Designed to Smile

Evaluation of a national child oral health improvement programme

Interim Report I

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Contents

Executive Summary

This report details the first stage evaluation of the Designed to Smile national child oral health improvement programme.

A series of face-to-face interviews were conducted with Community Dental Service staff involved in the management and delivery of the super-pilot in North and South Wales.

The overall impression of the scheme that arose from the fourteen interviews was positive. Staff felt that the implementation of the scheme had gone well and were genuinely enthusiastic about their involvement in the programme. They consider the scheme to be on course to meet its aims. This is very encouraging given the short time since the commissioning of the scheme.

As with the implementation of any scheme of this size, there were inevitably a number of threats and opportunities communicated by the interviewees.

The findings of the evaluation have been categorised into eight main themes.

Consent: Consent to participate in the programme was reported to be high. However, considerable effort and staff time has been expended to ensure high coverage, which is compounded by the multiple consent forms associated with different elements of the programme and the need for rolling, year-on-year consent.

Staff: The introduction of non-clinical Support Workers was to felt to have been beneficial to the Designed to Smile programme. There is some variation in how these staff are being deployed in different areas. Consideration should be given to the training needs of this new category of staff and their developing role within the Designed to Smile team.

Flexibility vs. protocol: Staff described the need for a flexible approach to programme implementation. There is a need to ensure that, while steps are taken to

secure schools' participation, this doesn't compromise the clinical and cost effectiveness of the programme.

Relationships with schools: Positive feedback and encouragement to schools is important both to recognise and reward involvement and as a means of securing ongoing participation in the scheme. It was felt that there was a misconception among some schools with regard to how long the scheme might take to implement in their classes, so methods of better communicating the straightforward nature of the toothbrushing programme should be considered.

Wider health and education context: The need to integrate the Designed to Smile programme in the wider school curriculum, and ensure schools are rewarded for their involvement, is discussed. Links to the wider health promotion agenda are evident, but could probably be exploited further.

Written materials, translation and resources: Staff reported some initial difficulty with the translation of written resources. This has now been largely resolved, but the translation process would benefit from a review. Overall, staff were content with the quantity and quality of the physical resources available.

Monitoring and audit: Although there are clear guidelines for audit/quality inspections of schools participating in the scheme, it was not clear that they were being implemented in a consistent fashion. It is important to ensure that schools are clear about, and comply with the programme's protocols, and that this is rigorously monitored and documented.

Communication between teams: Although there has been sharing of information between pilot sites, staff were of the view that opportunities for sharing best practice, particularly at an operational level, could be exploited further.

Introduction

Background

In March 2008, the Welsh Assembly Government laid out plans for the commissioning and implementation of a school-based fluoride supplementation programme called Designed to Smile.

The initial aim was to establish a supervised toothbrushing scheme in nurseries and schools across Wales, targeting 3-5 year-olds in nursery, reception and Year 1 classes.

The scheme has been piloted in two areas: in South Wales, in Cardiff, Vale of Glamorgan, Bridgend, Rhondda Cynon Taf and Merthyr Tydfil; and also in the North Wales region. As well as providing a mixture of urban and rural localities, the pilot areas also cover almost a third of the Welsh population.

The Community Dental Service (CDS) has been responsible for organising, co-ordinating and delivering the programme, including the production and translation of resources, the sourcing of materials and recruitment of new staff members to the project.

In both South and North Wales, the CDS has extensive experience of providing oral health promotion programmes and, through work with the Fissure Sealant Programme and other toothbrushing schemes, has existing relationships with schools in the targeted areas.

Each local team was provided with a priority list of high-need schools for their area, produced by The Welsh Oral Health Information Unit (WOHIU) on the basis of deprivation and epidemiological survey data on oral health. In South Wales, Designed to Smile staff began to approach schools to take part in the scheme in the autumn school term of 2008, while schools in North Wales were approached early in 2009.

Evaluation process

The Welsh Assembly Government has contracted the Dental Public Health Unit at Cardiff University to carry out a formal evaluation of the Designed to Smile programme.

There are four elements to the evaluation, which is designed to examine the impact of the programme on:

1. The Community Dental Service
2. The schools involved in the programme
3. The children participating in the school toothbrushing programme
4. The parents of the children involved in the programme

This initial report forms the first part of the evaluation – the perspective of Community Dental Service staff on the implementation of the programme. The objectives were to establish perceived strengths, weaknesses, opportunities and threats to the establishment and continuation of the programme.

Specifically, via interviews with CDS staff, we sought to examine:

- Barriers to the operation of the programme as set out in the Programme Operational Manual
- The degree to which the programme is reaching the target population
- The opportunity costs to the Community Dental Service of delivering the Designed to Smile programme
- The programme as a facilitator of multi-sector health improvement
- Views on the sustainability of the programme

This evaluation represents a qualitative evaluation of the views of the Community Dental staff providing the programme. A separate quantitative analysis of the Designed to Smile Programme is being undertaken by the Wales Oral Health Information Unit.

Subsequent stages in the evaluation process will focus on the impact of the programme on participating schools and on the children and parents involved in the programme.

