Supporting healthy smiles:

Childsmile practice note for early learning and childcare (ELC)





Keeping The Promise at the heart of what we do

Introduction

Childsmile is a national programme designed to improve the oral health of children in Scotland and reduce inequalities both in dental health and access to dental services. The programme delivers a range of preventive care for children in nursery and primary school.

Toothbrushing experiences within an early learning and childcare (ELC) setting, including childminders, are a vital way of ensuring all children are given opportunities to develop their oral hygiene skills. Daily opportunities for supervised toothbrushing, NHS Childsmile activities for children and training for staff can support all children to develop the knowledge and skills they require for good, lifelong practices. This helps us to think about children's health and wellbeing and gives children the best start in life.

Good oral health is integral to health and wellbeing. Tooth decay can contribute to delayed social development, nutritional problems, withdrawal from daily activities, attention difficulties, infection and missed days from ELC settings. Promoting good oral hygiene isn't only about providing opportunities for toothbrushing but should also consider healthy eating and supporting children and families to make informed choices.

This practice note has been written, in collaboration with colleagues at Childsmile, to help celebrate the excellent work in improving children's dental health and oral hygiene across the country, as well as to support ongoing development of this initiative across ELC settings. It is designed to act as a tool to prompt reflection and develop approaches to toothbrushing, supporting good oral hygiene throughout life.

Benefits

The Childsmile toothbrushing programme in nurseries has been shown to save approximately £3 in dental treatments costs for every £1 spent on it. Research also shows that the largest decrease in dental treatment costs is in children living in disadvantaged communities. Therefore, those with highest needs benefit the most.



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There is a clear link between the Childsmile toothbrushing programme and a reduction in dental decay in 5-year-olds. Uptake of toothbrushing in ELC settings is closely correlated with reduction in decayed, missing and filled teeth in 5-year-olds.

Supervised toothbrushing is safe and effective. It is most effective if carried out every day, where possible. This can help address inequalities, improve oral health, save money and contribute to environmental sustainability. Everyday routines, such as toothbrushing and good oral health, also feature as early and first stage Curriculum For Excellence experiences and outcomes.

Children are enthusiastic and want to take part. Parents and carers are supportive and welcome the provision of supervised brushing in their child's ELC facility. Recent research shows a strong link between dental decay and absence from education, demonstrating the direct potential impact of oral health improvement in early years.

Listen to children's words, actions, and emotions. What are they telling you?



Respond and reflect

Respond to children

It is important to take account of children's voice in matters that affect them. Each child will experience toothbrushing differently.

Things to consider:

- Adults support me to become familiar with routines for toothbrushing, such as when, where and how to do this.
- Adults are aware of and responsive to my needs and sensitivities.
- My play is not interrupted to take part in toothbrushing.
- I get help to brush my teeth if this is needed but I am encouraged and enabled to do this independently as much as possible.
- Adults help me to understand why I need to brush my teeth regularly.
- I am supported to learn about healthy eating and how this can help keep my teeth healthy.

Reflect on practice

These questions are designed to help staff in the process of reflection and can be used in team meetings, staff groups or on an individual basis to reflect on the practice in your setting.

Assessing the environment

- How do we ensure the environment remains safe, clean and hygienic for all children and adults?
- What are the barriers or challenges that would prevent toothbrushing taking place?
- How regularly do we review our practices to ensure they are working well and do we make changes when needed?
- How do the environment and resources support children to be independent, included and develop a variety of skills?

Staff roles and responsibilities

- What can we do to try and make sure children's teeth are brushed every day?
- How do we ensure children with sensitivities around toothbrushing are supported?
- What training have we accessed to support our knowledge and practice?
- How do we ensure that adults are deployed to support positive and effective toothbrushing experiences?
- How confident are we in our understanding of appropriate infection prevention and control measures?
- How do we involve children and their families to support positive approaches to good dental hygiene (and healthy eating habits)?
- What other resources do we use to support good oral health and hygiene?
- Do we know who our Childsmile coordinator is and how to access support?

Knowing and understanding the children in your care

- How can we be sure that we are responding to each child as an individual, with an understanding of where they are in their own developmental journey?
- Have we considered how we support children and families where toothbrushing does not take place at home?
- How are children involved in toothbrushing routines and ensuring good hygiene and safety?
- If a child won't, or can't brush, what are they telling us? How are children supported with sensory issues and sensitivities?

Things to consider

When talking about going to the dentist or toothbrushing, be mindful not to put this in a negative context. Some things to consider in relation to this.

- Consider having a variety of books that promote good oral hygiene and support children's dental health. Examples of resources such as books, websites and games, can be found on the British Dental Association website.
- Books and other resources should look at the benefits of toothbrushing and regular dentist visits.
- Be careful not to talk about toothbrushing and dentists in negative terms such as pain, fear, drills or having teeth taken out.
- Discussion should focus on helping us to keep healthy and the rewards and positive aspects, for example getting a sticker on a visit to the dentist, having your own toothbrush with a nice picture on it or getting to be involved in the routine of toothbrushing.
- Your Childsmile coordinator will be able to provide you with a variety of different support materials, including role play dentist resources, props, information boards, non-foaming toothpaste for children with sensory needs.

Time to Reflect

Scenario 1

My name is Ben. I am 3 years old and I enjoy coming to my nursery. There are lots of things for me to do and I love playing with my friends.

Sometimes the adults tell me that I have to stop playing and it's time to brush my teeth. I don't like it when I need to stop what I am doing and I get upset. When the adults are getting ready for tooth-brushing time there is nothing for me to do and it's not fun anymore. I would like to help but the adults say I can't. The toothpaste at my nursery doesn't taste nice and it's different from the one I use at home. My mummy helps me to brush my teeth and she sings me a special song. Toothbrushing at nursery is different and it makes me sad because I'm not sure how to brush my teeth.

