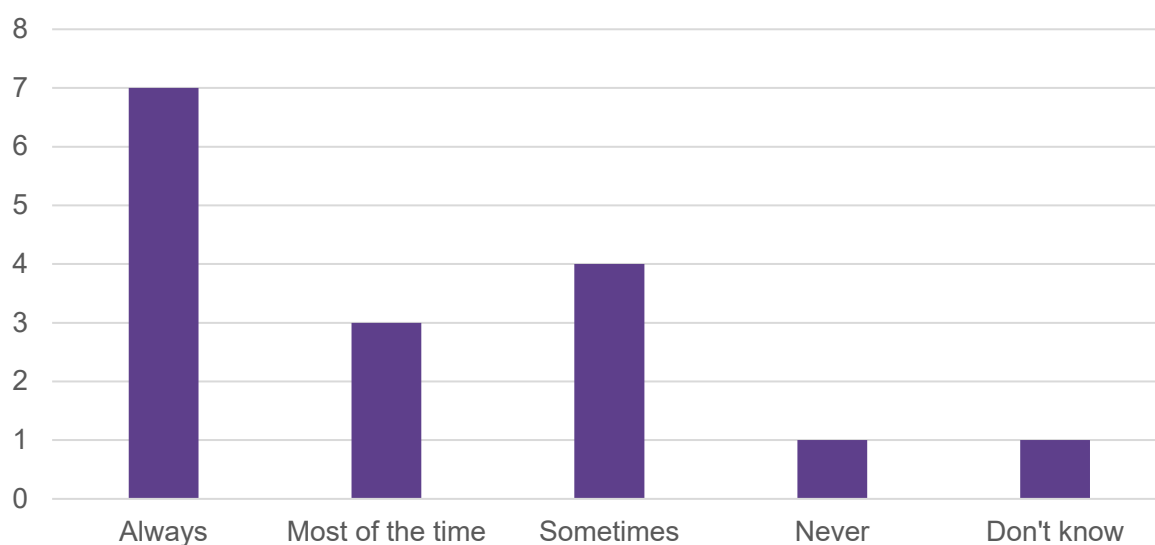




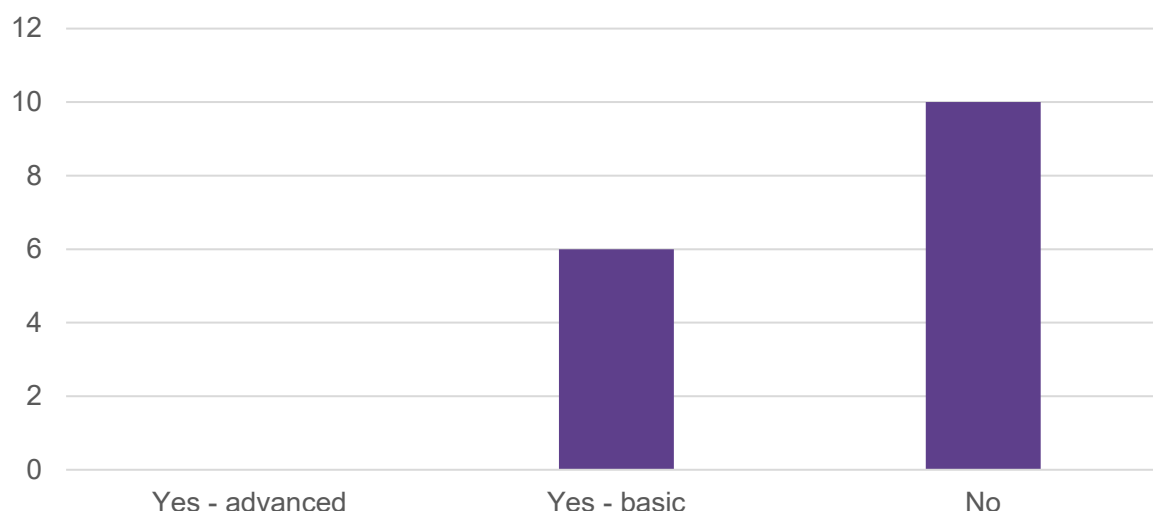
**Figure 36: Do you know where to direct or signpost CLA to receive appropriate oral health support? (Carer survey)**



**Figure 37: Do you feel you have access to information or receive sufficient support to help CLA with their oral health? (Carer survey)**



**Figure 38: Have you been given any oral health education or training for the care you provide to CLA? (Carer survey)**



Carers were asked “What are the biggest challenges you face in improving the oral health of the people you provide care for?” and “How do you believe these could be addressed?”. Difficulty helping CLA to access NHS dental care was a prominent theme, with carers observing challenges with a lack of appointments or long waiting times. They also found that in their experience, CLA are fearful of going to the dentist and this is a key barrier that needs to be overcome to encourage them to attend a dentist regularly. Another suggestion was providing services and/or legislation that cater specifically for the needs of CLA.

Another common theme was the challenges carers face with supporting CLA to engage with good oral health behaviours such as regular toothbrushing. It was raised that this is particularly hard with older CLA. Carers felt that more education on good oral hygiene and behaviours is needed for children, particularly in settings such as schools, to help to engage them forming better habits.

## Summary

Findings for CLA, particularly from the resident survey, should be interpreted with a considerable degree of caution due to a very low number of responses. Nonetheless, it still serves as a useful indicator. Overall, perspectives on the state of oral health in CLA were variable with residents generally believing CLA oral health is good, while dentists believe it largely worse than the general population and carers were more balanced. The resident survey had mostly positive oral health outcomes, although there were some concerning findings such as CLA with bleeding gums and weekly dental pain.

A lack of engagement with good oral health behaviours such as toothbrushing and a healthy diet were identified as key reasons for poor oral health in CLA. On the whole, foster carers and legal guardians demonstrated a solid understanding of good oral health behaviours, and findings suggested that some experience the influence of wider determinants which affect the affordability and accessibility of healthy foods, toothbrushes and toothpaste. To address these issues, there were calls for more education on good oral health behaviours for CLA, as well as better support, training and education for their carers.

CLA have variable experiences when accessing and receiving dental care. There was a strong theme of challenges arranging appointments, however experience of receiving care were generally good. However, there was still variability in the prioritisation of CLA in dental services, language and communication barriers, the advice provided and the consistency of this advice. Increasing the availability of dental care for CLA was highlighted as key to addressing the challenges with accessing dental care.

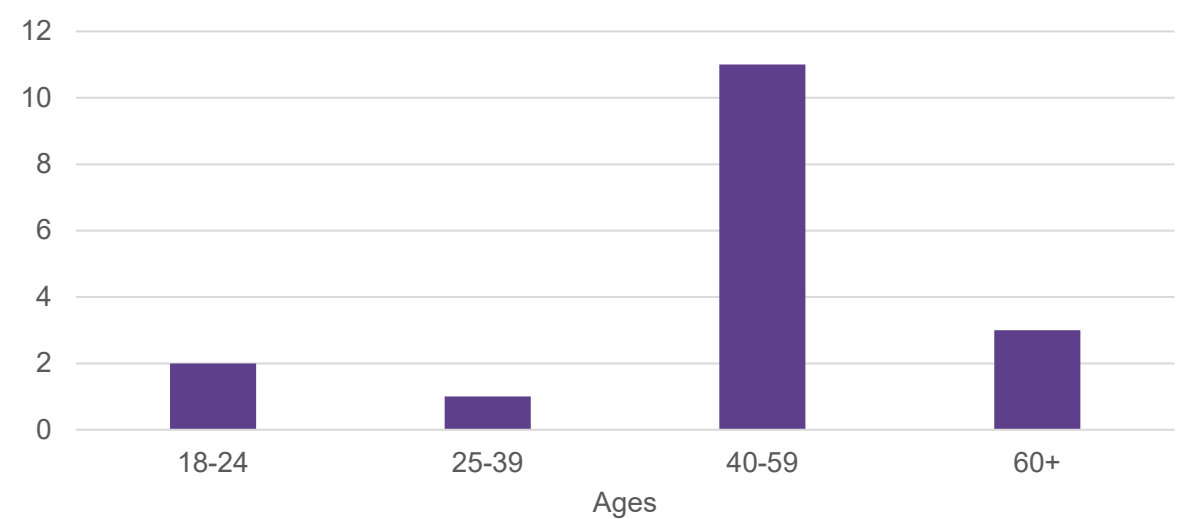
Improving oral health was seen as important for carers of CLA. Although most knew where to signpost CLA, many felt that they did not have sufficient support to look after CLA's oral health. They had the most difficulty when trying to access NHS dentists, as well as supporting CLA with overcoming fear of dentists and improving their oral health behaviours. Furthermore, most carers had not received any training to look after CLA's oral health.

# Rough Sleepers

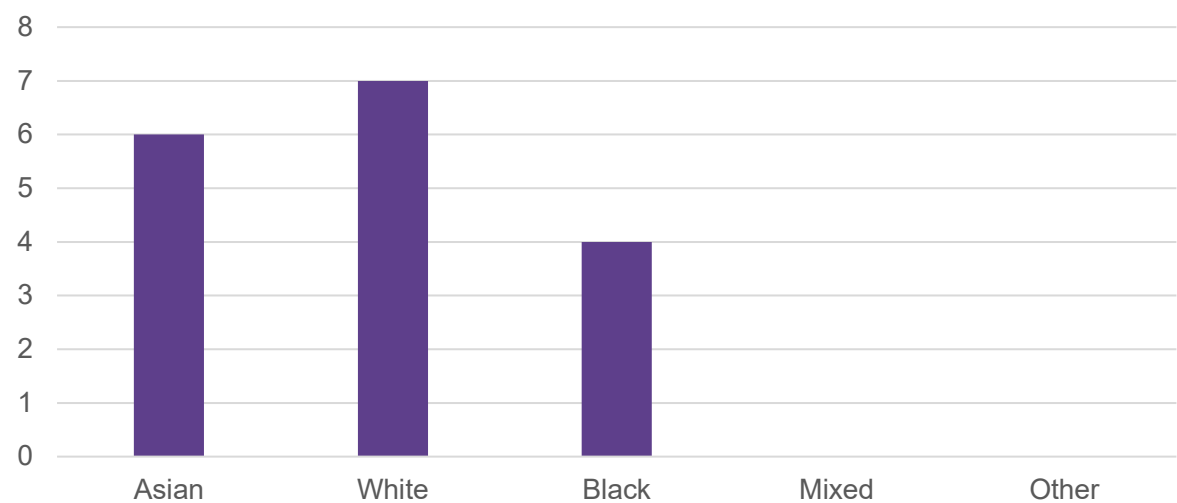
## Background

This section is based on detailed survey responses from 17 rough sleepers in Harrow. Participants were invited to share their oral health experiences, behaviours, and barriers to care. All respondents self-identified as rough sleepers, some also identified as refugees or asylum seekers, reflecting the overlap between homelessness and other forms of marginalisation. The respondent age distribution was predominantly older, with eleven individuals aged 40–59, three aged 60 or above, one between 25–39, and two under 25, as illustrated in figure 1. Respondents identified across a range of ethnic groups, including White, Black and Asian as seen in figure 2.

**Figure 1: Age groups of population (*Resident survey*)**



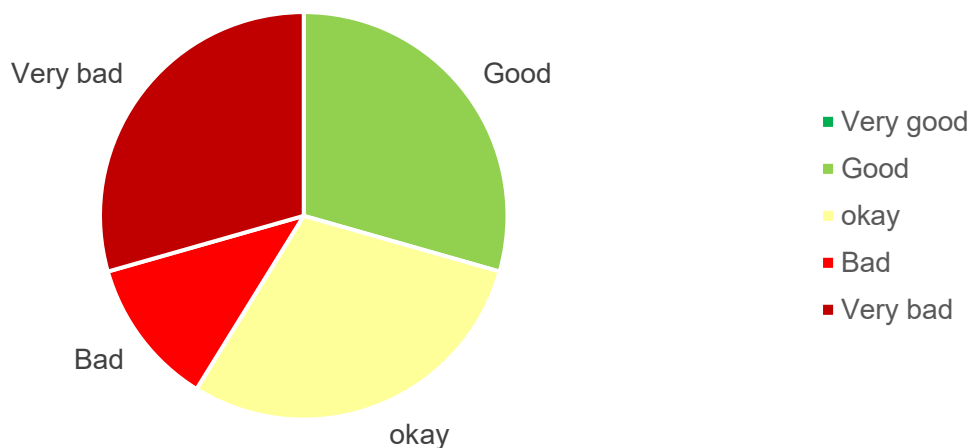
**Figure 2: What is your ethnicity? (*Resident survey*)**



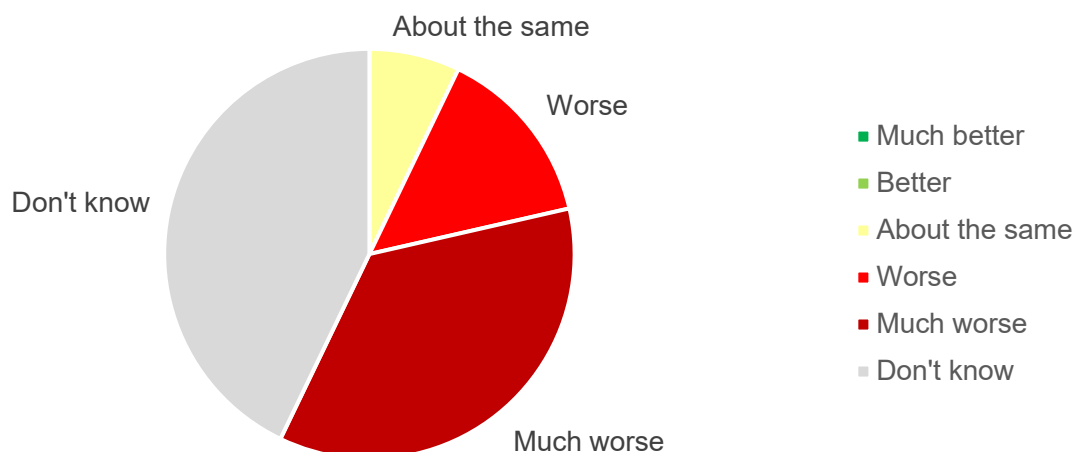
## State of oral health in rough sleepers

Participants were asked to describe the health of their teeth and mouth as seen in Figure 3. Five respondents rated their oral health as very bad, while an equal number described it as okay or good. Two individuals rated their oral health as bad. These responses reveal a polarised perception within the group, with some individuals experiencing significant oral health issues and others maintaining a more positive view of their condition. Dentists generally perceive the oral health of rough sleepers as markedly poorer than that of the general population, with the majority (7) categorising it as worse or much worse as seen in figure 4.

**Figure 3: How would you describe the health of your teeth and mouth? (*Resident survey*)**



**Figure 4: Based on your experience working in Harrow, how would you describe the state of oral health in rough sleepers compared to the general population? (*Dentist and dental care professional survey*)**

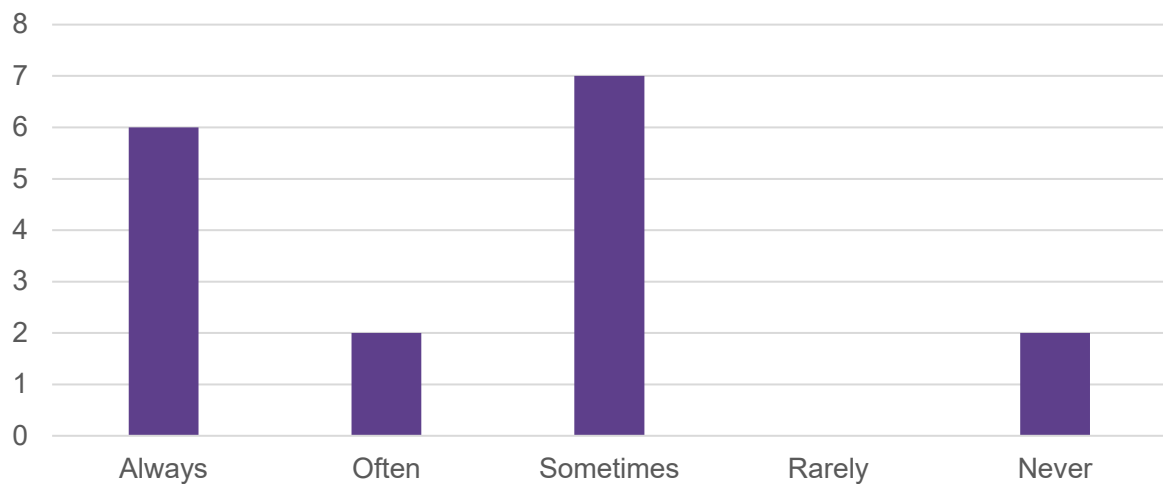


Concern about oral health was common; while some participants reported worrying about their teeth and mouth always (6), others expressed occasional concern (7). This suggests that even in the absence of acute pain, oral health remains a source of anxiety for many as visualised below in figure 5.

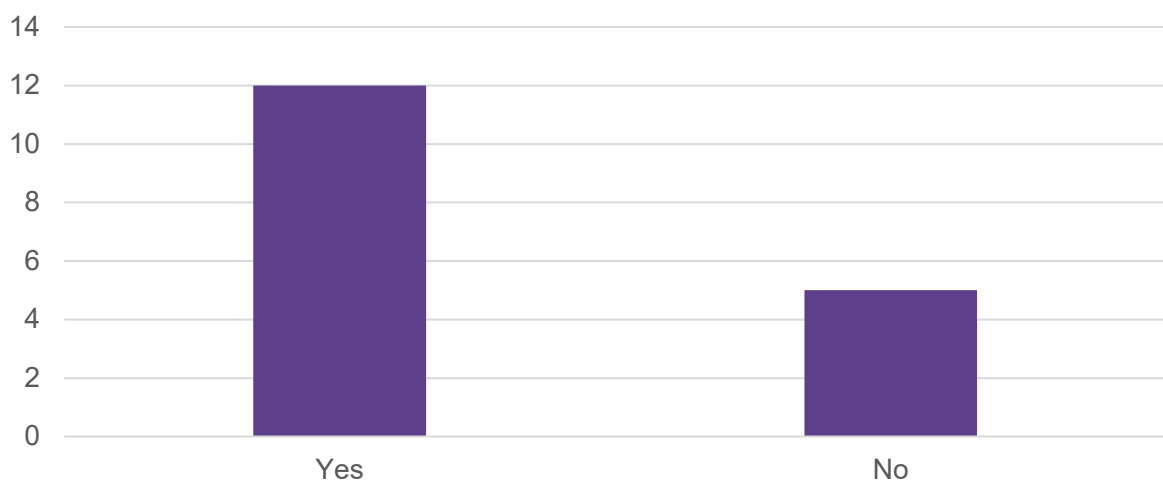
Twelve respondents reported having lost at least one adult tooth (Figure 6). Gum bleeding was another concern, particularly during brushing (7), suggesting underlying issues with oral hygiene or untreated gum disease (Figure 7).

When asked about pain, ten individuals reported that they never experienced pain in their teeth or mouth. However, the remaining seven described experiencing pain on a daily, weekly, monthly, or yearly basis as visualised in Figure 8.

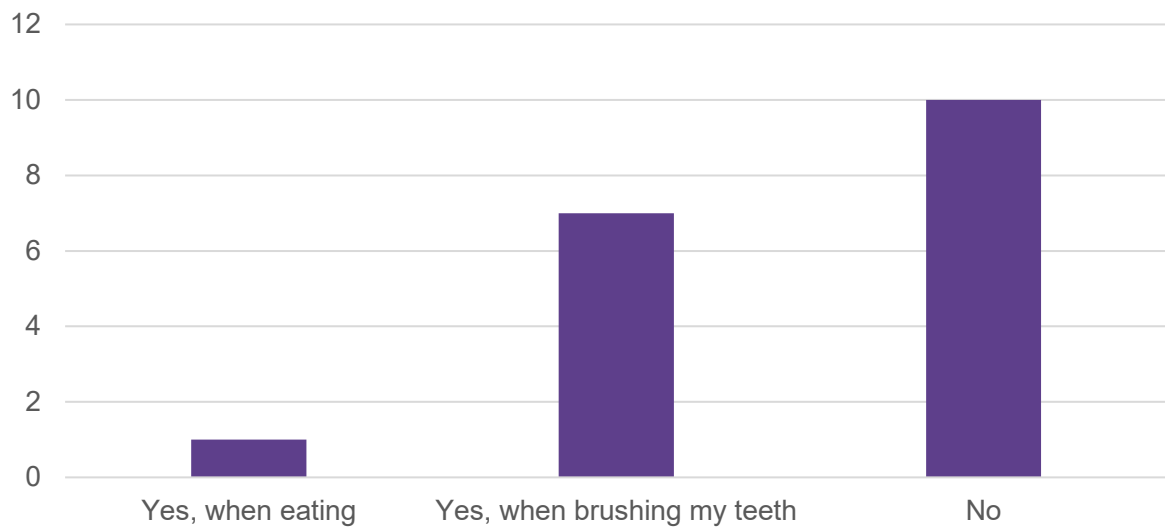
**Figure 5: How often do you worry about the health of your teeth and mouth? (*Resident survey*)**



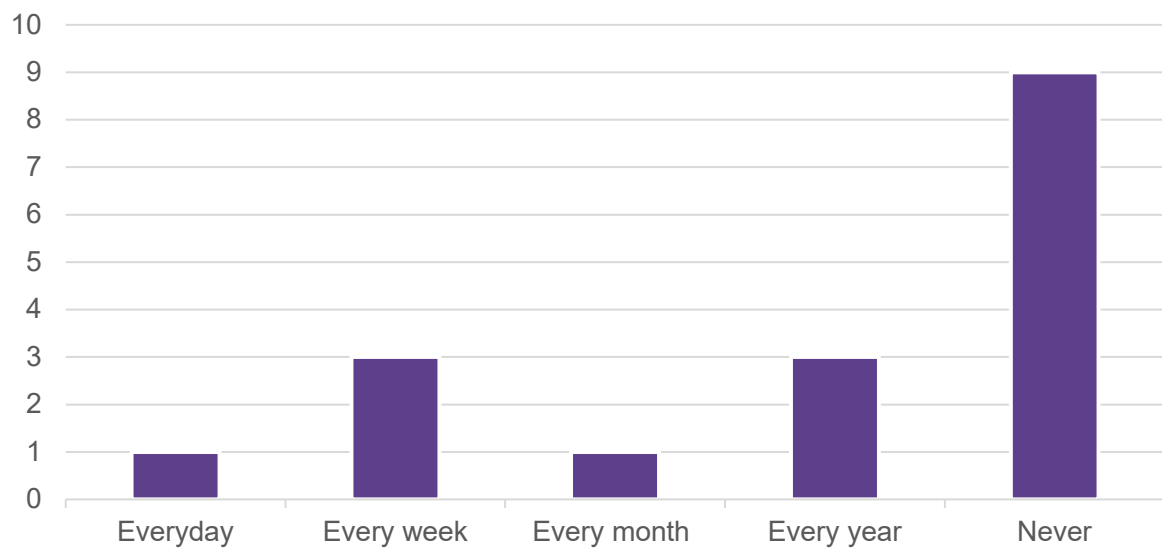
**Figure 6: Have you lost any of your adult teeth? (*Resident survey*)**



**Figure 7: Do your gums bleed? (*Resident survey*)**



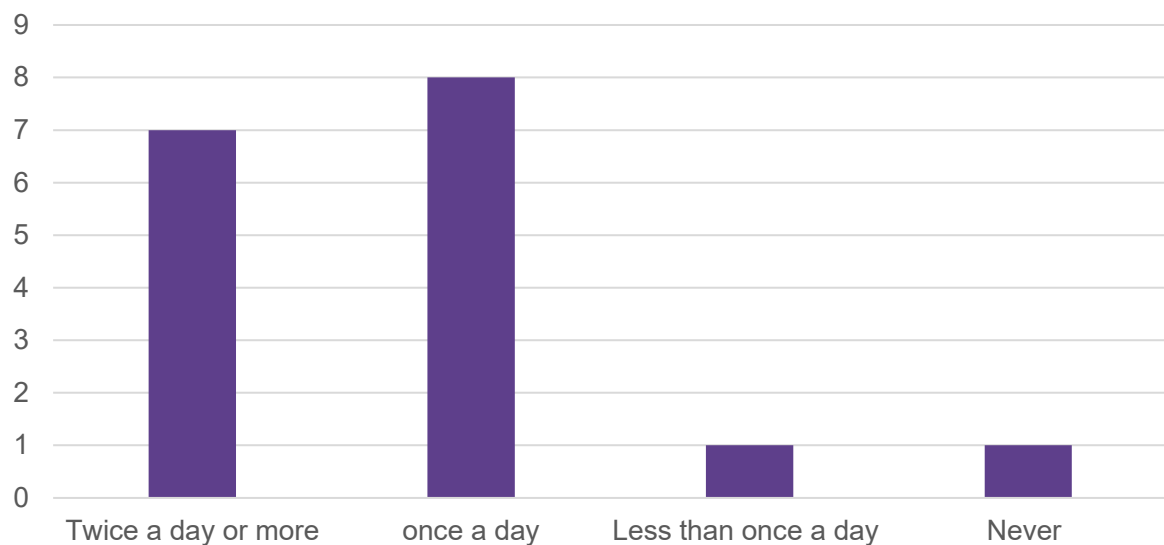
**Figure 8: How often do you have pain in your mouth? (*Resident survey*)**



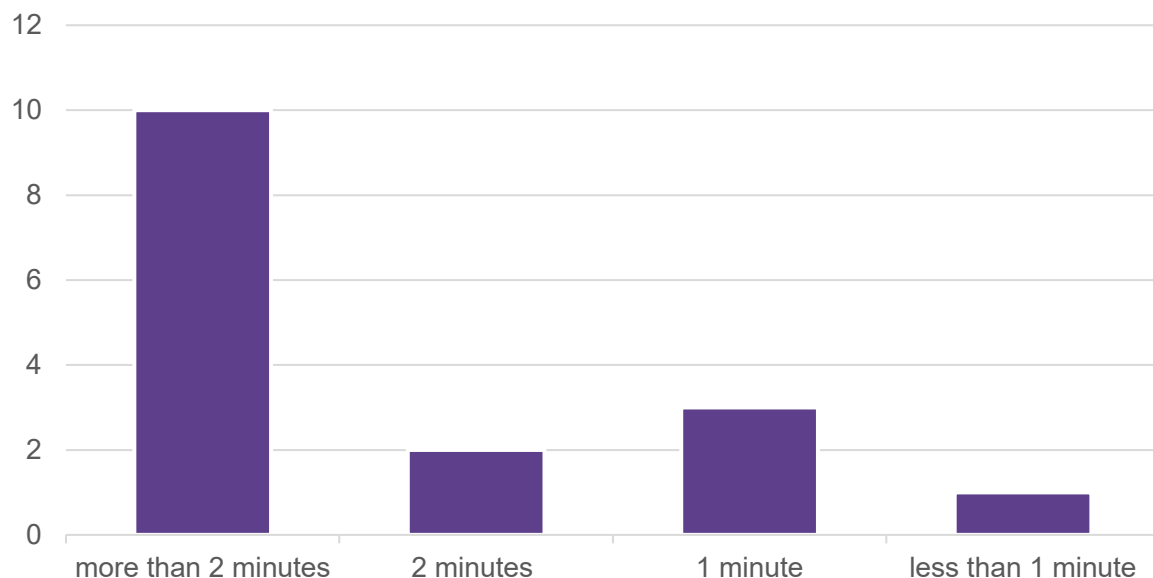
## Reasons for poor oral in rough sleepers

Respondents were asked several questions about their oral health behaviours. Seven individuals reported brushing their teeth twice a day or more, and eight brushed once a day. Only one participant reported brushing less than once daily, and another said they never brushed. These findings are visualised in Figure 9. Most (10) individuals brushed their teeth for two minutes or longer as seen in Figure 10. Figure 11 shows that out of 17 respondents, just over half (9) said their toothpaste contains fluoride, while only 1 said it does not. Notably, 7 respondents reported that they do not know whether their toothpaste contains fluoride.