Methods

Data were gathered via a total of fourteen face-to-face interviews, conducted across locations in South and North Wales. Participants were selected in order to provide a mixture of locations and job role:

Participant	Location	Job role
1	South Wales	Team manager
2	South Wales	Support worker
3	South Wales	Oral health educator
4	South Wales	Oral health educator
5	South Wales	Support worker
6	South Wales	Team manager
7	South Wales	Regional manager
8	North Wales	Team manager
9	North Wales	Team manager
10	North Wales	Oral health educator
11	North Wales	Support worker
12	North Wales	Regional manager
13	North Wales	Support worker
14	North Wales	Regional manager

There was no obligation for any member of staff to take part in the interviews, and each provided informed consent for their participation.

All participants were provided with an information sheet explaining that their views would remain strictly anonymous and that they could withdraw their data from the study at any point. The information sheet also explained that the interviews would be digitally recorded, simply to aid transcription.

The interviews were semi-structured and lasted approximately 60-90 minutes. A number of topics were covered, including:

- the way the scheme was operating in the local area;
- the uptake of the schools in the area;
- staff members' impressions of how well certain aspects of the scheme were working;
- staff members' thoughts on any factors that had helped or hindered the process;

- staff members' ideas on how the scheme might develop or be improved going forward;
- whether staff thought that the scheme is sustainable as currently operated;
- whether staff thought there were any potential risks to the scheme meeting its aims.

Each interview was digitally recorded, transcribed and subjected to thematic analysis, where responses were coded into primary and secondary themes.

Findings

The findings are laid out under eight topic headings, covering the main themes that emerged from the interviews with the CDS staff. Illustrative quotes provided by interviewees are included.

At the end of each topic is a list of suggested actions.

The eight themes are:

1. Consent
2. Staff
3. Flexibility vs. protocol
4. Relationship with schools
5. Wider health and education context
6. Written materials, translation and resources
7. Monitoring and audit
8. Communication between teams

1. Consent

- When a school agrees to take part in the Designed to Smile programme, the CDS team need to obtain informed consent for each individual child to participate in the toothbrushing scheme.

  Consent forms are typically handed out in class, and children are encouraged to take them home to get them signed by a parent or guardian before returning them to their teacher.

- A small number of parents have objected to their child taking part in the scheme, either because of opposition to fluoride or because they feel that toothbrushing is a parental responsibility. Nevertheless, consent in most classrooms was reported to be near 100%. [1]

  I mean the return of consent forms has been extremely high, and you've got the children who might be encouraging the parents - and that's part of it, we want them to do that, the same with the fissure sealant, telling the children on the education side of things that this is going to be really good for you

  I think generally speaking, the uptake has been a lot better than I anticipated, particularly in the new areas you were going into

- A significant issue, however – particularly in some of the larger schools, in urban areas – is the length of time it can take for some children to return the forms. In some cases, it can take several weeks to get most of the forms back, which significantly delays the start of the scheme.

  It's been challenging. Because of the nature of the programme – being in deprived areas – they're not fantastic at taking forms back.

  Oh we've got to chase them all the time – it's like anything, schools get this over everything they do.

  In one school, we gave 112 consents out and in the first few weeks they had 3 back.

- Some of the CDS teams have recommended that schools begin the toothbrushing scheme as soon as a certain proportion of children have returned their forms, rather than continue to wait until all forms are returned. This does rely on the school having the resources to be able to supervise the remaining children while toothbrushing takes place[1] (some have tried to find ways to involve the children in the activities, just not the actual toothbrushing), but starting the programme generally increases the speed with which the outstanding forms are returned.

  Other teams have tried attending parent meetings before the start of school terms, in order to try and get consent forms signed on the day. Some nurseries and schools also have starter packs for parents, where they're given information and

[1] A formal quantitative evaluation of participation rates in the programme is being undertaken by the Welsh Oral Health Information Unit

asked to give their consent for school trips and photographs – staff in some teams said that they'd asked schools to include the Designed to Smile consent form as part of this pack, with some success.

- Most staff felt that the biggest issue with regard to the consent process was the number of different forms which are used for the overall programme – there are separate consent forms for the Fissure Sealant programme, screening, the toothbrushing scheme and potentially a further consent form for fluoride varnish supplements. The result is extra work both for the schools and parents, but also increased administration for the Support Workers.

> *There are different consents though, that's the one thing, it does get a little bit confusing. We would love just one consent form!*

> *From where I'm sitting, the ideal thing with consent, is if we could develop with Assembly and their legal bods, if we could end up with a consent for a school programme. As in, having a screening, having fluoride varnish, having toothbrushing and being able to opt out of parts. Because to be honest, from a paperwork and administrative point of view, it's a nightmare. You know, it's huge.*

- A number of CDS staff expressed their concern that obtaining consent may prove increasingly difficult, year on year. Each form provides consent for a child's involvement in the toothbrushing programme for twelve months only, so new consent forms will need to be sent out at the beginning of each school year for those children who continue to be involved in the scheme.

