

CHILDSMILE

# Childsmile

# Background

- High rates of dental caries in children in Scotland
- Oral health inequalities
- Low registration rates 0-2 years



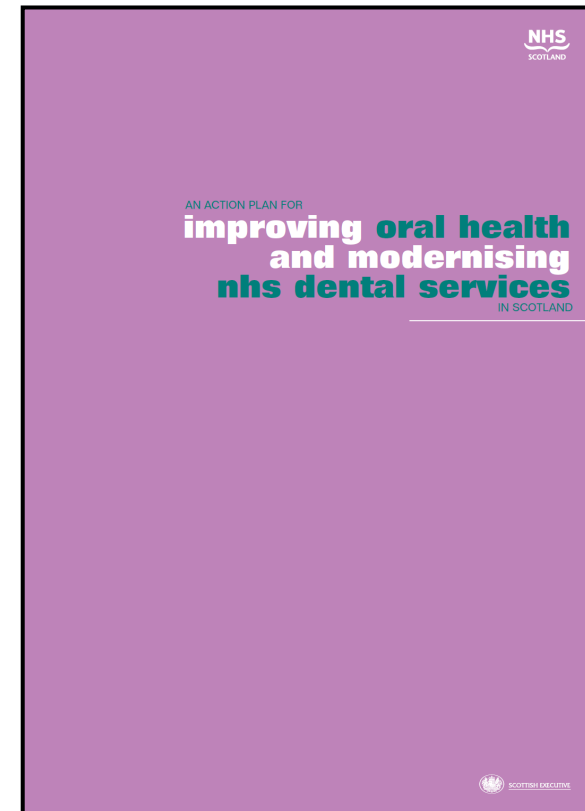
- Management of chronic problems using acute care approach; i.e. reacting to disease
- Deprived groups often receive inappropriate services:
  - relatively high rates of episodic, disjointed emergency care and low rates of scheduled care
- Recommendation: reorientation of services:
  - Primary care system to be focused on prevention of ill health and detection & management of problems at early stage
  - preventive, anticipatory care rather than reactive management



# Programme aims

- To improve oral health of children
- To reduce oral health inequalities
  - Dental health
  - Access to dental services

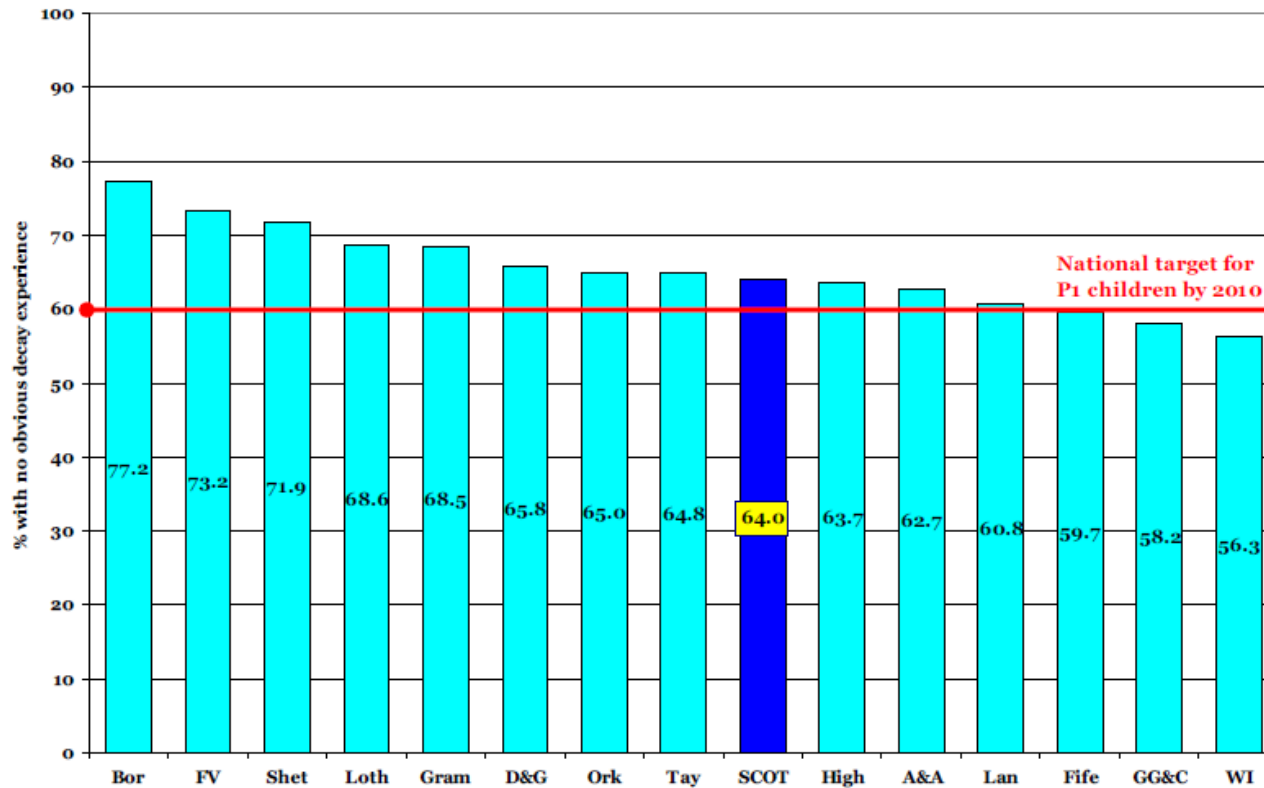
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# Scottish Decay Experience 2010



