

Annual Review 2024–25

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Welcome from our President

Professor Jonathon Timothy Newton

It is a privilege to introduce this year's Annual Review of the activity of the Oral Health Foundation. As a charity we have advocated long and hard for the recognition of the importance of oral health, with the launch of the World Health Organisations Global Oral Health Strategy we are entering a time when that importance is achieving widespread recognition.

Oral health is fundamental to our wellbeing, affecting how we eat, speak, smile and connect with others. Yet for too many, good oral health remains out of reach. Inequalities persist, preventable diseases still dominate, and the connection between oral health and wider health is too often ignored.

This year has been about **turning strategy into action**. At the Oral Health Foundation, we have committed ourselves to tackling the barriers that stop people from living free from pain, discomfort and disease.

We have worked to empower individuals with knowledge and confidence, to build partnerships that widen access to resources, and to influence policy so oral health is properly recognised as a public health priority. These three strands – **people, partners, and policy** – remain at the core of our work.

Our campaigns this year brought this vision to life. National Smile Month, with its theme Feed Your Smile, highlighted the profound impact of nutrition on oral and general health. It reframed oral health not as an isolated



issue, but as a vital part of daily choices and long-term wellbeing. Mouth Cancer Action Month continued to shine a light on one of the fastest-growing cancers, amplifying the voices of survivors and experts alike to call for earlier recognition and urgent action.

Initiatives like Safe Smiles and Dental Buddy, along with our wider campaign work, have helped people of all ages make informed choices, build healthy habits and feel supported to take control of their oral health.

Our advocacy has pushed for oral health to be integrated across healthcare systems, workplaces and communities. We have pressed for policies that reduce sugar consumption and widen access to care and we have begun building new conversations about the links between oral health and conditions like diabetes, heart disease and Alzheimer's. Step by step, we are ensuring

that oral health is no longer treated as separate, but as central to the nation's health agenda.

None of this could be achieved without the people who stand alongside us. **As an independent charity, our strength lies in collaboration** – with health professionals, educators, policymakers, corporate partners, and communities. Together we are showing that progress is possible, and that lasting change comes when evidence, compassion and commitment meet.

As we look to the future, we do so with ambition. By 2030, our goal is not only to reduce the burden of oral disease, but to embed oral health firmly into the way

society thinks about health. That might mean healthier children who grow up free from decay, adults supported to make informed choices, and communities where inequalities are tackled head-on.

This is the journey we are on. It is not an easy path, but it is the right one. And with your continued support, the Oral Health Foundation will remain a voice for those unheard, a champion for prevention, and a leader in building a healthier future.

Better oral health for all is not simply our mission. It is our promise.



Professor Jonathon Timothy Newton
President, Oral Health Foundation



Better oral health for all

The Oral Health Foundation is a charity that believes everybody deserves the chance to enjoy good oral health. When people are free from oral disease, they live healthier, happier and longer lives. That is why our mission is clear and unwavering: to improve oral health for all, and in doing so, to improve quality of life.

Over the past year, we have stepped up our efforts to reach people wherever they are, especially those most affected by oral health inequalities. Through education, advocacy and partnerships, we continue to inspire healthier habits, reduce preventable diseases, and give people the tools they need to look after their mouths.

During 2024-25, we have:



Delivered targeted **support to communities** at increased risk of poor oral health, empowering them with education and resources.



Offered **advice and guidance** to thousands of individuals, helping to reduce inequalities in oral health outcomes.

Played a leading role in **shaping oral health policy** in the UK and internationally, ensuring prevention and equity remain on the agenda.



Strengthened **collaborations** with health, education and corporate partners to extend the reach and impact of our programmes.



Expanded our leadership in **mouth cancer action**, working through new coalitions and partnerships to amplify awareness and early detection.



Engaged millions through **press activity, public health campaigns and digital platforms**, ensuring vital messages about oral health reach far and wide.

Looking forward, our mission remains the same: better oral health for all.

Through determination, collaboration and innovation, we will continue to build a healthier

People, Partners, Policy: Our strategy to 2030

Over the last year, the Oral Health Foundation has moved from building the framework of its new strategy to putting it into action.

Guided by the three ambitions set out in our five-year plan, we have begun to make real progress towards our mission of better oral health for all.

Ambition 1: Empowering people and communities to improve oral health and quality of life

Helping people to take control of their oral health remains at the heart of what we do.

Over the past year, our public-facing campaigns have reached millions with clear and accessible information, from practical guidance on day-to-day care to inspiring people with the benefits of a healthy smile.

We have also extended support to those who face barriers in looking after their oral health, ensuring our work reaches groups where oral disease is more common. Our focus in the year ahead is to scale up these activities, so even more people can enjoy the benefits of a healthy mouth and better quality of life.



Ambition 2: Working with organisations and individuals to enhance access to resources to improve oral health and quality of life

Partnership continues to be central to our impact.

Over the last year, we have strengthened our collaborations with dental professionals, schools, community organisations and corporate partners.

products and support they need to protect their oral health.

These partnerships are already opening up opportunities to reach new audiences, and in the coming year we will build on this momentum to widen access to oral health resources for millions more.

Ambition 3: Advocating for evidence-informed policy to promote oral health and reduce oral health inequalities

Our advocacy work has stepped up over the past 12 months, with a stronger focus on influencing government, public health bodies and decision-makers.

We have engaged policymakers with the latest evidence on how oral health can be improved and inequalities reduced, and have continued to call for robust preventive measures to be put back on the agenda. This remains one of our top priorities.

By sustaining pressure and working closely with stakeholders, we are determined to ensure that oral health is not overlooked in national and local policy decisions.



National Smile Month 2025: Feed Your Smile

National Smile Month 2025 followed the theme **Feed Your Smile**, placing nutrition at the centre of our oral health promotions.

National Smile Month 2025 placed nutrition at the centre of oral health promotion with the theme **Feed Your Smile**. Over four weeks between May and June, the campaign focused on how everyday diet choices influence not just oral health, but wider wellbeing.

Reach and engagement



More than **4,000 organisations** took part across the UK, including schools, nurseries, workplaces, and dental practices.



Campaign content achieved an estimated **18 million impressions** across print, broadcast, and digital media.

Over 350,000 educational resources were distributed – **helping families, teachers, and health professionals** bring practical oral health messages to life.



Social media engagement increased 42% year-on-year, **driven by partnerships** with retail and healthcare brands that reached audiences directly at the point of purchase.



Impact and learning

Independent feedback over the course of the campaign showed that:

Three-in-four educators reported using campaign materials to integrate oral health into classroom nutrition lessons.



Two-in-three dental practices said the campaign prompted patient discussions about diet and sugar reduction.

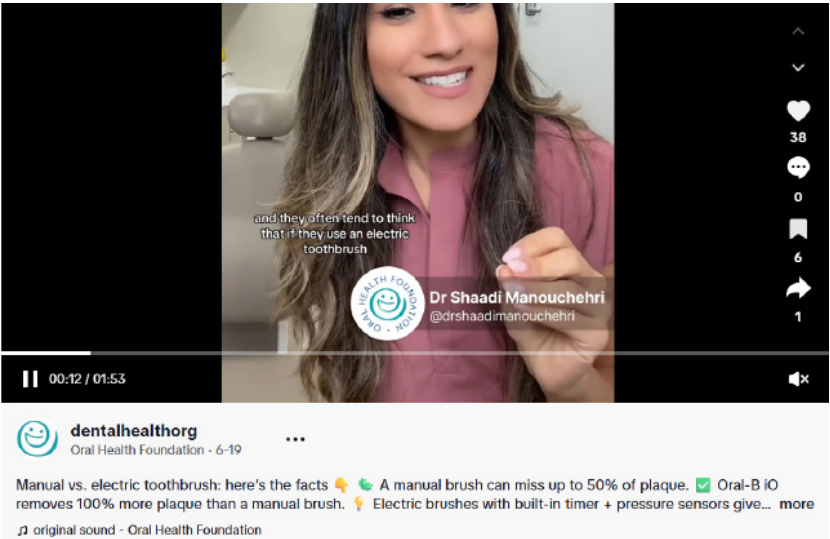


Among community partners, 78% said they felt more confident in delivering oral health messages.

These outcomes show that Feed Your Smile not only raised awareness but supported measurable behaviour change at community level.

Partnership and collaboration

The campaign’s success was made possible through collaboration with Oral-B, Wrigley Oral Healthcare Programme, Listerine, and Haleon, whose support enabled wider distribution, stronger digital reach, and professional credibility. Their partnership demonstrates how industry and charity can work together to improve public health at scale.



Value and opportunity

By addressing diet as a root cause of poor oral health, Feed Your Smile advanced prevention and equity – priorities shared by the NHS Long Term Plan and WHO Global Oral Health Strategy. With additional investment, future campaigns can deepen this impact by:

Expanding **school and community interventions** in high need areas.

Developing **digital learning tools** and evaluation dashboards.

Extending partnerships with the **food and health sectors** to influence systemic change.

Looking ahead

National Smile Month 2026 marks the 50th year of the campaign – a milestone opportunity to celebrate progress, strengthen partnerships, and mobilise new investment to improve oral health for every community in the UK.