> *We've done a lot of work to get these consents in now and they're only valid of course for twelve months. Now how well that's going to work in another twelve months, we don't know. Because parents think they've signed already.*

Suggestions

⇒ Teams should work closely with schools to adopt a variety of approaches in order to facilitate the consent process – where appropriate, attending pre-term parent talks and asking nurseries or schools to incorporate consent forms into their starter packs are two potential suggestions

⇒ Recommend that schools begin the toothbrushing scheme as soon as at least half of the children have returned the forms – the remaining consent forms tend to come in more quickly when the programme has started

⇒ Investigate the possibility of combining the various consent forms -- for screening, fissure sealant, toothbrushing, fluoride varnish – into one general form (or a smaller number of combined forms) for the whole programme

⇒ Investigate the possibility of a rolling consent, which doesn't need to be renewed each year

2. Staff

Recruitment, structure and job roles

- The staff structure in Designed to Smile differs slightly to Scotland's Childsmile. In Scotland, the scheme is primarily made up of Support Workers (from a non-clinical background) who are managed by one or two professional managers, who are in turn managed by a consultant in Dental Public Health or a clinical lead.

  In Designed to Smile, Support Workers (also from non-clinical backgrounds) are supervised by and generally work alongside an Oral Health Educator who has a clinical background, as well as a teaching and oral health promotion qualification.

- Recruitment of staff was phased, to ensure that there wasn't a surplus of staff early on in the programme, but also because the CDS wanted to get a feel for the correct balance of Health Educators and Support Workers.

  The number of staff taken on in each team was worked out as a ratio of the total number of schools in the area, with ratios differing slightly between urban and rural areas to account for factors such as travel time.

  Many of the Oral Health Educators were already in post and had extensive experience of being involved with health promotion schemes and, in some cases, smaller toothbrushing schemes. The Support Workers, as non-clinical staff, were all newly recruited, and came from a range of backgrounds, typically with experience of working with young children.

  At the time of the interviews in North Wales, there were difficulties with the recruitment of Welsh-speaking support staff. This reportedly lead to the involvement of more senior staff in the initiation of the programme.

  > *But the people we have in post, one is English speaking – from night school she does understand a bit of Welsh – and the other is Welsh speaking. And if I'm going to take over some of the schools in Anglesey, I'm first language Welsh.*
  >
  > *But that has really slowed us down a lot, to be honest.*

  > *Actually, this came to me this morning I have to be honest… we should really have had it - I'm sure we had the advert bilingual – but maybe we should have perhaps had the information that went out to support it in Welsh as well. And that's the next phase really, because we really do desperately need somebody who's Welsh, we're so reliant on everything going through the medium of Welsh over on that side. So that's the next thing, it is currently out to advert again and we'll see what the response is.*
  >
  > *We did appoint somebody in the summer, but unfortunately they took up another post elsewhere.*

- The role of the Support Worker is, in effect, to support both the Oral Health Educators (to free up their time to concentrate on teaching and health promotion)

and the schools (to deliver materials and visit the school regularly to ensure that the scheme is running smoothly).

The level of day-to-day support offered to schools was dependent on each school's needs– schools in rural areas tend to have slightly lower staff-pupil ratios so may need more hands on support initially – so inevitably the balance of the Support Worker's role tends to differ between teams and areas. On the basis of the interviews carried out with different staff members, it seems that Support Workers in North Wales spend slightly more of their time in schools, whereas in South Wales a number of Support Workers felt that they'd perhaps carried out more administration work and had less contact with schools than they'd anticipated.

> *My vision for the support workers – and I think they find this different in North Wales, because I'm not sure that, in terms of a vision for Designed to Smile and the service, that they're taking it the same way.*

- The Support Workers all reported that they were enjoying their role however, and are highly valued by other members of staff in the Designed to Smile programme. Their close working relationship with the Oral Health Educators has allowed a lot of learning and mentoring on the job, and freed up valuable time for the Oral Health Educators.

> *Admin? Not particularly much because we've got the support workers… so my time is spent on the teaching element really, which I think was the point of it.*

> *Yeah, I mean you know… we couldn't manage without them [the Support Workers] really. They are fantastic. They do the admin, they come to the schools with me, and they can be talking to the staff and children, labelling the buses and getting brushes ready.*

> *I mean I spoke to an Educator yesterday and asked her about stock… and she said I'd better talk to the support worker! It's been a complete turnaround, which is what we wanted them to do.*

> *We're seeing already that the dental health support workers are becoming fairly autonomous in that they can go to the schools on their own, check that quality standards are being met, etc.*

Training and development

- The new Support Workers all took part in a two-week induction course, either in South Wales or North Wales. The course covered the basics of oral health, and both the organisers and Support Workers felt that it went well. Some of the organisers felt that the course could have been shorter, in hindsight, and suggested getting the Support Workers 'out in the field' at an earlier stage.

> *I felt, I think in hindsight – we've got two new members starting now – so I think the training will be a lot less. I think we'd cut back on that now, we'd get them out quicker. But because we've already got staff in place, they can shadow and learn from those, so it should be easier.*

- A number of the Support Workers expressed an interest in developing themselves through further training and qualifications. In North Wales, consideration has been given to introducing the Royal Society of Public Health foundation course.

  And you've got some of them now wanting to develop themselves, which is brilliant.

  We also feel that the dental health support workers that we've taken on have a lot of skills and abilities, and we want to keep them – so I think we need to think about investing in their futures as well and encouraging them to develop more, in terms of training.

  That's something they're asking for, they're clamouring for… They were taken by the fact that it's a new initiative… many of them view this as a step up and see themselves progressing and not just sitting there doing a specific job.

  I think we'd look at – we're currently looking at, actually – bringing over the Royal Society of Health certificate, the foundation course.