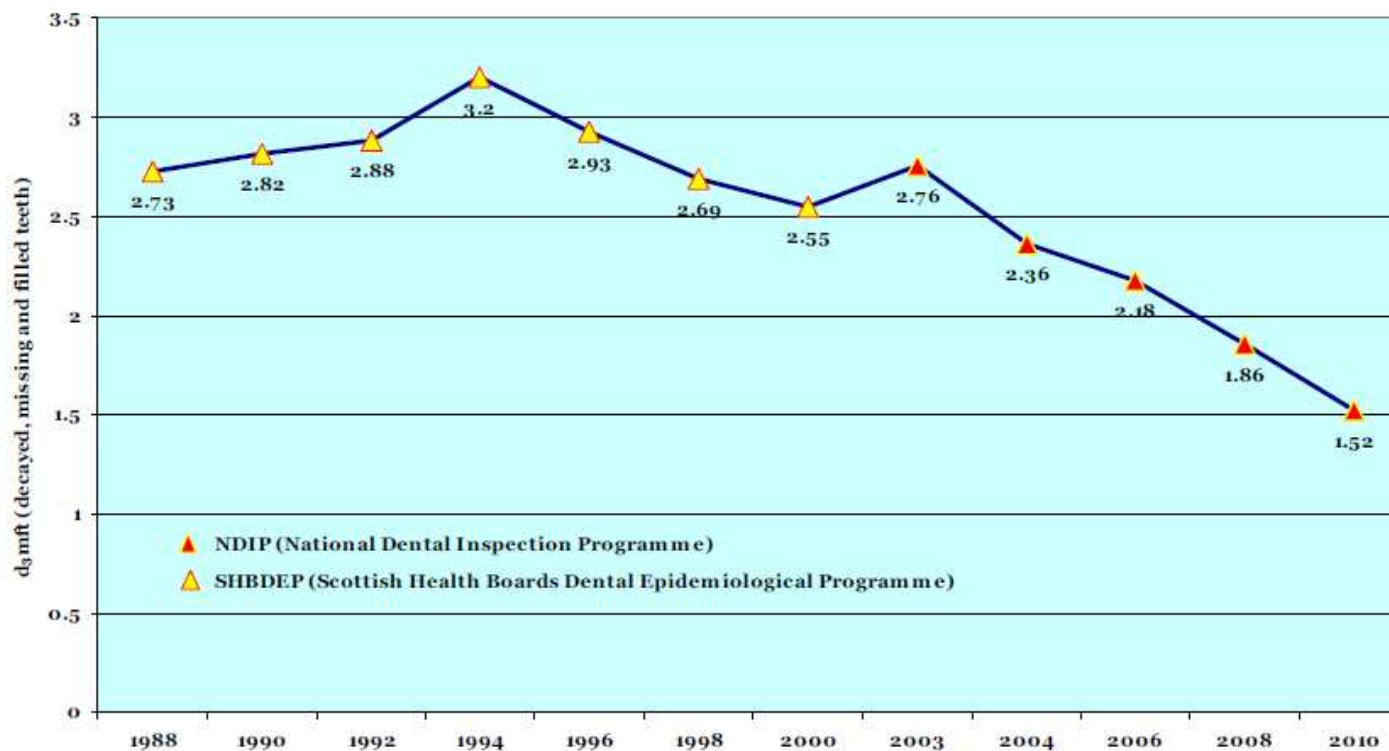
Figure 1 : Proportion of P1 children in Scotland with no obvious decay experience in 2010



Source: NDIP 2010

# Time Trends

Figure 2 : Trends over time in the mean number of obviously decayed, missing and filled teeth ( $d_3mft$ ) in P1 children in Scotland