**Figure 9: How many times do you brush your teeth each day? (*Resident survey*)**

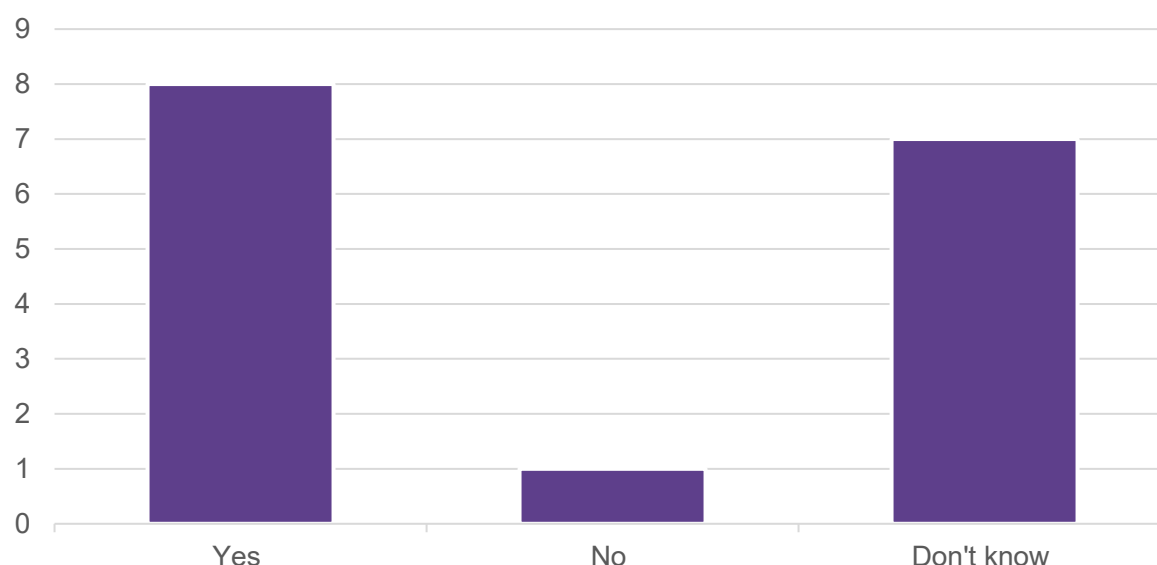


**Figure 10: How long do you brush your teeth for? (*Resident survey*)**





**Figure 11: Does your toothpaste have fluoride in it? (*Resident survey*)**

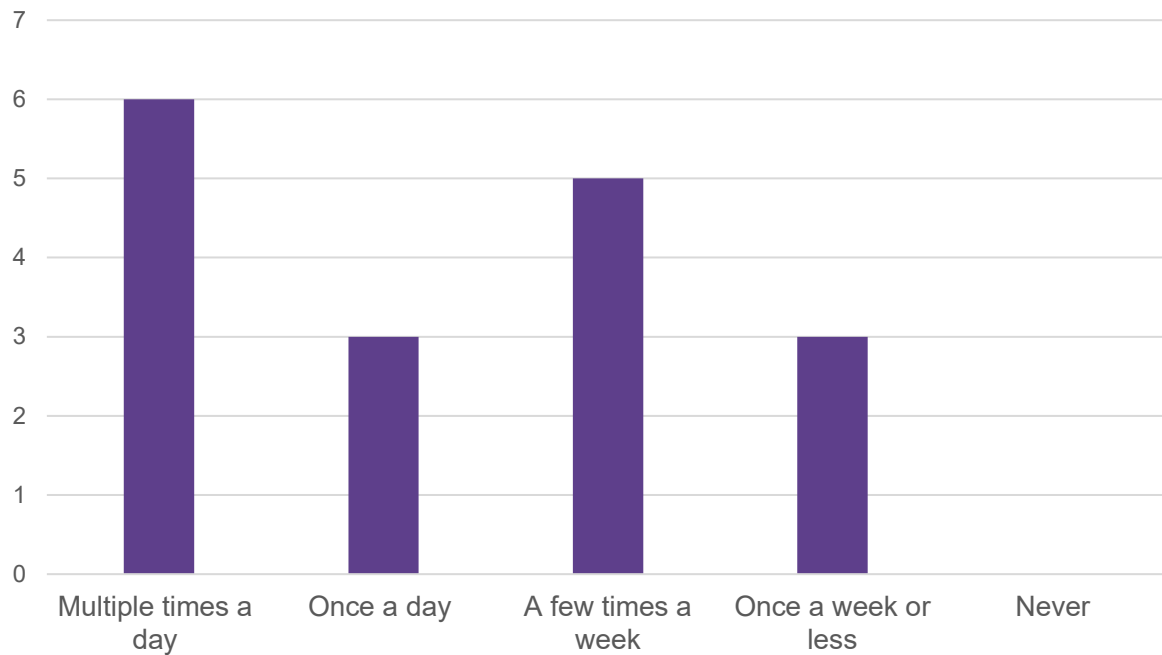


The resident survey also explored lifestyle behaviours that directly impact oral health, including sugar and fizzy drink consumption, smoking, and alcohol use. When asked how often they ate sugary foods such as chocolates, sweets, biscuits, or cakes, six of the respondents said they consumed them multiple times a day, and a further five individuals ate them a few times a week as visualised in Figure 12. Others consumed them once a day (3) or once a week or less (3).

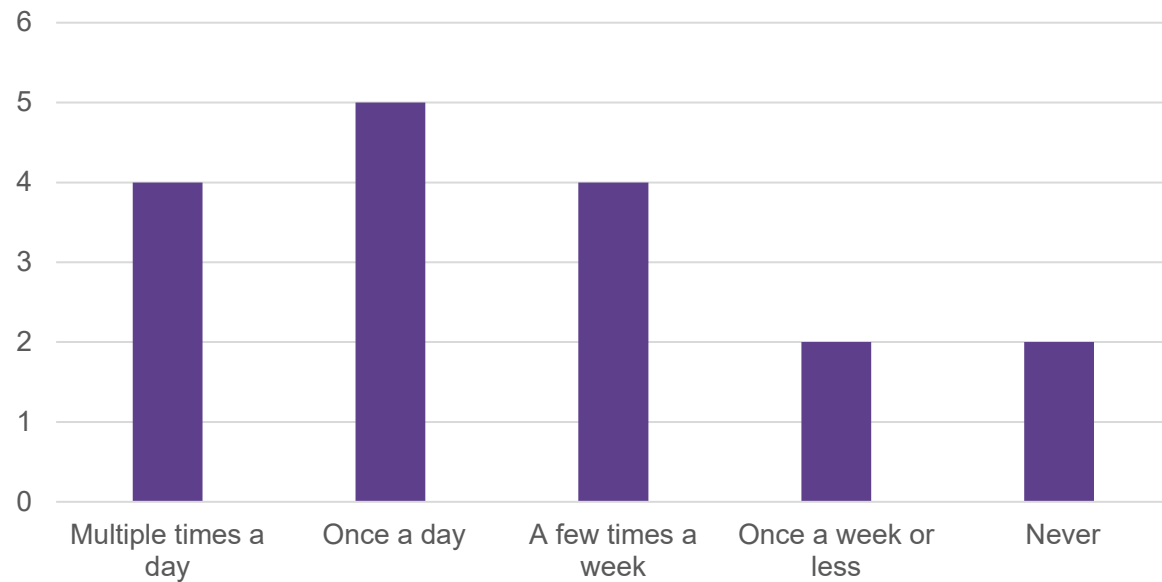
Among the 17 rough sleepers surveyed, fizzy drink consumption was notably high (Figure 13). Five individuals reported drinking fizzy drinks daily, four consumed them multiple times per day, and another four drank them a few times per week. Only two people stated that they never drank fizzy drinks.

Most respondents were current smokers, with 10 individuals reporting ongoing use of tobacco products (Figure 14). Only 1 respondent is an ex-smoker, while 6 had never smoked. This indicates a high prevalence of smoking. Alcohol consumption showed variation across the group (Figure 15). Seven individuals reported never drinking alcohol. Of the remaining ten, three drank alcohol two to three times per week, three consumed it two to four times per month, and the rest reported drinking anywhere from monthly to four or more times per week. Given the well-established links between tobacco and alcohol use and poor oral health these patterns raise further concern.

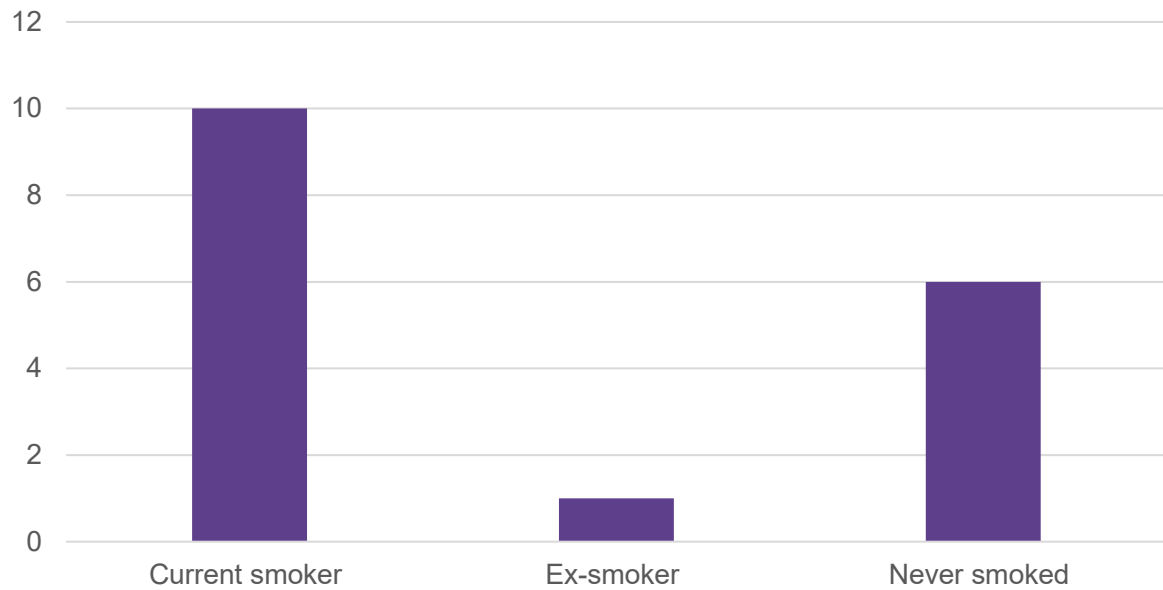
**Figure 12: How often do you eat sugary foods (like chocolates, sweets, biscuits or cakes)? (*Resident survey*)**



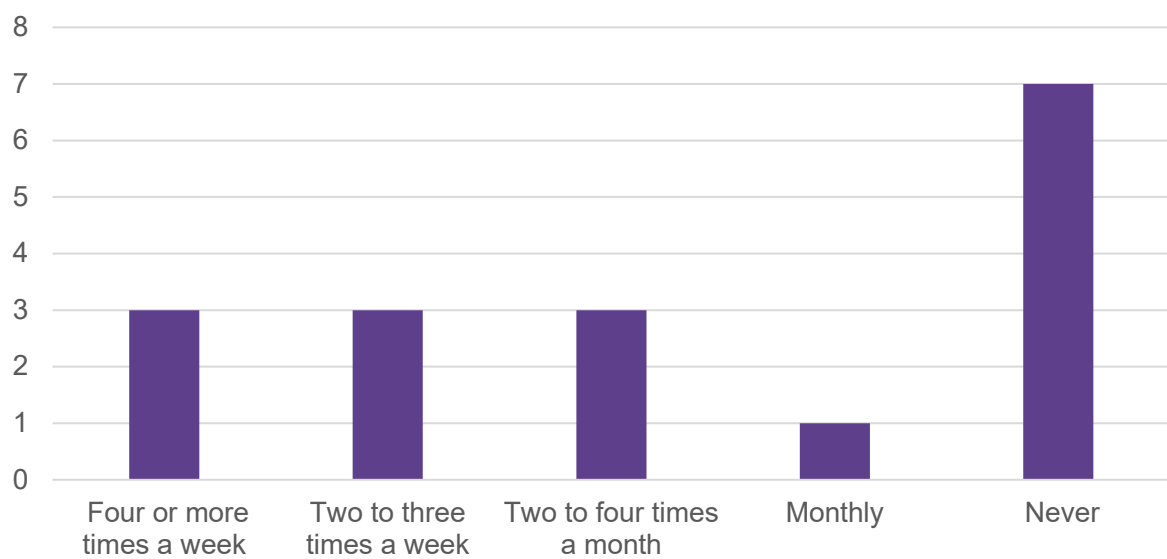
**Figure 13: How often do you drink fizzy drinks? (*Resident survey*)**



**Figure 14: Do you smoke or use other tobacco products (like chewing tobacco)?**  
*(Resident survey)*



**Figure 15: Do you drink alcohol?** *(Resident survey)*



Respondents were asked how much they agreed or disagreed with a series of statements. When asked whether they get confused about what is or isn't healthy for their teeth and mouth (Figure 16), six individuals agreed and two strongly agreed. At the same time, five strongly disagreed and three disagreed. This indicates that while many feel confident in their knowledge, a significant number still experience confusion.

Nine out of 17 respondents strongly agreed that smoking or tobacco use has a major impact on oral health, with an additional three agreeing. Four out of the seventeen disagreed indicating a reasonable awareness of the harmful effects of tobacco (Figure 17). In contrast, views on alcohol's impact were more mixed. Five people strongly agreed and four agreed that alcohol affects oral health, but six respondents disagreed or strongly disagreed (Figure 18).

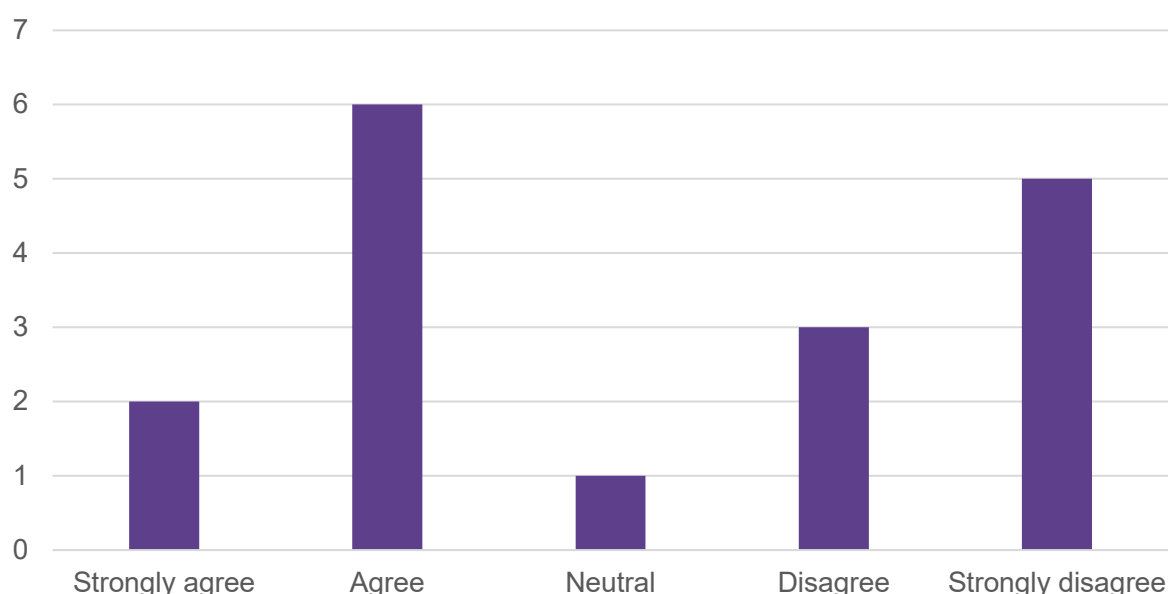
Understanding of diet's role in oral health appeared stronger (Figure 19). Nine respondents strongly agreed that what they eat, or drink significantly affects their oral health, and four more agreed. Only two individuals disagreed, suggesting generally good awareness of the link between diet and oral health outcomes.

Most respondents recognised the value of toothbrushing (Figure 20). Eleven individuals strongly agreed that brushing makes a big difference to oral health, and four more agreed. Only one person disagreed. This suggests a strong understanding of the importance of brushing.

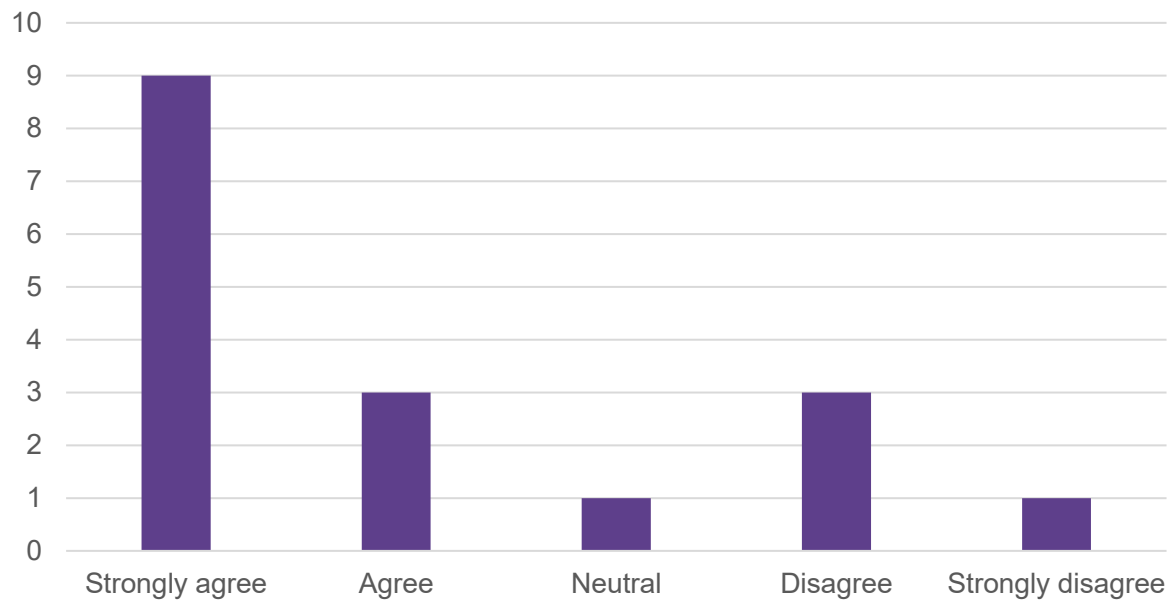
Wider determinants were also identified as barriers to good oral health. When asked if it was hard to find or afford healthy food (Figure 21), five respondents agreed and four strongly agreed. However, five others disagreed and two strongly disagreed. This split response reflects varying access to nutrition among rough sleepers.

A similar divide was seen regarding access to toothbrushes and toothpaste (Figure 22). Five people agreed it was difficult to find or afford these items, while five disagreed and another five strongly disagreed.

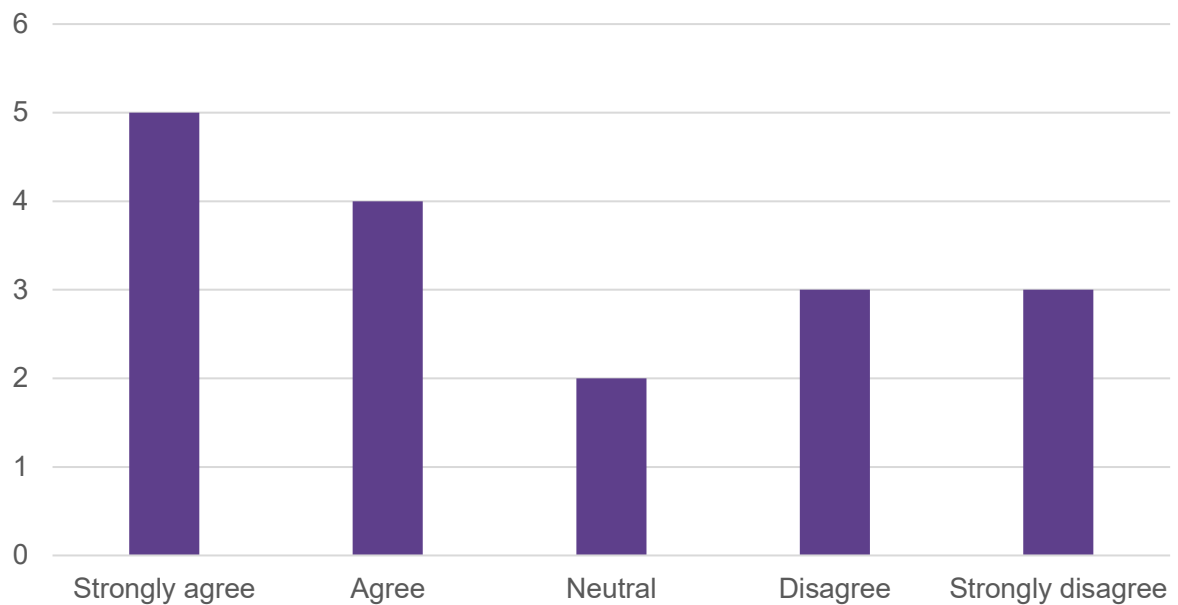
**Figure 16: I get confused over what is or isn't healthy for my teeth and mouth. (*Resident survey*)**



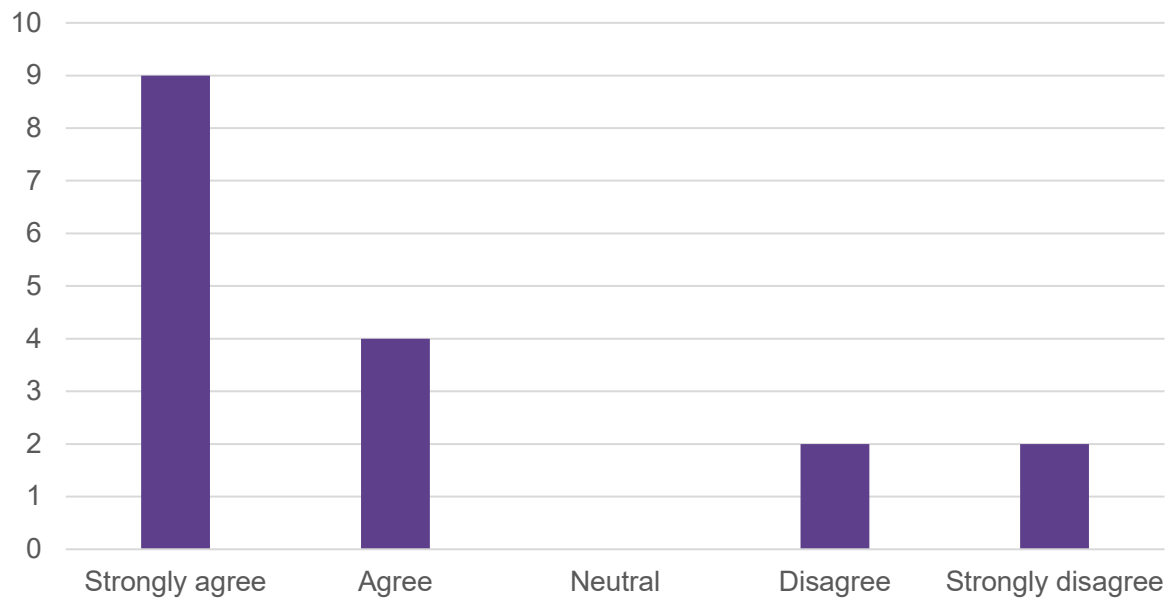
**Figure 17: Smoking or using other tobacco products makes a big difference to how healthy my teeth and mouth are. (*Resident survey*)**



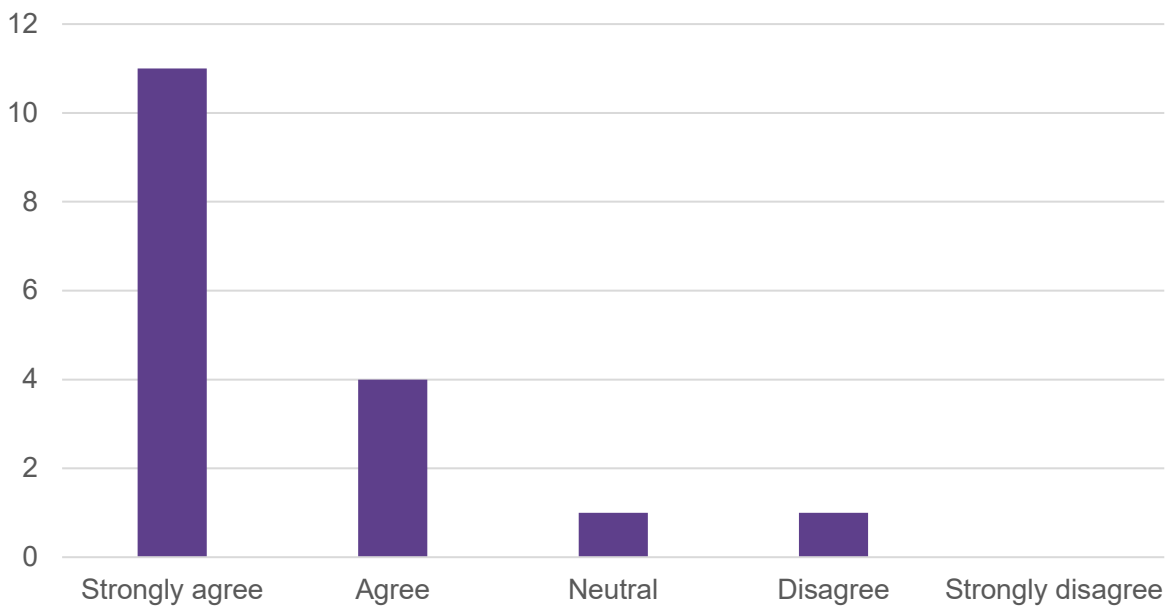
**Figure 18: Drinking alcohol makes a big difference to how healthy my teeth and mouth are? (*Resident survey*)**