Mouth Cancer Action Month 2024: raising awareness and driving action

Mouth Cancer Action Month 2024 delivered its most impactful campaign to date, placing early detection and public awareness at the centre of national conversation.

Held every November, the campaign brought survivors, professionals, and communities together to confront one of the UK's fastest-growing cancers and to call for urgent action.

Reach and engagement



National media activity reached millions across broadcast, print, and digital channels, led by powerful survivor testimony and expert clinical commentary.



Support from Portman-Dentex strengthened our **broadcast profile** and ensured sustained coverage across major outlets.

Thousands of dental practices, hospitals, charities, and community partners ran **awareness and fundraising events**, bringing information directly to those most at risk.



Tens of thousands of **posters, leaflets, badges, and digital resource packs** were distributed – reinforcing consistent messaging across public and professional spaces.



Digital engagement reached record levels, with early-signs content and survivor stories proving the strongest drivers of reach and sharing.

Our first in-house media day for **patient ambassadors** gave them an opportunity to engage with the campaign by sharing their stories and meeting other patients.



**Mouth
Cancer
Action**
Oral Health Foundation

Impact and learning

Independent feedback over the course of the campaign showed that:



Increases in public recognition of **key symptoms** such as non-healing ulcers, red or white patches, and unusual lumps.



Numerous reports from dental practices and community clinics of **individuals seeking advice or booking a dental check-up** after seeing campaign content.

Survivors playing a vital role in destigmatising conversations about mouth cancer and inspiring others to seek help early.

These outcomes demonstrate that raising awareness directly translates into earlier conversations, earlier referrals, and potentially lifesaving interventions.

Partnership and collaboration

Collaboration remained central to the campaign's success.

Partnership with the **Mouth Cancer Foundation** and other charities ensured direct support for those living with the disease and broadened reach into cancer networks beyond dentistry.

Alliances with **health organisations and corporate partners** helped embed mouth cancer awareness into wider conversations about cancer, prevention, and public health.



These partnerships amplified the campaign's voice and strengthened its credibility across clinical, community, and patient sectors.

Evidence and insight

The 2024 campaign coincided with the publication of the latest State of Mouth Cancer Report, which confirmed:



More than **10,000 new cases** are now diagnosed annually in the UK – the first time this threshold has been passed.



Incidence rates have **risen every year** since records began.

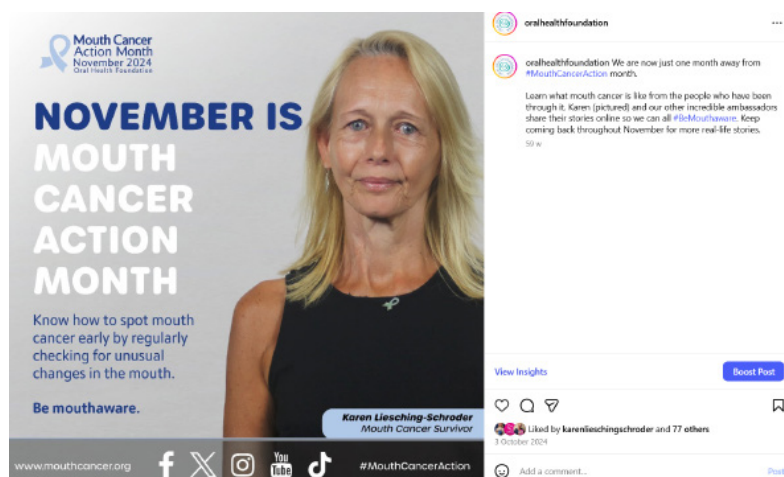
Survival is **closely linked to early diagnosis** – reinforcing the importance of public awareness campaigns.

The report provided an authoritative evidence base for professionals, policymakers, researchers, and the public.

Looking ahead

Mouth Cancer Action Month will continue to lead the national effort to improve early detection and reduce the toll of this devastating disease.

In 2024, we also completed the largest survey to date of people affected by mouth cancer, highlighting the emotional, social, financial, and human impact of the disease. The findings will form the centrepiece of the 2025 campaign – The Costs of Mouth Cancer – giving lived experience a platform and a national voice.



Championing safe and informed dental choices

Safe Smiles continued to play a critical role in protecting the public from dental misinformation and unsafe treatments.

In an era of unregulated cosmetic procedures and health advice circulating widely online, the campaign provided clear, trusted, evidence-based guidance to help people make confident and informed decisions about their dental care.

Reach and engagement



The Safe Smiles website remained the campaign's central hub, attracting tens of thousands of visitors seeking **reliable advice** on cosmetic and routine dental treatments.



Regularly refreshed blogs, Q&As, and explainers responded directly to **emerging trends** and the most common questions asked

Support from **influencers and healthcare advocates** extended campaign messaging to audiences who may not otherwise engage with traditional oral health information.



Social media posts on **illegal whitening** and **DIY orthodontics** shared widely across the UK.



Impact and learning

Evaluation and public feedback highlighted:

- A growing public appetite for clarity on the risks of unlicensed and unregulated treatments.
- Patients turning to Safe Smiles after encountering concerning online advertising – using the campaign to inform decisions before seeking treatment.
- Dental professionals reporting that Safe Smiles has helped spark constructive discussions in practice and supported them in countering misinformation.

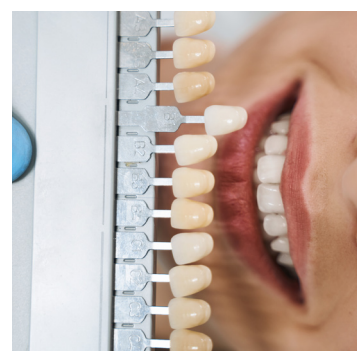
These insights reinforce that accessible, credible information can empower people to make safer choices and avoid potentially serious harm.

Value and opportunity

Safe Smiles helps the public navigate:

- The growing market for online whitening products and DIY cosmetic treatments.
- Social media trends that increasingly blur the boundaries of safe care.
- Unregulated or misleading marketing that targets young and vulnerable audiences.

By addressing these risks head-on, the campaign strengthened public confidence in professional dental care and supported the wider oral health system.



Evaluating oral health products through Accreditation

The scheme's independent, evidence-based assessment remains internationally recognised for its scientific rigour and impartiality.

Now in its fourth decade, the Oral Health Foundation's Accreditation programme continues to help consumers and dental professionals make informed choices about oral care products.

Record income and contribution

Accreditation delivered its strongest year to date, achieving a net surplus of £309,547, exceeding targets and representing a major share of the charity's unrestricted income.



Client growth

New partnerships and brand renewals strengthened the scheme's global portfolio, expanding into emerging categories such as baby products, oral appliances, and sugar-free foods.



Sustainable funding stream

Accreditation continues to underpin the charity's financial resilience, providing a stable income that directly supports community programmes, research, and advocacy.



Innovation and global reach

This year, the Oral Health Foundation accredited:

- Philips Avent pacifiers, following a full scientific review validating their safety and design.
- Zima Dental Pod, the first hydroponic cleaning device for aligners, dentures, and mouthguards, reflecting the scheme's adaptability to new technologies.
- PS Expert Gum Health toothpaste by Unilever, following a collaborative global review. The Oral Health Foundation's involvement in the product's international launch in Vietnam underscored our credibility as an independent verifier of oral health claims in regions where gum disease affects more than half of adults.



Across UK retail, Accreditation also expanded to include new supermarket and private-label products for Aldi and Sainsbury's, ensuring verified oral care remains accessible and affordable for all consumers.



Impact and trust

Consumer confidence in oral care marketing remains low – yet products displaying the Oral Health Foundation Approved logo consistently outperform competitors in trust and recommendation.

Accreditation provides:

- Assurance for the public that claims are evidence-based.
- Confidence for professionals when recommending products for use between visits.
- Commercial integrity for brands operating in an increasingly regulated and sustainability-driven market.

Strategic development

In 2025-26, the charity will undertake a comprehensive review of Accreditation criteria, aligning with advances in oral health science and sustainability standards. Work is also underway to digitalise the submission and review process to improve client experience and streamline scientific evaluation.

Looking ahead

The Accreditation Growth Strategy to 2030 outlines our ambition to:

Expand **internationally**, targeting high-growth oral care markets.

Strengthen **partnerships** with major and private-label brands.

Enhance **visibility** among dental professionals and public audiences.

Our goal is clear – to position the Oral Health Foundation’s Accreditation mark as the global gold standard for oral health product verification, ensuring that innovation and integrity continue to shape the future of oral care.



Equipping professionals and supporting communities

Educational resources remain a cornerstone of the Oral Health Foundation’s mission, enabling professionals, schools, local authorities, and community organisations to deliver practical oral health support where it is needed most. Demand remained strong throughout the year, with almost 4,000 organisations engaging with us – and more than one-third placing orders.

Reach and engagement



Hundreds of thousands of **resources** were distributed to support health promotion, patient communication, and community outreach.



More than 30,000 **dental packs** were delivered, providing everything required to build and reinforce daily oral health habits.

Around 140,000 **patient leaflets** were supplied, with the most requested topics including children’s teeth, gum disease, and post-extraction care.