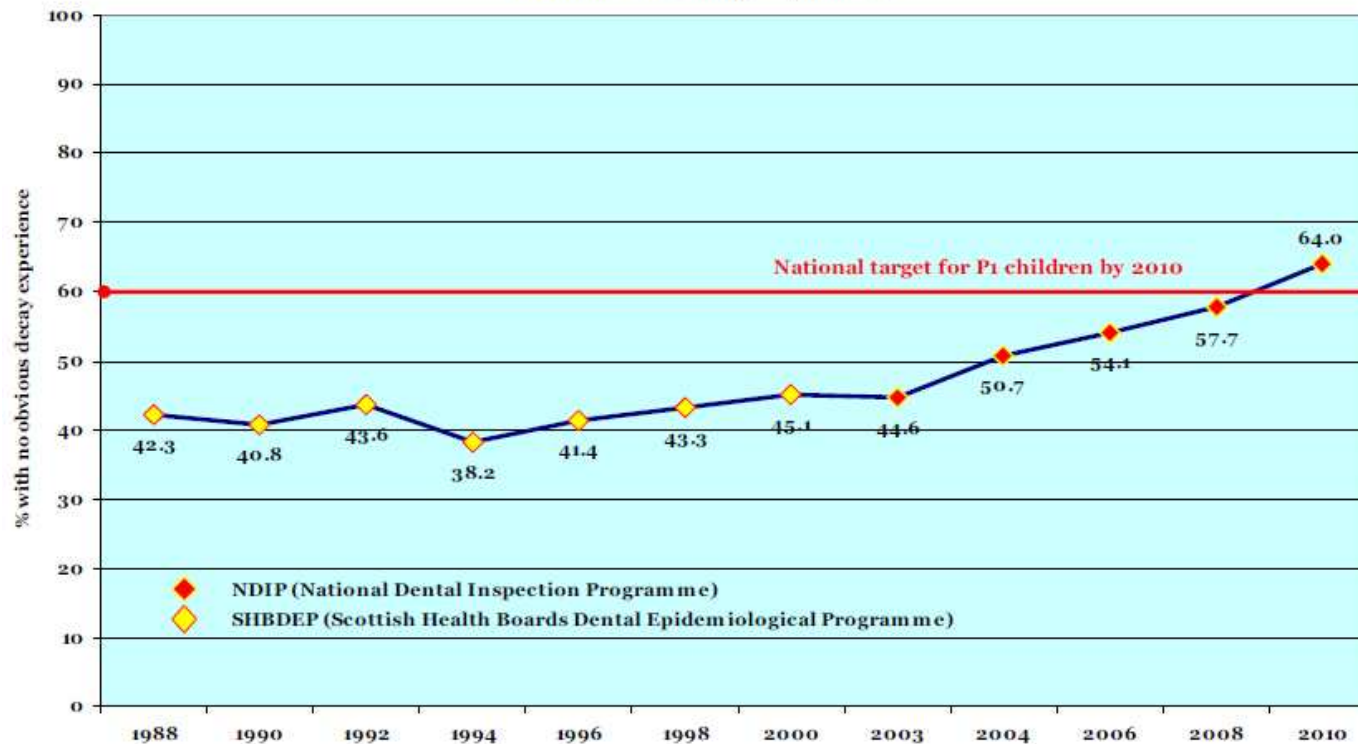


Source: NDIP 2010

# Time Trends



Figure 3 : Trends over time in the proportion of P1 children in Scotland with no obvious decay experience