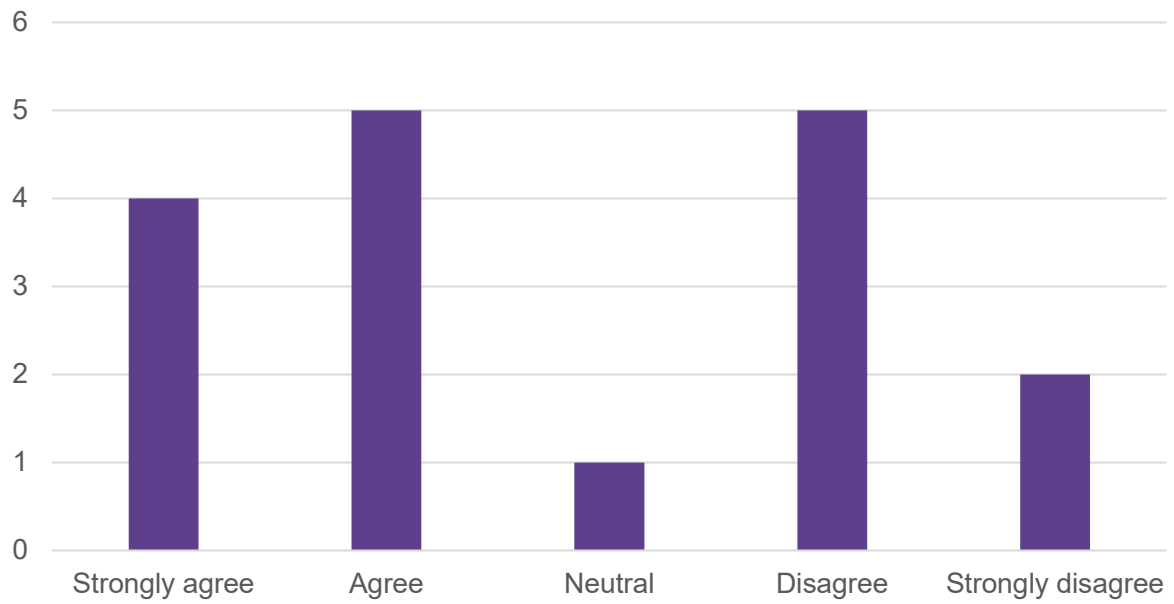
**Figure 19: What I eat or drink makes a big difference to how healthy my teeth and mouth are. (*Resident survey*)**



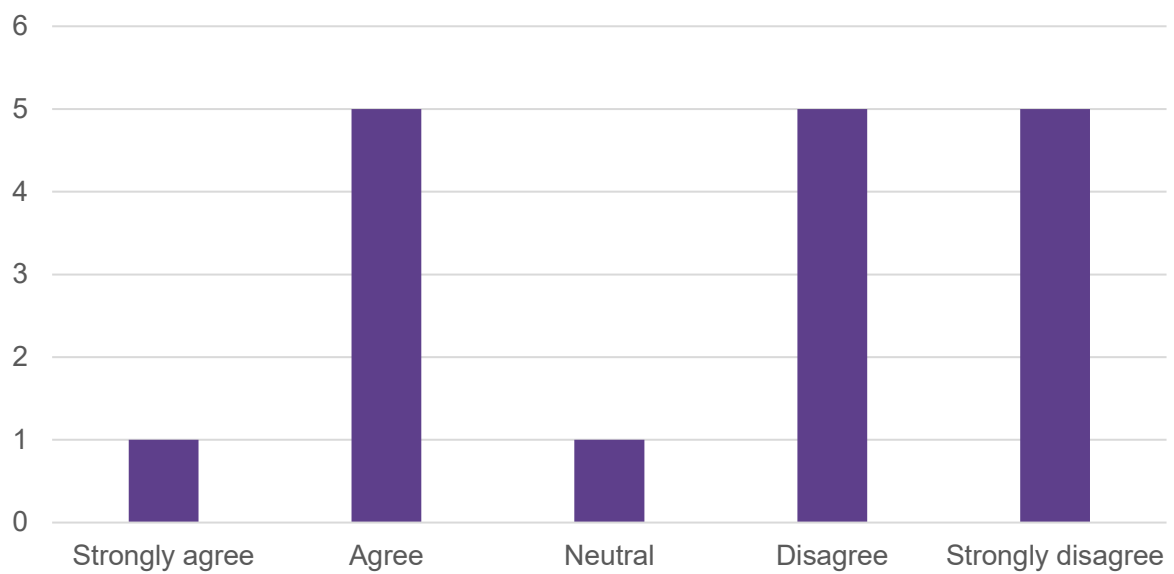
**Figure 20: Brushing my teeth properly makes a big difference to how healthy my teeth and mouth are. (*Resident survey*)**



**Figure 21: It is hard to find or afford healthy food. (*Resident survey*)**



**Figure 22: It is hard to find or afford toothbrushes and toothpaste. (*Resident survey*)**



The resident survey included several open-answer questions, two of which related to reasons for poor oral health: "What makes it hard to keep your teeth and mouth healthy?" and "What could help to make your teeth and mouth healthier?". Respondents shared several recurring challenges. Some said they had nowhere private to brush their teeth, specifically that it is difficult to brush teeth on the street. Others reported not having toothbrushes or toothpaste. A few mentioned that they relied on donated food which is often high in sugar, and that therefore sugary foods and fizzy drinks are more accessible than healthier options which detrimentally impacts on their teeth.

When asked what could improve their oral health, responses ranged from practical suggestions to expressions of hopelessness. A few respondents said "nothing," possibly reflecting resignation or satisfaction with their current oral health. Others mentioned brushing more often or seeing a dentist. One participant made the connection between oral health and stable housing, stating that having a room to stay in would help. This simple but powerful response emphasises how oral health is often dependent on broader life stability.



## Experience accessing and receiving dental care in Harrow

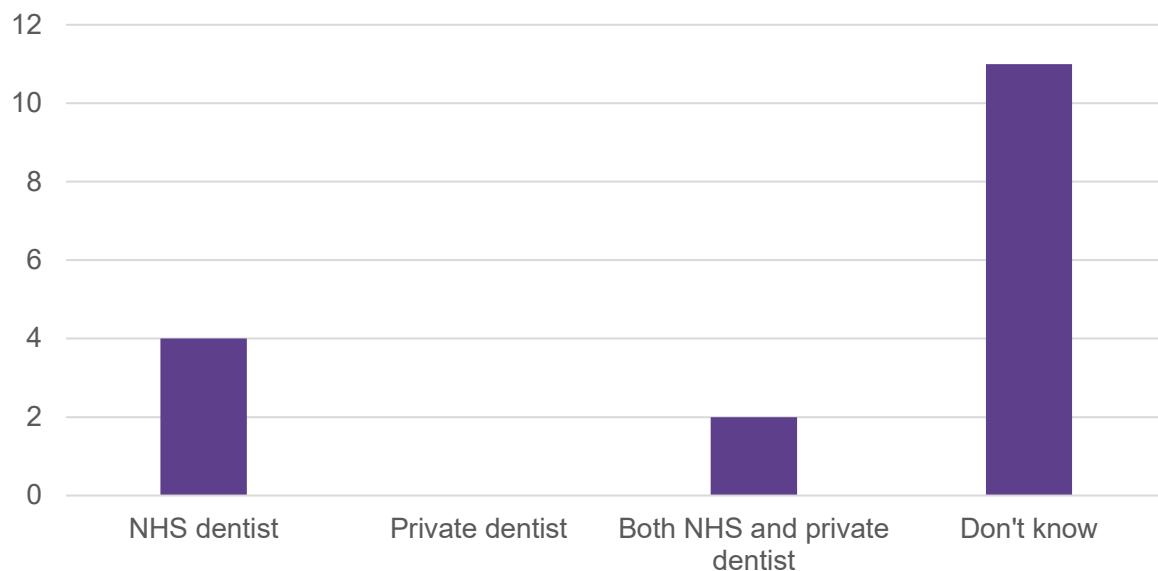
Participants were asked about their experiences accessing NHS dental care and interacting with dental professionals, revealing a fragmented and inconsistent picture. When asked what kind of dentist they use (Figure 23), eleven out of 17 respondents said they didn't know, indicating a lack of continuity or awareness of dental services. Four people said they used an NHS dentist, and two reported using both NHS and private dentists. This suggests that the majority do not have a regular dental care provider and are likely accessing services irregularly, if at all.

When asked if they knew how to get an NHS dental appointment nearby (Figure 24), eight respondents said yes. Five said they didn't know and wouldn't know where to find out, and four said they didn't know but could find out if needed. This means that over half of participants lacked immediate clarity on how to navigate the NHS dental system.

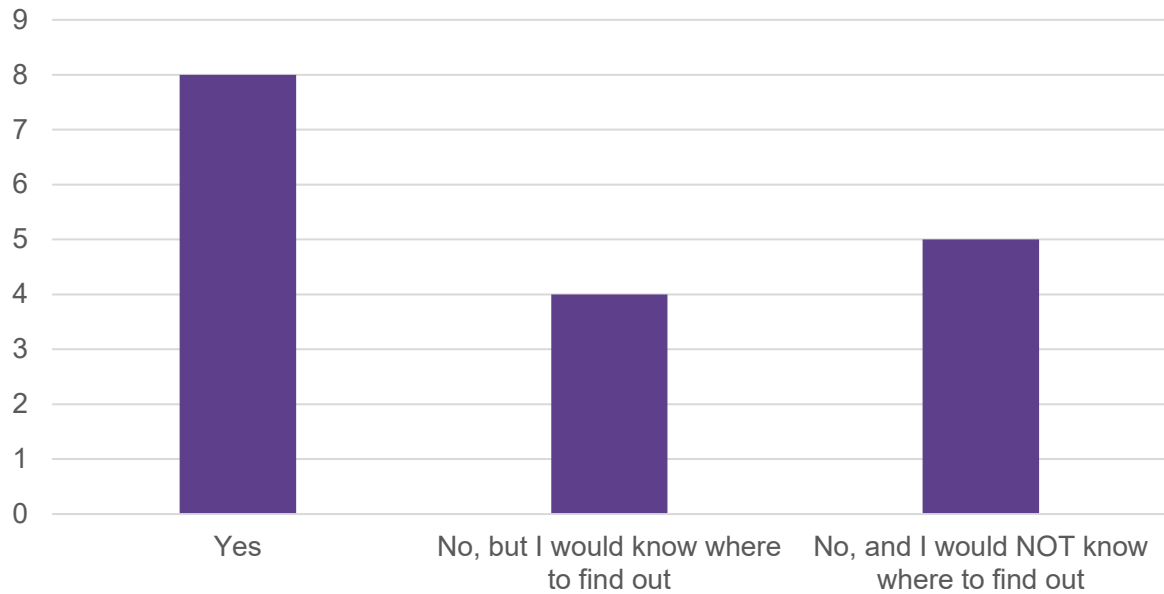
Over half of the group—nine individuals—said they had not tried to get an NHS dental appointment (Figure 25). Among the eight who had, responses varied: some found it easy or very easy, while one person described the process as very hard.

When asked how often they visit the dentist (Figure 26), 12 respondents said they only go when they are in pain or have a dental problem. Three said they visit once a year, and only two reported attending every six months. This reflects a reactive rather than preventive approach to dental care.

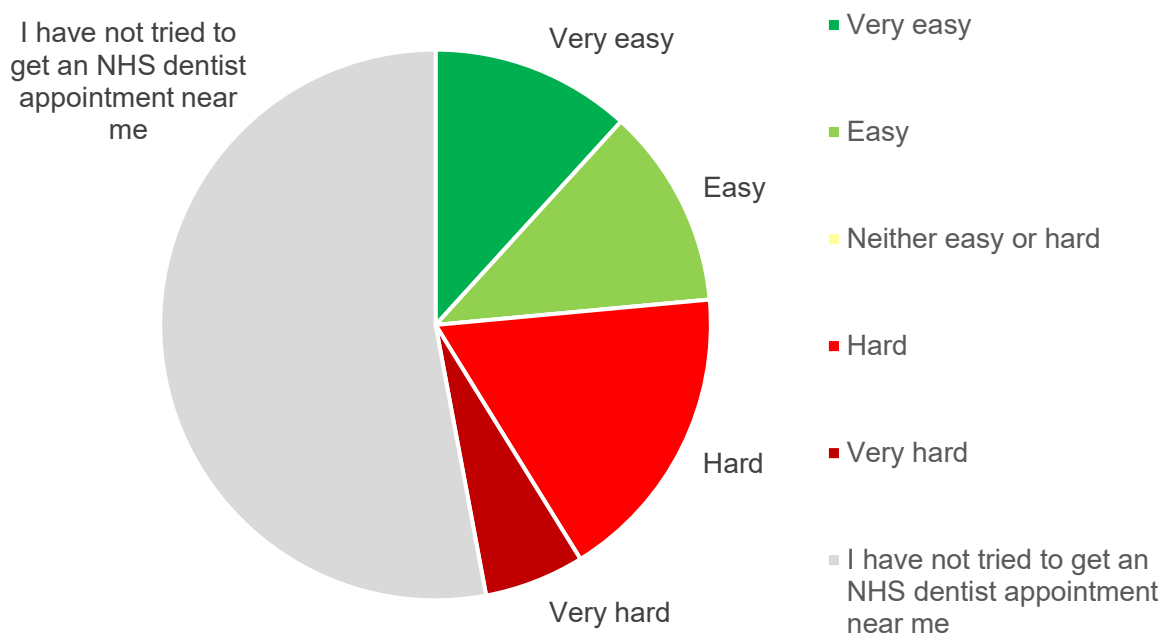
**Figure 23: What kind of dentist do you use? (Resident survey)**



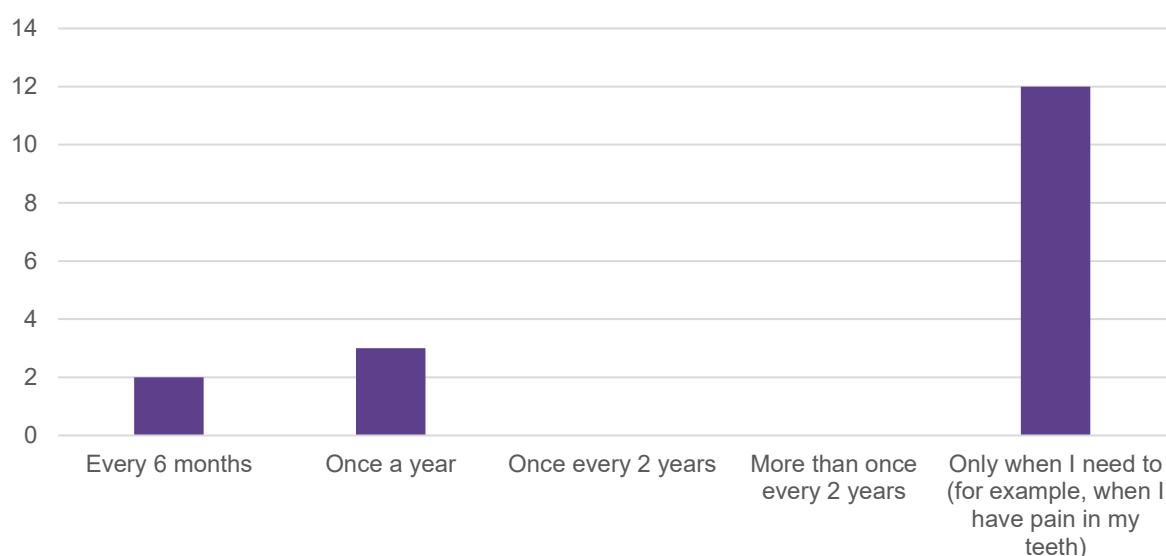
**Figure 24: Do you know how to get an NHS dentist appointment near you? (*Resident survey*)**



**Figure 25: Have you found it easy or hard to get an NHS dentist appointment near you? (*Resident survey*)**



**Figure 26: How often do they go to the dentist? (Resident survey)**

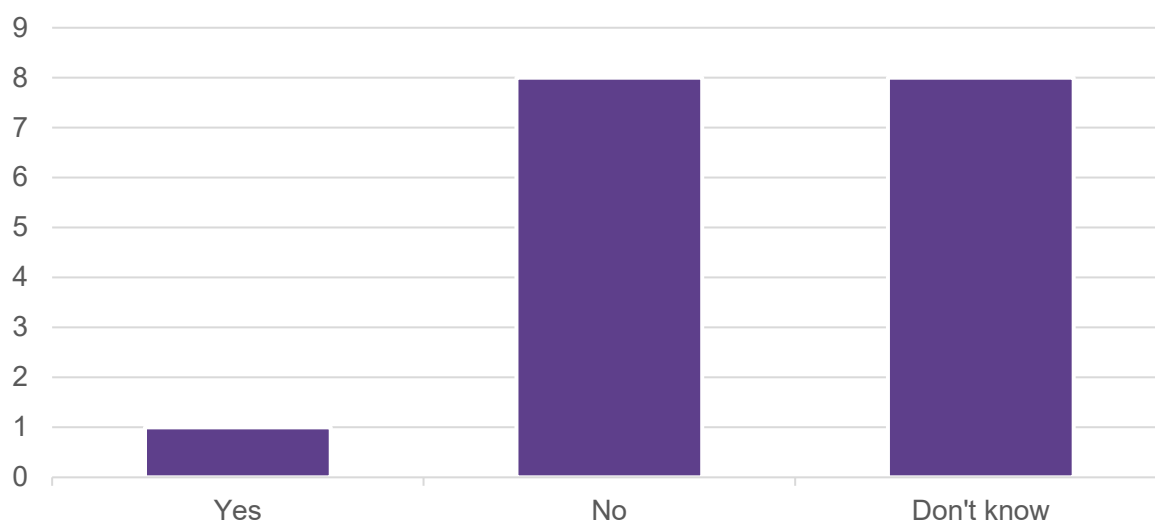


Most respondents (8) reported that they do not pay for NHS dentist appointments (Figure 27). Another eight respondents stated that they did not know whether they pay, suggesting a lack of clarity around NHS dental charges. Only one respondent said they do pay.

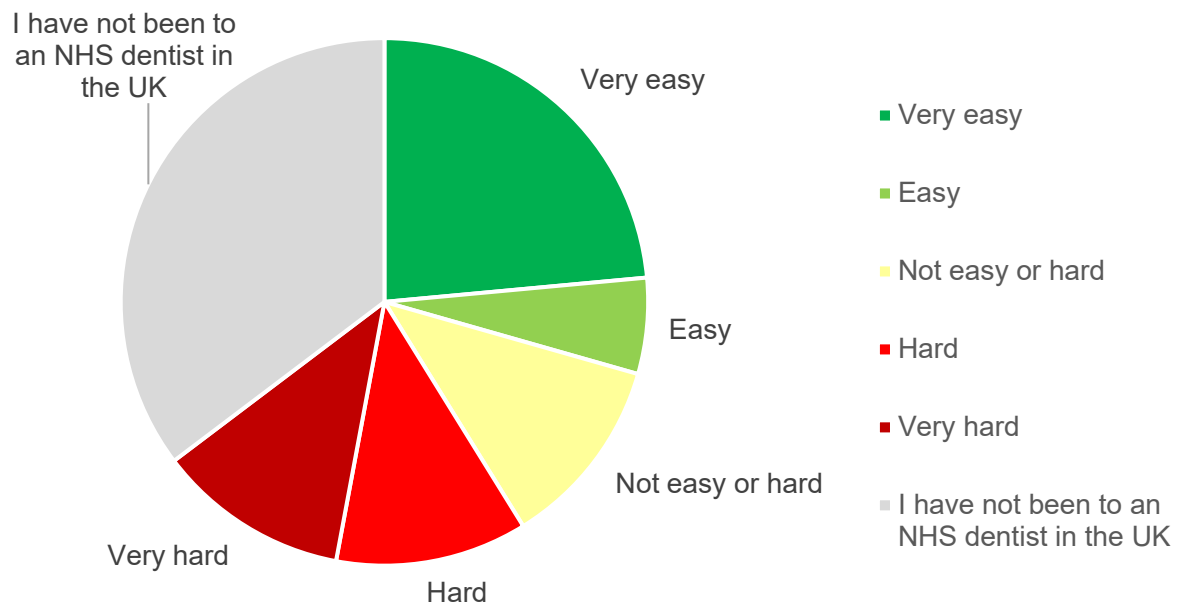
Affordability, however, paints a more nuanced picture (Figure 28). Four respondents said they found NHS dental appointments very easy to afford, while one said it was easy. Two respondents found it not easy or hard, and another four found it hard or very hard. Six respondents said they had not been to an NHS dentist in the UK.

Perceptions of care quality also varied (Figure 29). Of those who had been to a dentist in the UK, experiences ranged from very good (4) and good (1) to okay (4) and bad (2). This inconsistency highlights that while positive dental experiences are possible, they are not universal.

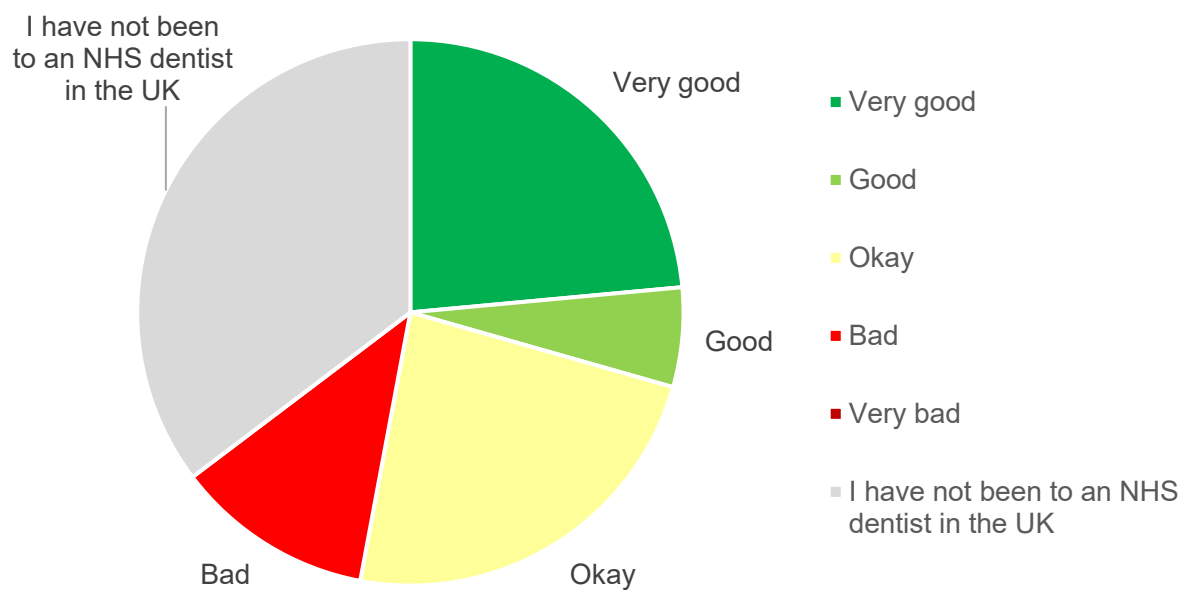
**Figure 27: Do you pay for your NHS dentist appointments? (Resident survey)**



**Figure 28: Do you find it easy or hard to afford NHS dentist appointments? (*Resident survey*)**



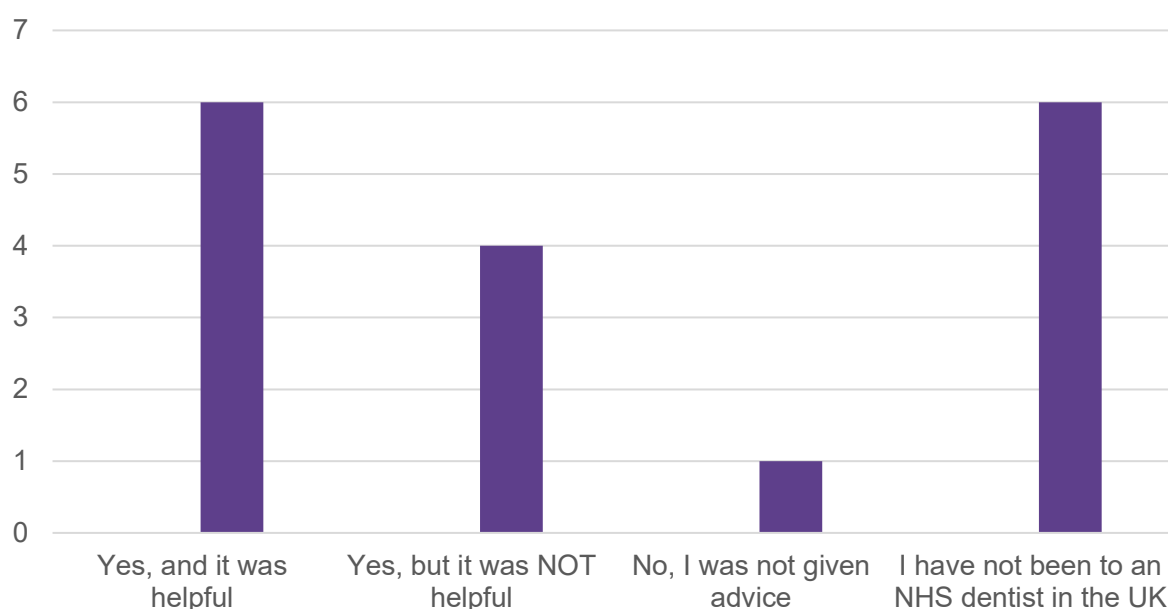
**Figure 29: When you last saw a dentist, how would you rate your experience? (*Resident survey*)**



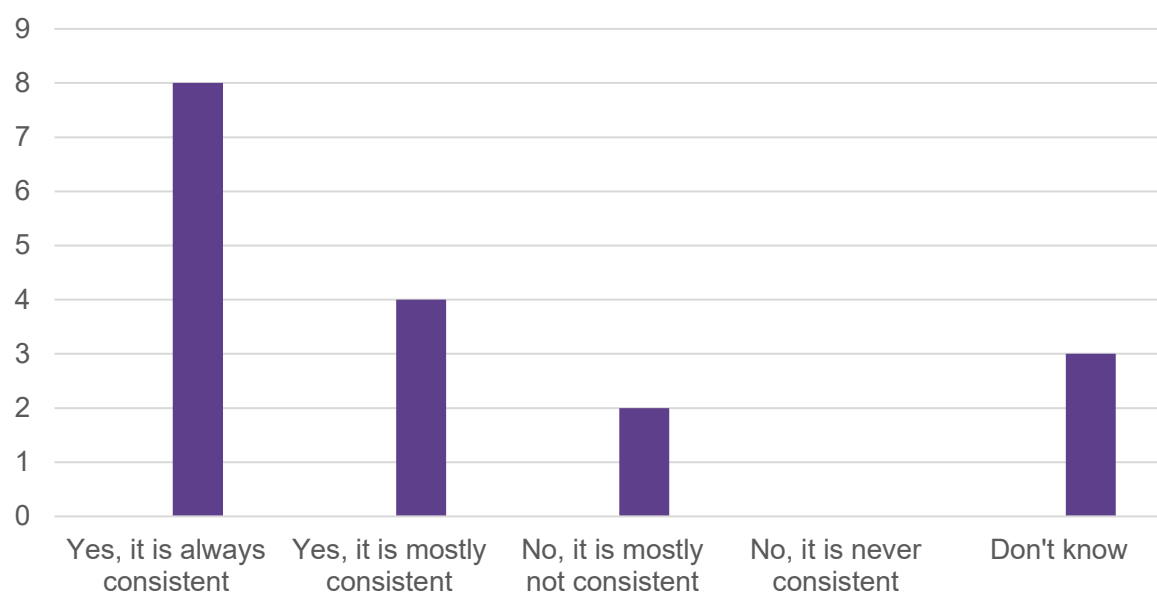
Participants were also asked whether they received oral health advice at their last visit and whether it was helpful (Figure 30). Six respondents said they were given advice and found it helpful, while four said they received advice but did not find it helpful. One person reported not being given any advice. As with earlier questions, six respondents indicated they had never attended an NHS dental appointment. These responses raise questions about the consistency and personalisation of oral health advice, particularly for individuals in vulnerable situations.