Almost 80,000 **toothbrushes** and over 60,000 tubes of **toothpaste** reached people who needed them most – either as part of dental packs or as standalone items.



Giant dental puppet



1

Progression of baby bottle tooth decay



2

Natural nasher



3

Tepe Communicator



4

Gammy Gum

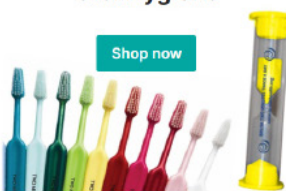


5

Our top 5 dental models, voted by you!


Show treatments and conditions with easy to understand dental models

Oral Hygiene



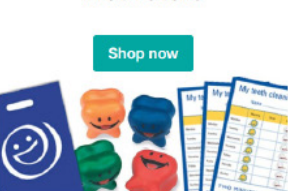
Shop now

Dental Models



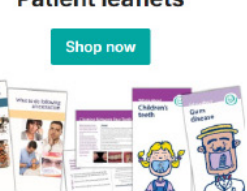
Shop now

Motivators



Shop now

Patient leaflets



Shop now

Impact and learning

Both National Smile Month and Mouth Cancer Action Month generated significant peaks in orders as health providers and educators equipped themselves to support campaign activities.

This strong alignment ensured that national messaging was reinforced at a local level, turning awareness into tangible action and behaviour change.

Resources supported targeted community projects, including Derbyshire's Smile4Life programme for vulnerable adults – demonstrating how materials can be tailored to meet the needs of specific groups at higher risk of poor oral health.

Positive feedback from NHS trusts, councils, schools, and community teams praised:

- The high quality of products and educational content.
- Responsive customer service and clear communication.
- Reliable delivery, even for complex or large-scale orders.

These testimonials reinforce the value placed on our resources as trusted tools for frontline oral health improvement.



Operational delivery

- Meeting high levels of demand continued to require robust logistics and planning.
- Large orders for dental packs involved extensive stock management, pallet deliveries, and packing-and-dispatch coordination.
- Rising manufacturing and shipping costs created additional pressures.
- Despite these challenges, the team consistently delivered on time and maintained the professional standards customers expect.



Value and opportunity

Looking forward, we are committed to further strengthening the sustainability and affordability of our resources. Priorities for the year ahead include:

- Expanding the use of eco-friendly and recyclable materials.
- Reducing shipping costs through more efficient supply-chain planning.
- Passing savings directly on to customers wherever possible.

By continuing to evolve and respond to the needs of partners and practitioners, our educational resources will remain an essential driver of improved oral health outcomes for communities across the UK.



Building healthy smiles from the start

Dental Buddy remains one of the Oral Health Foundation's flagship education programmes, helping children, teachers and families build strong oral health habits from the earliest years.

This year saw significant growth, widening access to free, engaging resources across schools and community settings.

Reach and engagement

Thousands of schools and nurseries used Dental Buddy materials, reaching hundreds of thousands of children across the UK. Teachers praised the programme's flexibility, curriculum alignment and age-appropriate design – enabling seamless integration into classroom learning.

The Dental Buddy resource suite includes interactive lessons and activities for every stage of childhood, covering:

- Toothbrushing and daily routines.
- Healthy diet and sugar reduction.
- Understanding dental visits and the role of dental professionals.
- Community and professional involvement

Dental professionals helped extend the programme's impact:

- Many practices used Dental Buddy during school visits and outreach, providing fun and engaging sessions that built children's confidence around dental care.
- This personal contact broke down barriers and supported more positive attitudes towards visiting the dentist.



Supporting learning at home

This year, we strengthened our support for families. New materials for parents and caregivers promoted healthy daily routines, including brushing for two minutes twice a day with fluoride toothpaste, limiting sugar and attending regular check-ups.

Feedback showed increased confidence among families in supporting children's oral health.

Digital reach

Thousands of downloads from the Dental Buddy website demonstrated strong and continued demand.

Social media promotion during National Smile Month and World Oral Health Day significantly expanded visibility and uptake.

Looking ahead

Dental Buddy will continue to evolve as a key resource for schools, families and professionals. The year ahead will focus on:

- Expanding access in underserved communities.
- Strengthening digital delivery and interactivity.
- Supporting professionals to integrate Dental Buddy into outreach and community programmes.

Our ambition is simple – to give every child the strongest possible start to a healthy smile.



Digital engagement – connecting people with oral health at scale

Digital channels remain one of our most powerful ways to reach, inspire and support people.

This year, investment in social media, video, email, podcasts and our website enabled us to connect directly with communities, professionals and supporters across the globe.

Reach and engagement

More than 1 million people visited our website for trusted information, campaign resources and behaviour-change tools – reinforcing its role as the hub of our digital presence.

Work progressed on our major website redesign, scheduled for launch at the end of 2025, to enhance usability, accessibility and learning journeys.

The Oral Health Podcast also continued to build a loyal global audience, attracting listeners from more than 50 countries, with thousands of streams across the year.



Across social media

- We grew to 130,000 followers, with posts seen by millions across the year.
- During campaign peaks, digital activity surged – with almost 3 million people reached in a single quarter.
- Engagement was strong, with thousands liking, sharing and commenting to spark real conversations around oral health.

Video remained central to our storytelling

- Our YouTube audience grew steadily to almost 4,000 subscribers.

- Viewers watched more than 450,000 minutes of content across the year.
- Campaign films, survivor journeys and expert explainers attracted tens of thousands of views, combining practical guidance with powerful human stories.

Email continued to drive meaningful supporter involvement

- Tens of thousands of people received email communications, which achieved strong open and click-through rates.
- Emails provided clear calls to action – from participating in campaigns to accessing professional materials – serving as an important entry point into deeper engagement with the charity.

Value and opportunity

Collectively, these channels are transforming how we engage – shifting from one-way communication to real-time dialogue, building community, and reaching people who may never encounter oral health information through traditional routes.

Looking ahead

With a growing digital audience and a new website on the horizon, we will focus on:

- Expanding reach among underserved groups.
- Strengthening video and interactive learning formats.
- Ensuring digital communication leads to knowledge and behaviour change.

Our ambition is to make our digital presence not only larger but also more impactful, helping even more people protect and improve their oral health.



Shaping national and international agendas

Access to dentistry has been one of the most urgent health issues of the year, and our advocacy has ensured it remains impossible for policymakers to overlook.

With millions struggling to secure an NHS appointment, long waiting lists, and widening inequalities in care, we worked to make sure the realities faced by patients and professionals stayed at the forefront of public debate.

Influence and visibility

Our spokespeople featured widely across national media, providing evidence-based insight into the access crisis and its human impact – from families unable to register with a dentist to the wider health consequences of unmet need.

Consistent media presence ensured oral health remained a mainstream policy issue rather than a niche concern, strengthening public understanding and political pressure.

Policy engagement

We submitted a comprehensive response to the Department of Health and Social Care's consultation on a new dental contract – informed by evidence from community programmes, professional networks, and patient experience.

Our position was clear:

Prevention must sit
at the heart of the
contract.

Funding must be **fair**
and **sustainable**.

Access to care must
not depend on **where a**

We will continue to monitor the policy process and hold government to account on these principles.

We contributed to the GDC's consultation on remit and priorities, advocating for regulation that protects high standards while supporting fair access for patients.

We participated in the Health and Social Care Committee's inquiry on food and weight management and provided evidence to NICE guideline development, ensuring oral health is embedded within broader public health policy.

Collaboration and coalitions

Our reach extended beyond the UK through active membership of the Platform for Better Oral Health in Europe. This year we contributed to actions supporting the WHO oral health declaration from Bangkok and worked to ensure prevention and equity remain at the core of European oral health priorities.

Domestically, we strengthened partnerships with national coalitions, including Sustain's Recipe for Change and the Obesity Health Alliance, pressing for revenue from the Soft Drinks Industry Levy to be reinvested in prevention and oral health.

These alliances reinforce a single message: oral health is fundamental to public health and must be recognised as such in policy and funding decisions.

Looking ahead

Our advocacy will be led into the next phase by a newly appointed Head of Policy & Advocacy, who will drive work on dental access and systemic reform.

The year ahead will bring a focus on:

- Advancing structural change to secure fair access for every community.
- Leveraging public pressure, professional insight, and political engagement to influence decision-making.
- Ensuring oral health is recognised as a core pillar of national health and equality strategy.

Our goal remains clear – dental care should not be a privilege determined by geography or income, but a universal guarantee.



Integrating oral health into employee wellbeing

Oral health remains largely absent from workplace wellbeing strategies, despite its close links with overall health, confidence, and productivity.

Tooth decay and gum disease are among the most common chronic conditions, yet they are almost invisible in occupational health provision.

Scoping and insight

Analysis of more than 20 occupational health providers revealed that most large employers outsource health services, but very few include oral health within their packages.

Health checks for new employees rarely capture oral health, policies for time off for dental appointments vary widely, and oral health is largely missing from programmes addressing shared risk factors such as smoking, alcohol and diet.

Employers and providers recognised the gap but reported limited expertise and resources to address it.

This absence matters: poor oral health causes pain, time off work, reduced confidence, and lower productivity – with wider health links to diabetes, heart disease, and other chronic conditions.



