

Detailed step-by-step guidance on providing a supervised toothbrushing programme

The provider will need to develop a service delivery model detailing the approach to:

1

Setting Identification and Programme Planning

- When identifying eligible settings/children (if applicable) - consider:
 - How will the provider get the required information about settings from the local authority education and public health teams?
 - How will settings be contacted? And when? Sending out a joint letter, to settings, from the Director of Public Health and provider may be more influential than a letter from the provider alone.
 - How will refusal of settings be handled?
 - How will the supplies be sourced and delivered?
- Identify any local existing supervised toothbrushing programmes or oral health promotion initiatives
- When delivering the service consider if any activities will be outsourced and if so, how will this be managed, and if that service delivery meets the requirements of the service specification
- How will the consent process of participants be managed, including refusal?
- Develop a financial model template presenting service costs with detailed staff costs and anticipated number of settings and children.

2

Supply Management and Sustainability

- How will the supplies be sourced and delivered?
 - Consider negotiating with the supplier the possibility of placing a bulk order for the total annual amount needed with them distributing the supplies at intervals throughout the year to help bring costs down and avoid the need for storage facilities.
- Consider sustainability. Some settings enquire about the environmental impact of the programme. Consider providing options for recycling or fewer journeys for delivery of supplies.

3

Staff Training and Inclusion

- How will staff training in settings be delivered and assessed? This may be determined by the commissioners, but if not, the provider needs to consider what is more appropriate - delivering training in-person or online? Assess how well you think the training will be cascaded down to other staff members and how often it may need to be delivered.
- How will the provider make daily supervised toothbrushing in the setting available to children with special educational needs and/or disabilities? Considerations include tailored training, availability of more support, types of toothbrushes and toothpaste including flavourless or non-foaming toothpaste.

4

Parent Engagement and Consent

- How will the provider engage with the parents via the setting? Including parents with additional needs, language barriers, literacy barriers, lack of internet access. Consider engaging parents in oral health workshops.
- How will they:
 - encourage parental supervised toothbrushing at home including providing information on the importance of the continuance of toothbrushing over holidays? Provision of toothpaste/toothbrush packs?
 - use the supervised toothbrushing programmes as an opportunity to identify, address and promote the health of children more generally (Making Every Contact Count).

5

Setting Identification and Programme Planning

- Make decisions about the different configurations of toothbrushing to use (e.g., dry or wet brushing and the choice of toothbrush rack (toothbrush holder) system)
 - For example, one company may provide a toothbrush rack system where the brushes are the same colour as the racks, that have spaces with names and pictures on the racks and names and pictures on their brushes. Whereas another company has multicoloured brushes and no space to write names on the toothbrush racks.
- It is important to emphasise that the aim of supervised toothbrushing is daily toothbrushing. Discuss with the settings the different models of delivering supervised toothbrushing to enable them to decide what works best for them to achieve this. For example, consider the following:
 - Dry or wet toothbrushing method
 - The staff-to-child ratio and the implications of the method chosen
 - The age range of the children. What implications might this have?
 - The number of children with special educational need and/or disabilities (SEND). What implications might this have? Particularly if they need additional supervision
 - Where will the children brush? Will the children be sat on the carpet to brush, or sat at a table?
 - When will the children brush? How compatible is the time chosen with their daily schedule?
- Consider the age range of children - what additional considerations may need to be made for settings with younger children (2-year-olds)?
- Will an oral health champion be appointed in each setting?
- How will on-going support be provided and maintained to settings?
- Providers need to be available to commissioners and settings. Providers need to be available should any issues concerning the programme arise. It is recommended that providers set up a general oral health email address rather than a personal email address to provide permanence in case of staff changes.
- How will access to a dental professional for advice, if needed, be provided?

6

Governance, Monitoring, and Contingency Planning

- Develop a performance and contract monitoring plan. As required by the commissioners, the provider will be requested to capture specific information from settings on (at least) an annual basis, for example: parental consent rates, average duration of toothbrushing and frequency of toothbrushing each week.
- Ensure appropriate governance monitoring processes are in place. Ensure they cover:
 - General Data Protection Regulations (GDPR)
 - Infection prevention and control - need to be regularly reviewed and kept up-to-date
 - Any safeguarding policies
- Have a contingency plan. This helps to ensure an acceptable level of service is maintained.



Find out more at

www.supervisedtoothbrushing.com