When asked whether the advice given by dental or healthcare professionals was consistent (Figure 31), eight respondents said it was always consistent, and four said it was mostly consistent. However, two respondents reported that the advice was mostly not consistent, and three said they didn't know. This level of inconsistency may contribute to confusion and a lack of confidence in oral health messaging.

**Figure 30: When you last saw a dentist, were you given advice on how to look after your teeth and was this advice helpful? (Resident survey)**



**Figure 31: Is the advice you are given by dentists and other health professionals about your teeth and mouth consistent? (Resident survey)**

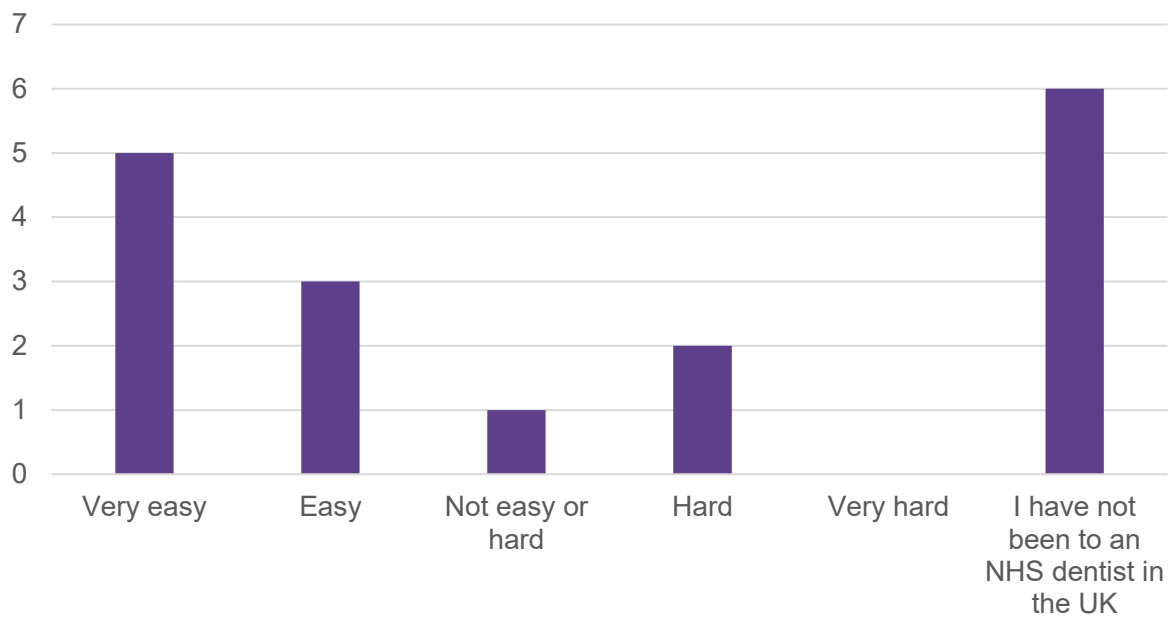


Communication with dental staff was also examined (Figure 32). Of those who had attended a dental appointment, five respondents said it was very easy to talk to their dentist, and three found it easy. One person said it was neither easy nor hard, while two individuals described it as hard. Six participants reported that they had never been to an NHS dentist in the UK. Language barriers were not the most reported challenge, but they remain relevant for many. As shown in Figure 33, 14 respondents indicated that English is not their first language, compared to only 3 who said it is.

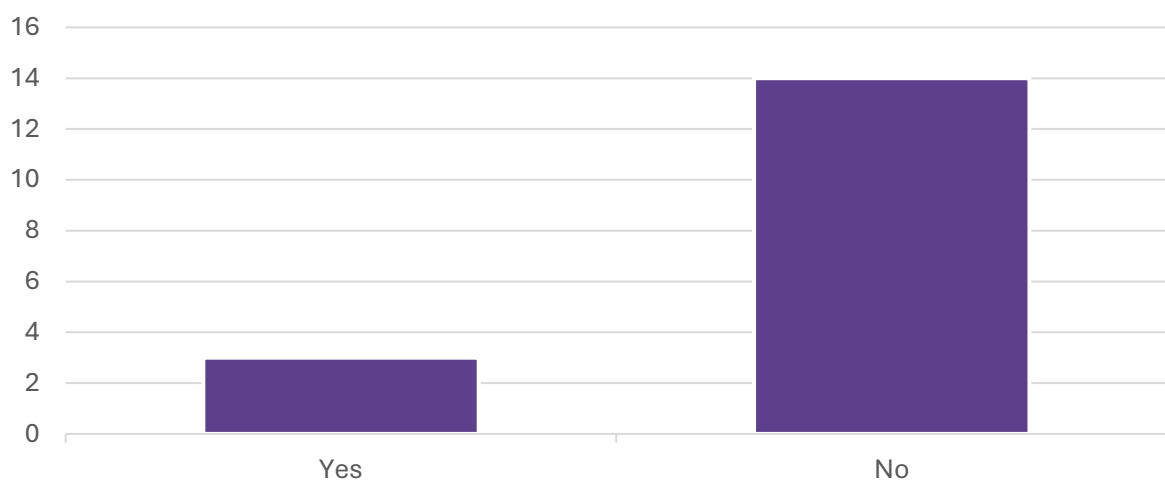
Despite this, interpreter services were rarely provided (Figure 34), although it is important to highlight that just because someone's first language is not English, they may not necessarily need an interpreter. 10 respondents said they did not have an interpreter to help them talk to their dentist, while 4 respondents had never been to an NHS dentist in the UK. No respondents reported having had access to an interpreter.

When asked whether they would like an interpreter as seen in Figure 35, most (7) said no, but a few were unsure. One participant noted in the qualitative survey that their experience improved when the dentist spoke their language, indicating that linguistic and cultural sensitivity can significantly enhance the patient experience and quality of care.

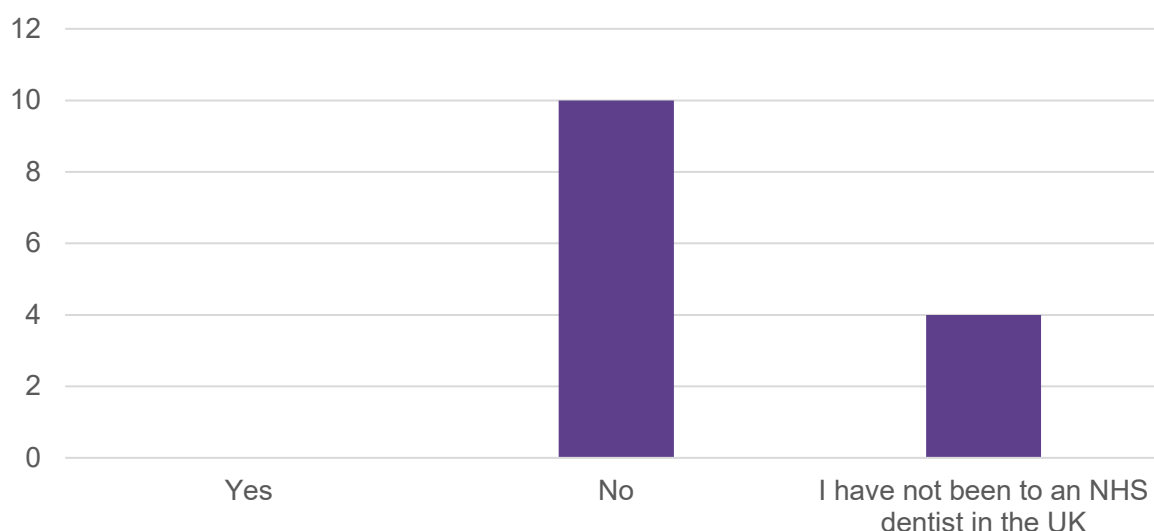
**Figure 32: Did you find it easy or hard to talk to your dentist? (*Resident survey*)**



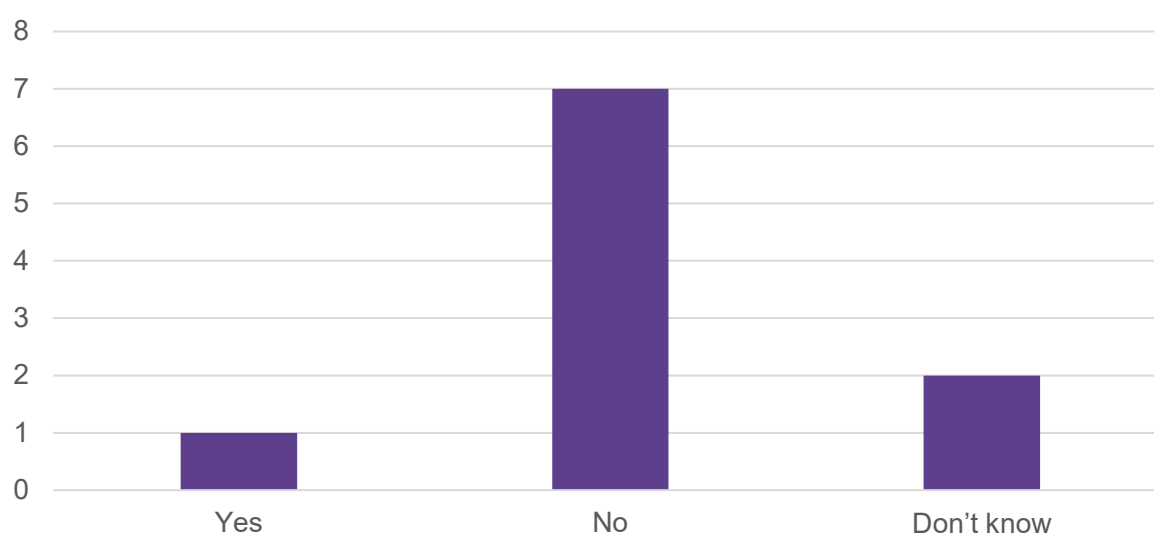
**Figure 33: Is English your first language? (*Resident survey*)**



**Figure 34: Did you have an interpreter to help you to talk to your dentist? (*Resident survey*)**



**Figure 35: Would you like to have an interpreter to help you to talk to your dentist? (*Resident survey*)**



The resident survey also included the open-answer question: “Please tell us why you found it easy or hard to get an NHS dentist appointment, and why you had a good or bad experience at this appointment”. Respondents described various barriers to accessing care as seen in the qualitative analysis. Some explained that they were turned away due to not having a permanent address, which they were informed made them ineligible to register or book appointments. Others were unable to afford the cost of dental treatment. Several participants shared that they felt unwelcome or stigmatised when attending dental practices, further discouraging future attempts to seek care. One participant wrote that they had not been to a dentist since arriving in the UK, suggesting that migrants experiencing homelessness may be especially excluded from oral healthcare due to administrative or systemic barriers.



## *Summary*

The survey responses from rough sleepers in Harrow highlight significant oral health challenges. While many respondents demonstrated a good understanding of oral hygiene and reported brushing regularly, these efforts were often undermined by unstable housing, limited access to dental services, financial insecurity, and the practical hardships of rough sleeping.

Barriers to accessing care were pronounced. Some rough sleepers reported being told by dental practices that they could not arrange an appointment due to a lack of identification or a fixed address, while others were deterred by cost or a lack of understanding about how to access services. Reports of pain, tooth loss, and gum disease were common, compounded by dietary challenges and communication difficulties.

Despite these obstacles, many participants expressed a strong desire to maintain their oral health. Positive experiences with NHS dental care were characterised by kindness, prompt appointments, and cost exemptions through benefits. However, others described the system as confusing, inaccessible, or unwelcoming, particularly for those new to the UK or unfamiliar with navigating healthcare.

Suggestions for improvement ranged from practical changes, such as free toothbrushes and toothpaste or more accessible healthy food, to broader structural solutions, including more compassionate care and stable housing. For many, the ability to care for their teeth was inextricably linked to having a place to live.

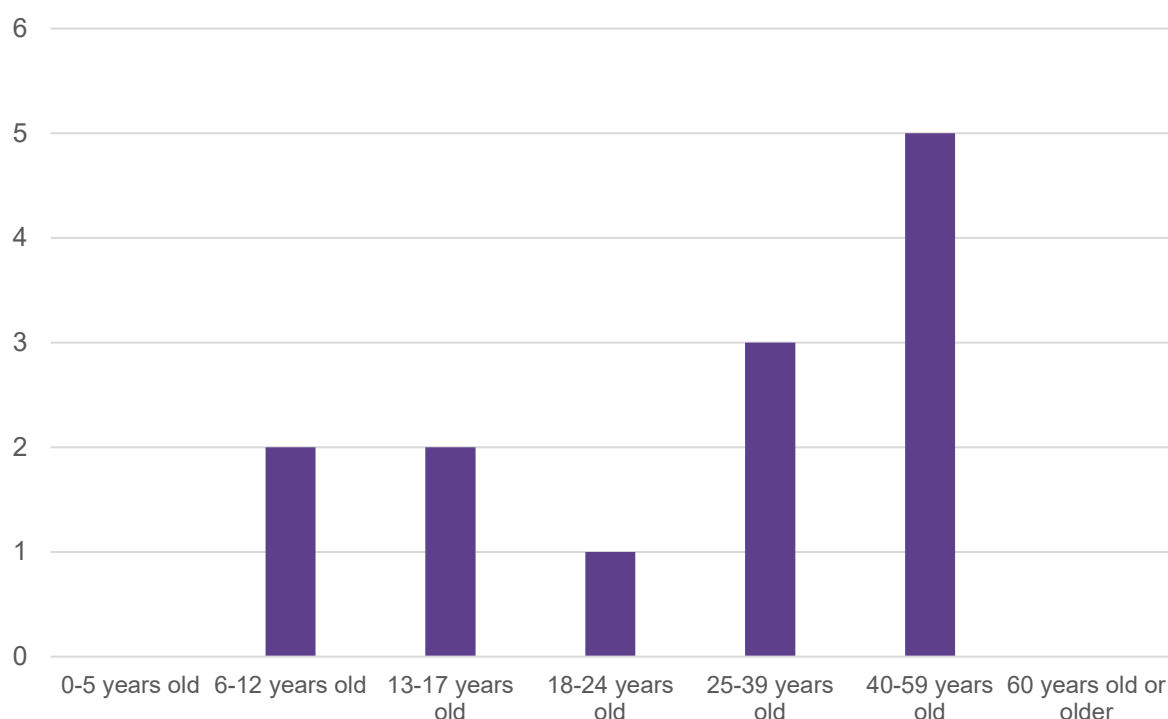
# Refugees and Asylum Seekers

## Background

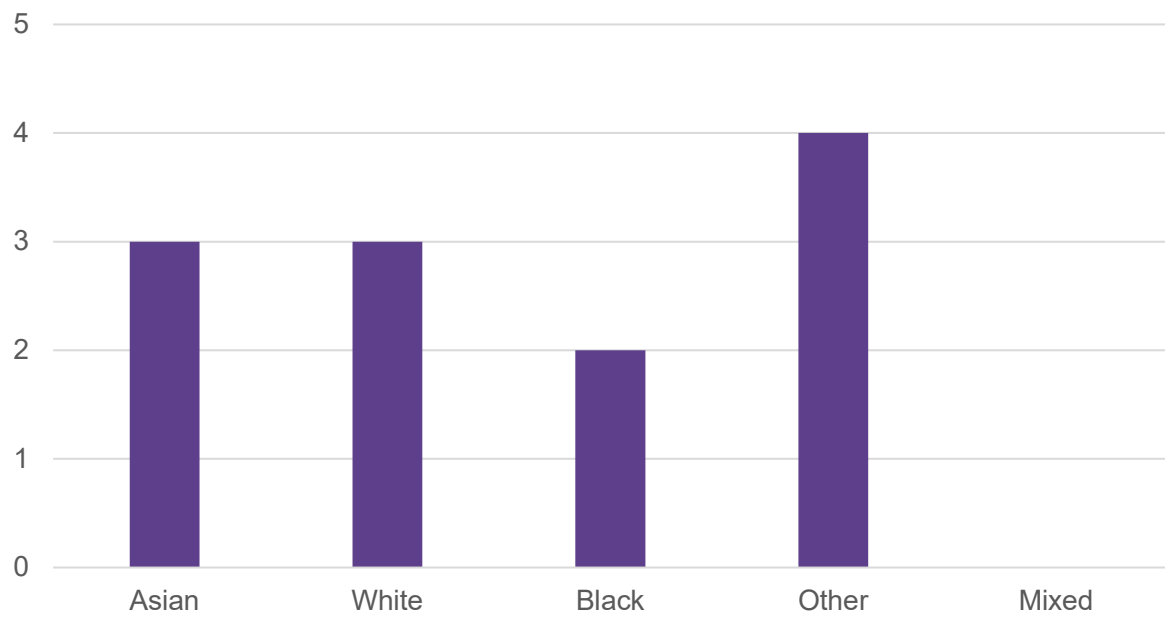
This section is based on detailed survey responses from 13 refugees and asylum seekers in Harrow. The survey included a diverse mix of age groups, reflecting participation from both adults and children (Figure 1). The information gathered includes both individual responses from adults and responses on behalf of children by parents/legal guardians. The analysis draws on insights from residents and some responses from dental professionals. No graphs or analysis have been included from the carers' survey due to an insufficient number of responses.

Notably there were two responses representing children aged 6–12, and another two for those aged 13–18. Among adults, the age distribution included one respondent aged 18–24, three aged 25–39, and five aged 40–59. There were no participants over the age of 60. Ethnic diversity was evident, with the largest portion identifying as 'Other ethnic group,' followed by equal representations of Asian and White backgrounds, and a smaller number identifying as Black as seen in Figure 2.

**Figure 1: What is your/their age? (Resident survey)**



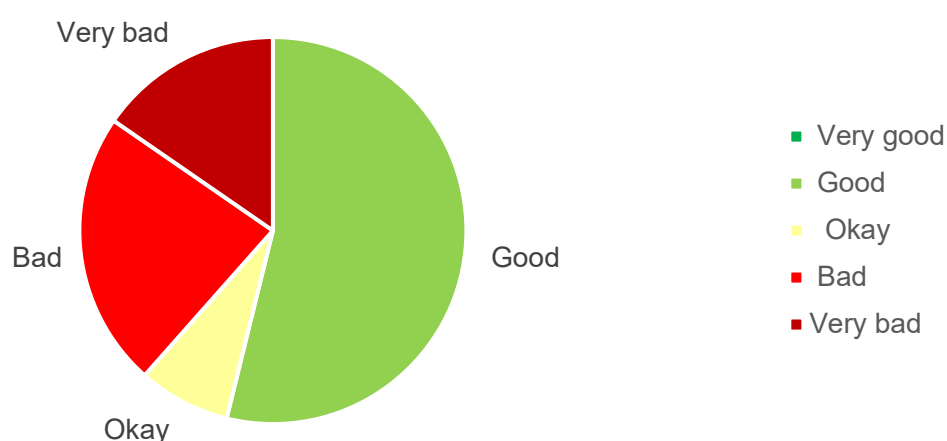
**Figure 2: What is your/their ethnicity? (*Resident survey*)**



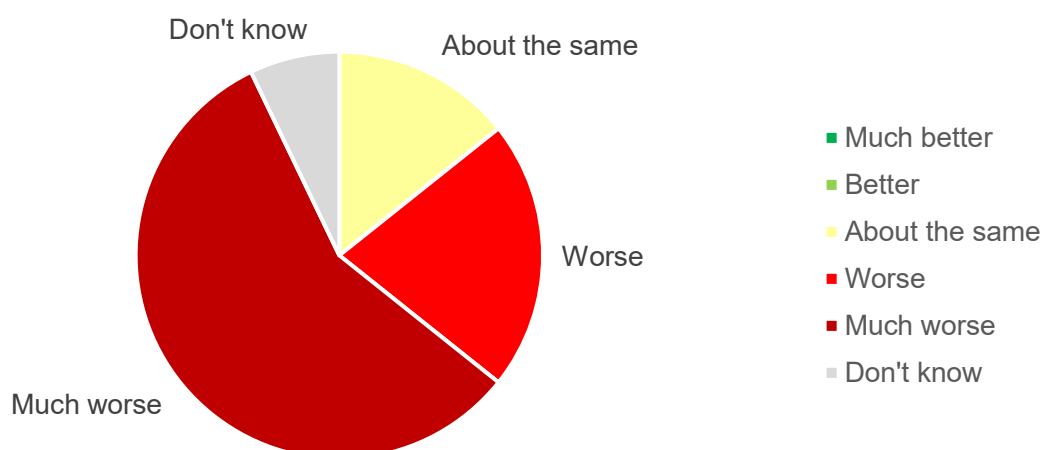
## State of oral health in refugees and asylum seekers

Most respondents rated their oral health as 'Good (7)'. However, a notable segment reported their oral health as 'Bad (3)' or 'Very Bad (2)', reflecting disparities in oral health outcomes within this group as visualised in Figure 3. Dental care professionals in Harrow predominantly view the oral health of refugees and asylum seekers as worse than that of the general population (11) as seen in Figure 4. The two pie charts reveal a significant disparity between the perceptions of dental care professionals and those of refugees and asylum seekers regarding oral health. This suggests that while some individuals may not recognize underlying issues, dental care professionals are identifying unmet oral health needs within this population.

**Figure 3: How would you describe the health of your/their teeth and mouth? (*Resident survey*)**

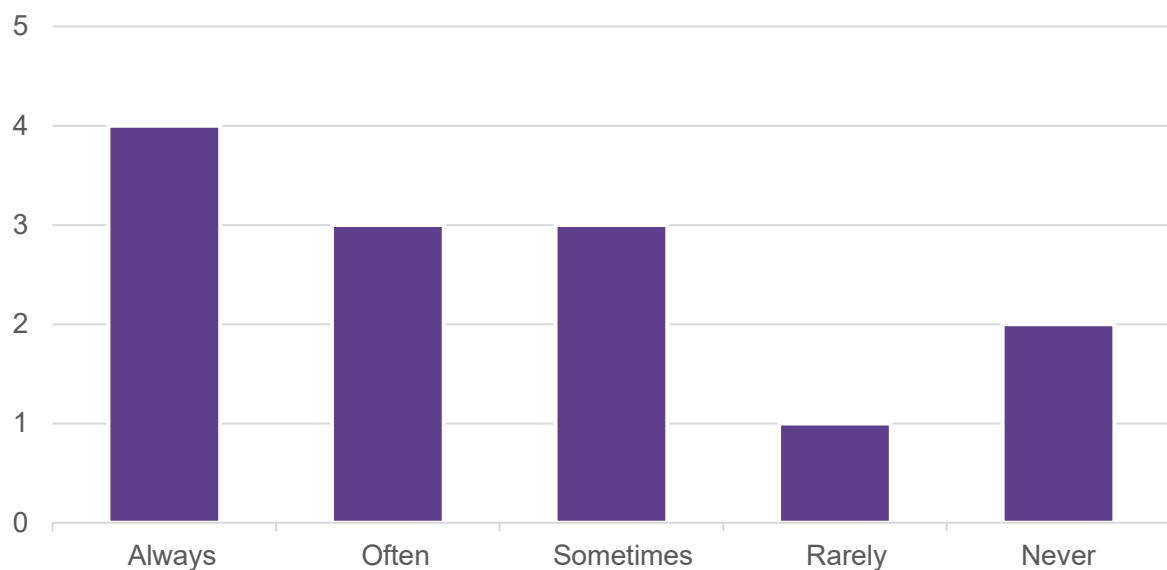


**Figure 4: Based on your experience working in Harrow, how would you describe the state of oral health in refugees and asylum seekers compared to the general population? (*Dentist and dental care professional survey*)**

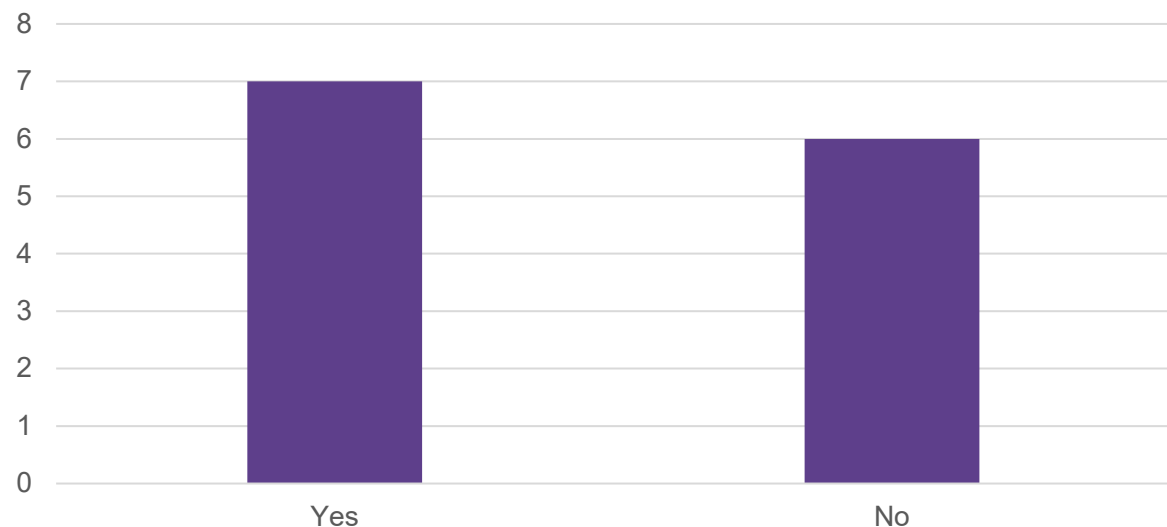


The survey indicates that a substantial number of respondents worry about their oral health, with many expressing concern 'Always (4),' 'Often (3),' or 'Sometimes (3)' as seen in Figure 5. Most (7) participants reported having lost at least one adult tooth (Figure 6). Gum bleeding was reported by many participants (6) (Figure 7), primarily when brushing their teeth. This suggests a prevalence of gum disease which is a risk factor for more serious dental and health complications. Pain in the teeth and mouth was reported with varying frequency (Figure 8). While some experienced pain daily (2) or weekly (2), others reported less frequent occurrences. However, a significant portion mentioned 'Never (6),' suggesting variability in oral health experiences among this population.