Opportunity and direction

Embedding oral health into workplace health provision offers significant benefits for both employers and employees – enabling earlier diagnosis, prevention, and healthier daily behaviours.

Workplaces represent a powerful setting for oral health engagement, particularly for groups who



may not access routine care.

Through the first year of our 2030 strategy, we built the foundations for long-term change by:

- Benchmarking the current role of oral health in workplace wellbeing.
- Engaging major employers to understand existing policies and needs.
- Beginning to form partnerships with occupational health providers to explore practical solutions and routes to integration.

Looking ahead

Our ambition is clear – by 2030, 350,000 employees will directly benefit from workplace oral health policies.

This includes programmes that reinforce better oral hygiene, support earlier diagnosis of systemic conditions such as diabetes, and position oral health as a core component of employee wellbeing rather than a standalone issue.

Raising awareness of oral-systemic health links

Oral health is deeply connected to wider systemic conditions, yet awareness of these links remains strikingly low among both the public and professionals.

Research shows that fewer than one-in-five people recognise the relationship between oral health and diabetes; understanding of links to heart disease, stroke and dementia is even lower.

Scoping and insight

This year we benchmarked public awareness and reviewed educational content from health charities, NHS providers and professional bodies.

Despite a strong and growing evidence base, oral health is rarely incorporated into wider health messaging or prevention campaigns.

The absence of oral health from systemic health education represents a major opportunity to improve outcomes for people at greater risk.

Conditions such as periodontal disease are known to worsen glycaemic control in diabetes and influence cardiovascular health, while emerging research continues to link oral health with neurodegenerative conditions – yet these connections remain largely unseen outside specialist circles.

Messaging and engagement

Insights from our scoping work indicate that framing oral health within multiple systemic conditions generates broader support among



health and patient organisations than focusing on one condition alone.

Communication must be targeted – particularly towards older adults and people living with chronic disease, who are at highest risk and stand to benefit most.

This work has laid the foundation for future collaboration with health charities, professional bodies and community organisations.

Looking ahead

Our ambition is to increase public awareness of the connection between oral and systemic health by 20% by 2030, with a particular emphasis on diabetes.

The year ahead will move from insight to implementation through:

- New partnerships to embed oral health into mainstream prevention programmes.
- Piloting education initiatives in community and healthcare settings.
- Integrating oral health messaging into existing health priorities, including Core20PLUS5.
- Placing oral health firmly within wider health narratives will help people understand a simple truth: caring for your mouth is an essential part of caring for your whole body.



Driving system-level change

Oral health continues to be inconsistently represented across local and national health planning, despite its central role in prevention and tackling inequalities.

Too often, dentistry is treated as separate from wider health priorities rather than embedded within system-wide strategies.

Scoping and insight

This year we reviewed Integrated Care Board Joint Forward Plans to map how oral health features in commissioning frameworks.

While most ICBs reference dentistry in some form, the depth of engagement varies significantly – with a small number making no mention at all.

In many cases, oral health appears only in the context of access recovery or child services, rather than as part of long-term system priorities.

A minority of ICBs are beginning to develop standalone oral health strategies, demonstrating leadership and proof of what is possible.

One of the most significant findings was structural. There is a widespread lack of dental representation or expertise at ICB board level, and many have not discussed oral health in meetings over the past year. This lack of visibility at decision-making tables is a major barrier to progress.



Opportunity and direction

Core20PLUS5 presents a timely route to embed oral health within wider strategic priorities. While oral health is referenced in some plans – especially relating to children and vulnerable groups – the evidence clearly shows its relevance across cardiovascular disease, maternity, mental health, cancer and more.

Looking ahead

The coming year will focus on:

- Targeted engagement with ICBs where oral health is absent.
- Supporting ICBs already demonstrating leadership to accelerate progress.
- Strengthening advocacy with NHS England and the Department of Health and Social Care to secure oral health within future frameworks.

Our goal is clear – to ensure oral health is no longer treated as optional or peripheral, but permanently embedded within the frameworks that shape health priorities across the country.



Closing the gap between guidance and practice

National standards recommend that every newly diagnosed diabetic patient should be referred to a dentist for an oral health assessment, reflecting clear evidence that periodontal disease can worsen glycaemic control and that treatment improves outcomes. Yet compliance with this referral standard remains low and inconsistent.



Scoping and insight

Our research mapped current practice across the UK to establish a baseline.

While the referral guideline is formally in place, awareness among GPs and commissioners is limited, and only a minority discuss oral health at the point of diagnosis.

Referral uptake varies widely across regions – typically averaging a little over half, with some areas falling as low as one-quarter.

Unlike other aspects of diabetes care, there is no national dataset for referral monitoring, limiting accountability and improvement.

The result is a persistent gap between what national guidance requires and what patients experience in practice.

Opportunity and direction

Improving referral compliance requires a system-wide response:

- Commissioners embedding oral health checks into local contracts and ensuring referral pathways are monitored.

- GPs equipped with clear tools to integrate oral health into routine diabetes conversations.
- National recognition of oral health within diabetes priorities and frameworks such as Core20PLUS5.

Looking ahead

The coming year will focus on:

- Direct engagement with commissioners and professional bodies.
- Advocacy for referral compliance to be measured, reported and prioritised nationally.
- Closing this gap will ensure oral health becomes a standard part of diabetes management – improving outcomes for patients and demonstrating the value of integrated care.



Making oral health a national talking point

This year marked one of our strongest periods of press and media performance.

Through flagship campaigns, proactive outreach, and trusted expert commentary, we strengthened our position as the leading voice for oral health and wellbeing.

Reach and visibility

More than 2,500 items of coverage were secured across print and online media.

Stories reached audiences in at least 32 countries, highlighting our standing as both a UK and international authority.

Campaign impact

Mouth Cancer Action Month achieved exceptional visibility – featuring prominently on BBC News, Sky News, and major UK press. Survivor stories and expert commentary generated high-impact coverage that raised awareness of early signs and the vital role of regular dental visits.

National Smile Month reached diverse audiences – from broadsheets and lifestyle media to tabloids – reinforcing messages about nutrition, daily routines and the importance of dental attendance.



Strengthening national debate

Beyond campaigning, we were a consistent and trusted voice on the urgent issue of access to dental care. Journalists regularly sought our expertise to report on:

- NHS access challenges.
- Impact on families and communities.
- Consequences for the wider health system.

Our contributions kept oral health firmly on the national news agenda and positioned the Oral Health Foundation as the authoritative advocate for fair and timely access to care.

Professional and specialist media

We deepened our role within professional dental and healthcare media, supplying thought leadership and commentary that translated professional evidence into public relevance – strengthening the bridge between practice, policy, and public understanding.

Looking ahead

We will continue to build on this success by combining powerful storytelling with credible expertise and speaking up for those most affected by poor access to care. Our goal remains the same – to make oral health a national talking point and ensure the charity remains the go-to source for press and media.



Working together for better oral health – powered by partnership

As an independent charity, the Oral Health Foundation does not rely on government funding or large-scale private donations.

Our strength comes from the kindness, trust, and continued commitment of the individuals, organisations and businesses who share our belief that good oral health should be within everyone's reach.

This support has never been more vital. With widening health inequalities, a rising burden of mouth cancer and sustained pressure on public services, our role in education, advocacy and community support has become increasingly important. We take confidence from knowing that we do not pursue this mission alone — we are part of a determined and diverse community working together for better oral health.



Partnership and collaboration

Our supporters reflect the breadth of that community:

- Dental professionals and practices.
- Major companies and household brands.
- Trade bodies and industry partners.
- Health and wellbeing organisations.
- Non-governmental organisations and campaign coalitions.
- Members of the public.

We are especially proud to have strengthened partnerships across the wider health and wellbeing landscape, including with the Platform for Better Oral Health in Europe, Sustain, the Obesity

Alliance and the Head & Neck Cancer Coalition UK. These alliances help ensure that oral health is embedded within general health policy and recognised as a core pillar of public health.

Powered by generosity and shared purpose

- Despite challenging economic conditions, the generosity, expertise and collaboration of our partners have remained unwavering.
- Fundraising and sponsorship strengthened our campaigns.
- Shared expertise enhanced the evidence and messaging behind our work.
- Collaboration enabled wider reach and greater impact.

Together, these contributions helped bring oral health messages to millions of people across the UK and beyond.

With thanks

We express our sincere thanks to every organisation and individual who has stood beside us over the past year. Your support has made a real and lasting difference, and we are deeply grateful to continue working together for better oral health for all.