- One of the risks as the scheme continues to develop – with the various branches such as fissure sealant work, screening, epidemiology, toothbrushing and fluoride varnish application – is that schools taking part in Designed to Smile may feel overwhelmed and inundated by different dental staff.

  It's important, therefore, that Support Workers have the training and knowledge to act as a school's first point of contact for each element of the programme – the screening, the fissure sealant work, the epidemiology work, the toothbrushing and eventually the fluoride varnish – in order to give schools the sense that each branch is part of the same overall Designed to Smile programme.

  In addition, plans are already in place (in both South Wales and North Wales) to train Oral Health Educators to carry out fluoride varnish applications, which ensures that dental nurses aren't taken away from other CDS roles and that schools are already familiar with the staff carrying out the varnish work.

  They [Oral Health Educators] are dental nurses; they have a dental nurse background, so they're the natural ones to take on board for the fluoride application.

  If you have a dental health educator, that person can be trained up to do fluoride varnishing, that makes them a very flexible worker. So they all want to be trained up in that skill if you like, and I'm quite happy, I want to support them in that, and I can see that over a period of time that we would involve them in doing more than one thing. It makes their life more interesting for a start, so I'd like to actually multi-skill some of these staff.

- Staff felt happy that the aims of the Designed to Smile scheme ran parallel to the wider objectives of the Community Dental Service, and so was not having a negative impact on the Service's ability to deliver its overall programme of care. The addition of non-clinical Support Workers to the Service was seen as a positive development, and senior staff were happy that the programme to train Oral Health

Educators to carry out varnish work would ensure that the CDS would not lose any dental nurses to the scheme.

> *Absolutely. It fits perfectly…. To actually put it in to the CDS, with all the networks that you have already in place – you wouldn't have been able to deliver it this fast outside of the CDS, you wouldn't have, with the best will in the world, you wouldn't have. And yes there are still a few issues there, in terms of making sure you've got all the paperwork and you know, but at the end of the day, the programme is running out there, in the vast majority of the target schools. So really, you know, I think if an external organisation had tried to deliver it, I think it would have been a lot more difficult.*

> *And as I say, they are dental nurses, they have a dental nurse background, so they're the natural ones to take on board for the fluoride application. Really if we take dental nurses out of the Community Dental Service, we'd have to either recruit more dental nurses with that role specifically in mind, or we'd leave the actual dental services short, which is a problem.*

Suggestions

⇒ Take steps to address the difficulties of recruiting Welsh-speaking support staff in North Wales

⇒ Ensure a consistent approach to training and developing Support Workers and Health Educators

3. Flexibility vs. Protocol

- The Designed to Smile guidelines allow for a certain degree of flexibility at local team and school level

  Within schools, staff reported that there is variation in the start time of the toothbrushing, and a number of other small changes to account for classroom layout and the availability of facilities such as sinks.

  > *You adapt it to the school really. We've always said to them that they will toothbrush, to be honest, when it suits them, not when we say.*

  > *No, again it's how it fits in with their working day… it's really leave it down to them.*

  > *The concept is the same – the actual brushing. But every school is different, what time they brush and everything. We recommend after lunch, but we don't stipulate that, we're very grateful that they're doing it.*

  However, there were also more important variations, such as the number of times per week that schools actually carried out the toothbrushing. There was a feeling in some teams that a number of the more reluctant schools may be more likely to take up the scheme, or to maintain it, if Designed to Smile staff were flexible about how often they asked the school to carry out the toothbrushing each week.

  > *It depends on staffing for one thing, in the day – if they're short of a member of staff on some days, they can't do it. Around Christmas time, you know what will happen, they'll have parties or concerts and then in July you'll get Sports Day or school trips… but it's encouraging them, you don't want to say they have to do this, or have to do that.*

  > *I think you've got to be very flexible – I think if you go in with a hard hand, then I think they'll more or less feel that they're not going to do it, so you just work with them, help them and support them.*

  > *Some of the support assistants in the classrooms can be a bit reluctant, because obviously they end up doing all the work. But I think if you approach them – [the OHE] sometimes says 'don't do it five times a week to begin with, do it two times'. They're quite flexible.*

  > ***So do you feel that some of them are perhaps missing it once or twice a week?***
  >
  > *Oh yes. Yes. Haven't got the time, definitely.*

  While schools do record information on how often they carry out the toothbrushing each week, the data for each area has not yet been collated.

- Various staff reported that they had, after discussion with managers, been able to add a number of schools to the target list provided by the WOHIU, based on local knowledge of the schools in their area.

This sort of flexibility is entirely understandable and helps to ensure that no high-need schools are missed out from the scheme.

Other CDS staff, however, reported that they'd been approached by staff from schools not on the list, who had heard about the scheme and wanted to take part themselves. It would perhaps be useful to develop protocols for these types of scenario to ensure that: a consistent approach is taken across different teams and areas; and to ensure care is taken to make sure that any school who self-fund a toothbrushing programme is not classified as a Designed to Smile school.

> *I mean I've been approached to go to a school in a quite posh, nice area and they desperately want us to go in, but I said we can't. They want to fund themselves so what we've said is that if they want to do that, I'll go in and give them advice and guidance on it to make sure they are doing it properly.*

Suggestions

⇒ Closely monitor the number of times per week that schools are toothbrushing, and work towards every school carrying out the scheme five days a week

⇒ Develop clear protocols for situations in which schools not on the target list express an interest in taking part in the scheme

4. Relationship with schools

- One of the most important jobs of each CDS team is managing their relationship with the various schools being targeted by the programme. From approaching a school and persuading them to take part in the scheme, to providing training, support and feedback, the importance of developing a good rapport with schools is clear.