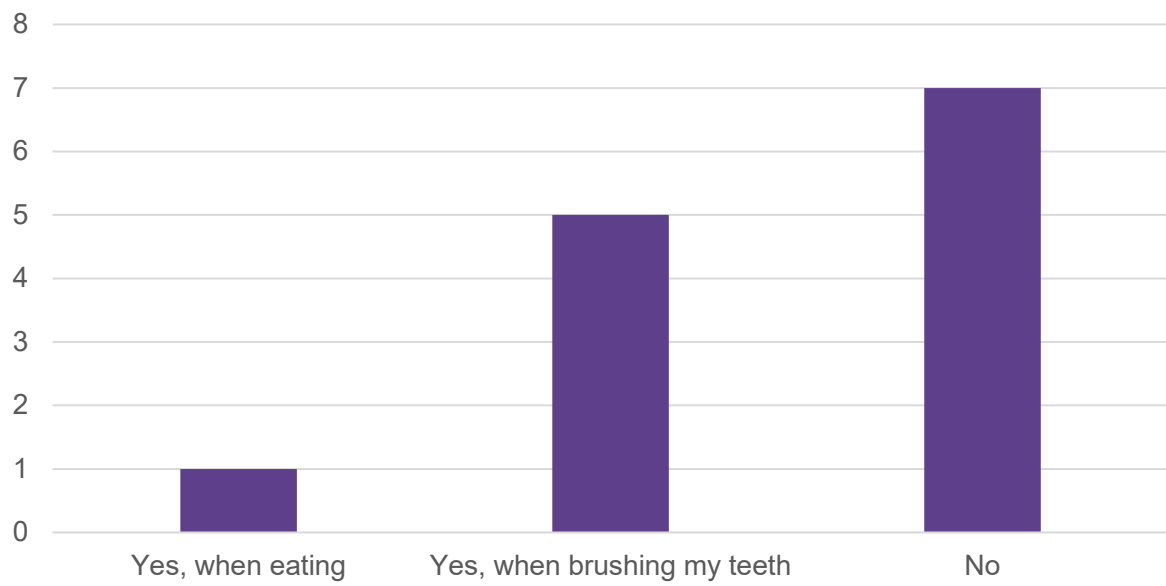
**Figure 5: How often do you worry about the health of your/their teeth and mouth? (Resident survey)**



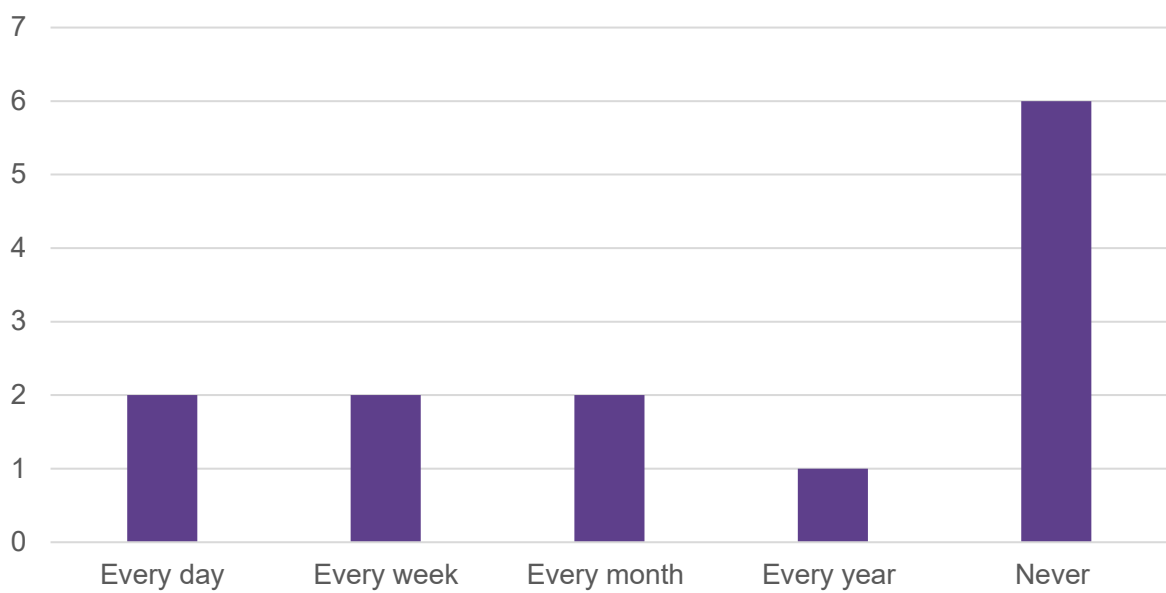
**Figure 6: Have you/they lost any of your/their adult teeth? (Resident survey)**



**Figure 7: Do your/their gums bleed? (*Resident survey*)**



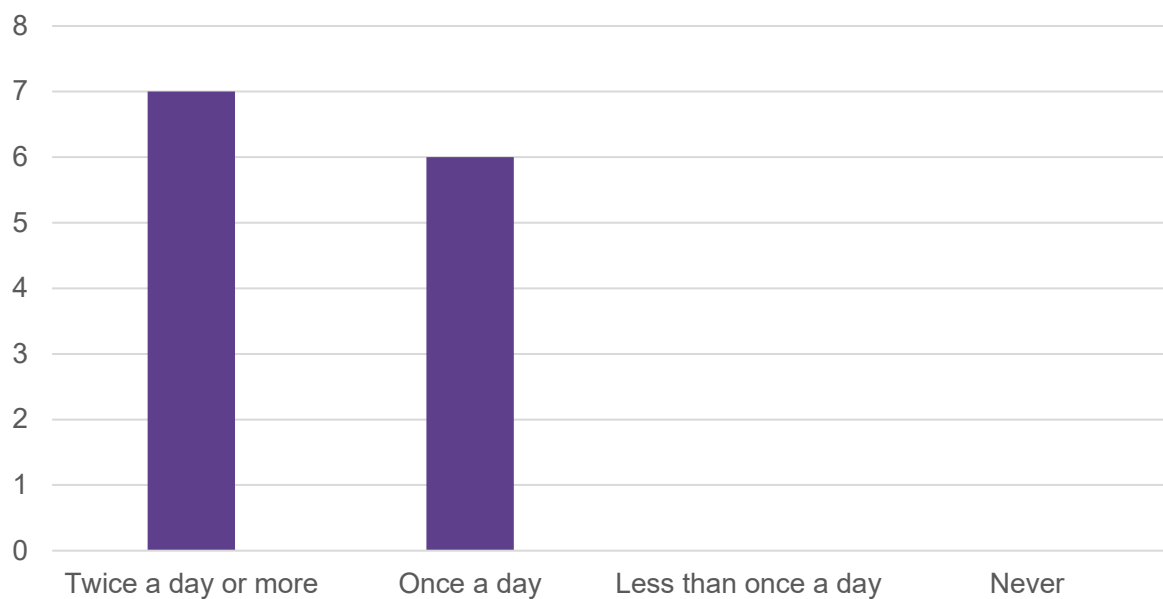
**Figure 8: How often do you/they have pain in your/their teeth and mouth? (*Resident survey*)**



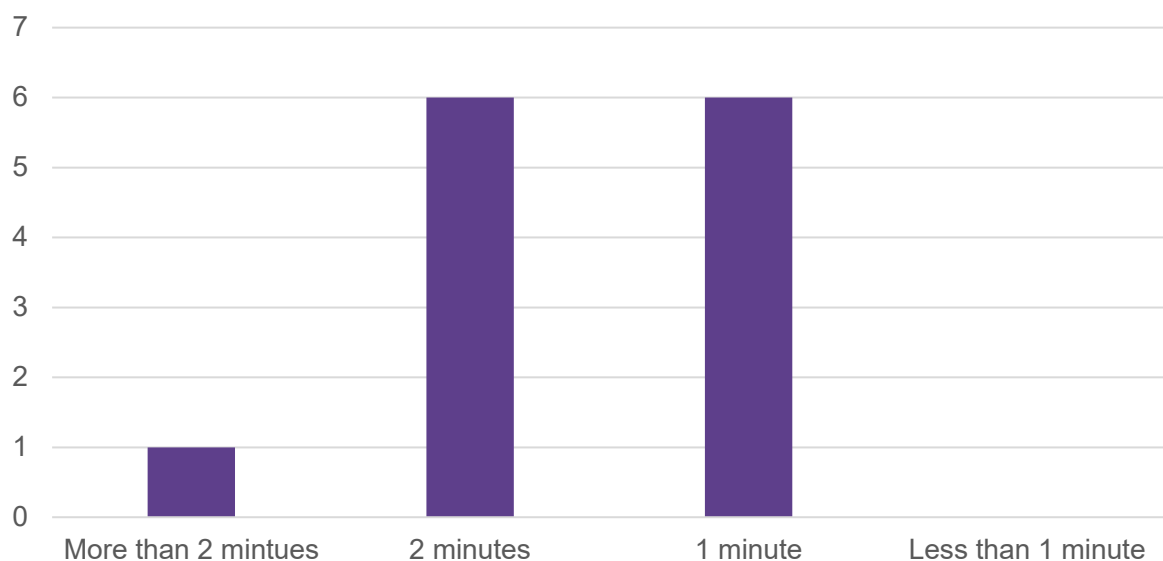
## Reasons for poor oral health in refugees and asylum seekers

The responses indicated mixed toothbrushing habits. Most participants (7) brushed their teeth twice a day, although many (6) brushed only once a day as seen in Figure 9. However, only about half adhered to the recommended two-minute brushing duration, with the rest brushing for just one minute (Figure 10). Nine respondents confirmed using fluoride toothpaste, though two were uncertain (Figure 11).

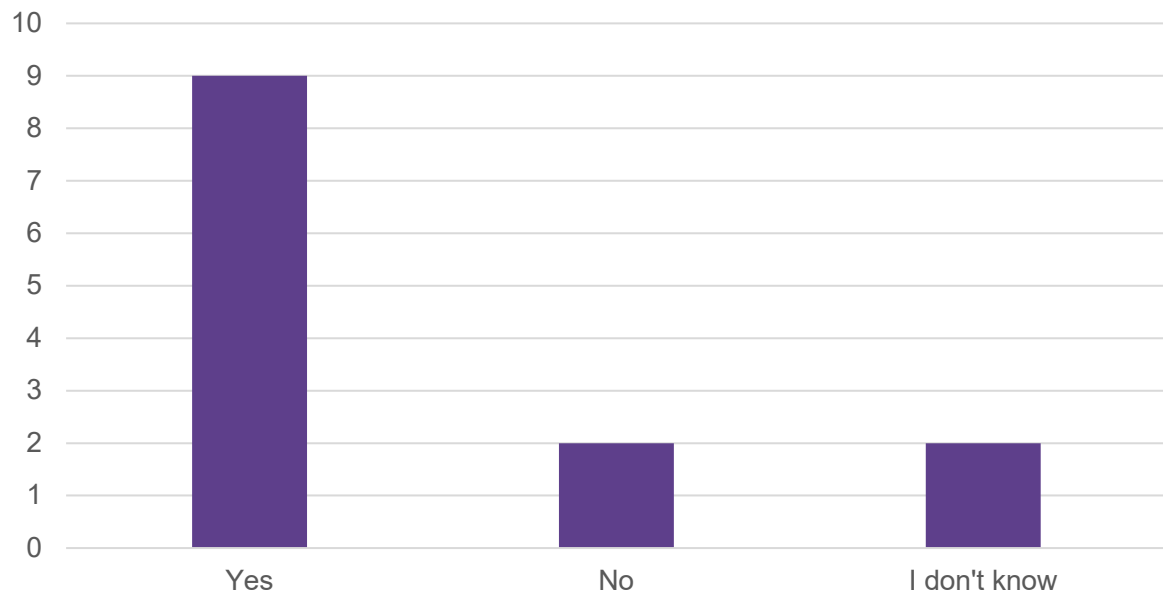
**Figure 9: How many times do you/they brush your/their teeth each day? (Resident survey)**



**Figure 10: How long do you/they brush your teeth for? (Resident survey)**

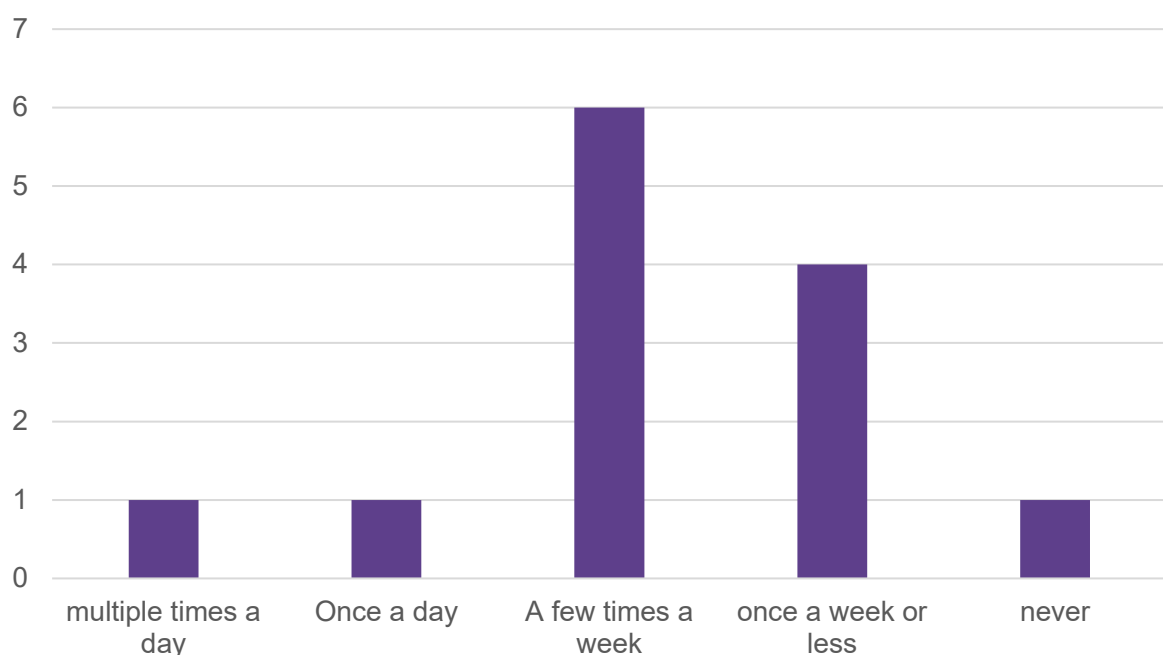


**Figure 11: Does your/their toothpaste have fluoride in it? (Resident survey)**



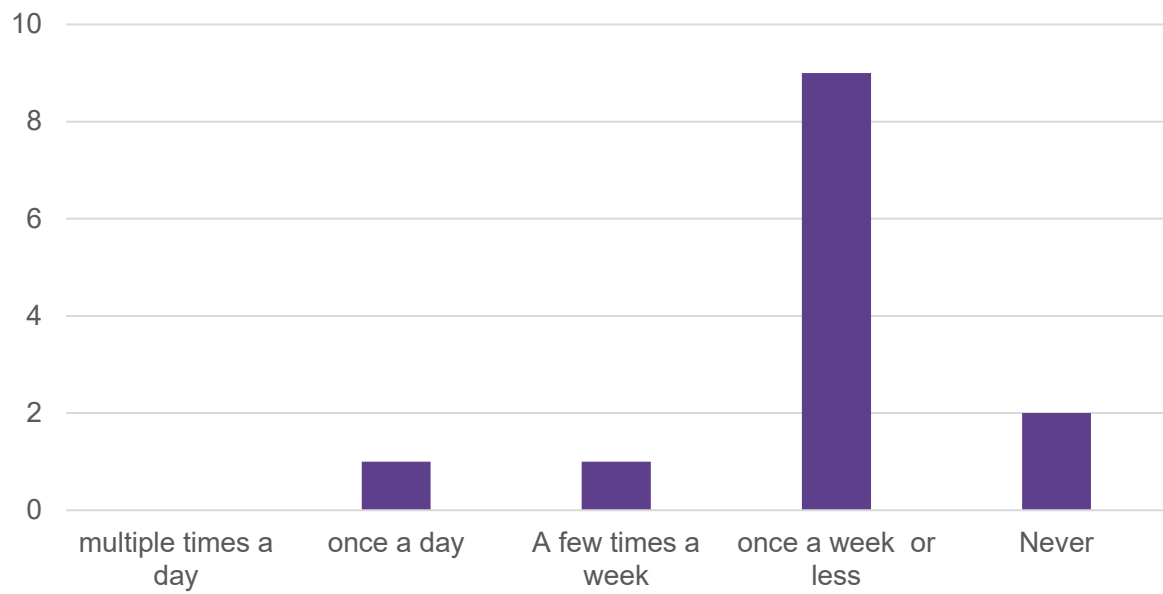
When it came to dietary habits, the majority consumed sugary foods infrequently, typically a few times a week or less, whilst two participants reported daily consumption (Figure 12). Similarly, most participants (9) drank fizzy drinks once a week or less, although one participant mentioned daily intake (Figure 13). Both smoking and alcohol consumption were rare, with the majority of adults having never smoked (7) (Figure 14) and only one participant consuming alcohol regularly (Figure 15).

**Figure 12: How often do you/they eat sugary foods (like chocolates, sweets, biscuits or cakes)? (Resident survey)**

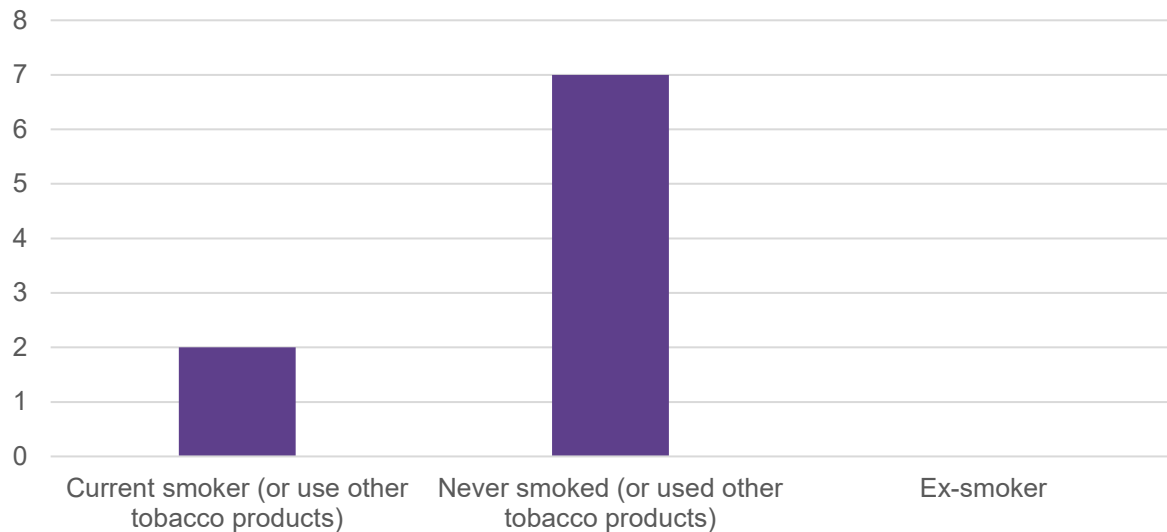




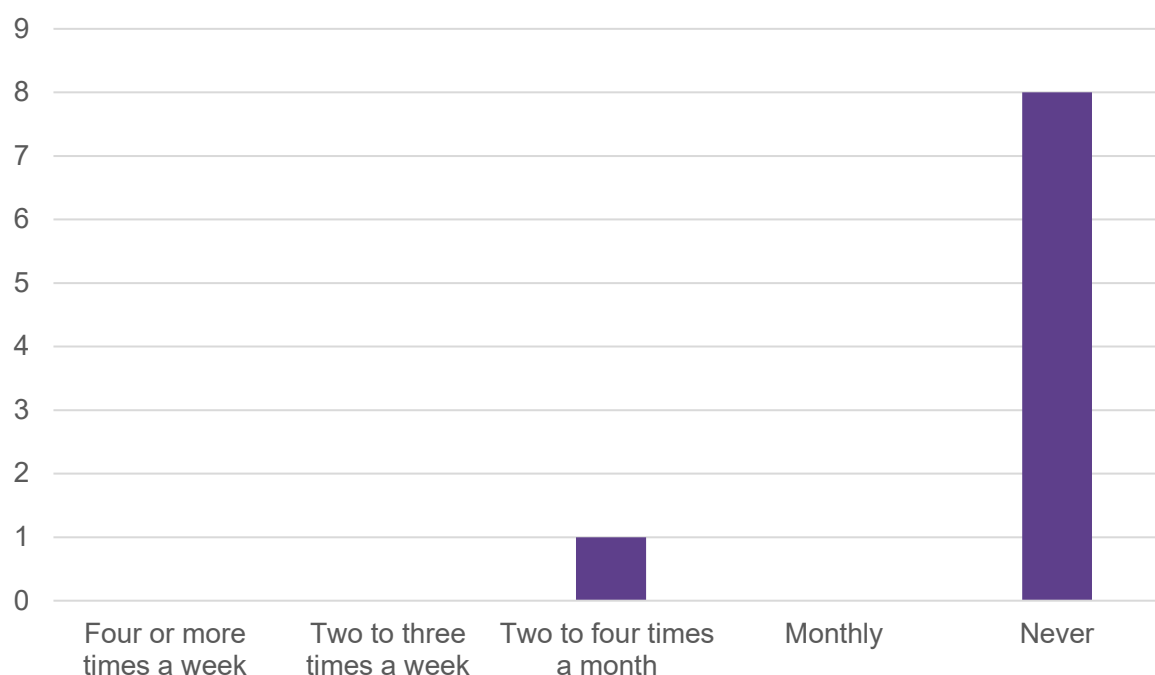
**Figure 13: How often do you/they drink fizzy drinks? (*Resident survey*)**



**Figure 14: Do you smoke or use other tobacco products (like chewing tobacco)? (*Resident survey*)**



**Figure 15: Do you drink Alcohol? (*Resident survey*)**



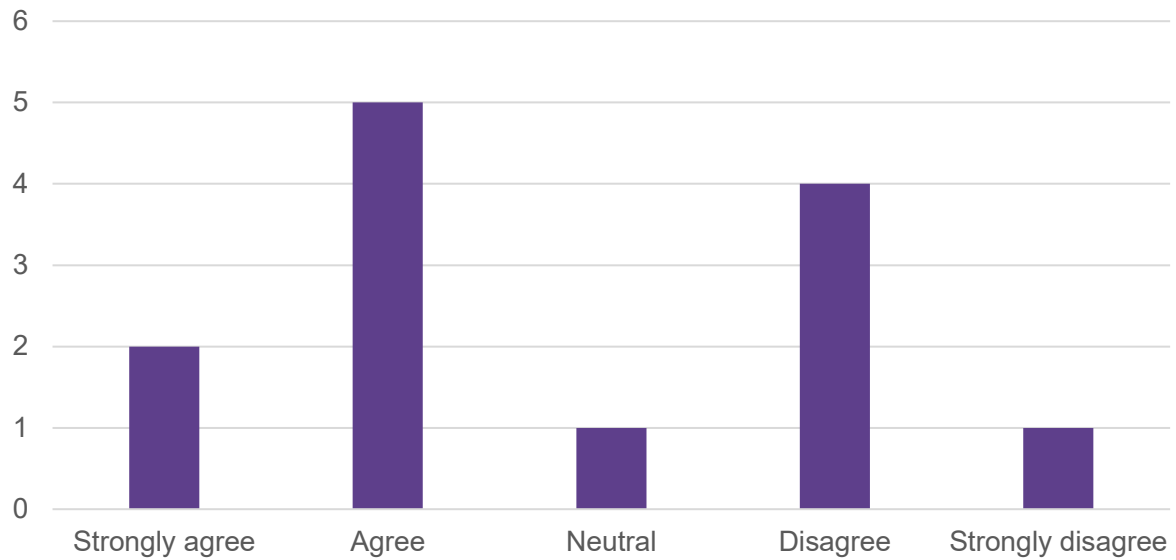
Respondents to the resident survey were then asked how much they agreed or disagreed with a series of statements. This was to obtain a picture of their knowledge and understanding of oral health behaviours. It is important to note that this question was aimed at the person answering the survey, therefore it could be an adult refugee/asylum seeker responding about their knowledge and understanding related to their own oral health, or a parent or legal guardian from a perspective related to their child. Responses were combined to provide a more comprehensive overview rather than a weaker insight if results were separated. Both perspectives are important as ultimately either the person responding for themselves or on behalf of another play the crucial caring role in that individual's life.

The data reflected some confusion around oral health practices, with nearly two-thirds of respondents reporting feeling confused about what is or isn't healthy for their teeth and mouth (Figure 16). Most (9) participants recognised the importance of brushing their teeth as shown in Figure 17 although a concerningly high number did not (4). Many (8) also acknowledged the role of diet in maintaining healthy teeth (Figure 18), but again a significant number did not (4).

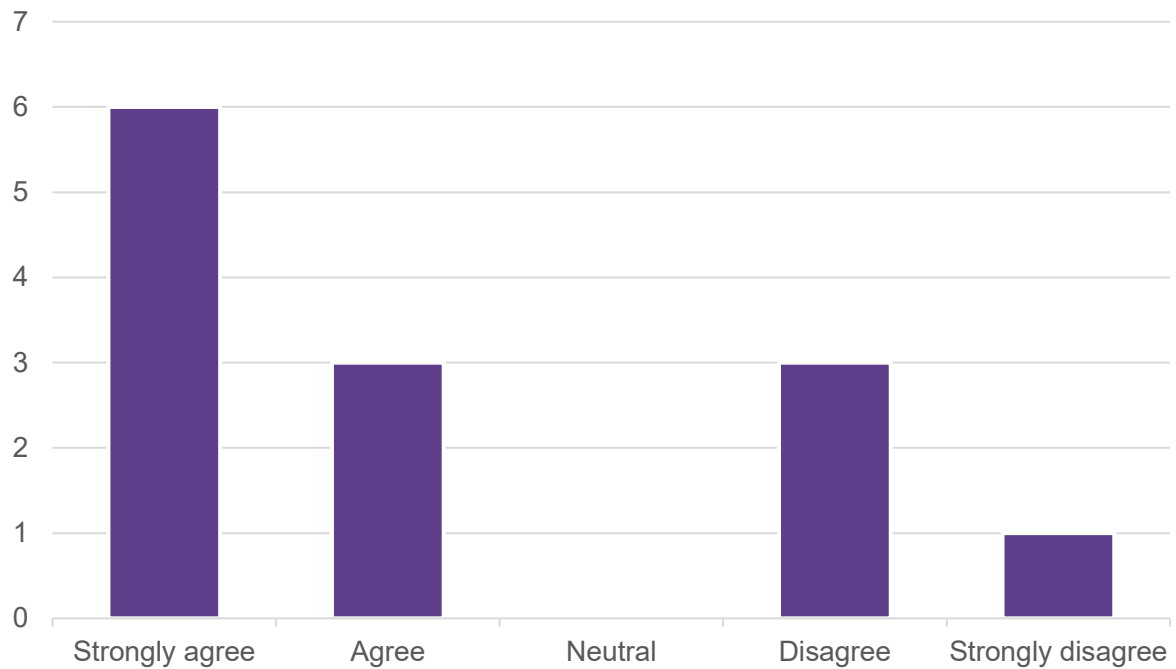
In contrast, most were aware of the negative impact of smoking on oral health with seven participants strongly agreeing (Figure 19). Four participants were unsure about the impact of alcohol on oral health whilst five individuals agreed that drinking made a difference to their oral health (Figure 20).