Partners and supporters this year include:

A-Dec Dental UK	Boots	Dental Health Spa
ABC Printing	British Association of Dental Nurses	Dental Update
ASDA	British Dental Association	DentalEZ
ASP Promotions	British Dental Industry Association	Dentists' Provident
Ace IT	British Orthodontic Society	Dentsply Sirona
Aldi	British Society of Dental Hygiene & Therapy	Department of Health and Social Care
Align Technology	Closer Still Media	Dr M's Oral Brush
Anchor	Dafferns LLP	George Warman Publications
Associated Dental Products (Kemdent)	Dencover	General Dental Council
Association of Dental Groups	Denplan	General Medical Council
Bambooth	Dent & Go	Haleon
Biomin		Head & Neck Cancer Coalition UK
Blue Horizons		

Health Education England	NHS Orkney	TePe
Henry Schein	NSK	Tesco
Home Bargains	Natural Source Waters	The Access Group
House of Commons	Nestlé	The Breath Co
Hygeia Dental Care	Nuud Plastic Free Gum	The Dental Defence Union
Ivoclar Vivadent	Obesity Alliance	The Probe
J & S Davis	Office for the Chief Dental Officer	The Royal Society of Medicine
Joint Medical Command (Armed Forces)	Peppersmith	Unilever
Kenvue	Philips	Unum Dental
Kingfisher	Sainsbury's	University of Portsmouth
Lidl	Sarakan	Velopex
Mark Allen Group	Scottish Water	W&H
Marks & Spencer	Seabond	Waterpik
Masonic Charitable Foundation	Setform	Word Centre
MEDiVision	Simplyhealth Professionals	Wrigley Oral Health Care Programme
Medway	Smile Magazine	Zima Dental Pod
Morrisons	Sustain	
Mouth Cancer Foundation	Takara Belmont UK	

With your continued support, we look forward to another year of partnership and progress – improving oral health and wellbeing for everyone.



Financial summary

The Oral Health Foundation delivered a stable financial performance during the year ended 31 July 2025, enabling continued investment in our charitable mission: improving oral health and reducing inequalities across the UK and beyond.

Total income for the year was £984,995, remaining broadly consistent with the previous year.

Income

Key income sources included:

- Accreditation (£407,447) – the charity’s largest income stream, representing an 11.6% increase from the previous year, reflecting sustained demand for trusted, evidence-based product verification.
- Education resource sales (£379,664) – continued to be a major contributor despite wider pressures on health budgets.
- Donations and legacies (£140,728) – showing continued generosity and belief in our mission from individuals, organisations and supporters.
- Supporter subscriptions rose to £45,428, highlighting growing professional engagement.
- Investment and rental income together totalled £11,728.

This diverse income base reinforces our independence and financial resilience.

Expenditure

Total expenditure for the year was £1,015,690, focused on programme delivery and public benefit. Major areas of charitable spend included:

- Education resources (£420,542) – ensuring that oral health tools and materials reached communities where they make the greatest difference.
- Information and awareness (£370,254) – supporting national campaigns and public health outreach.
- Accreditation delivery (£127,011) – maintaining scientific rigour and consumer confidence.
- Mouth Cancer Action Month (£85,032) – continuing to support lifesaving early detection.

This reflects our commitment to directing the majority of spending into public-facing health improvement.

Overall performance

The charity reported a planned and controlled operating deficit of £30,695, linked to continued investment in mission delivery.

Investment performance was strong, generating gains of £33,151 (realised and unrealised). As a result, total funds increased, with £2,456 added to reserves and £1,123,894 carried forward into the new financial year.

Report of the directors and trustees

The Directors present their report together with the financial statements for the year ended 31 July 2025.

Structure, governance and management

The company is registered as a charity under the number 263198 and is governed by the memorandum and articles of association of the Oral Health Foundation as amended by special resolution on 14 December 2011 and written special resolution in March 2012 whose registration number is 01027338. The company is limited by guarantee to the extent of £1 per member and has no share capital.

Directors and trustees

The Directors of the company act as the Trustees and the Directors who served during the year are listed below.

Sarah Balser

Catherine Brady

Mhari Coxon RDH (Immediate Past President)

Soha Dattani

Professor Jonathon Timothy Newton (President)

Juliette Reeves

Helen Tomlinson

Professor Georgios Tsakos

Andrew Hay

Ian Waller

Ravi Rattan (Resigned September 2025)

Jason Bunce (Appointed September 2024)

Recruitment and appointment of trustees

As set out in the articles of association, the Trustees are appointed by the members at the annual general meeting. The Trustees are the only members of the charity. Trustees are elected for a period of three years, as determined by the articles they may be re-elected for a further period of three years after which one year must elapse before any re-election except in the case of the President and President-Elect. The Immediate Past President may serve for a further period of two years after retirement as President.

The Trustee Board has the power to co-opt members between annual general meetings. The Trustees acknowledge their risk management responsibilities and have endorsed the risk register assessment and

review it on a regular basis at least biannually.

The Trustees acknowledge that the management of Risk is high on their priorities of good governance. A risk assurance group, consisting of the Director of Operations, the Director of Finance, and two Trustees regularly review the register before it is presented to the Trustees for their review and approval. That way, the Trustees can have confidence that the changes have been scrutinised by their peers ahead of being presented with a summary of changes.

Five key risk areas are identified as:

1. **Governance and Management** e.g. inappropriate organisational structure, difficulties recruiting trustees with relevant skills, conflicts of interest.
2. **Operational Risks** e.g., IT and asset security, Structure and infrastructure disaster recovery plan, service quality and development, contract pricing, employment issues, health and safety issues, fraud and misappropriation.
3. **Financial Risks** e.g. accuracy and timeliness of financial information, adequacy of reserves and cash flow, diversity of income sources, investment management.
4. **Environmental and External Factors** e.g. public perception and adverse publicity, demographic changes, government policy, adverse social and environmental events.
5. **Compliance Risk** e.g. breach of trust law, employment law and regulatory requirements of activities, such as fund raising.

The organisation's risk register is a dynamic tool which is under constant review, it is approved twice a year by our team of Trustees.

Risk Register Assurance & Management

The Risk Register was reviewed and amended by the CEO and Senior Management at quarterly intervals throughout the year. The register was also reviewed and approved at a meeting on the 19 August that included, the Head of Finance, the Director of Operations, the Chief Executive and President, as well as a Trustee who is a member of the Finance & Risk Committee. It was presented to and approved by the Board at its meeting on 25th September 2025.

Only one risk 'F3 – Income Generation' is currently scoring as a 'High Risk' area.

The High risk to be flagged to the Board identified on 19.08.2025 is in the Finance Category:

Only one risk 'F3 – Income Generation' is currently scoring as a 'High Risk' area.

Identified Risk: 'Reduced income' Insufficient funding generated to deliver strategy and business plan activities.

Causes: Individual funding streams reduced as follows:

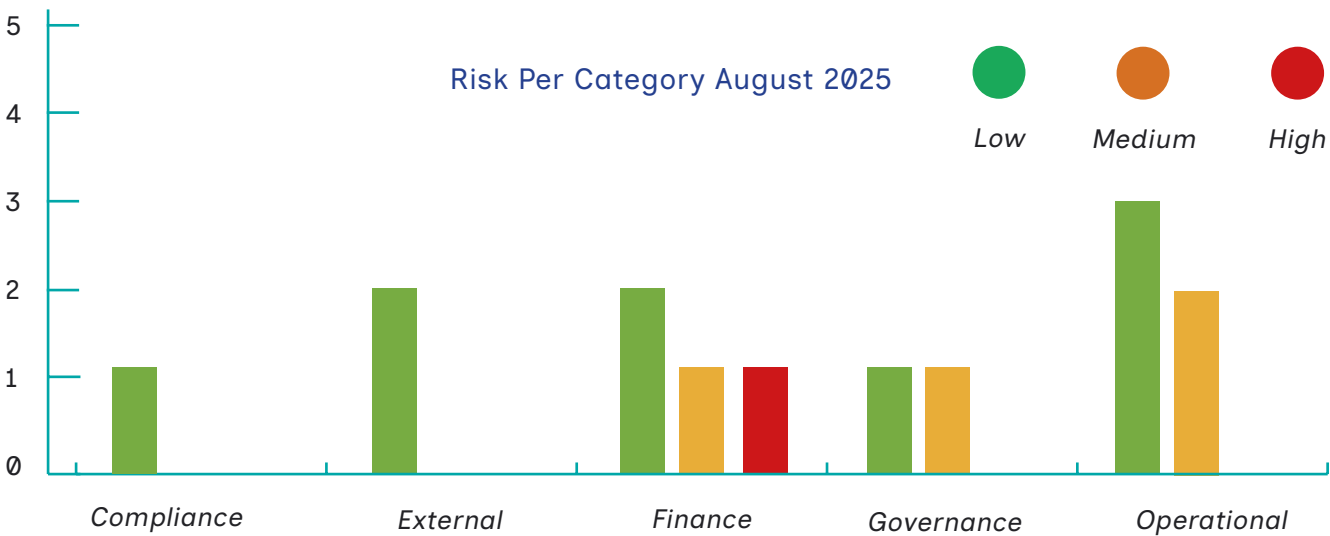
- Educational Resource Sales – income did not achieve target level.
- Campaign sponsorship funding – income did not achieve target level.

Consequences: Risk to delivery of strategic ambitions and business plan objectives.