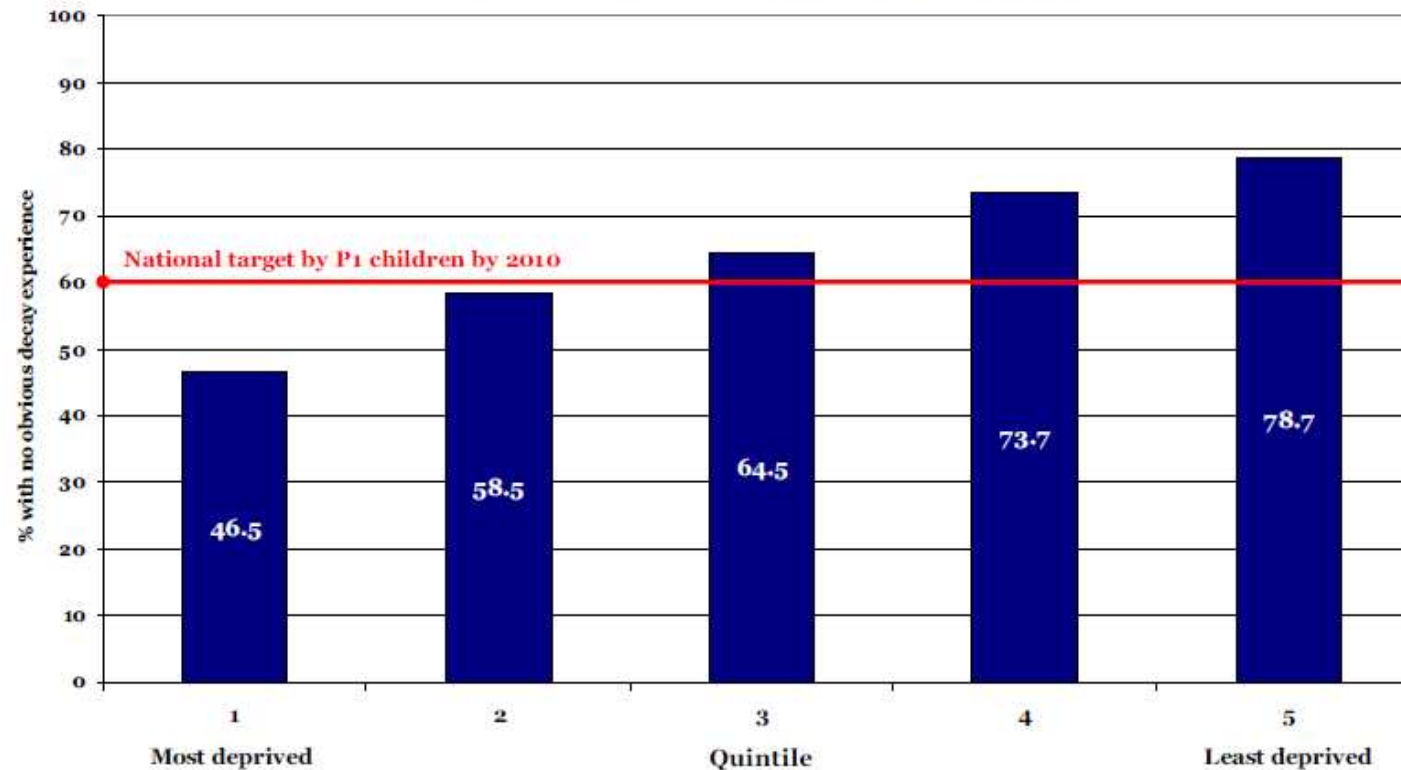


Source: NDIP 2010

# Dental Decay and Social Deprivation



Figure 10 : Proportion of P1 children with no obvious decay experience by Scottish Index by Multiple Deprivation Quintile



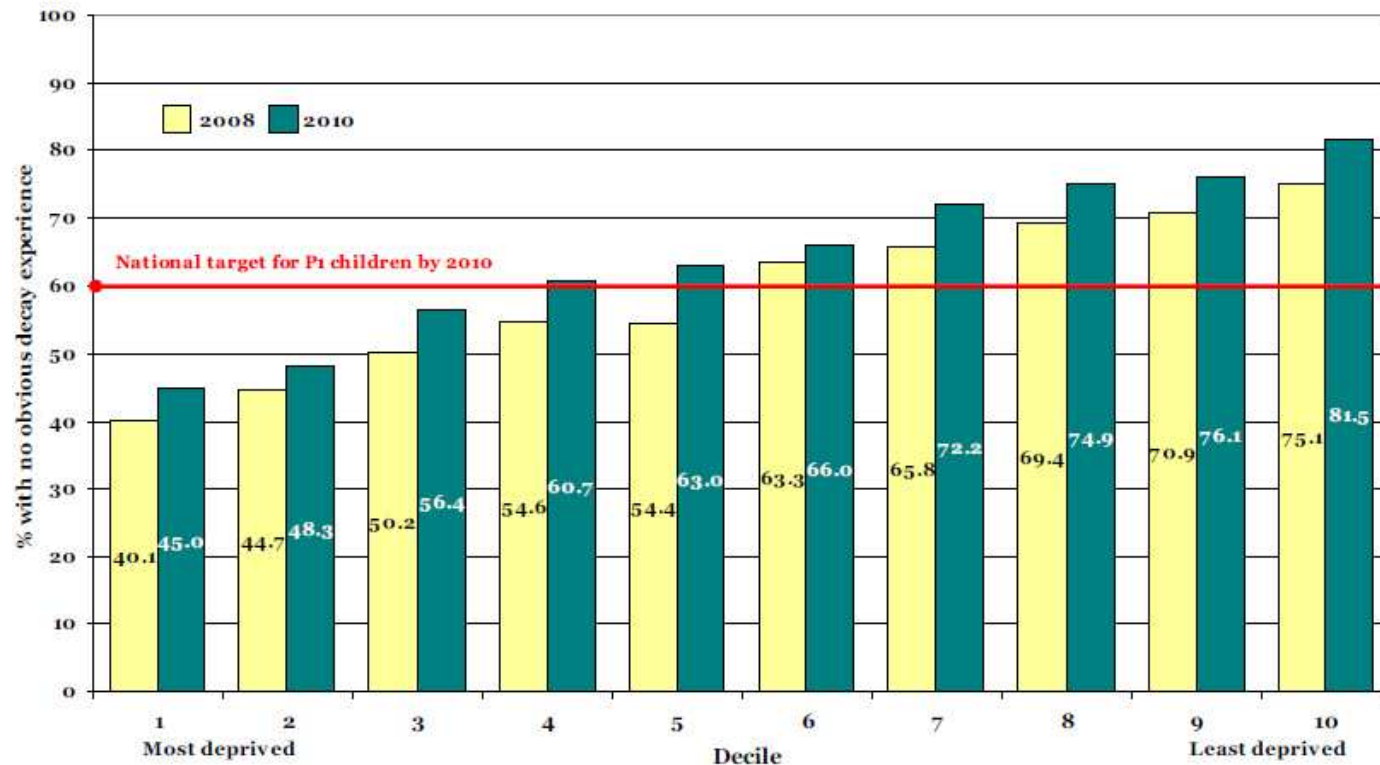
Source: NDIP 2010



# Dental Decay and Social Deprivation



Figure 11 : Comparison between 2008 and 2010 of the proportion of P1 children with no obvious decay experience by SIMD decile