Many respondents (7) expressed difficulties in affording nutritious food (Figure 21) and purchasing oral care products (6) like toothbrushes and toothpaste (Figure 22).

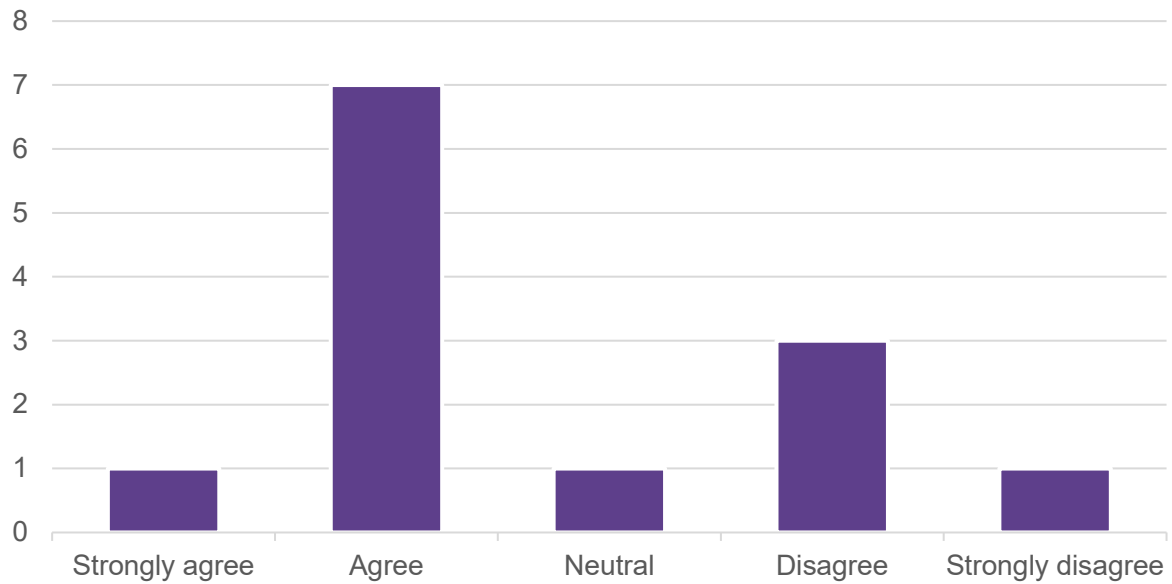
**Figure 16: I get confused over what is or isn't healthy for my/their teeth and mouth. (Resident survey)**



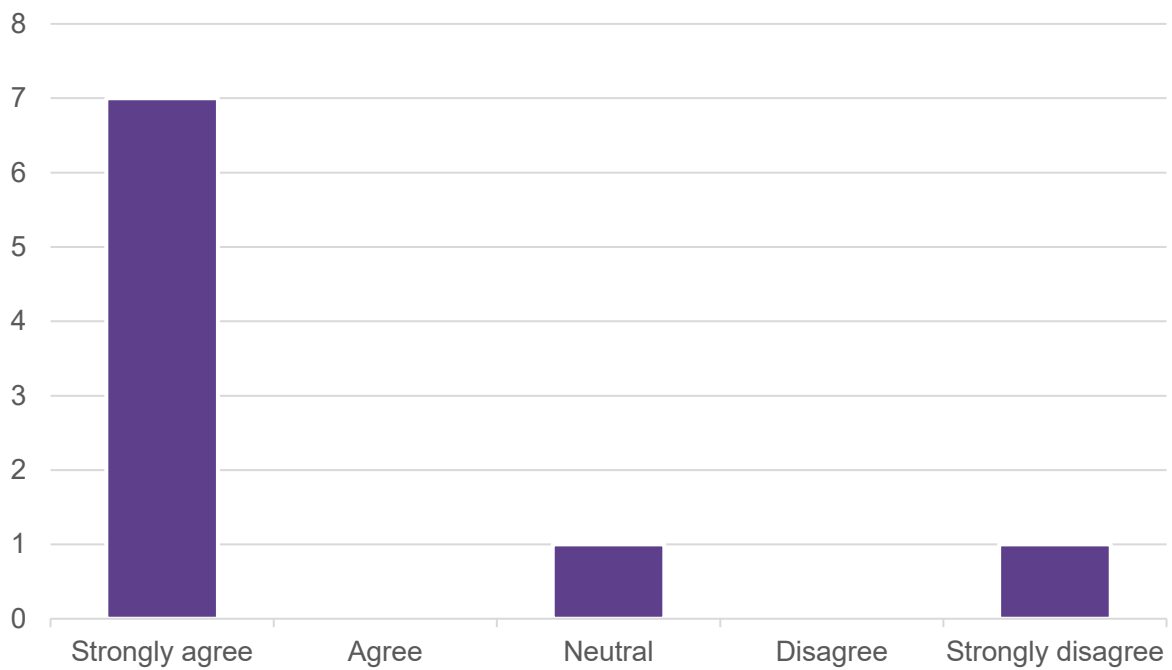
**Figure 17: Brushing my/their teeth properly makes a big difference to how healthy my teeth and mouth are. (Resident survey)**



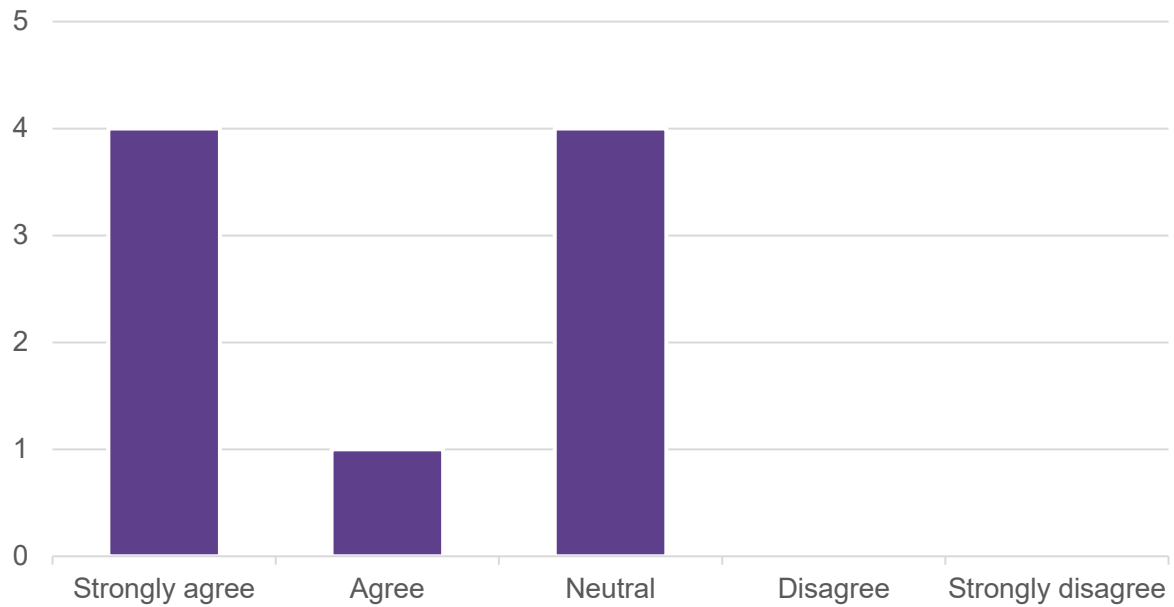
**Figure 18: What I/they eat or drink makes a big difference to how healthy my/their teeth and mouth are. (*Resident survey*)**



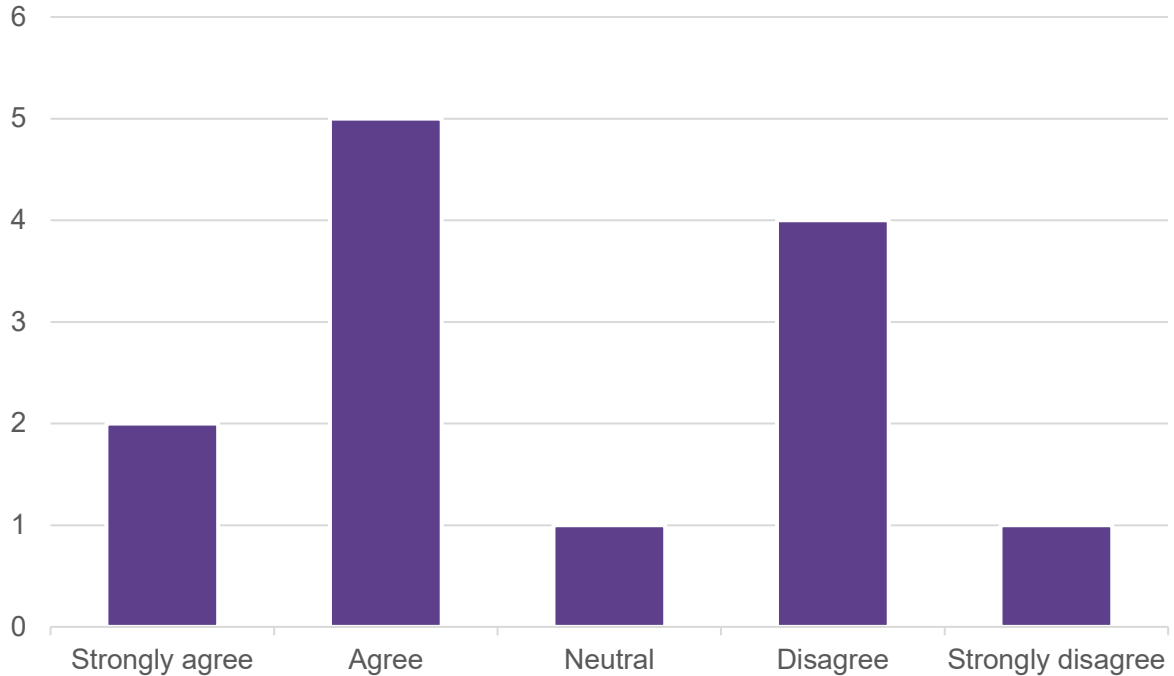
**Figure 19: Smoking or using other tobacco products makes a big difference to how healthy my teeth and mouth are (*Resident survey*)**



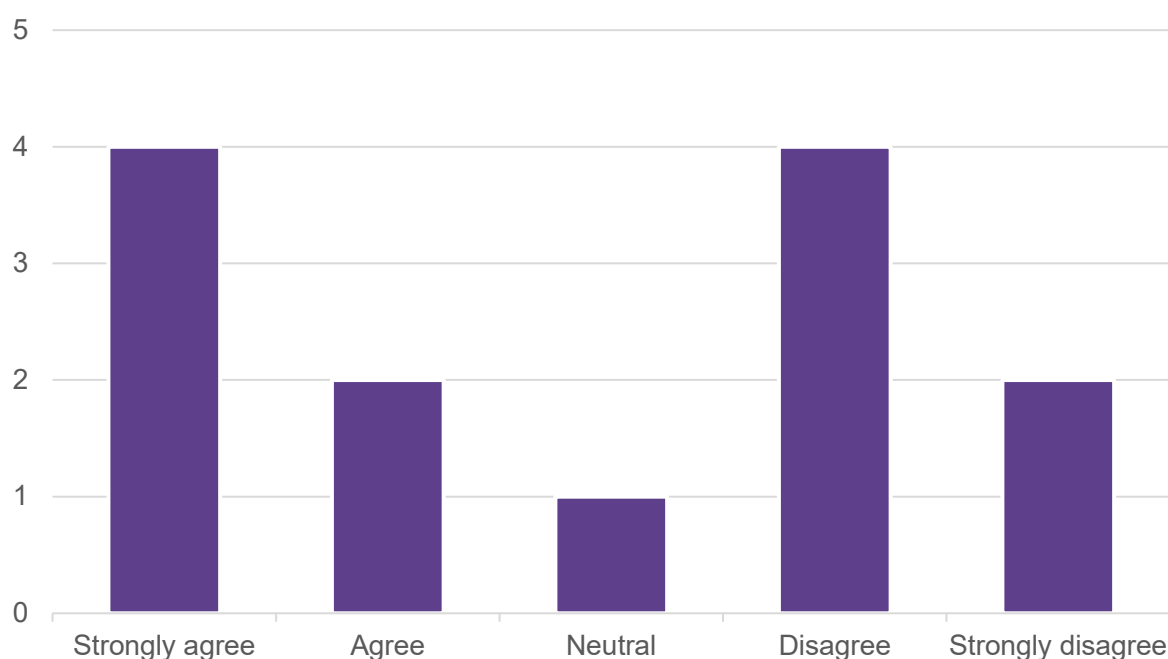
**Figure 20: Drinking alcohol makes a big difference to how healthy my teeth and mouth are (*Resident survey*)**



**Figure 21: It is hard to find or afford healthy food. (*Resident survey*)**



**Figure 22: It is hard to find or afford toothbrushes and toothpaste. (Resident survey)**



The resident survey included two open-answer questions: “What makes it hard to keep their teeth and mouth healthy?” and “What could help to make their teeth and mouth healthier?”. The responses highlighted the importance of consistent routines and regular reminders in maintaining good brushing habits. Parents emphasized that directly supervising their children influenced the quality of brushing, with lapses occurring when children were left unsupervised. Additionally, caregivers underscored the significance of appropriate dental products, noting that access to quality toothpaste and toothbrushes is vital for sustaining oral health. This perspective suggests that interventions should not only target individuals but also consider the broader family context to enhance overall oral health outcomes.

Dietary habits also emerged as a key obstacle, particularly the consumption of sugary foods such as chocolates and fizzy drinks. Participants acknowledged these as contributors to poor oral health, with one stating, “Drinking fizzy drinks is bad for my teeth.” Others pointed to lapses in preventive behaviours, such as irregular dental visits.

When asked how their oral health could be improved, participants offered a range of practical suggestions. Many emphasized the importance of timely and appropriate dental treatment, particularly for pain relief.

Others acknowledged the need for behavioural changes, including reducing sugary foods and fizzy drinks, adopting healthier eating habits, and maintaining regular brushing routines. There was a strong emphasis on personal responsibility, reflected in comments such as, “Eating healthier and making sure I brush my teeth regularly,”. However, financial constraints were also noted, with one participant stating that improving their oral health would require “A lot of money,” linking affordability to access and outcomes.

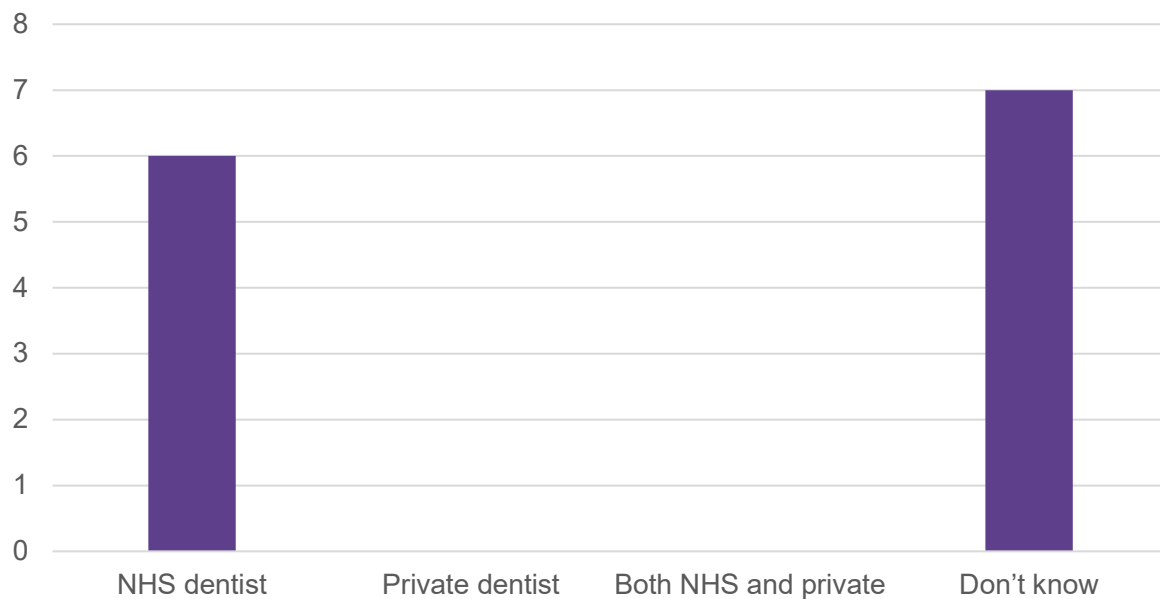
*“My teeth have been damaged, and I have not received proper and quality dental treatment in the UK”*

## Experience accessing and receiving dental care in Harrow

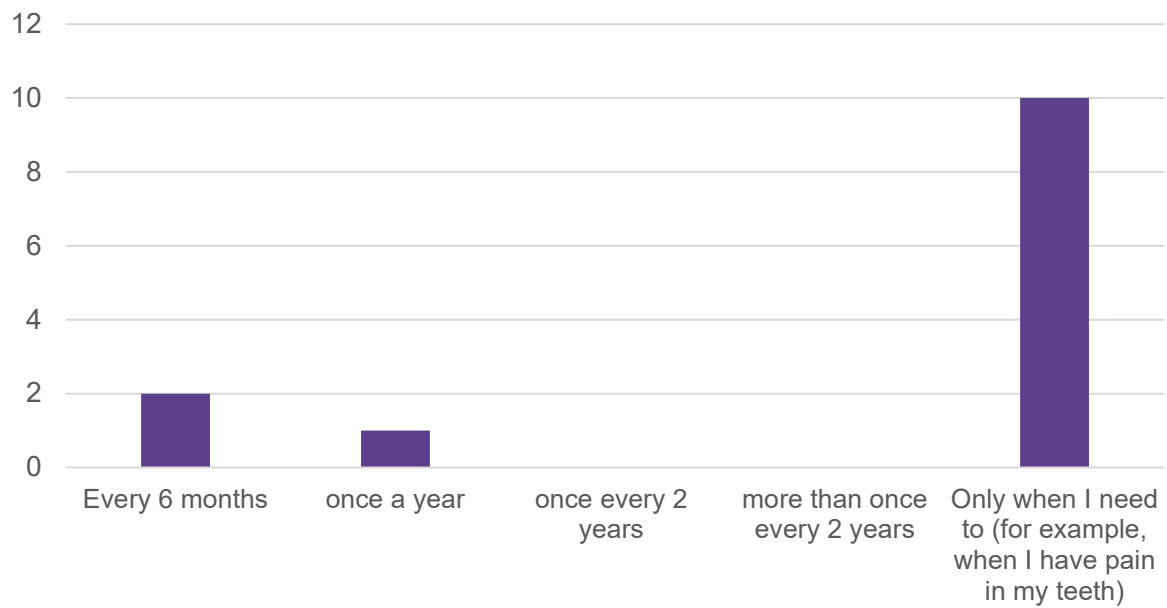
When survey participants were asked about the type of dental care they utilised, six individuals mentioned using NHS dental services (Figure 23). Seven respondents stated that they don't know what kind of dentist they use, which may be because they were unsure what dentist they had accessed, or because they had not seen a dentist in the UK. Routine dental check-ups were rare (Figure 24), with only three participants attending at least every year, while the majority (10) only sought dental care when experiencing pain or an issue. Awareness of how to access dental services was limited; four respondents stated they knew how to access an NHS dentist, another four knew where to find out, while five expressed uncertainties about where to start (Figure 25). Seven respondents had not attempted to book an NHS appointment. Among those who tried, four described the process as easy, while two found it challenging (Figure 26).

Understanding of payment procedures was varied, with some (7) knowing they did not need to pay, others uncertain (5), and one confirming payment for services (Figure 27). Opinions on affordability were also divided; five participants found NHS care easy to afford, two struggled, and six had not accessed services at all (Figure 28).

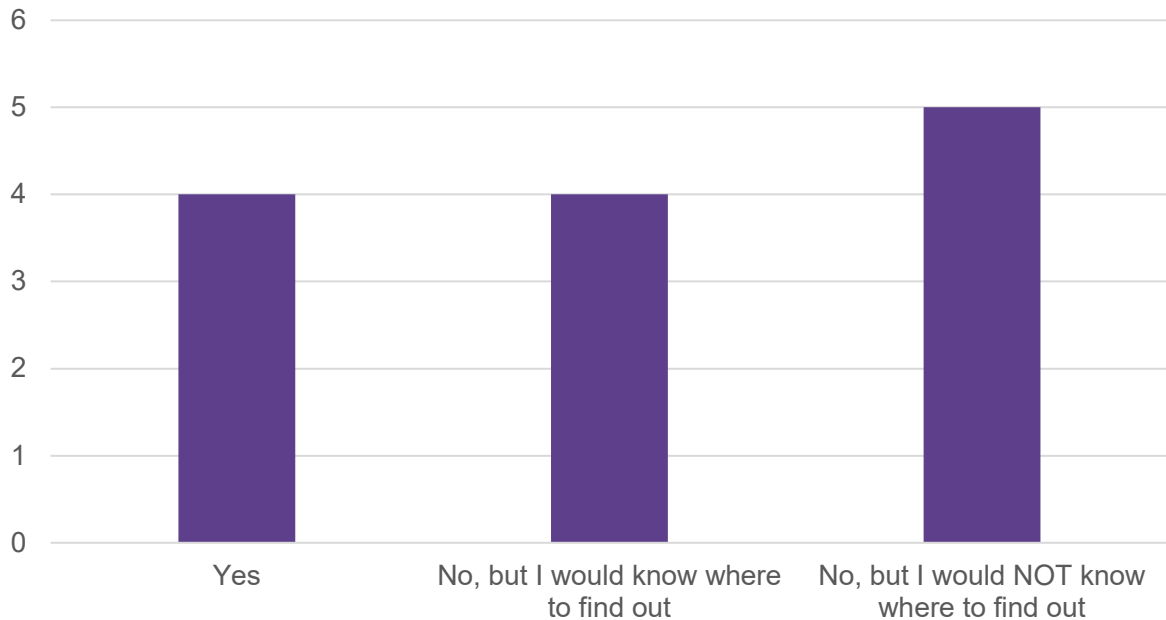
**Figure 23: What kind of dentist do you/they use? (Resident survey)**



**Figure 24: How often do you/they go to the dentist? (*Resident survey*)**

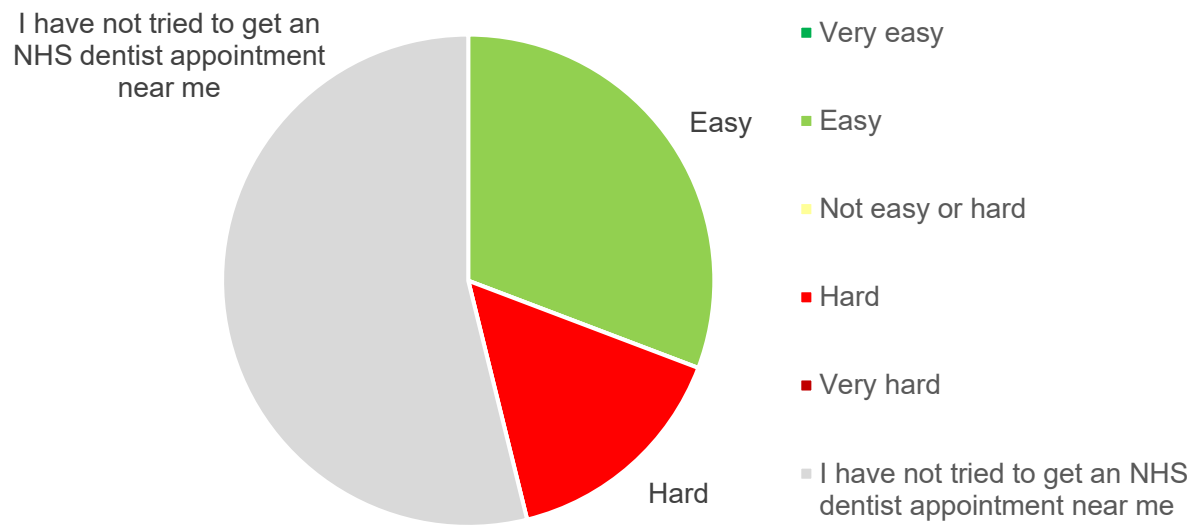


**Figure 25: Do you know how to get an NHS dentist appointment near you? (*Resident survey*)**

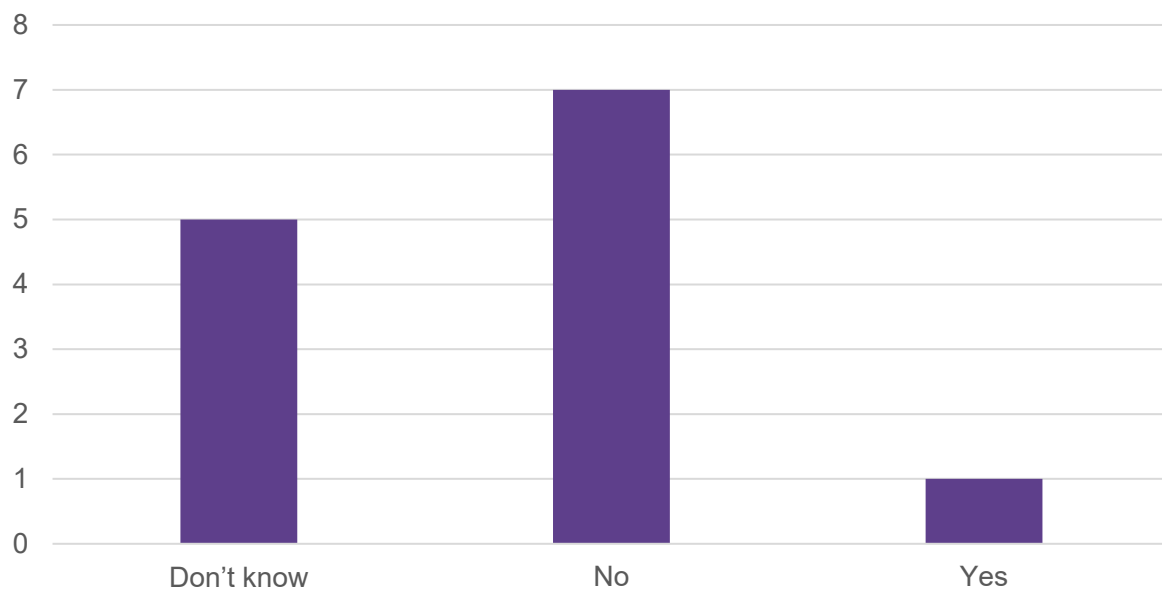




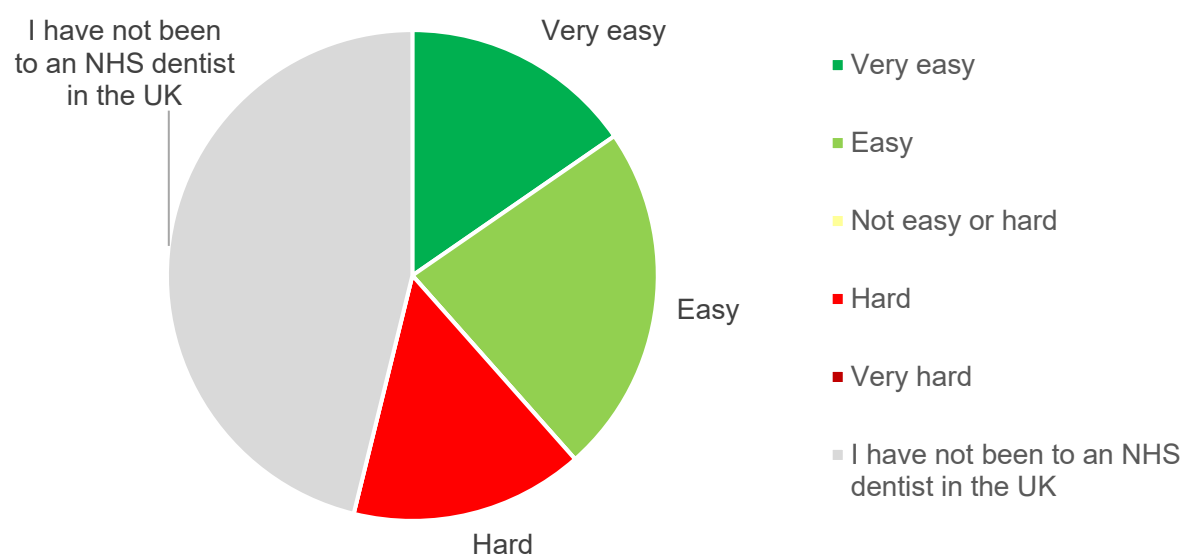
**Figure 26: Have you found it easy or hard to get an NHS dentist appointment near you? (Resident survey)**