Discuss the scenario:

- How do you think Ben is feeling about having to stop playing?
- How could you minimise interrupting Ben's play?
- How could you support Ben to be included and independent during toothbrushing?
- What would we do to support Ben's sensitivities around toothbrushing?





Scenario 2

An urban ELC setting has increased the number of children from 30 to 120. It now has a large staff team, with a variety of children's attendance patterns across the week. Toothbrushing had previously been established with the smaller number of children and set attendance hours.

Through discussions and self-evaluation, the nursery team had identified that Covid-19 and changes in routine, linked to amended attendance patterns, had impacted on toothbrushing routines within the nursery. This had not been reinstated and the management team decided that this should be a focus for the improvement plan.

When this was shared at a staff meeting, the team raised concerns they had about the implementation of daily toothbrushing within the playrooms. They shared concerns around infection control and how toothbrushing could further spread viruses within the nursery.

Staff had expressed that they were already very busy and toothbrushing would just be another job to add into the day. They shared concerns around how this could impact the established nursery routine and that, as it is just a job, could become too task-driven for children.

Discuss this scenario:

- How can the staff team work to ensure infection control is well considered?
- What can the management team do to ensure staff feel listened to without impacting on outcomes for children?
- What training could be provided to support staff knowledge and practice?
- How can the management team support staff through change?
- How can we consider staff deployment to support toothbrushing as part of the daily routine, reflecting on the best time to fit this into the routine of the day?
- How do we monitor toothbrushing to ensure our approaches are still working well and identify where change may be needed?





Childsmile background information

Dental decay, also known as tooth decay or dental caries, is a widespread condition in the Western world and a particular problem in Scotland. Research from the National Dental Inspection Programme (NDIP) in 2003 (prior to supervised daily nursery brushing) highlighted that 55% of Scottish 5-year-olds had signs of dental decay and this figure was even higher among children from areas of deprivation. This data also shows us that there is a continuing link between area-based socio-economic deprivation and poor dental health among Primary One children.

Since the full implementation of the NHS Childsmile Toothbrushing Programme in 2011, NDIP data shows that the percentage of 5-year-old children free from obvious caries experience has increased from around 45% in 2000 to 74% in 2020. This has been supported by the partnership working between NHS Childsmile team, ELC teams and families.

The Childsmile best practice approach has been developed with partners including local education departments, the Care Inspectorate, Public Health Scotland, Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Team and local NHS Childsmile teams.

Support available

All participating ELC services will be provided with:

- a free supply of appropriate-strength fluoride toothpaste
- age-appropriate toothbrushes in a range of colours, personalised to support identification
- a toothbrushing rack and lid to store toothbrushes
- NHS training for staff who will be supervising the children brushing
- ongoing support from a dedicated NHS Childsmile team in your local area
- Toothbrushing Standards which provide guidance on delivering safe and effective toothbrushing
- posters, oral health sessions and other materials to support delivery
- local Childsmile Coordinator contact details can be found on the Childsmile website.

Before delivering the Childsmile programme all services will be provided with staff training prior to starting toothbrushing. NHS Childsmile teams will help with set up, resources and they will support initial brushing sessions to help establish a routine. Where a need is identified, Childsmile can also provide early years support to families in their home environment. Your coordinator can provide more information.

The Childsmile Toothbrushing Standards provide all the information required to run a successful toothbrushing programme. You can access these standards on the Childsmile website. All services should have access to a copy of the standards and an abbreviated copy of the standards on display. You can also access the abbreviated standards on the Childsmile website.

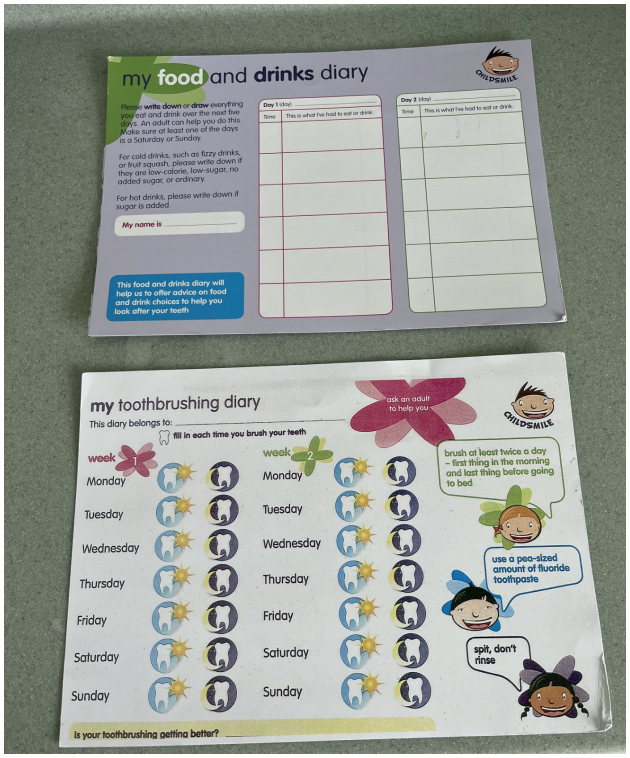
Key improvement resources

[First Teeth, Healthy Teeth (healthscotland.com)]

[Setting the Table (healthscotland.com)]

[SHANARRI GIRFEC (gov.scot)]

[Oral hygiene resources (bda.org)]





Headquarters
Care Inspectorate
Compass House
11 Riverside Drive
Dundee
DD1 4NY
Tel: 01382 207100
Fax: 01382 207289

Website: www.careinspectorate.com

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