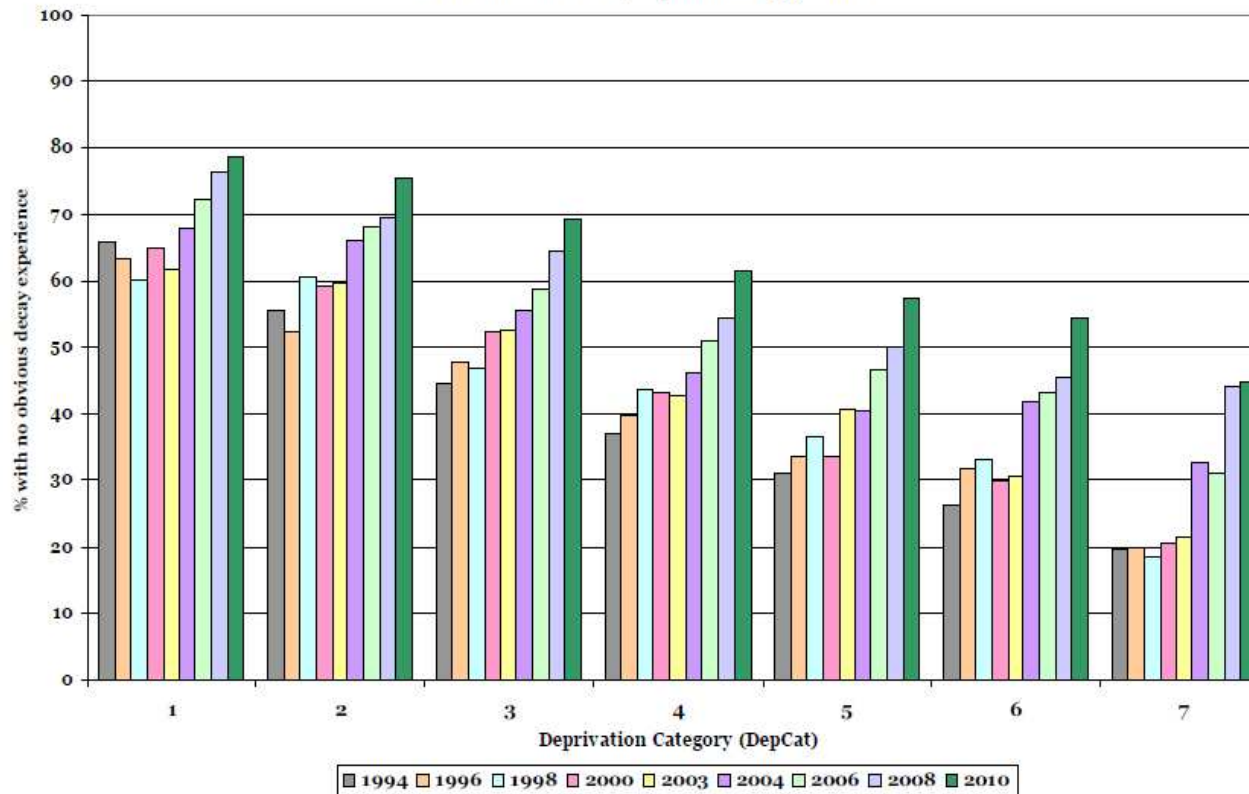


Source: NDIP 2010

# Dental Decay and Social Deprivation



Figure 14: Proportion of P1 children by deprivation category (DepCat) with no obvious decay experience 1994 - 2010



Source: NDIP 2010

# National Oral Health Targets

## **By 2010:**

- 60% of 5 year old children will have no obvious dental decay

## **By 2010/2011:**

- 80% of 3 – 5 year old children will be registered with an NHS dentist

## **By March 2014**

- At least 60% of 3 and 4 year olds in each SIMD quintile to have fluoride varnishing twice a year.

# Heat Target



- At least 60% of 3 and 4 year old children in each SIMD (Scottish Index of Multiple Deprivation) quintile to receive at least two applications of fluoride varnish per year by 2014.

# Development of Childsmile



- Stage 1: Demonstration phase (2006-08)
- West: Childsmile Practice
  - East: Childsmile Nursery & School
- Stage 2: Interim phase (2009-11)
- development of an integrated programme across Scotland
- Stage 3: Mainstream into dental services