  In some areas, the CDS teams were able to build on positive relationships with schools that had been involved in the Fissure Sealant programme, or other more localised toothbrushing schemes.

- The uptake of schools to the scheme has been generally very good so far, with only a handful declining to take part. Amongst those who've been reluctant or declined altogether, one of the most common reasons is the perception that the toothbrushing scheme will take up a large part of the school day.

  Time's a big thing. You know, they think it's going to take a lot longer than it does… if you can work with them, they usually come around, but yeah, time or perceived amount of time it's going to take is a big thing.

- In many of the nurseries and schools where the scheme is up and running, on the other hand, CDS staff report that school staff are surprised by how quickly they can do the toothbrushing on a day-to-day basis. A priority for the future, therefore, should be investigating ways in which teams can clearly communicate this information to prospective schools.

  In Scotland, the Childsmile programme is supported by a national web-site which contains information and videos for schools showing what's involved in the scheme and how it operates in a typical classroom. Other options for communicating the time-element to schools include promotional DVDs or, given that school staff in local areas may already network with each other, the possibility of designated 'champion teachers'.

- The Oral Health Educators and Support Workers reported that the process of training teachers and assistants in schools had gone well. Most had now decided to conduct the staff training after school hours, when they had their full attention, and had found that they sometimes needed to schedule in more than one day of training for some of the larger schools.

- At the moment, each school is given a small evaluation form to fill out at the end of each school year. Some staff felt that the scheme would benefit from more regular feedback from the schools, in the form of feedback forms or anonymous questionnaires.[1]

  We haven't had the evaluation forms to give out – so personally I think it's going well, it's going fine. But it'd be nice if we did have evaluation sheets to give out

[1] It should be noted that Stage 2 of the evaluation of Designed to Smile commissioned by the Welsh Assembly Government will comprise a formal questionnaire survey of participating schools

to the staff involved – the teachers, the classroom assistants, the heads – to see if they also think it's going… I mean you go in and ask them verbally, the support workers will go in and ask them verbally, I might call in as well, like I called in this morning to speak to a nursery teacher and she said it was fine and everything's going well but I think it would be nice. Especially if it's an anonymous sheet, or a feedback sheet, and if they do think it's taking too long or it's messy or it's disrupting their day, it's nice to have it.

I think it's down to the teachers' attitude, and their organisational skills. I think that makes a huge difference, because they're really good, we can learn from them actually and we'll take ideas from them and take that to the next school.

- In some of the more rural areas where staff-pupil ratios were fairy low, Support Workers felt that school staff may not have realised the level of day-to-day support that was available to them if they needed it. Again, this is a message that, where appropriate, needs to be better communicated to nursery and school staff to ensure that they can run the programme effectively or feel the need to drop out of the scheme.

No, I think it's supporting the schools and pointing out to them how much support there is for them really. We ring them up and call them, or call around with extra stock and ask if everything's okay and they'll say yes. But another month down the line, you'll find it's not.

- There was a feeling among staff at most levels that school staff weren't getting enough positive feedback and encouragement for their part in the programme.

Because a lot of the staff really need to be appreciated. And I think you do have to bear in mind that they're doing it as an add-on to their daily basis, and I think thank-you letters might be something we need to consider as well, to say we really do appreciate their commitment to the project, because if we can staff on our side we're along way down the line. It really does work. That we're not taking it for granted, that they're doing this job that we know really is over and above.

Suggestions

⇒ It is important to investigate way of communicating to schools that taking part in the toothbrushing scheme doesn't take as much time as they might think – either through a web-site, DVDs or potentially through 'champion teachers'.

⇒ There is a need to collect more detailed (and perhaps anonymous) feedback from the schools, to help pick up any problems but also in order to learn from some of the more successful schools

⇒ In schools that need more hands-on support, the CDS should work to ensure that the school staff realise how much support is available to them

⇒ The CDS should investigate different ways of providing more positive feedback, encouragement and incentives to school staff involved in the programme

5. Wider health and education context

- In order that the Designed to Smile teams are able to persuade as many targeted schools as possible to take part in the scheme year after year, it is crucial that schools are both aware of the scheme and its importance at a national level, and feel able to integrate it into their curriculum and obtain some sort of recognition or accreditation for doing so.

- Certainly at a local level, it was evident that some teams were working closely with the Healthy Schools Network (with staff members sitting on steering groups) in order to integrate Designed to Smile into the national Healthy Schools initiative. This sort of link helps to ensure that schools are able to use their participation in the scheme towards receiving accreditation at different phases, and acts as on obvious incentive to continue their involvement with the toothbrushing programme.

  I make sure I mention Healthy Schools as well. When we offer the parent talk – and when I talk to the staff – I say it all fits in with Healthy Schools, Active For Life, it's fresh fruit, it's water, it's milk … so I think it fits in very well.