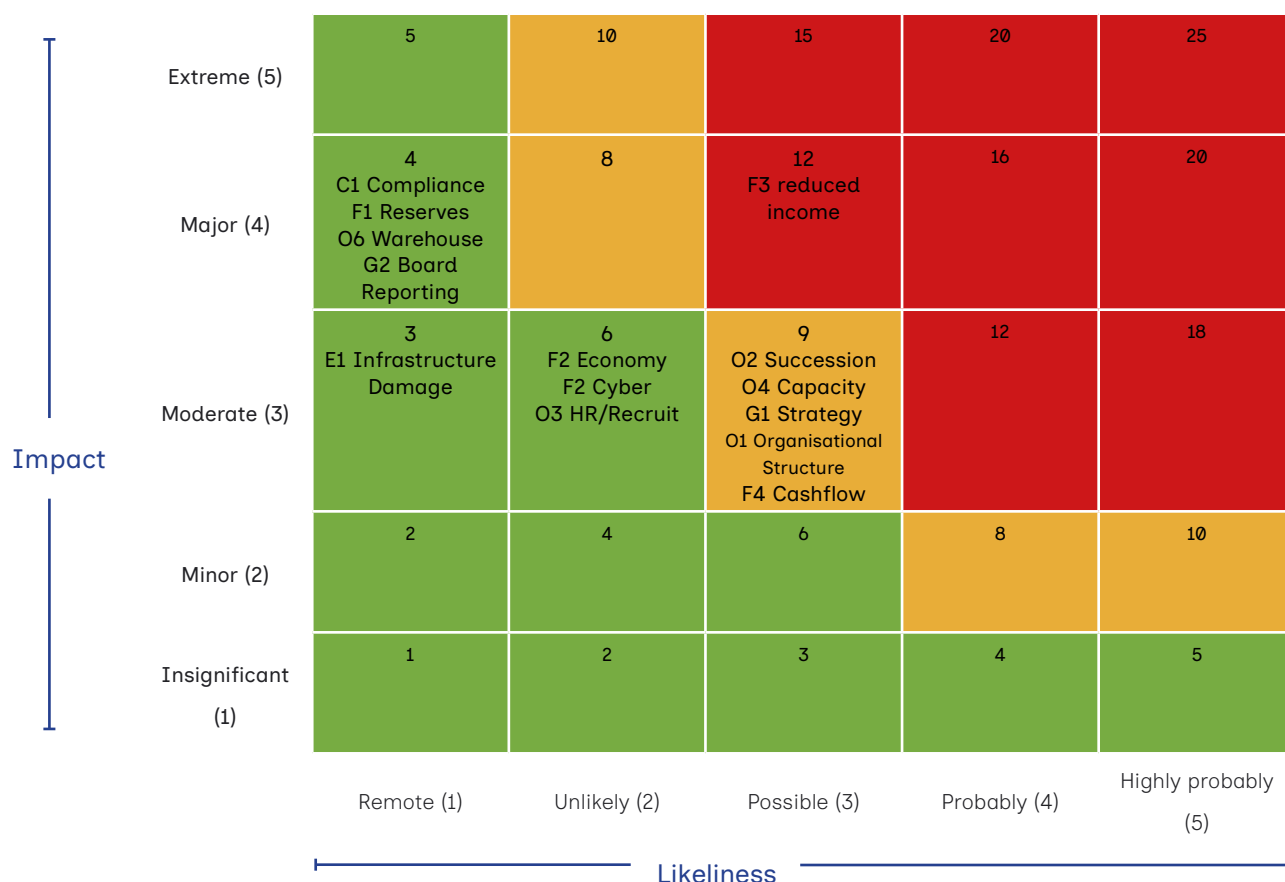
Mitigation:

- A new Head of Partnerships role was created and an experienced charity fundraising executive was appointed to the post on 27th October 2025
- Educational Resources marketing plan updated
- New accreditation promotional materials are being creating in Q2 2025/2026
- A new Head of Policy & Advocacy role was created and a highly experience oral health policy and programme manager appointed to the post on 15th September 2025.

Below is a chart showing the number of risks across the five categories:



Below is a heat map of where the 14 identified risk sit in terms of severity.



Organisational structure

The full Trustee Board which consists of between 8-12 members meets at least three times a year. The Board is responsible for the governance, strategic direction and policies of the charity. The Chief Executive and other members of the senior management team attend and advise the Trustees as appropriate but are not voting members of the Board.

The Board delegates some powers relating to staff remuneration and other related issues to a Core Team consisting of the President, President-Elect and Trustee responsible for finance.

The Chief Executive, supported by the senior management team, is responsible for the day to day running of the charity and delivery of the annual business plan objectives to a budget agreed by the Board.

Pay policy for senior staff

The key personnel of the Foundation consist of the board of directors (trustees) and the senior management team in charge of directing, controlling and running the day-to-day operations. All directors are unpaid and give up their time freely. Details of directors' expenses and related party transactions are disclosed in notes 12 & 24.

The pay of the chief executive and the overall salary budget for the staff team, is reviewed annually by the Trustee Core Team, CPI and wage inflation are used as benchmarks for this review.

Sale of Smile House

The Trustee Board passed a motion to sell the Foundation headquarters at Smile House, Rugby, following an internal consultation. This consultation, which mapped out a cost and efficiency exercise of building use, explored various options to ensure the decision was well-informed and beneficial for future operations. The sale of the building was completed on 20th November 2025.

Public Benefit

Good oral health forms an essential part of general health and wellbeing. Since the Oral Health Foundation was established in 1971, it has played its part in transforming the nation's oral health.

Today, the collective push to improve oral health in the UK has resulted in:

- 11 million more adults having 21 or more of their natural teeth compared to 1978.
- Over 9 million more adults having their own teeth compared to 30 years ago.
- 30% more adults visiting their dentist regularly compared to 1978.
- 10 million fewer adults smoking compared to 30 years ago.
- 61% increase in 12-year-olds free of decay since 1973.

Education and information has helped to underpin this transformation and the Oral Health Foundation has made the following unique contribution in 2024/2025:

- Running three awareness campaigns to help people achieve better oral health.
- Providing important oral health resources and materials to over 4,000 organisations.
- Sending out more than 30,000 dental packs and giving hundreds of schools and nurseries access to our children's oral health programmes.
- Distributing in excess of 140,000 Tell Me About leaflets to communicate and educate patients.
- Providing information to more than 1 million people seeking dental advice from our websites.
- Continuing to independently assess dental health products to help inform consumers. We have accredited more than 1,000 products during the programme's 25 years.
- Raising oral health awareness in the media with more than 2,500 news stories.

The charity does not engage in significant fundraising activities. When planning charitable activities, reviewing our aims and objectives and at meetings with the Board of Trustees, our Trustees have paid attention to the Charity Commission's guidance regarding public benefit.

Financial review

In 2024-25, a deficit of £30,695 (2023-24: £42,489 deficit) was generated from the charity's day to day activities before investment gains and losses.

This was in line with the projected deficit approved by Trustees as the Foundation continues to rebuild operational capacity and income streams.

Investment Policy

The charity policy for the investment of available funds is that they are held in investments to provide capital growth and reinvested income whilst allowing for occasional cash withdrawals to support the Foundation's charitable activities. The investment policy is to invest at the higher end of medium risk in order to enable these objectives to be achieved.

Rathbone Investment Management is responsible for managing the investment portfolio. The Trustees monitor investment performance against standard policies and meet with the portfolio managers when appropriate during the year.

Reserves Policy

The Trustees have assessed the reserves requirement and have established a policy where the free reserves held by the Oral Health Foundation should be at least 6 months operating costs. This equates to a sum of £600,000. Levels are reviewed annually.

The company's free reserves (unrestricted reserves excluding tangible fixed assets) amounted to £921,495 at 31 July 2025 (2024: £910,943).

The company's total unrestricted reserves amounted to £1,123,894 at 31 July 2025 (2024: £1,121,438).

Responsibilities of the Directors and Trustees

The Trustees (who are also Directors for the purposes of company law) are responsible for preparing the Directors' and Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards.

Company law requires the Directors to prepare financial statements for each financial year which give a true and fair view of the of the charitable company and of the incoming resources and application of resources, including income and expenditure for that period.

In preparing these financial statements, the Directors:

- Select suitable accounting policies and then apply them consistently.
- Observe the methods and principles in the Charities SORP 2019 (FRS102).

- Make judgements and estimates that are reasonable and prudent.
- State whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements.
- Prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The Directors are responsible for maintaining adequate accounting records which disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Provision of information to auditors

In so far as the Directors are aware:

- There is no relevant audit information of which the charitable company's auditor is unaware.
- The Directors have taken all steps that they ought to have taken to make themselves aware of any relevant audit information and to establish that the charity's auditor is aware of that information.

The Directors are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of the financial statements may differ from legislation in other jurisdictions.

Auditor

The auditor, Dafferns Audit Limited, will be proposed for re-appointment in accordance with section 485 of the Companies Act 2006.

On behalf of the Board



Professor Jonathon Timothy Newton

President, Oral Health Foundation

Date: 04 December 2025

Independent auditor's report

Opinion

We have audited the financial statements of Oral Health Foundation (the 'charitable company') for the year ended 31 July 2025, which comprise the Statement of Financial Activities, Balance Sheet, Statement of Cash Flow and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice). In our opinion the financial statements:

In our opinion the financial statements:

- Give a true and fair view of the state of the charitable company's affairs as at 31 July 2025 and of its incoming resources and application of resources, including its income and expenditure for the year then ended;
- Have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- Have been prepared in accordance with the requirements of the Companies Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the auditor responsibilities for the audit of the financial statements section of our report. We are independent of the charitable company in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

Other information

The other information comprises the information included in the trustees' annual report, other than the financial statements and our auditor's report thereon. The trustees are responsible for the other information. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon. Our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We have nothing to report in this regard.