# Childsmile Components

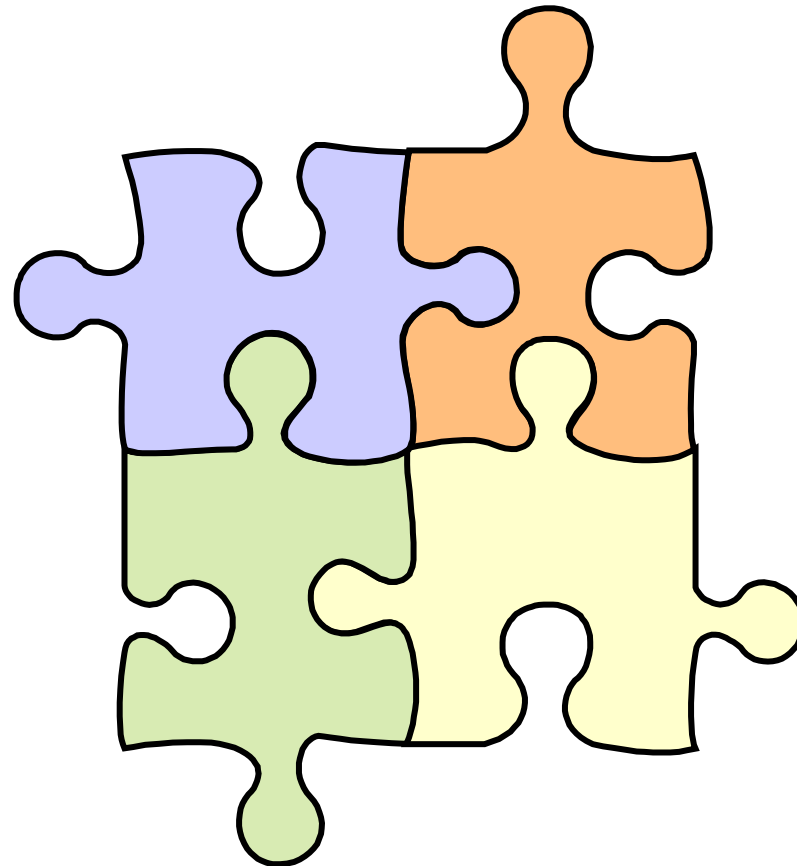


**Childsmile  
Core**

**Childsmile School**

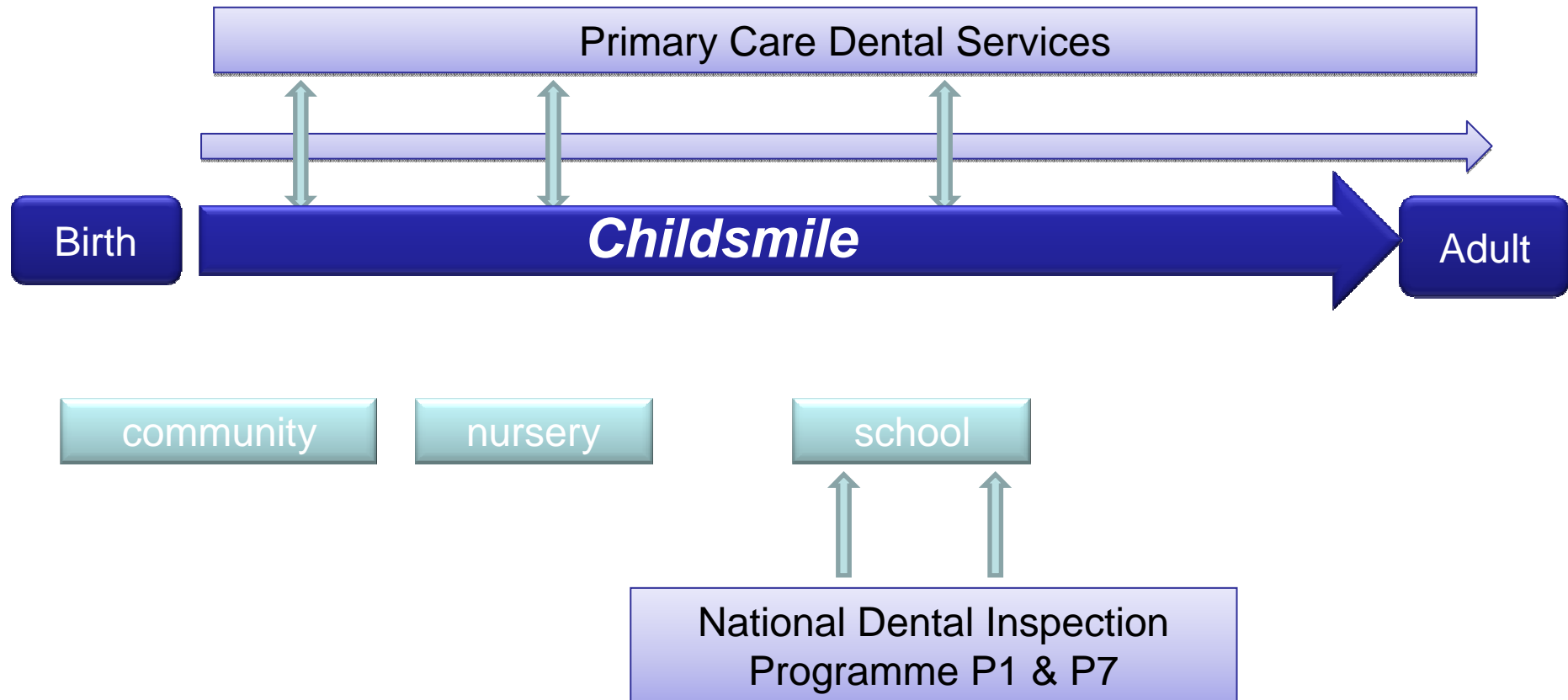
**Childsmile  
Nursery**

**Childsmile  
Practice**



# Childsmile Model

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# Childsmile



## Core

NHS  
Scotland

Making sure that pre-school children brush regularly with a fluoride toothpaste.



A red toothbrush is shown against a purple background with faint silhouettes of children's heads.

## Nursery and School

NHS  
Scotland

Preventive dental care delivered in the nursery and school setting by mobile clinical teams




Two dental professionals in blue scrubs and gloves are examining a child's teeth in a clinical setting.

## Practice

NHS  
Scotland

Community support, oral health promotion and clinical caries prevention delivered by the dental team



A dental professional is interacting with two children in a community setting, possibly a school or community center.



# Childsmile Core



- Oral health pack given to children in 1<sup>st</sup> year of life, at age 3 (2 packs), 4 (2 packs) and 5 (1 pack)
- All nursery schools (local authority and private) invited to participate in daily supervised brushing programme
- Within health Boards the toothbrushing component of the programme has been made available to at least 20% of P1 and P2 classes of schools situated in areas with the highest level of need.