  The majority of our schools have been very positive – they've approached us, a lot of the schools when we've been to Healthy Schools presentations. [The OHE] had a stall there, because she does a lot of work with the Local Health Board – and a lot of teachers came up to us through that, asked us could they take part in the toothbrushing. So whilst they were on our list, they sort of came to us a lot quicker.

  I think they're fitting it in, and doing all this Healthy Schools and healthy eating, definitely. Some of them have got songs to go along with the brushing and things like that, so it's obvious that they're doing it.

  We're very lucky in our area – they feel that the toothbrushing scheme is part of the Healthy Schools scheme that they have there.

  I'm on the steering group for Healthy Schools anyway in our area, so that means that the staff in the Healthy Schools department support me also and when they go into schools, they always ask the staff if they're taking part and keep the positive messages. And sometimes they can tie into their action plans for the school. So that works well, and they can get accreditation for it then.

  It was unclear whether this sort of link was present in all local areas, but it is certainly something which should be encouraged and perhaps promoted more when approaching schools, or sending out supporting information.

  Further discourse should be undertaken with schools to ensure that their participation into the Designed to Smile scheme is able to contribute positively towards school inspections and other formal assessments.

- As discussed previously, the uptake of the targeted schools to the scheme has been very good.

Nonetheless, staff still felt that many headmasters and teachers had not heard of the Designed to Smile scheme when they first contacted them, and some likened the initial phone call to 'cold calling':

> *We ring the head and we briefly explain to the head and make an appointment to go and visit the head. Personally, I would like the head to have a letter first, so we're not cold calling if you like.*

> *Whereas now, we ring and say I am… and ask if they've heard of the program and usually they'll say no. So that would make it a bit of a softer approach. Because it's like cold calling sometimes!*

In previous Welsh Assembly Government schemes, such as the Primary School Free Breakfast Initiative, the Minister for Education, Lifelong Learning and Skills has written to school governors to raise awareness of the scheme and its importance, and the Assembly have produced posters for local libraries and public places to raise awareness amongst parents.

Similar national promotion of the scheme, or formal links with Local Education Authorities may help Designed to Smile teams when approaching new schools, or with persuading schools who have declined to take part in the programme.

> *There's a small minority who are refusing. And I think as time goes by, I think they will come on board. I have always said though that I think it would be really useful if something went out on the education side, at Assembly level.*

> *I'd quite like a direct link with education authorities as well, because a lot of the schools are asking – if they're being inspected, they're asking if it counts towards anything – so just to link in a bit more with education. Not to say it's compulsory, because obviously it's not, but I think it gives us a bit more credibility. Because we say it's this programme, and they say 'oh, right' but I think if they were informed via an education authority as well.*

> *But they've got an inspection coming up, so they want to postpone the scheme for now, because I guess they're all very busy.*

- At the moment, there doesn't seem to be any co-ordinated approach to raising awareness of the scheme amongst local GDPs or GPs and pharmacists. At the least, there should be an effort to ensure that, in areas where schools are taking part in the scheme, that local dentists are aware of the toothbrushing programme and any other interventions (such as fluoride application) being carried out.

> *They're not fully informed at the moment because obviously we're just getting together the database as well, but once we've got everybody on board, we can say 'these are all the Designed to Smile schools, these are all the children who are toothbrushing' and when we get to the fluoride application, again that'll be something that we need to link up and have a form that goes to the dentist, so that the child isn't having too many fluoride applications if they're getting them from their dentist. Although at the moment, that isn't incentivised in our area; but in other areas, they are.*

Suggestions

⇒ Build on links with Healthy Schools Network and ensure that schools realise that they can use the toothbrushing scheme towards accreditation, etc

⇒ Maintain national profile of the scheme, and ensure that school governors or LEAs are aware of its importance

⇒ Increase awareness of the scheme among local dentists

6. Written materials, translation and resources

- Given the relatively short lead-in time for the programme, there was understandably a degree of overlap between implementation and final agreement on some of the supporting written materials (letters to schools, information sheets, etc.) – compounded by the need to ensure agreement between teams at the different pilot sites. This lead some teams to initially use locally developed, or draft versions of paperwork.

  Most of the written materials now appear to be finalised, however, and staff were particularly grateful for the work done by the Audio and Visual Aids (AVA) team at Cardiff University for ensuring that the design of the paperwork was consistent and professional.

  It was evident that steps were being taken to ensure that all teams were using the official, finalised paperwork wherever appropriate. With the expansion of the 0-3 programme and the fluoride varnish work, it would be advisable to begin identifying, drafting and agreeing any future paperwork as soon as possible.

  > *It varied, because if you look at Rhondda Cynon Taf they've never sent out a flurry of letters. What we're trying to do is to conform the process, and now that the letters are there, I'd like next term to see as common an approach as possible out there.*

  > *Having said that, we've been able to do glossy for nothing – AVA have not actually charged us for any of the design work, so we've actually been able to make this very professional looking, very you know, yes quite glossy really in terms of design work and everything. If we'd gone to a designer, it would have been quite prohibitive. So I think that's got to be emphasised hugely, really.*

- One of the most commonly reported issues, particularly in North Wales, was the process of translating paperwork and promotional materials into Welsh.

  Staff in North Wales felt that, in their first few months, some of the materials which they needed to use when they approached and visited schools were not always available in Welsh. They felt unable to visit some schools, particularly in the West of the region, because of the risk that many Welsh-speaking schools would decline to take part in the scheme without bilingual supporting materials.