Opinions on other matters prescribed by the Companies Act 2006

In our opinion, based on the work undertaken in the course of the audit:

- The information given in the Trustees' report, which includes the Directors report prepared for the purposes of company law, for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- The Directors' report included within the Trustees' report has been prepared in accordance with applicable legal requirements.

Matters on which we are required to report by exception

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Directors' report included within the Trustees' report.

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- the financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of Trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the Trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemptions in preparing the Trustees' report and from the requirement to prepare a Strategic report.

Responsibilities of trustees

As explained more fully in the trustees' responsibilities statement set out on page 1, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

- Enquiry of management, and those charged with governance, around actual and potential litigation and claims;
- Reviewing financial statement disclosures and testing to supporting documentation to assess compliance with applicable laws and regulations;
- Performing audit work over the risk of management override of controls, including testing of journal entries and other adjustments for appropriateness, evaluating the business rationale of significant transactions outside the normal course of business and reviewing accounting estimates for bias.

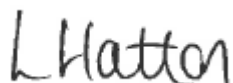
Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather

than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

A further description of our responsibilities is available on the FRC's website at: <https://www.frc.org.uk/auditors/audit-assurance/auditor-s-responsibilities-for-the-audit-of-the-fi/description-of-the-auditor%E2%80%99s-responsibilities-for>. This description forms part of our auditor's report.

Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members as a body, for our audit work, for this report, or for the opinions we have formed.



Lucy Hatton FCCA (Senior Statutory Auditor)

For and on behalf of:

Dafferns Audit Limited

*One Eastwood, Harry Weston Road, Binley Business Park,
Coventry CV3 2UB*

Date: 04 December 2025

Statement of financial activities

Including Income and Expenditure Account – for the year ended 31 July 2025.

	Note	2025	2024
		£	£
Income from			
Donations, sponsorship and legacies		140,728	205,269
Investment		9,728	13,306
Rental		2,000	3,000
Supporter subscriptions		45,428	31,234
Accreditation income	3	407,447	365,238
Education resource sales and related income		379,664	409,965
Total income		<u>984,995</u>	<u>1,028,012</u>
Expenditure on			
Supporter	4	12,851	13,132
Accreditation	5	127,011	129,596
Education resource sales	6	420,542	433,150
Information & awareness	7	370,254	416,164
Mouth cancer campaign	8	85,032	78,459
Total expenditure		<u>1,015,690</u>	<u>1,070,501</u>
Net income / (expenditure) for the year before other recognised gains and losses	13	(30,695)	(42,489)
Other recognised (losses) / gains			
Realised gains on investment assets	15	1,939	13,008
Unrealised gains / (losses) on investment assets	15	31,212	36,401
Net Movement in Funds	18	<u>2,456</u>	<u>6,920</u>
Fund balances brought forward		<u>1,121,438</u>	<u>1,114,518</u>
Fund balances carried forward	18	<u>1,123,894</u>	<u>1,121,438</u>

All of the charitable company's activities are continuing and relate to unrestricted funds.
The notes on pages 57 to 66 form part of the financial statements.

Balance sheet

Company registration number: 01027338

at 31 July 2025

	Note	2025	2024
		£	£
Fixed Assets			
Tangible fixed assets	14	202,399	210,495
Investments	15	<u>619,605</u>	<u>590,214</u>
		<u>822,004</u>	<u>800,709</u>
Current Assets			
Stocks		74,270	62,071
Debtors	16	280,853	263,619
Cash at bank and in hand		<u>46,539</u>	<u>105,270</u>
		<u>401,662</u>	<u>430,960</u>
Creditors: amounts failing due within one year	17	<u>(99,772)</u>	<u>(110,231)</u>
Net Current Assets		<u>301,890</u>	<u>320,729</u>
Net Assets		<u>1,123,894</u>	<u>1,121,438</u>
Represented by:			
Unrestricted Funds	19	<u>1,123,894</u>	<u>1,121,438</u>

The notes on pages 57 to 66 form part of the financial statements. Approved and authorised for issue by the Board of Directors on 04 December 2025.



Professor Jonathon Timothy Newton
President, Oral Health Foundation

Statement of cash flows

For the year ended 31 July 2025

	Note	2025	2024
		£	£
Cash flows from operating activities			
Net movement in funds for the year		2,456	6,920
Depreciation		8,395	8,233
Investment income		(9,728)	(13,306)
Revaluation (gains) / losses from investments		(33,151)	(49,409)
Decrease/(increase) in stocks		(12,199)	2,064
Decrease/(increase) in debtors		(17,235)	(2,148)
Increase/(decrease) in creditors		<u>(10,460)</u>	<u>(863)</u>
Net cash flows from operating activities		<u>(71,922)</u>	<u>(48,509)</u>
Cash flows from investing activities			
Payments to acquire tangible fixed assets	14	(298)	(4,533)
Purchase of investments	15	(75,914)	(103,526)
Proceeds from sale of investments	15	77,726	139,341
Net Cash movement on investments	15	1,949	15,771
Interest & Dividends received on listed investments		9,440	13,188
Bank Interest		288	118
Net cash flows from investing activities		<u>13,191</u>	<u>60,359</u>
Net increase in cash and cash equivalents			
		<u>(58,731)</u>	<u>11,850</u>
Cash and cash equivalents at start date 2024		105,270	93,420
Cash and cash equivalents at end date 2025		<u>46,539</u>	<u>105,270</u>
Analysis of changes in net debt			
	1 August 2024	Cashflows £	31 July 2025 £
Cash and cash equivalents	<u>105,270</u>	<u>(58,731)</u>	<u>46,539</u>

The notes on pages 57 to 66 form part of the financial statements.

Notes to the financial statements

1 Company Status

The company is registered as a charity in England and Wales. It is limited by guarantee to the extent of £1 per member and has no share capital. The address of the charity's registered office is One Eastwood, Binley Business Park Coventry, CV3 2UB. Its principal place of business is Bloxam Court, Corporation St, Rugby CV21 2DU.

2 Principal Accounting Policies

The principal accounting policies of the company are set out below:

Basis of preparation of financial statements

The financial statements have been prepared under the historical cost convention apart from investments which are stated at market value. The financial statements have been prepared in accordance with applicable accounting standards, the Companies Act 2006 and the Statement of Recommended Practice "Accounting and Reporting by Charities" issued in October 2019 (SORP (FRS102)). The Charity meets the definition of a public benefit entity under FRS102.

Cash flow statement

The charity's cash flow statement reflects the presentation requirements of FRS102.

Incoming resources

Voluntary income including donations, sponsorship and legacies are recognised when there is an entitlement, certainty of receipt and the amount can be recognised with sufficient reliability.

Investment income is recognised on a receivable basis.

Income from charitable activities includes the accreditation of dental products, sales of educational resources and website licensing income and is recognised as earned.

Any part of the income received, which relates to a period beyond the balance sheet date, is carried into the following year as "unexpired proportion of subscriptions and website licensing received."

Accreditation, subscriptions and intellectual property licensing once received are non-refundable.

Resources expended

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs related to the category.

Costs of generating funds are those costs associated with attracting voluntary income and those incurred in trading activities that raise funds.

Charitable expenditure includes those costs incurred in the delivery of the charity’s activities and services to its beneficiaries. It includes both the direct costs and the indirect support costs.

Governance costs include those costs associated with meeting the constitutional and statutory requirements of the charity and include audit fees and costs relating to strategic management.

Governance costs are now apportioned on the same basis as other support costs.

Support costs include general overheads and administration and have been allocated to activities on a basis consistent with staff time and estimated usage.

Investments

Investments are stated at market value as valued by the Company’s investment advisers. Income arising on investments is accounted for as it accrues. Movements in the valuation of investments are shown as realised and unrealised gains and losses in the statement of financial activities.

Tangible fixed assets

Expenditure on fixed assets over £1,000 is capitalised.

Depreciation is calculated by the straight-line method and aims to write down the cost of both intangible and tangible fixed assets over their expected useful economic lives.

The rates applicable are:

Computer equipment	5 years
Equipment, fixtures & fittings	5 years
Freehold buildings	50 years

Stocks for resale

Stock is stated at the lower of cost and net realisable value on a first-in-first-out basis.

Debtors

Trade debtors are recognised at the settlement amount due after any trade discounts offered. Prepayments are valued at the amount prepaid net of any trade discounts due. Any losses arising from impairment are recognised in expenditure.

Cash at bank and in hand

Cash in bank and cash in hand includes cash only.

Creditors and provisions

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors with no stated interest rate and payable within one year are recorded at transaction price.

Taxation

The company has been granted exemption from corporation taxes under sections 486 and 487 of the Corporation Taxes Act 2010.

Defined contribution pension scheme

Contributions are charged to the statement of financial activities as they become payable in accordance with the rules of the scheme.

Funds

Funds held by the charity are either:

Unrestricted general funds – these are funds which can be used in accordance with the charitable objects at the discretion of the Directors.