# Childsmile Core Programme

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- available throughout Scotland
- every child is provided with a Dental Pack containing a toothbrush, tube of at least 1000ppm fluoride toothpaste on at least six occasions by the age of five
- children receive a free-flow feeder cup by one year of age
- every child attending nursery and is offered free, daily, supervised toothbrushing
- P1 and P2 Children attending schools situated in areas with the highest level of need offered free, daily, supervised toothbrushing



# Childsmile Approach



## Population:

- Core programme e.g. dental packs, nursery toothbrushing
- Tailored programme of care within Primary Care Dental Services



## Targeted:

- Additional home/community support via DHSW
- Enhanced programme of care within Primary Care Dental Services
- Additional clinical preventive programmes targeting 20% highest need nursery and primary schools
- Supervised toothbrushing P1 and P2 targeting 20% highest need local authority primary schools (extended in some areas)

## Mixed Approach: Directed Population Approach

# Childsmile Nursery and School



- Targeted to priority local authority nurseries and primary schools (SIMD-based)
- Programme of 6 monthly fluoride varnish applications throughout nursery and primary school (via EDDNs)
- Follow-up of children who are not regularly attending dental services (GDS/CDS)

# Childsmile Nursery and School

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The Childsmile Nursery and Childsmile School programmes deliver fluoride varnishing for children aged three and upwards who are identified as living in the most deprived areas.



# Childsmile Practice



- Principal Objectives:
  - Raising parental awareness of good oral health behaviours and supporting parents to put them into practice
  - Increasing the provision of oral health promotion and clinical prevention within dental primary care
- Every newborn routinely linked to Childsmile via Health Visitor
- Oral health advice & clinical prevention via Primary Care Dental Services - team approach involving extended duty dental nurses (EDDNs)
- Families requiring additional support to receive enhanced home/community visiting via dental health support worker (DHSW)
- Link families to community health improvement activity

# Childsmile Practice



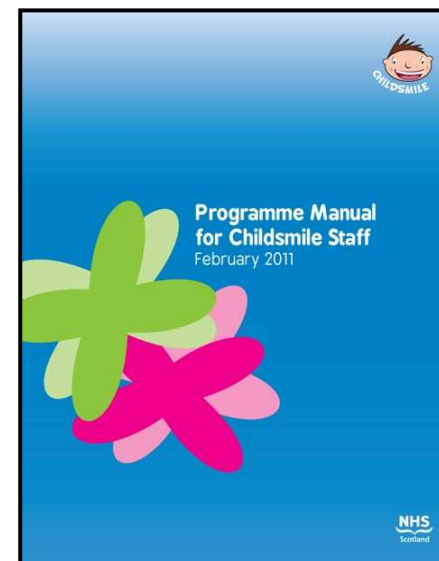
- delivered through a network of primary care dental service providers involving both independent contractors and salaried services.
- introduced to the family by the public health nurse who will refer them straight to a dental practice or to a DHSW.



# What does a Childsmile Practice visit entail?

- Evidence-based advice & support to parent/ carer from 6 months of age
  - Key messages and resources tailored to the age/needs of child/family
- 6 monthly fluoride varnish application from 24 months
- Oral health assessments from dentist
- On-going care through childhood and adolescence:
  - SDCEP guidance

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# Early Years Framework



- Early Years Framework (2008) seeks to shift focus to
  - prevention
  - early identification and
  - early intervention
- Utilise the strength of universal services to delivery prevention and early intervention
- Develop an integrated care pathway to meet the needs of the individual child/ family

# Childsmile & Child Health



- Childsmile provides a model to deliver on child dental health
- Needs to be integrated and embedded within child health systems & policy framework
  - Multi-disciplinary approaches to meet the needs of child
  - Integration within the child health surveillance system
  - Agreement to include data field
  - Work ongoing to detail information flows & triggers for action
  - Potential to provide the backbone for a dental health pathway

# Workforce Development



- Development of skill mix within:
  - the dental team
  - public health nursing team
- Team approach to delivery of care
- Multi-disciplinary approach focusing on needs of the child

# Workforce Development



- Dental nursing
  - Compulsory registration with General Dental Council (GDC) from 31<sup>st</sup> July 2008
  - GDC *Scope of Practice* (2008) outlines fluoride varnish as an additional skill
- Childsmile supports changes in practice and professional culture in order to achieve change behaviours/ improve oral health in population

# Extended Duty Dental Nurses



- Toothbrushing demonstrations
- Oral health promotion
- Fluoride varnish application



# Dental Health Support Workers

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- Toothbrushing
- Facilitation into dental practice
- Links to public health nurses



# Building Capacity



## Skill-mix in the Dental Team

- Developing skills
- Increasing knowledge
- Changing behaviour

Social Outcome - better oral health

# Childsmile Operational Structure



## Childsmile Staff

- Programme Directors
- Programme Managers
- Childsmile Coordinators
- Extended Duty Dental Nurses
- Dental Health Support Workers

## Partners

- Education Staff
- Public Health Nursing Staff
- Health Board Dental Staff
- Dental Practice Staff

Children and Families



# National Infrastructure



Scottish Government

14 Geographical  
NHS Boards

East  
West  
North


University of Glasgow  
and partner academic  
institutions

National Services Scotland (NSS)  
ISD (data linkage)  
PSD (payments)  
Procurement




NHS Education for Scotland  
(NES)  
training for EDDN/ DHSW & other  
professionals

NHS Health Scotland  
-Supporting materials  
- communications strategy  
-Website development

# Childsmile Resources



## Fluoride Varnish for Children



## Childsmile Practice

Here to help you look after your child's teeth



## It's never too early to register your child with a dentist

Childsmile is a programme running across Scotland to improve children's oral health.