  > *Yes, because North Wales and South Wales use slightly different Welsh. And I'm not a Welsh speaker, so I couldn't pick up on things like that, but staff who are Welsh speaking were picking up on things like that, little things that were different.*
  >
  > *We've had to do bilingual things here – it did definitely limit the schools we could approach in the West, because certain schools will just say no until things are in Welsh, so it did hinder us to start with.*

  > *I think put the bilingual stuff – it had to be across the board, everything had to be bilingual. Because it's a Welsh programme, it has to be. I don't know in Cardiff how Welsh the area is, but in Wrexham and Queensferry, not many Welsh*

schools there, but further up definitely – the Welsh speaking schools insist on having Welsh speakers and materials, and you have to accept that.

That's a big problem we have here as well, which is why I'll hopefully come on board and do the majority of them in Welsh.

And that's what's slowed us down a lot, is waiting for the Welsh paperwork – it's been awful really.

Although all the necessary materials have now largely been translated, there will inevitably need to be another round of translation when new materials are developed for other parts of the scheme.

Given some of the difficulties reported so far, it may be advisable for staff from South Wales and North Wales to get together and review the translation setup in order to identify ways in which the process can be improved going forward.

- A few staff members felt that some of the paperwork sent out to parents (information sheets, consent forms, etc.) could potentially be made clearer and more straightforward.

I think there is room to improve upon some of the written information that goes to the parents. I mean you've got a fine line between putting all the information down so that they can give informed consent, but you've got things like reading ages and general literacy skills. I think there's possibly room for improvement on the information sheet… Scotland have got a more succinct and simpler sheet.

- One or two staff reported occasional delays with the delivery of physical resources (toothbrushes, toothpaste, brush buses, etc.) but overall, most appeared content with the quantity, quality and availability of the products provided by the three suppliers. As school coverage is increased, it will be important to maintain a good dialogue with each of the companies to facilitate the ordering process.

Suggestions

⇒ Ensure that there is a clear timetable for producing any written materials for future stages of the project

⇒ Review the translation process and make any amendments necessary for future work

⇒ Work with appropriate people to review some of the written information that goes out in order to make it simpler/clearer

7. Monitoring and audit

- As part of the training that the Designed to Smile team carry out with schools, the school staff are made familiar with the classroom toothbrushing protocol, told of the importance of taking steps to avoid any risk of cross-infection and are each asked to sign a form to say that they will adhere to the guidelines. Schools are then left with a protocol for daily and weekly cleaning routines.

  A Support Worker or Dental Health Educator will generally visit each new school within the first week to complete a risk assessment form and visit again in the following week. After that, a Support Worker is required to visit each school and complete a Quality Assessment (QA) form each half-term (around once every six weeks). Support Workers will often visit schools more often than once a term to drop off materials or pick up other monitoring forms.

- There did, however, seem to be some variation across teams in how often staff said that they visited schools to perform QA checks, with emphasis put on the intuition and personal judgement of staff. In some teams, it wasn't clear that staff understood that there was a set timescale for carrying out the assessments.

  We're really glad that they are taking it seriously enough to call us back if they have problems, so we know that they're not just putting up with it… they're saying that if we're going to do this, we want to do it properly.

  We go back every six weeks then, just to make sure everything's okay. If it ever went to seven weeks, we'd ring them to say 'is everything alright, everything going okay?' but it's not very often that happens, we try to make it six weeks.

  I don't think it's actually in the protocol how frequently that audit process should actually be, but I think they see how happy they are that the members of staff are capable, that they're following that protocol, because after all we have set them that protocol

  At the moment, what happens is the support workers go in a week later and physically just go in and say is everything okay, any issues, any problems – if there are any problems, they feed back to me and I make a decision to contact or visit the school, go back to the school.

  It's usually the support worker will review… do the school reviews. So at the moment, as it hasn't been running all that long, it's a matter of as and when we can. So it's at least once every six weeks at the moment.

  I think ideally, you'd go back once a month. I think a lot of it is down to judgement though.. we've got these very experienced dental health educators in the frame, they've got a really good feel and judgement, and I would put my life that if they've got a concern about a school, they're not going to leave it for six weeks. So yeah, it's about judgement yeah.

  Is there a set criteria where you'd think 'we'd have to stop that school'… is there a standard for stopping a school?

Not written down, but yes, there would be a point where you would have to say no.

- Members from more than one Designed to Smile team mentioned that some school staff had washed both the brush-buses *and* the toothbrushes in disinfectant at the end of the week.

  The cleaning protocols do make it clear that only the storage trolleys and buses need to be washed (and then only with a neutral detergent), but given that more that one school has also washed the toothbrushes, it may be that the cleaning instructions need to be simplified or this part of the protocol particularly emphasised.

  Support staff leave a copy of the cleaning and cross-infection protocols in each school, but it may be advisable to provide laminated copies for schools to put up above the sink area, or near to where the buses and brushes are stored.

  I've been there this morning, and the teachers decided that they would wash their buses and the brushes, all in a bowl together in Milton. So you've got huge cross-infection issues there, and I asked them where that came from – we don't even mention Milton, you don't have to wash the brushes, you wash the buses. But they just thought they'd be super cautious.