Designated funds – these are funds set aside by the Directors out of unrestricted general funds for specific future purposes or projects.

Restricted funds – these are funds which must be used in accordance with the restrictions placed on them by the funder.

Transactions in foreign currencies are recorded using the rate of exchange ruling at the date of the transaction. Monetary assets and liabilities denominated in foreign currencies are translated using the rate of exchange ruling at the balance sheet date and unrealised and realised gains and losses in translation are included in the Statement of Financial Activities.

3 Incoming Resources

	2025	2024
	£	£
Accreditation income is derived from the following geographical markets:		
UK	332,685	297,628
Europe	13,047	10,193
Rest of the World	<u>61,715</u>	<u>57,417</u>
	<u>407,447</u>	<u>365,238</u>

4 Expenditure: Supporters

	2025	2024
	£	£
Supporters direct costs	366	262
Salaries	7,706	7,537
Overheads & support costs	<u>4,779</u>	<u>5,333</u>
	<u>12,851</u>	<u>13,132</u>

5 Expenditure: Accreditation

	2025	2024
	£	£
Accreditation of dental products	6,033	8,942
Salaries	87,278	84,850
Overheads & support costs	<u>33,700</u>	<u>35,804</u>
	<u>127,011</u>	<u>129,596</u>

6 Expenditure: Educational Resource Sales

	2025	2024
	£	£
Cost of sales	181,605	199,884
Direct costs	73,175	73,903
Salaries	126,592	115,237
Overheads & support costs	<u>39,170</u>	<u>44,126</u>
	<u>420,542</u>	<u>433,150</u>

7 Expenditure: Information and Awareness Campaigns

	2025	2024
	£	£
Projects	18,128	21,359
Publicity	42,555	78,746
Salaries	272,890	275,437
Overheads & support costs	<u>36,681</u>	<u>40,622</u>
	<u>370,254</u>	<u>416,164</u>

8 Expenditure: Mouth Cancer Awareness

	2025	2024
	£	£
Publicity	10,718	9,950
Salaries	66,193	58,785
Overheads & support costs	<u>8,121</u>	<u>9,724</u>
	<u>85,032</u>	<u>78,459</u>

9 Governance Costs (allocated under support costs)

	2025	2024
	£	£
Overheads & support costs	4,319	4,986
Salaries	44,920	44,154
Other support costs	9,070	13,426
Audit, consultancy & professional fees	<u>18,304</u>	<u>15,862</u>
	<u>76,613</u>	<u>78,428</u>

10 Allocation of Support Costs

The Foundation allocates its support costs as shown in the table below. Support costs are allocated on a basis consistent with the use of resources and staff time.

Support Cost	Resources	Accreditation	Supporters	Info & Aware	Mouth Cancer	Governance	Total
	£	£	£	£	£	£	£
Overheads	8,336	2,755	551	11,731	3,030	2,216	28,619
Depreciation	646	215	43	861	237	151	2,153
Amortisation	1,872	624	125	2,497	687	437	6,242
General Office	2,988	944	188	5,213	1,039	1,494	11,866
Finance	812	49	42	290	64	21	1,278
Governance (note 9)	24,516	29,113	3,830	16,089	3,064		76,612
Governance (overhead)						(4,319)	(4,319)
	<u>39,170</u>	<u>33,700</u>	<u>4,779</u>	<u>36,681</u>	<u>8,121</u>		<u>122,451</u>

11 Staff Costs

	2025	2024
	£	£
Wages and salaries	498,002	484,862
Social security costs	54,255	49,109
Staff insurance and benefits	14,415	14,532
Other pension costs	<u>38,907</u>	<u>37,497</u>
	<u>605,579</u>	<u>586,000</u>

Two Directors (2024: 4) were reimbursed a total of £736 for travel expenses incurred during the year ended 31 July 2025 (2024: £1,315).

The Directors received no other remuneration or emoluments during the year.

	2025 Number	2024 Number
Employees earning £60,000 per annum or more:		
£150,000 - £159,999:	1	1

Pension contributions in the year for these employees amounted to £14,253 (2024: £14,253).

The key management personnel of the Foundation comprise the trustees, the Chief Executive and members of the senior management team. The total employee benefits of the key management personnel of the Foundation were £412,856 (2024: £400,512).

The average number of employees analysed by function was:

	2025	2024
Direct charitable activities	8	8
Income producing activities	2	2
Administration	1	1
	<u>11</u>	<u>11</u>

12 Defined Contribution pension scheme

The company pays contributions to a personal pension fund which is available to all employees. The pension cost charge represents contributions payable by the company to the fund and amounted to £38,907 (2024: £37,467). No contributions were payable to the fund at the year end. No Directors qualified for benefits and no contributions were paid to Directors.

13 Net outgoing resources

	2025	2024
	£	£
Net outgoing resources are stated after charging/ (crediting):		
Depreciation and amortisation	8,395	8,233
Auditors' remuneration	6,950	6,650
Rental income	(2,000)	(3,000)

14 Fixed Assets

	Freehold land & buildings	Fixtures & fittings	Computer equipment	Office equipment	Total
	£	£	£	£	£
Cost					
At 1 August 2024	348,065	25,416	53,365	37,312	464,158
Additions	–	–	298	–	298
At 31 July 2025	<u>348,065</u>	<u>25,416</u>	<u>53,663</u>	<u>37,312</u>	<u>464,456</u>
Depreciation					
At 1 August 2024	144,375	23,340	49,404	36,544	253,663
Charge for the year	6,242	608	946	598	8,394
At 31 July 2025	<u>150,617</u>	<u>23,948</u>	<u>50,350</u>	<u>37,142</u>	<u>262,057</u>
Net book value					
At 31 July 2025	<u>197,448</u>	<u>1,468</u>	<u>3,313</u>	<u>170</u>	<u>202,399</u>
At 31 July 2024	<u>203,690</u>	<u>2,076</u>	<u>3,961</u>	<u>768</u>	<u>210,495</u>

15 Fixed Asset Investments

	2025	2024
	£	£
Market Value		
At 1 August	590,214	592,391
Additions	75,914	103,526
Disposals	(77,726)	(139,341)
Realised investment gains	1,939	13,008
Unrealised investment (losses)/gains	31,213	36,401
Net cash movement	(1,949)	(15,771)
At 31 July	<u>619,605</u>	<u>590,214</u>

The investments consist of a share portfolio managed by stockbrokers Rathbones, primarily held to provide an investment return for the charity. All investment assets were held in the UK. All shareholdings are of listed companies. The historic cost at 31 July 2025 was £478,195 (2024: £480,017).

Investments held at market value comprised:

	2025	2024
	£	£
Equities	516,871	482,875
Interest securities	95,798	98,454
Cash held within investment portfolio	<u>6,936</u>	<u>8,885</u>
	<u>619,605</u>	<u>590,214</u>

16 Debtors

	2025	2024
	£	£
Amounts falling due within one year		
Trade debtors	255,724	222,446
Prepayments and accrued income	<u>25,129</u>	<u>41,173</u>
	<u>280,853</u>	<u>263,619</u>

17 Creditors: amounts falling due within one year

	2025	2024
	£	£
Trade creditors	32,953	15,275
Other creditors	6,447	4,941
Social security and other taxes	56,095	58,724
Accruals and deferred income	3,478	15,680
Unexpired proportion of supporter income received		14,378
Unexpired proportion of intellectual property licensing	799	1,233
	<u>99,772</u>	<u>110,231</u>

Deferred Income

	Website	Supporter Income	Total
	£	£	£
Balance at 1 August 2024	1,233	14,378	15,611
Amount released to incoming resources	(1,233)	(14,378)	(15,611)
Amount deferred in the year	799		799
Balance at 31 July 2025	<u>799</u>		<u>799</u>

18 Reconciliation of movement in funds

	2025	2024
	£	£
Unrestricted funds		
Balance at 1 August	1,121,438	1,114,518
Income	984,995	1,028,012
Expenditure	(1,015,690)	(1,070,501)
(Losses) / gains	<u>33,151</u>	<u>49,409</u>
Balance at 31 July	<u>1,123,894</u>	<u>1,121,438</u>

19 Analysis of net assets between funds

	2025	2024
	£	£
Unrestricted funds		
Tangible fixed assets	202,399	210,495
Investments	619,605	590,214
Net current assets	<u>301,890</u>	<u>320,729</u>
Total	<u>1,123,894</u>	<u>1,121,438</u>

20 Guarantee

The company is limited by guarantees of £1 per member.

21 Other financial commitments

There were no financial commitments at 31 July 2025 (2024: NIL).

22 Contingent liabilities

At the year end, there were no contingent liabilities.

23 Related party transactions

There were no transactions with related parties in the current year. In 2024, sales of £110 were made to Ben Atkins, a director. At 31st July 2025, the balance owed was NIL (2024: £NIL).

24 Post-balance sheet events

After the year-end, the freehold property owned by the charity was sold for £485,000.

The Oral Health Foundation campaigns to address the inequalities in oral health. We're a registered UK charity which relies on donations from the public, as well as the dental and health profession. Become a supporter. Your donation will be warmly received and will allow us to continue our important mission of providing independent and impartial information, education and advice to those who need it most.