**Figure 27: Do you pay for your/their NHS dentist appointments (Resident survey)**



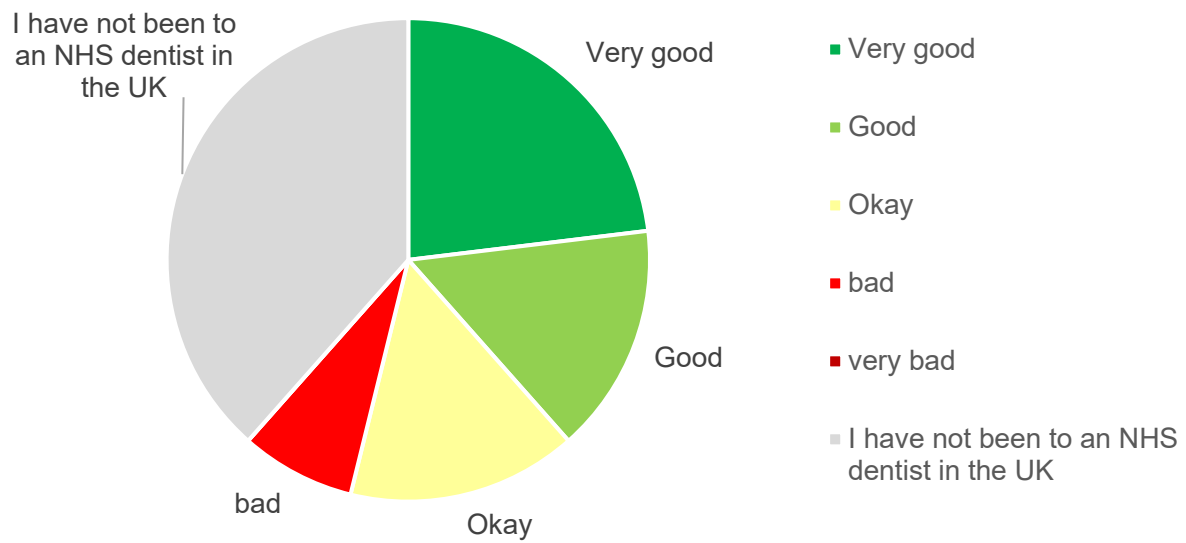
**Figure 28: Do you find it easy or hard to afford NHS dentist appointments? (*Resident survey*)**



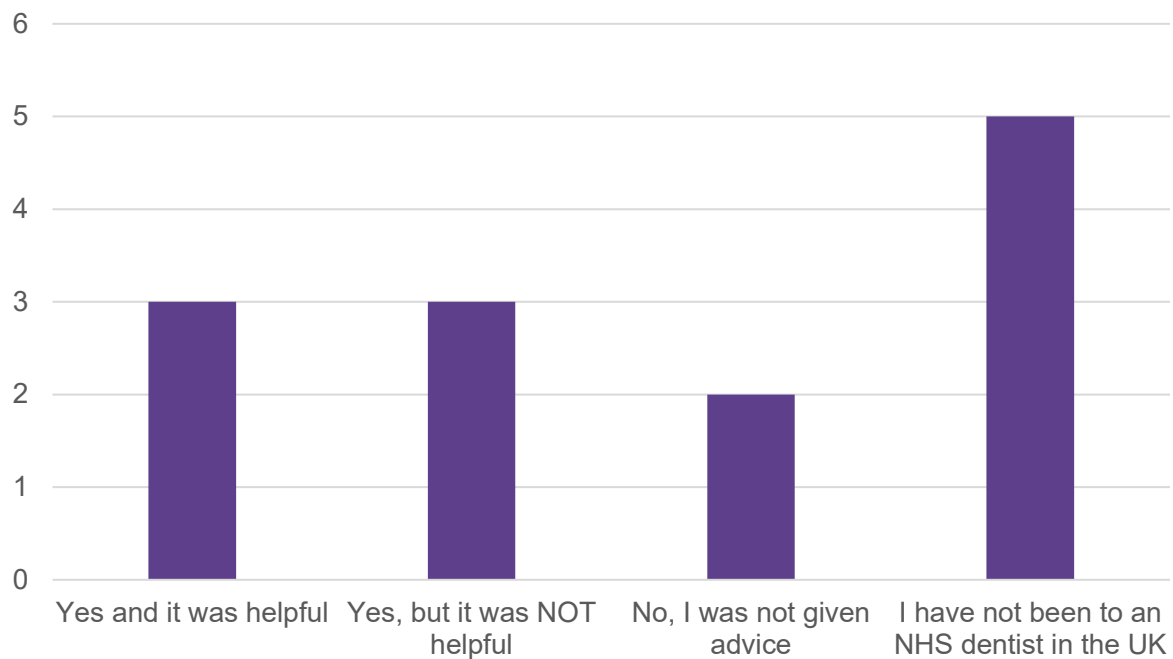
Among those who accessed NHS dental services, most described their experiences positively (Figure 29). Three individuals rated their experiences as very good, two considered them good, and another two felt their care was okay. Only one participant reported dissatisfaction with the service received. Five individuals had not yet accessed dental care. When it came to receiving oral health advice, half of those who visited a dentist found the guidance useful, while the remaining respondents found it either inadequate or completely absent (Figure 30). The data shows that seven respondents answered "Don't know" when asked if the advice they received from dentists and other health professionals about their teeth and mouth was consistent, four respondents stated that the advice was always consistent, one respondent each reported that the advice was mostly inconsistent and never consistent. These results suggest that many experience inconsistency, pointing to a need for clearer, more standardised oral health communication. (Figure 31).

Communication also emerged as a challenge, with three individuals stating it was easy or very easy to communicate with their dentist, while four found it hard or very hard (Figure 32). Language remained a significant obstacle for many survey participants. Nine respondents indicated that English was not their primary language (Figure 33). Despite this, of those who had accessed NHS dental care only one person reported having an interpreter during their dental appointments (Figure 34). Furthermore, most expressed a clear preference for interpreter support, underscoring a gap between existing needs and available services (Figure 35).

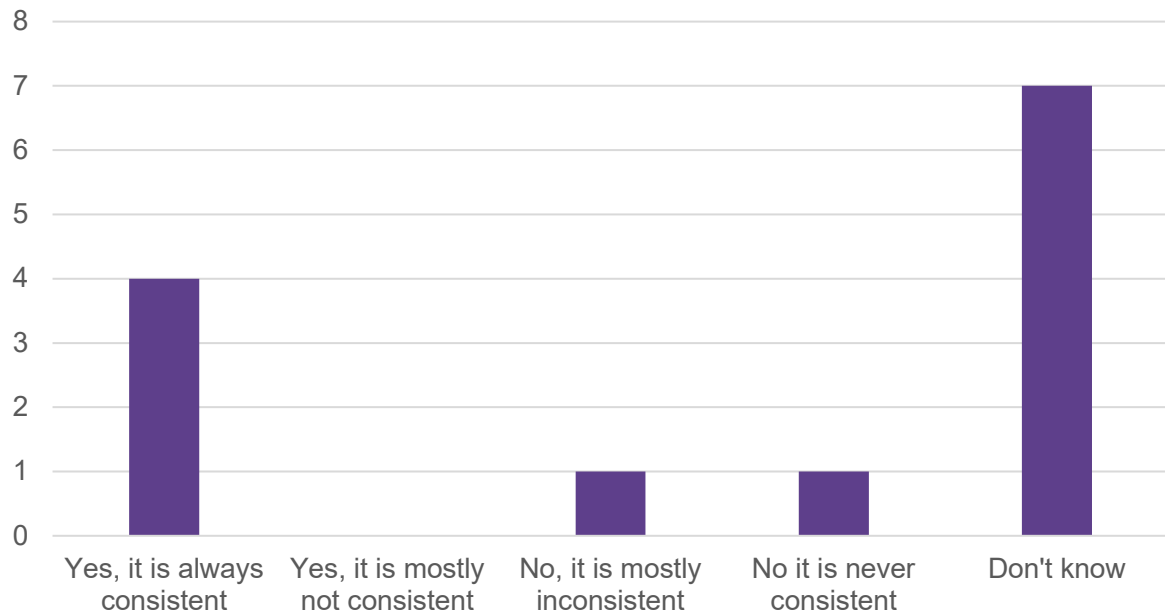
**Figure 29: When you/they last saw a dentist, how would you rate your/their experience? (Resident survey)**



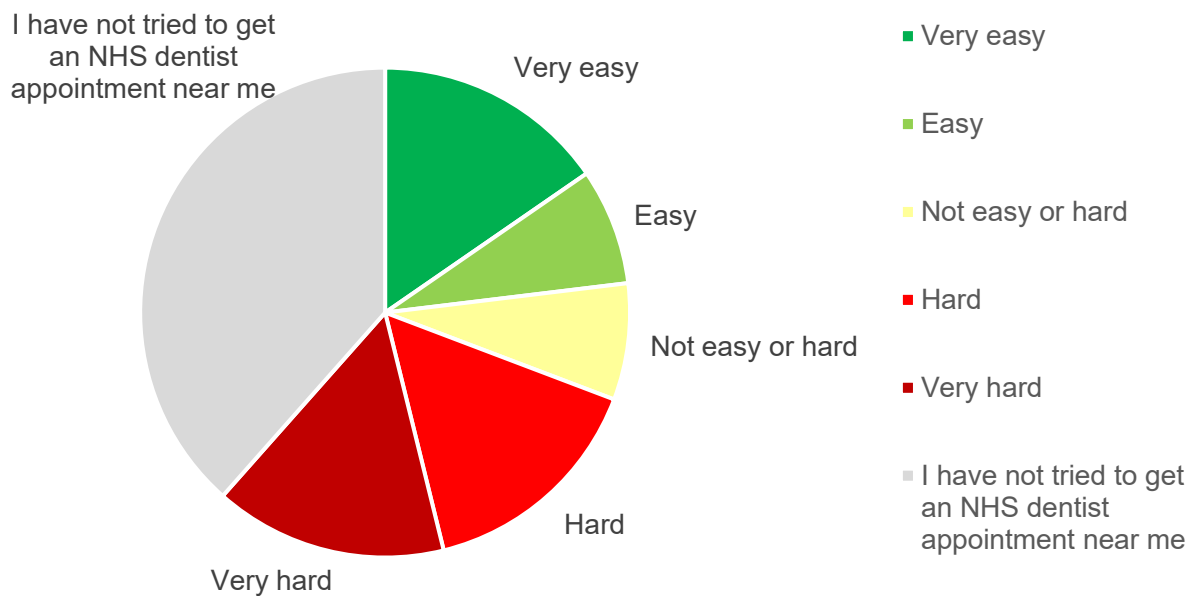
**Figure 30: When you/they last saw a dentist, were you given advice on how to look after your/their teeth and was this advice helpful? (Resident survey)**



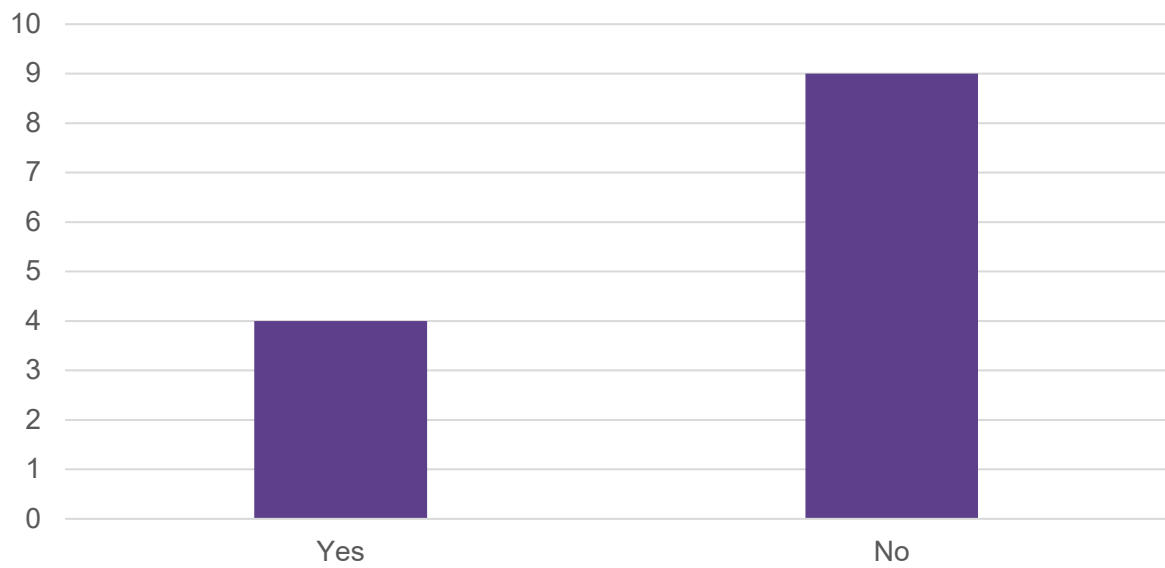
**Figure 31: Is the advice you are given by dentists and other health professionals about your/their teeth and mouth consistent? (*Resident survey*)**



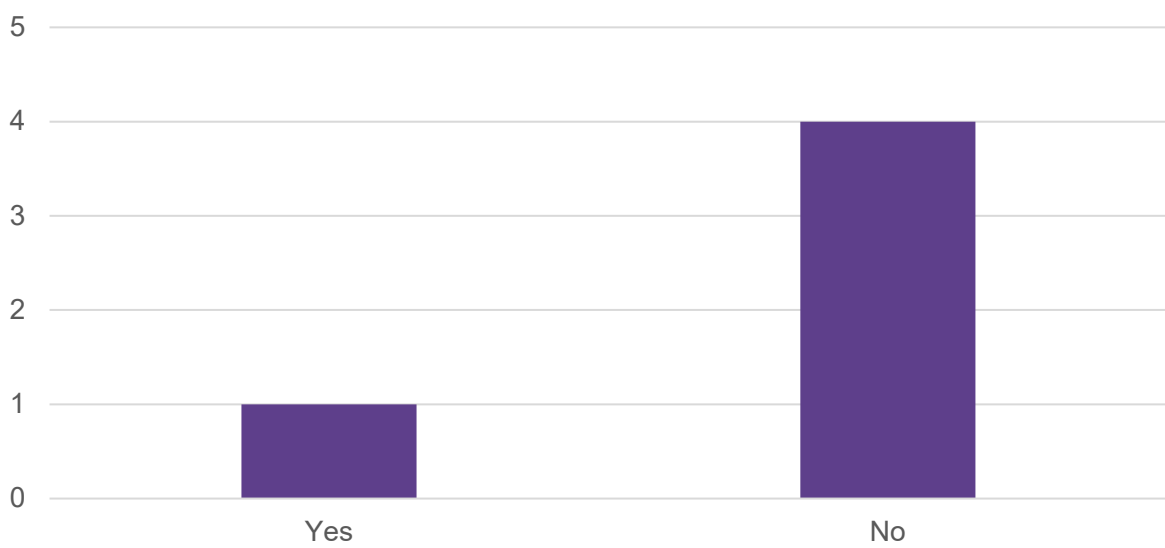
**Figure 32: Did you find it easy or hard to talk to your/their dentist? (*Resident survey*)**



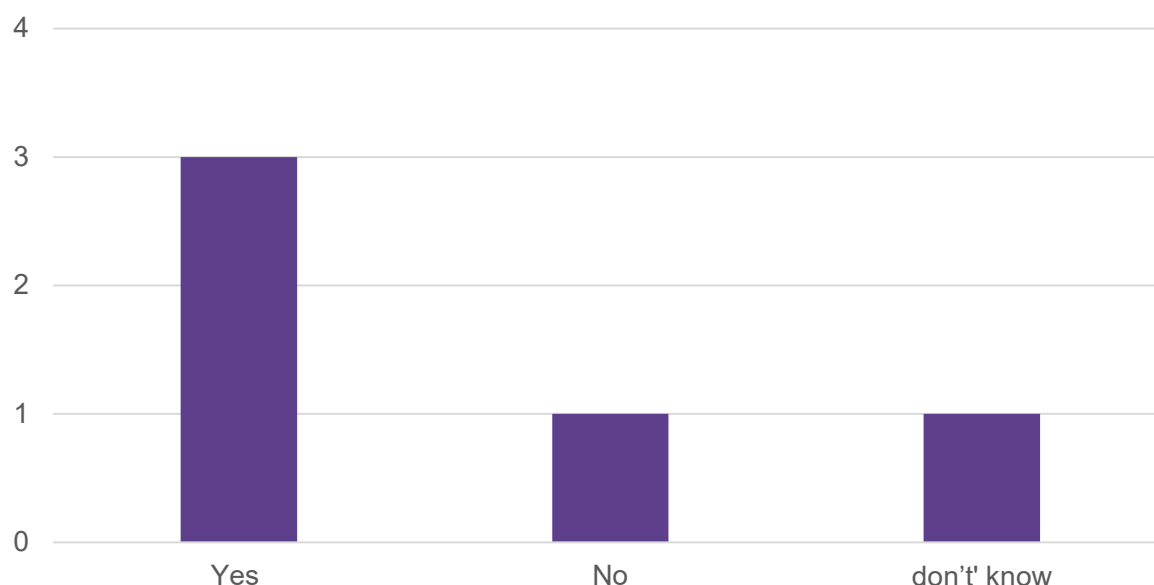
**Figure 33: Is English your first language? (*Resident survey*)**



**Figure 34: Did you have an interpreter to help you to talk to your/their dentist? (*Resident survey*)**



**Figure 35: Would you like to have an interpreter to help you to talk to your/their dentist?  
(Resident survey)**



Respondents to the resident survey were also asked the open-ended question: “Please tell us why you found it easy or hard to get an NHS dentist appointment and why you had a good or bad experience at this appointment?”. Several individuals described profound difficulties accessing NHS dental appointments. A common issue was the lack of awareness of where to find NHS-accepting dental practices. Some respondents had not visited a dentist since arriving in the UK, reflecting a gap in engagement or accessibility.

“Dentists not taking NHS patients, not knowing where to find one”

However, not all experiences were negative. One participant noted the use of receiving support from other people in finding an NHS dentist, while another highlighted the value of having a dentist who spoke their language, underscoring the importance of linguistic accessibility.

## *Summary*

The survey responses from Refugees and Asylum Seekers also indicated unmet oral health needs. Many reported bleeding gums, frequent dental pain and having lost adult teeth.

Alongside this, Refugees and Asylum Seekers reported a range of barriers to achieving good oral health. Dental care was underutilised, and many individuals lacked clear knowledge of how to access NHS services. Language barriers were a major concern, with limited use of interpreters despite clear demand. Respondents highlighted that affordability and accessibility of healthy food and oral hygiene products further limited their ability to maintain good oral health behaviours. Inconsistent advice was also identified by respondents as undermining engagement with oral hygiene practices.

Our findings suggest that addressing these issues requires provision of clearer, consistent and culturally competent information about how to engage with good oral health behaviours and access NHS dental care. Many respondents also emphasised the importance of accessible dental treatment when asked how their oral health could be improved.

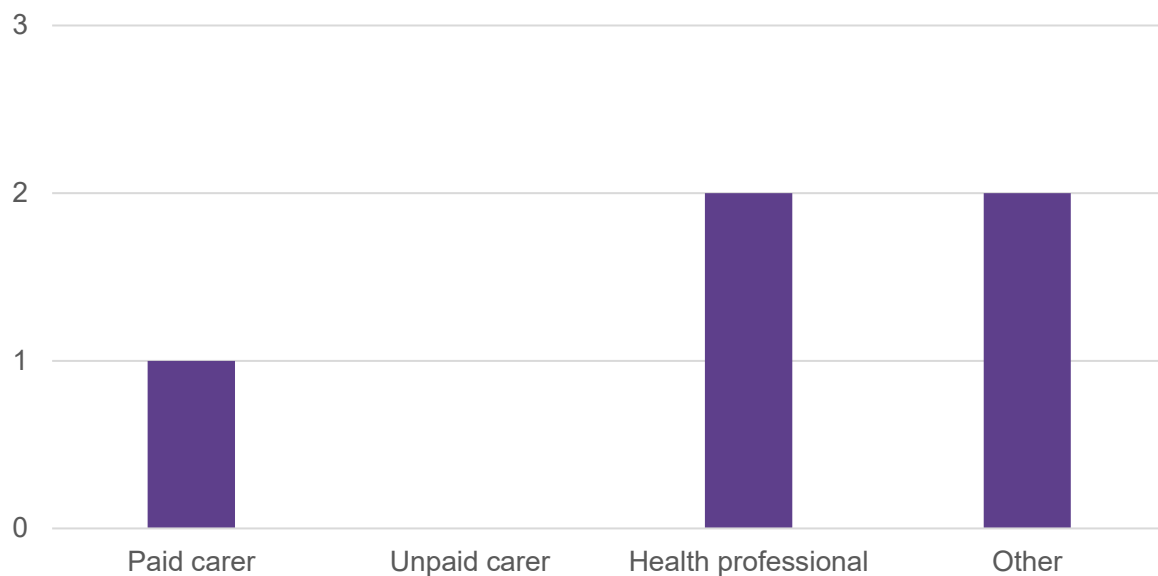
# Older Adults in Care Homes

## Background

This chapter details responses to the carers survey from those working with older adults in care homes. There was no residents survey as the National Dental Epidemiology Programme (NDEP) survey for this year (2025) covers adults in care homes, and will therefore provide more detailed data on the state of oral health in this population. Due to the limited number of responses to the carers survey for this population group (five), our findings must be interpreted with significant caution.

Respondents held varied roles, including a paid carer, two health professionals, and two individuals who selected “Other” as visualised in Figure 1. This mix of respondents provides valuable insight from those directly involved in the day-to-day care and oral health management of older adults.

**Figure 1: What role do you have caring for older adults in care or nursing homes? (Carer survey)**

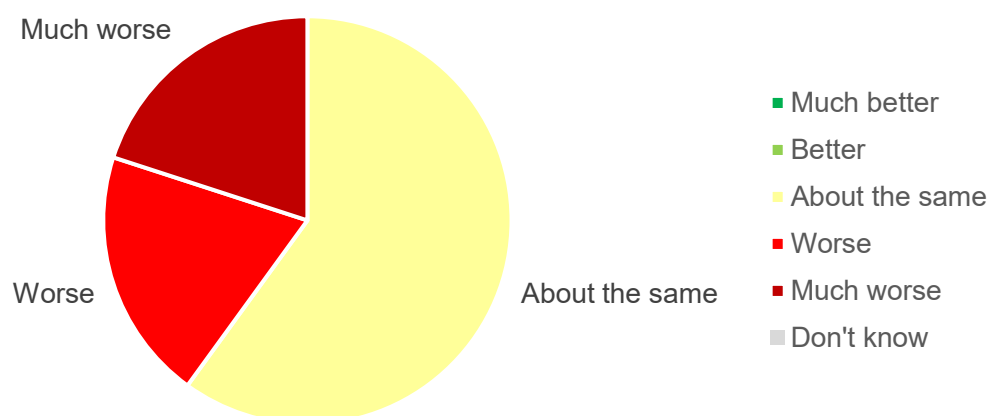




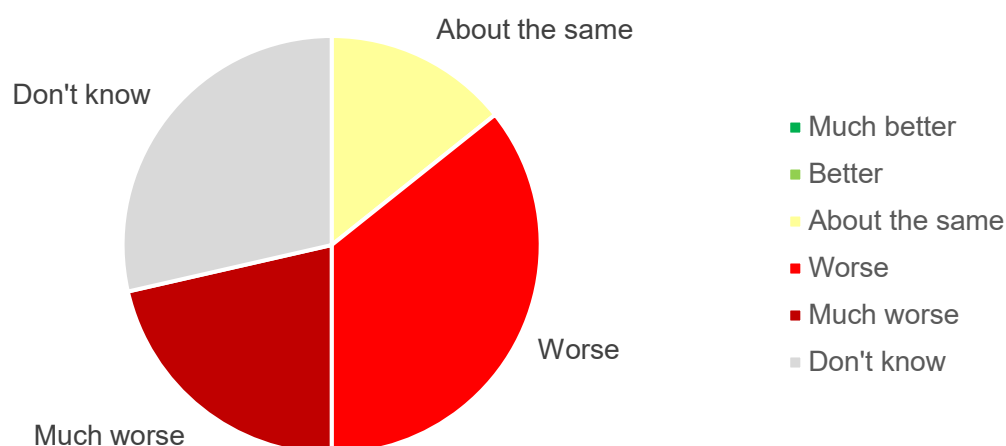
## State of Oral Health

Carers were asked to assess the oral health of older adults in care or nursing homes compared to the general population (Figure 2). Three respondents felt that it was about the same, while two indicated that it was worse or much worse. In addition, dental care professionals regard the oral health of older adults in care or nursing homes as considerably poorer, with the majority describing it as worse (5) or much worse (3) than the general population as seen in Figure 3.