  The support worker was going in, doing a check, she said 'she's told me that she's sanitising the brushes' and I didn't quite know what she meant, so I went in and asked if everything was okay, and what not, and I said there's no need to do that at all and obviously, we had to replenish all the brushes.

- There was some inconsistency between teams as to whether new school staff (i.e., staff who join the school during the school year, or replace teachers who are on leave) needed to receive training from a Designed to Smile staff member, or could have the instructions explained to them by other school staff before signing the protocol.

  When we do the staff training and we get them to sign the protocol, it's the majority of the staff and I do say to them, if there's any new staff coming in, if you are happy to forward the information to them - or you can call me back in and I'll do more staff training with them.

  The schools know that nobody can do the toothbrushing unless they've signed the consent form to say they've had the training. So they know that if they do have new staff that they want training up, they just give us a call… and yes, the training has to come from one of our team.

Suggestions

⇒ Consider increasing the frequency of QAs to once every four weeks per school, and ensure that this part of the process is communicated clearly to staff

⇒ Provide schools with a laminated copy of the simplified cleaning protocol and emphasise that toothbrushes do not need to be washed in detergent/disinfectant

⇒ Ensure that schools are clear that any new staff need to be trained by a member of the Designed to Smile team before taking part in the process

8. Communication between teams

- Within South Wales and North Wales, many of the team managers and Oral Health Educators know each other fairly well, and meet up regularly to discuss various aspects of the programme.

- While managers from South Wales and North Wales do have fairly regular, scheduled meetings, there was a feeling that they were sometimes a bit too formal and didn't allow room for brainstorming or exchange of ideas.

  Outside of the scheduled meetings, staff felt that there were no real forums for informal, day-to-day discussion, so there does seem to be a missed opportunity for sharing best practice between the two areas and developing a co-ordinated approach.

  Is information shared… between different teams… is best practice shared?

  Probably not as much as we should do, really. Actually, probably not as much as we should do. Because it's been set up North and South, I think you'll find there's sharing of best practice in the North and sharing of best practice in the South, but not necessarily between the two. They do meet, they do meet as a whole. But that is something that we need to, sort of, that we need to capitalise on it.

  I think what's been lacking actually, is brainstorming sessions. Together. And an openness. But I think that's part of… whenever you get groups together, there's this process of 'forming, storming, norming'. When people don't know one another, you have mutual respect and mutual trust. We shouldn't feel that… you know, maybe looking back perhaps that's something we should have done, perhaps just had an away-day. I mean we had meetings together, but they were fairly structured you know.

  There seems to be a risk, without this co-ordinated approach, that individual teams may develop their own approaches to certain parts of the scheme, or use their own locally developed materials.

  Decisions such as whether to continue the scheme to Year 2 in some schools seem to sometimes be made on a local basis at the moment, for instance, rather than according to a co-ordinated approach.

  I mean we've taken it – it can be a strength really, because obviously if you're piloting something, you have a little bit more freedom and flexibility to try new ideas.

  To be honest, initially, because they're called pilots and there are two super-pilots, it wasn't really very clear initially whether we were going to try one way of working and Cardiff were going to try another way of working. So initially, getting our heads around that one – and there was also a little element of competition as well, because that wasn't clear, that we should be working together.

  I'm not sure what Cardiff are doing there, whether they're keeping to nursery, reception and Year 1. But we're rolling on to Year 2, with schools already

involved. Because we've really only had it six months, so it's a shame to just stop.

- It seemed that those working 'on the ground' – the Health Educators and Support Workers – didn't get the chance to communicate with their counterparts in other teams very often. Similar procedural issues and problems were discussed during interviews with support staff in the two areas, and it appeared that teams had spent time finding their own, often different solutions.

  While cost is always inevitably a consideration, it may be that something like a structured group away-day could allow support staff to discuss different approaches and share ideas with each other.

Suggestions

⇒ Consideration should be given to more frequent contact between operational staff in different areas, perhaps in the form of a Designed to Smile away day forum.

Conclusions

The overall impression of the scheme that arose from the fourteen interviews was positive. Staff felt that the implementation of the scheme had gone well and were genuinely enthusiastic about their involvement in the programme. They consider the scheme to be on course to meet its aims. This is very encouraging given the short time since the commissioning of the scheme.

Delivering the scheme through the CDS has ensured the involvement of a number of very skilled staff with experience of being involved with school-based health promotion schemes, a good knowledge of their local areas and links with the wider health promotion agenda. In a relatively short space of time, the scheme has been put into operation in a good number of schools, and appears to be on course to meet its aims.

As with any scheme of this size, however, there are both risks that need to be managed and steps that can be taken to make further improvements. This report has laid out a number of the more apparent threats and opportunities communicated by the CDS staff and, where appropriate, made suggestions for the future.

While the findings are presented under eight different topics, many of the issues are of course largely inter-related. Reducing the number of consent forms, for instance, might free up for time for Support Workers to spend supporting schools; while improving communication between different teams could potentially improve the process of developing and translating written materials.

With the scheme set to be extended across Wales, it goes without saying that the CDS teams who have been involved in the Super-pilot schemes are ideally placed to provide advice and feedback to the staff who will be running the scheme in new areas.

As the scheme continues to expand, the challenge of sharing best practice between teams – and of striking the right balance between local flexibility and promoting a co-ordinated approach – will be even greater, but even more important.

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