The Childsmile team will give you all the help you need to provide the best care for your child's teeth – they can also help you find a dentist.

Contact your local Childsmile Coordinator to find out what's happening in your area.

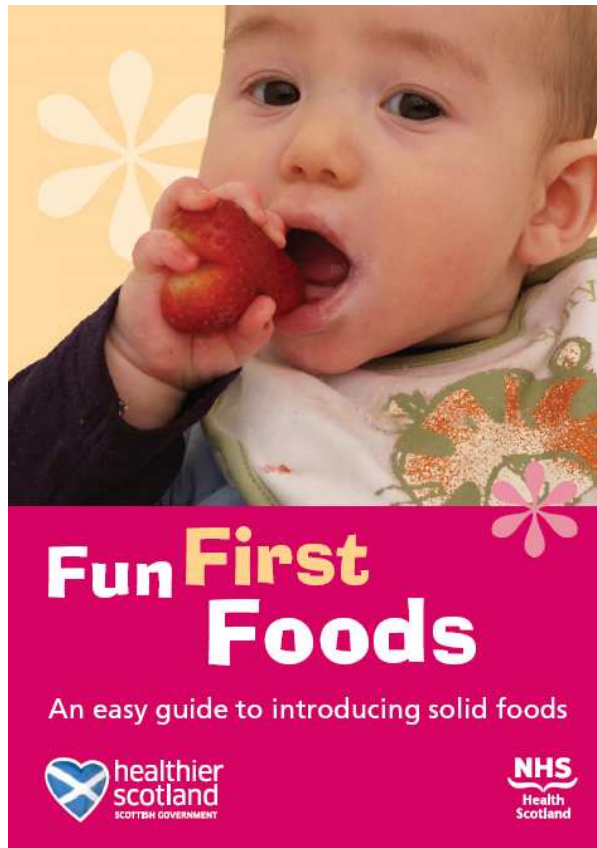
Visit [www.child-smile.org](http://www.child-smile.org) or call:



visit [www.child-smile.org](http://www.child-smile.org)



# Other Supporting Resources





### Parents and carers

Good oral health in childhood means healthy teeth and gums throughout life. Childsmile is working to ensure all children, regardless of income or background, have the best possible start.



[See how you can protect your child's teeth](#)

### Professionals

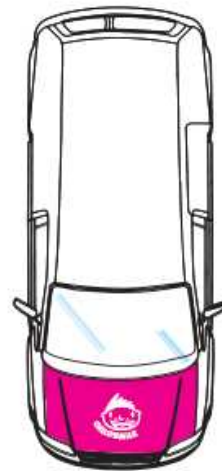
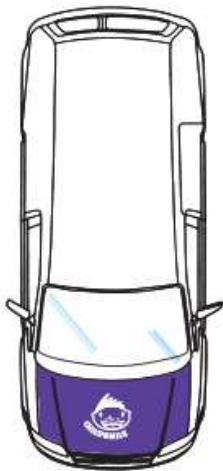
Resources facts and information for professionals working in health, education, community, voluntary sectors who work together to improve child oral health.

[Get information to help you promote oral health](#)



## Childsmile – improving the oral health of children in Scotland

Childsmile is reducing inequalities in oral health and ensuring access to dental services for every child across the country.



# NHS Education for Scotland (NES)



- NES is a key partner in supporting the development of a competent and skilled workforce
- NES responsible for the development and delivery of Childsmile training across Scotland
- Training incorporates oral health promotion and clinical fluoride varnish application
- EDDNs and DHSWs are trained together to build relationships and enhance understanding of roles

# IT support for the programme



## eHealth Solution:



- Bespoke database developed and continuously improved
- Provides clinical management system and ability to extract data for monitoring and evaluation



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# Childsmile Evaluation Questions

- Can the programme improve health and oral health?
- Can the programme reduce health-related inequalities?
- And if so...which components of the intervention are responsible for the biggest sustained improvements



# Evaluation Work Streams



Matrix will evolve in response to the programme and will be reviewed following description of programme theory & refinement of evaluation questions. Key domains will remain.

# Evaluation Strategy



## Process evaluation

- to:
  - assess quality of implementation
  - identify how contextual factors interact with outcomes
  - document issues arising from programme implementation and ongoing learning alongside outcomes

## Impact / Outcome evaluation

- to explore engagement in the CS programme and the programme's impact on:
  - Dental services (dental registration & treatment data)
  - Oral health outcomes (3, 5 & 11 yr-olds via NDIP)
  - General health outcomes (child health surveillance & school health screening data, e.g. obesity)

# Any Questions?

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