**Figure 2: How would you describe the state of their oral health compared to the general population? (Carer survey)**



**Figure 3: Based on your experience working in Harrow, how would you describe the state of oral health in older adults in care homes compared to the general population? (Dentist and dental care professional survey)**

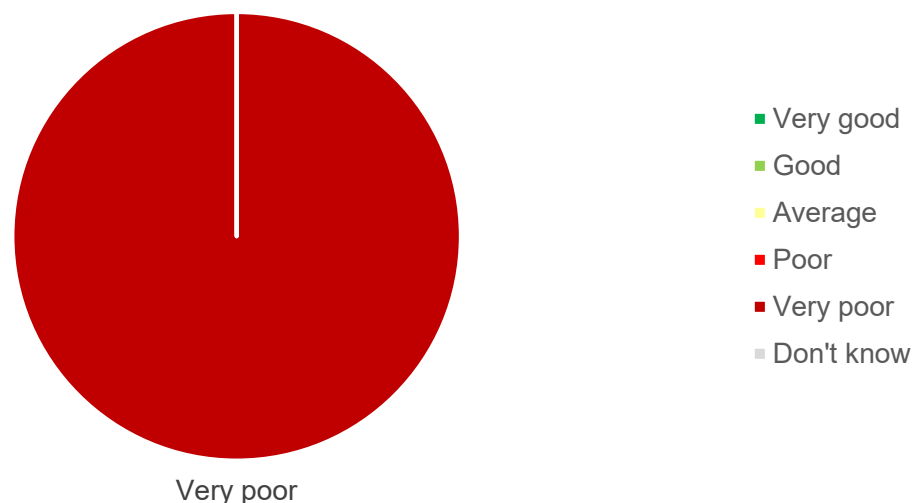


## Experiences accessing and receiving dental care

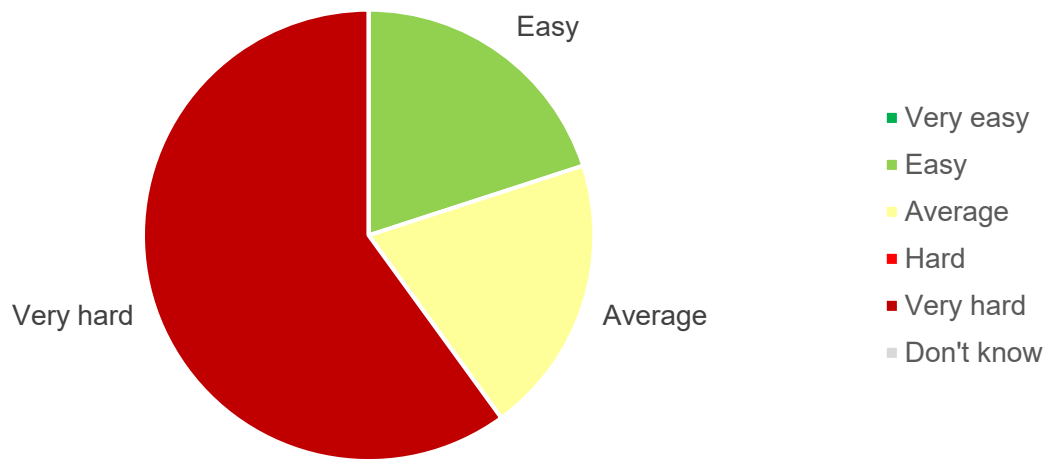
All respondents to the carers survey described older adults' awareness of how to access NHS dental care as very poor (Figure 4). Three of the five stated that it was very hard for older adults in care home residents to obtain dental appointments compared to the general population as visualised in Figure 5.

Communication and language barriers also emerged as a theme. Four out of five carers reported that these issues were present at least some of the time, with two stating they occurred most, or all the time as seen in Figure 6. Consistency of dental advice across healthcare professionals was another area of concern as visualised in Figure 7. Only one respondent believed advice was always consistent, with three saying it was only sometimes consistent.

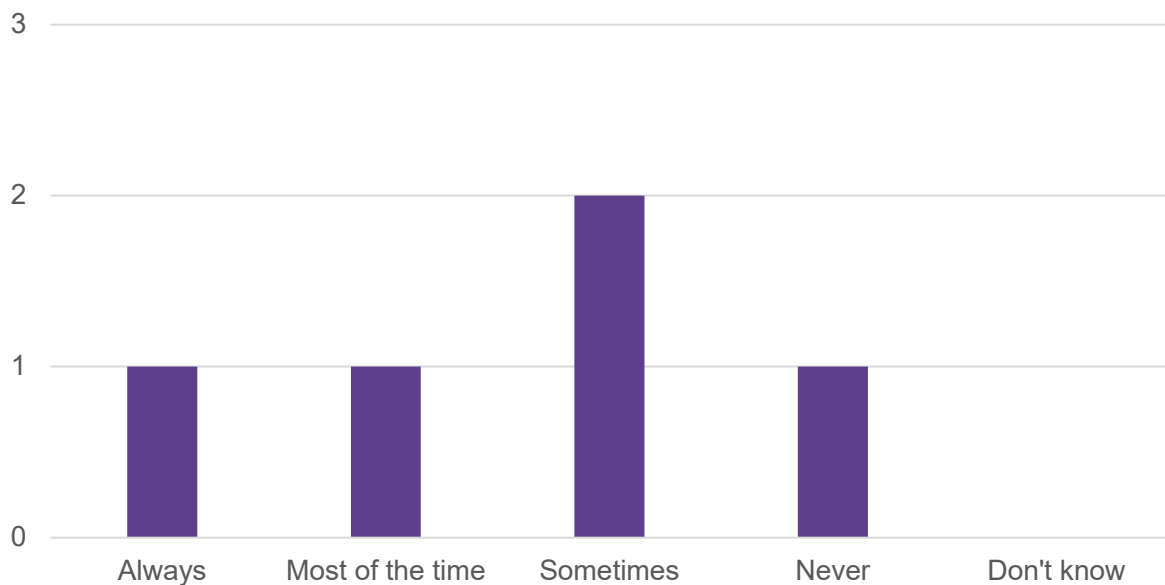
**Figure 4: How would you rate older adults in care or nursing homes' awareness of how to access an NHS Dentist in Harrow compared to the general population? (Carer survey)**



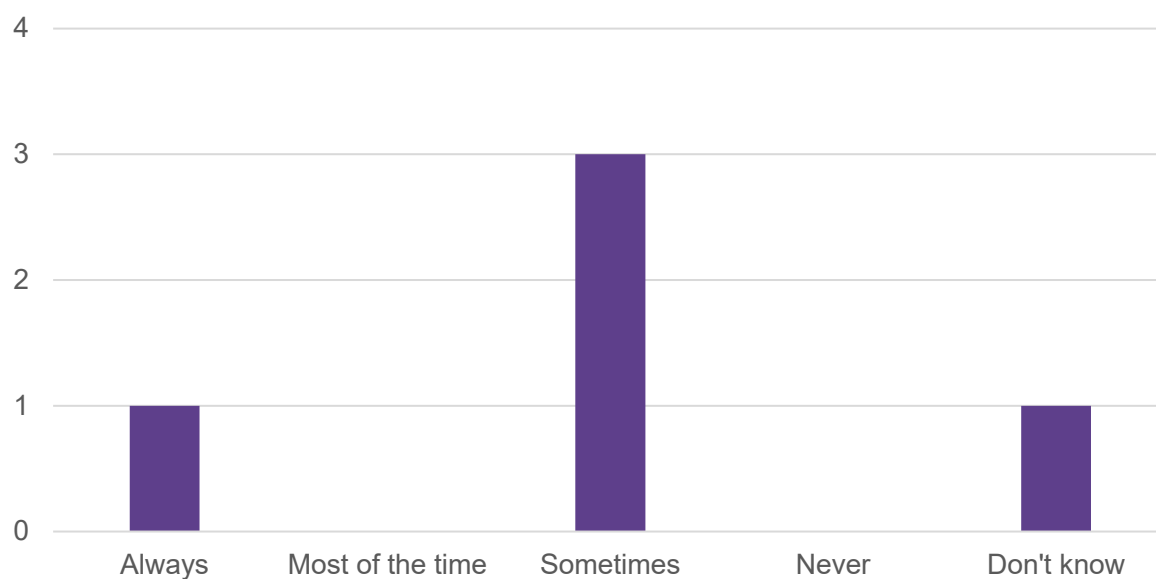
**Figure 5: How easy or hard do you believe it is for older adults in care homes to get an NHS Dentist appointment in Harrow compared to the general population? (*Carer survey*)**



**Figure 6: Are language or other communication barriers an issue for older adults in care homes when receiving dental care in Harrow? (*Carer survey*)**



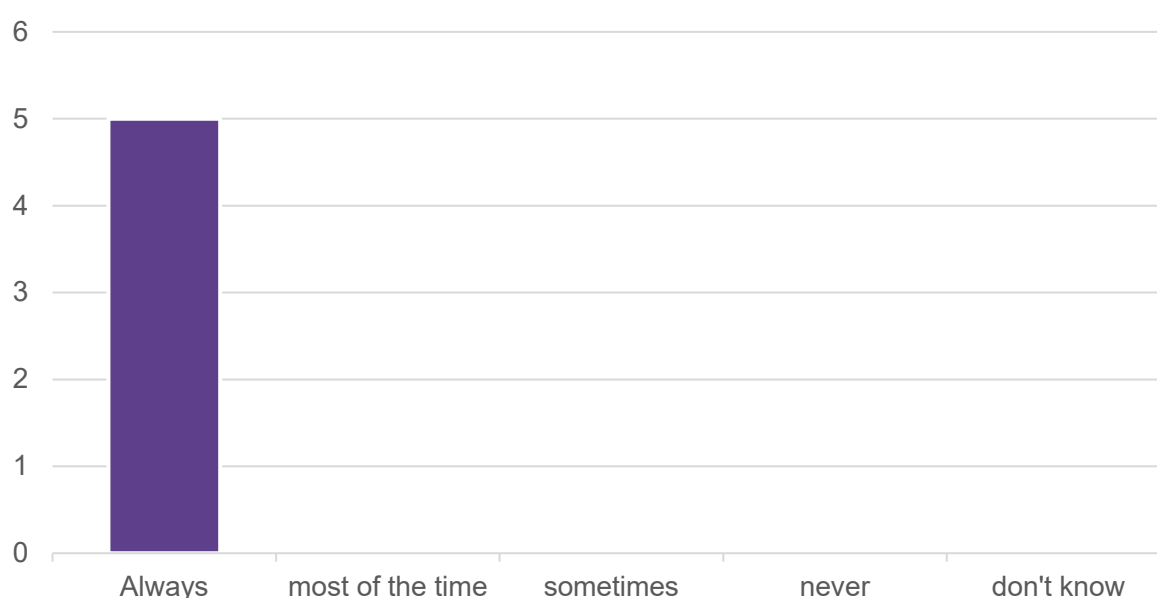
**Figure 7: Do you believe dental advice is consistent across all dentists and health professionals in Harrow for older adults in care or nursing homes? (*Carer survey*)**



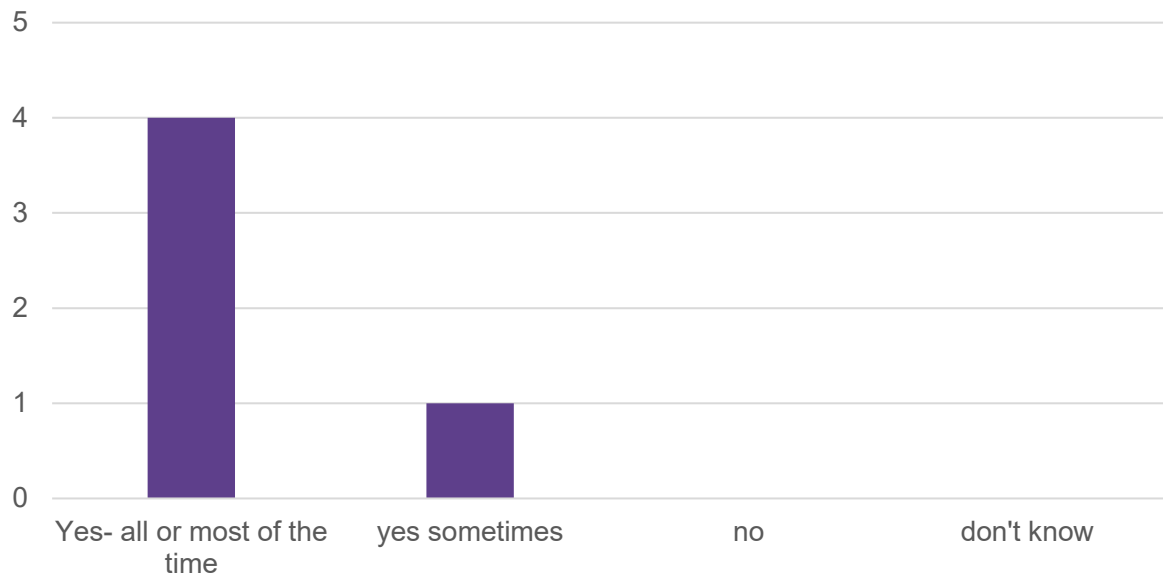
## Oral Health Practices in Care Homes

Respondents who work in care homes were asked questions about oral health practices in their workplace. All five respondents stated that mouth care was always included in personal care plans (Figure 8). 4 out of 5 reported that new residents typically received an oral health assessment on admission, with one stating that they sometimes do (Figure 9). There was some variation in the policies and protocols underpinning these practices. Three respondents reported having a clear oral health policy in place, while two stating that policies exist but not in a single central document (Figure 10).

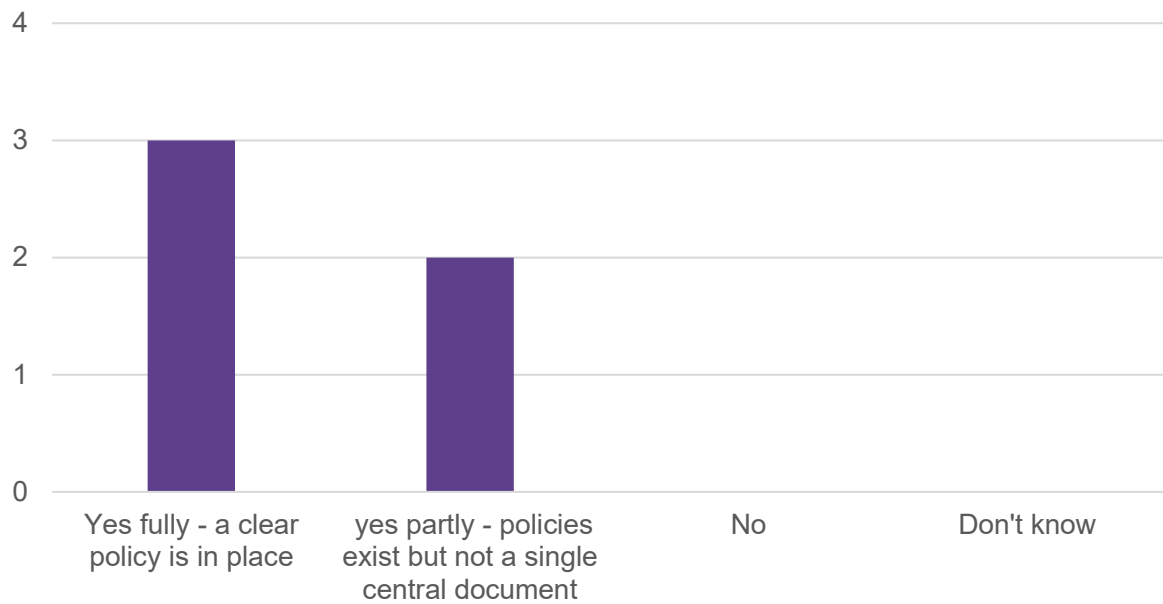
**Figure 8: Is mouth care included in the personal care plan of residents in your workplace? (Carer survey)**



**Figure 9: Do new residents receive an assessment of their oral health or mouth care needs when they arrive at your workplace? (Carer survey)**



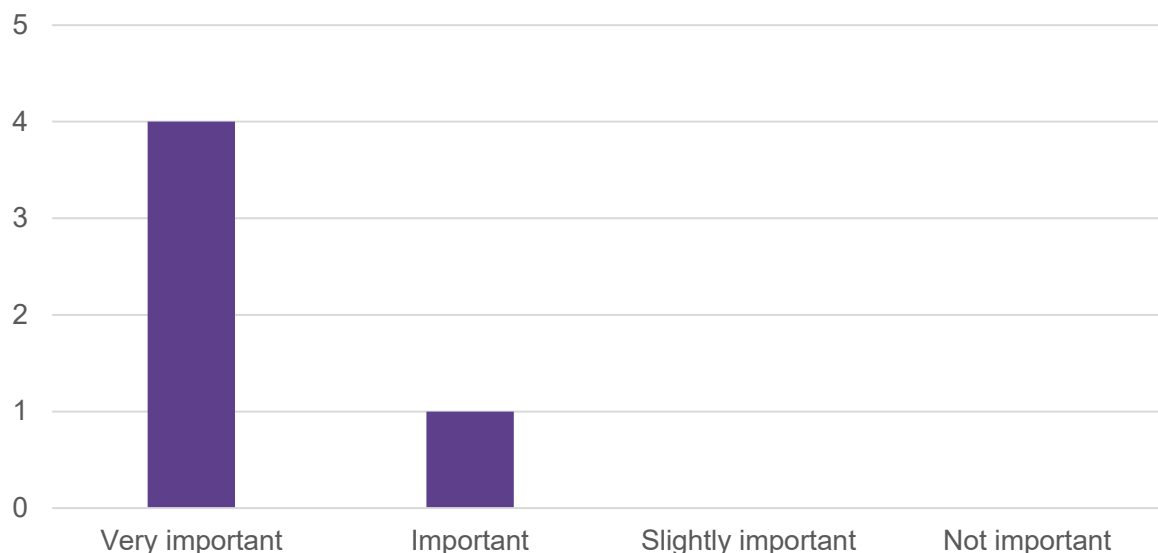
**Figure 10: Does your workplace have a policy that sets out plans and actions to promote and protect people's oral health? (Carer survey)**



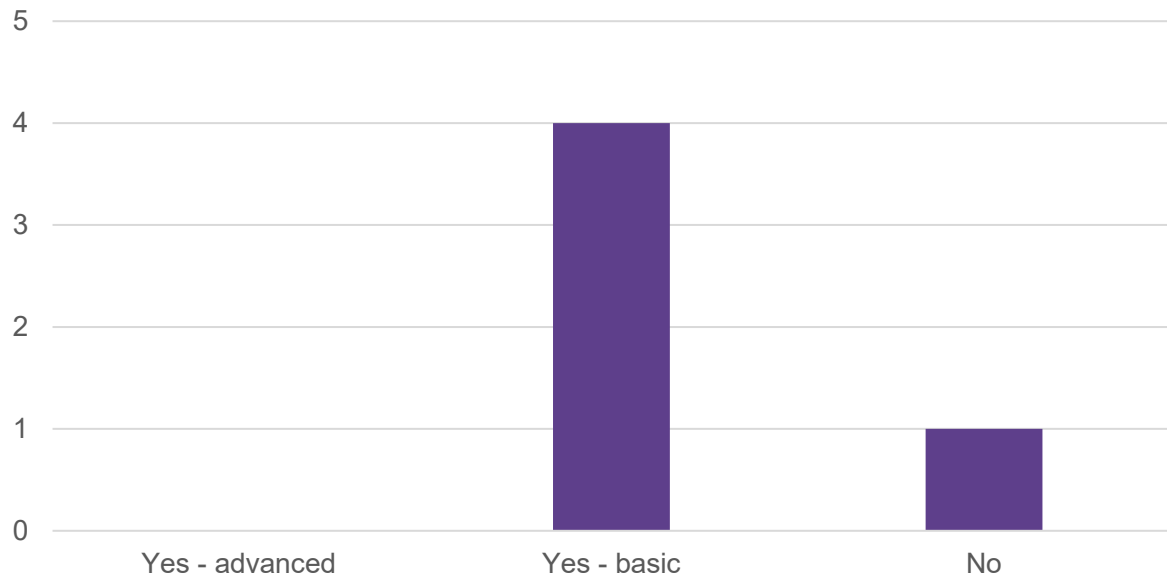
Four out of five carers stated that improving oral health is a very important part of the care they provide, with no respondents believing it to be unimportant (Figure 11). Most respondents (4) reported receiving basic education and training on oral health, although none had received advanced training (Figure 12). One carer even reported receiving no education or training on the subject.

In terms of knowledge around signposting, two carers reported knowing exactly where to direct older adults in care or nursing homes to receive appropriate oral health support, while three indicated that although they did not know themselves, they would know who to ask or where to look for this information (Figure 13). The availability of access to information and support to help older adults in care homes with their oral health was less positive. Most carers (4) stated that they only sometimes have sufficient support, while one reported this occurred most of the time (Figure 14).

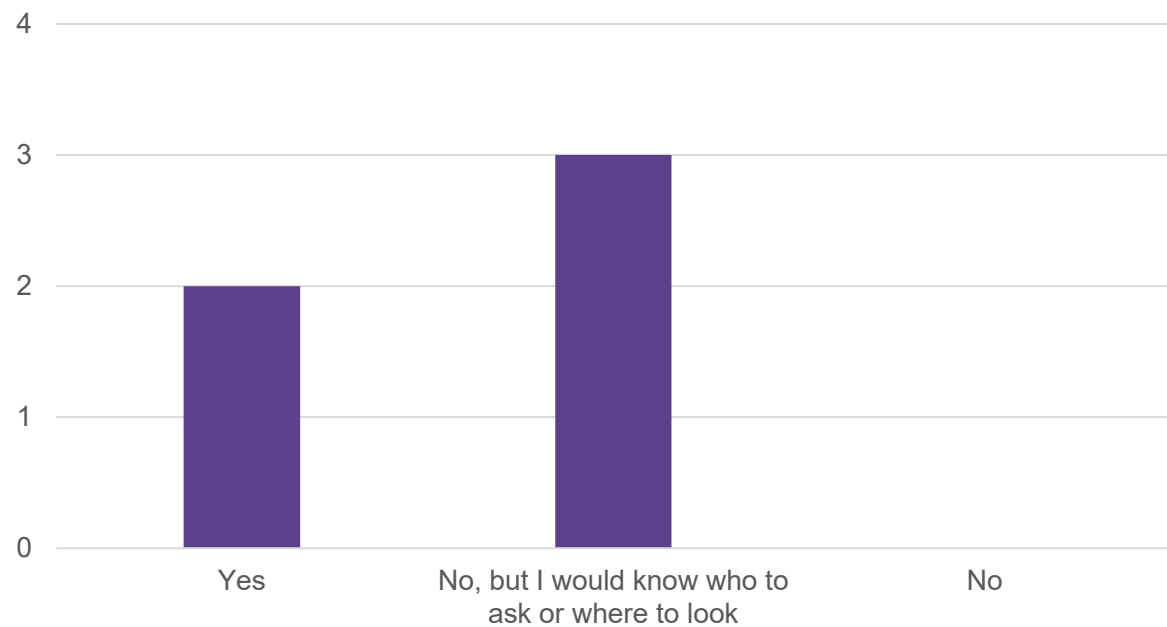
**Figure 11: How important do you believe improving oral health is as part of the care you provide to older adults in care or nursing homes? (Carer survey)**



**Figure 12: Have you been given any oral health education or training for the care you provide to older adults in care homes? (*Carer survey*)**

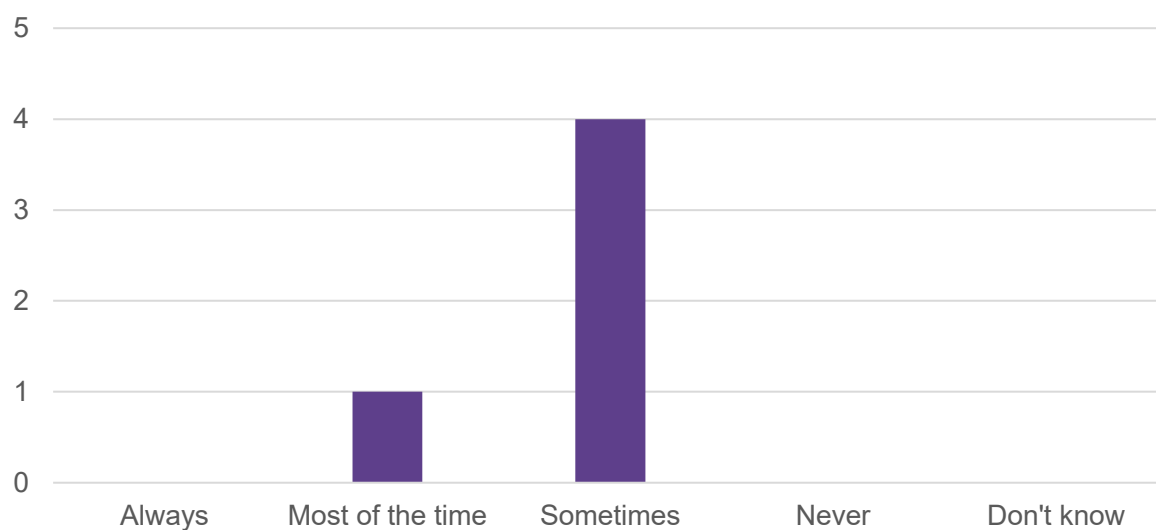


**Figure 13: Do you know where to direct or signpost older adults in care or nursing homes to receive appropriate oral health support? (*Carer survey*)**





**Figure 14: Do you feel you have access to information or receive sufficient support to help older adults in care homes with their oral health? (Carer survey)**



## *Key Challenges Identified by Carers*

As part of the carers survey, respondents were asked the open-ended questions: “What do you believe are the greatest contributors to poor oral health for the people you provide care for? How do you believe these can be addressed?” and “What are the biggest challenges you face in improving the oral health of the people you provide care for? How do you believe these could be addressed?”.

Carers described several recurring issues in their written responses. A primary concern was the difficulty in accessing NHS dental services for older adults, particularly when dental providers were reluctant or unable to visit care homes. Even when community appointments were arranged, cancellations or lack of transport often meant that residents were left without timely care.

Training gaps were also cited as a significant challenge. Carers expressed a need for more comprehensive and routine training sessions, especially in how to manage the oral health of residents with dementia or complex health conditions. Without this knowledge, oral care was often reactive rather than preventative, contributing to the decline in oral health among residents. Behavioural challenges linked to dementia, neurological disease, and mental health conditions were mentioned as barriers to maintaining oral hygiene. Some residents resisted care, did not understand what was happening, or became distressed during oral hygiene routines. Carers noted that practical training in managing these behaviours would support better outcomes.

Finally, respondents highlighted that oral health was not always prioritised to the same extent as other elements of care. While acknowledged as important, it often fell behind more immediate or visible health concerns in daily practice.

## *Summary*

The results for this population group are very limited due to a low number of responses to the carers survey (five responses in total). What our findings suggest is that carers supporting older adults in care homes in Harrow identified oral health as a vital yet under-supported area of care. Despite a clear commitment to providing good oral hygiene, carers were often limited by gaps in training and difficulties accessing NHS dental services.

Dentists and carers largely identified oral health as being worse in older adults in care homes than the general population, however accessing dental care is challenging for them. Issues that were raised included limited availability of dental services that visit care homes to provide care, and that even when external appointments were arranged these were often affected by cancellations or a lack of transport.

NICE provide a comprehensive set of guidelines on oral health for adults in care homes. This states that care homes should have policies on oral health, that staff conduct assessments of oral health needs and that residents are supported with their daily mouth care as set out in their personal care plan.<sup>11</sup> Our survey findings suggest that oral health appears to be generally integrated into daily care plans and assessments are usually, but not always, performed for new residents. There is some variability in oral health policies in workplaces, with not all care homes having a clear dedicated policy in place. In addition, although most carers reported receiving basic oral health training and education, it was clear from carer feedback that this was insufficient particularly when caring for residents with complex oral health needs.

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