ALL TOGETHER SMILING

Supervised toothbrushing:
trailblazer learning report

Contents

1.0 - Purpose

Supervised Toothbrushing has an established evidence base but learning from the early implementer sites has been collated to support both the programme and local areas in rolling out All Together Smiling. The report summarises learning from the early implementation of supervised toothbrushing in Cheshire and Merseyside (C&M) through trailblazer sites (Halton and Knowsley) and the Tiny Teeth project (Liverpool).

2.0 – Background

All Together Smiling (ATS) is a C&M wide supervised toothbrushing programme (STP) supporting children aged 2-7 living in the 20% most deprived communities. The programme, funded by NHS Cheshire and Merseyside (Integrated Care Board [ICB]), is hosted on behalf of the ICB by beyond, the children and young people's transformation programme, working closely with Local Authorities and Public Health oral health and education colleagues across each Place.

In preparation of rolling out STP at scale across C&M, ATS delivered 'trailblazers' with two Local Authority areas (November 2024 – May 2025) to test the programmes approach while capturing local challenges, opportunities, and best practice:

- Halton Borough Council – area of highest dental decay[1] for children (second only to Liverpool[2]) with 5,256 eligible children in IMDs 1&2.
- Knowsley Council – third highest percentage of children living in IMDs 1&2 (8,397)[3] across C&M.

This paper builds on existing learning shared previously (appendix one) from the Tiny Teeth project, and additional learning captured from existing delivery through other providers in C&M.

Tiny Teeth is a 2-year early years intervention pilot project that commenced in October 2023 involving a partnership between Beyond, Koala Northwest and City Healthcare Partnership CIC. The aim of the project is to develop a peer-support offer, by utilising parent and community volunteer champions, to provide oral health and peer support services to families with children aged 0-5 within Liverpool. Peer support is delivered alongside the training and subsequent delivery of supervised toothbrushing programmes for early years settings.

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[1] National Dental Epidemiology Programme (NDEP): Oral health survey of 5-year-olds, 2022.
[2] Liverpool was not chosen due to the existing delivery of the 'Tiny Teeth' project (NHS England Early Years Intervention pilot) that includes supervised toothbrushing delivery and oral health pack distribution.
[3] Office for National Statistics (ONS): CENSUS population estimates, 2021.

3.0 - Key learning for supervised toothbrushing

Learning has been collated into the following themes:

1. Engaging and recruiting settings
2. Training delivery
3. Quality assurance
4. Distribution of oral health packs

3.1 – Engaging and recruiting settings

3.1.1. Challenges / learning:

- Settings have varying schedules and flexibility within the day to incorporate training and daily STPS.
- Staff turnover can be high in settings (particularly Early Years [EY]).
- Settings / staff don't always recognise their responsibility regarding the promotion, and delivery of oral health support.
- Settings whereby they had previously delivered STPs and stopped, can result in anxieties from existing staff who may have had negative experiences previously, and reluctancy from new staff who may feel STP delivery isn't part of their role.
- Many settings can have reservations to engage typically due to staff capacity and confidence to deliver support for children with Special Educational Needs and Disabilities (SEND).
- Nurseries are typically open for longer hours and have greater flexibility in timings compared to schools.

3.1.2. Learning in practice:

- Contacting, building relationships, and identifying opportunities to present to council, school health, and education colleagues has supported 'a way in' to eligible settings. Attending headteacher meetings has been particularly beneficial.
- Have supportive conversations with settings to help them in understand how they can fit STPs into their existing delivery (like natural pauses in the day i.e., break times) and provide re-assurance through existing settings already delivering (peer-support) as well as delivery only taking a matter of minutes once established.
- Identify a champion within each setting who can provide 'strong leadership' and support as a result with staff engagement, setting up programmes, and the ongoing smooth running of delivery.
- In certain situations, explaining statutory frameworks (such as the Early Years Foundation Stage [EYFS]) has supported in helping settings recognise their responsibilities in promoting oral health and taking up opportunities to deliver schemes like STPs.
- Offering take-home packs to settings in advance of explaining STP in more detail / aiming to recruit settings has supported initial setting engagement. This has shown greater success in settings coming on board as a result.
- Identify the 'ideal' contact / decision maker in each setting i.e., headteachers and use various means of contact such as letters, follow up phone calls and in-person conversations.

- Offering oral health awareness sessions for parents (if possible / feasible in your area) has been well received by settings / parents and in turn has created appetite to deliver STPs.
- Think 'outside of the box' with ongoing recruitment after the initial 'influx' of settings. Media engagement, parent apps, and stakeholder newsletters have shown to be helpful.
- Attending settings in person to promote the offer and identify the key 'decision maker'.

3.2 – Training delivery

3.2.1. Challenges / learning:

- Staff sickness can result in last minute cancellations and rescheduling of training.
- Participants can find training content extensive / difficult to fully absorb during the session.
- Co-ordinating training and maintaining an audit trail can be challenging.
- Staff turnover can be high in settings resulting in new staff being employed who haven't been trained.

3.2.2. Learning in practice:

- Complete training questionnaires (i.e., pre and post) to demonstrate changes is staff knowledge and how well the contents have been understood.
- Provide supplementary resources alongside training delivery as a reference point / guide for staff. Providing hard-copy versions can also be well received by some settings.
- Co-ordinating training by email (via the setting champion) and keeping a record (i.e., spreadsheet) once training has been confirmed can provide an audit trail.
- Provide flexible training such as twilight (evening) sessions to work around capacity challenges.
- Check in with the setting a couple of weeks post-training / expected STP start date to check in / provide additional support (if required).
- Use continued check in's to understand current staffing and whether any mop up sessions may be required (if the setting champion is no longer in post and therefore cannot provide additional training via the train the trainer model).

3.3 – Quality assurance (QA)

3.3.1. Challenges / learning:

- Standards can slip in settings post implementation.
- Professionals know their settings best but also recognise the importance of delivering STPs to the highest standard.

3.3.2. Learning in practice:

- Make arrangements / ensure settings know when they should commence QA self-assessments (in the context of ATS) as soon as possible upon completion of training.
- Maintain regular contact with settings to keep abreast of any challenges they are facing and be 'on hand' to provide support to overcome as applicable.

3.4 – Distribution of oral health packs

3.4.1. Challenges / learning:

- Various suppliers of consumables in the system can cause confusion for settings / staff / families.
- Lack of estates to store large quantities of consumables.
- Lack of staffing capacity to support the packaging / distribution of consumables i.e., take home packs.

3.4.2. Learning in practice:

- Consider Voluntary, Community, Faith, and Social Enterprise (VCFSE) partners to support the distribution of take-home packs while ensuring a targeted approach. Examples of key partners include foodbanks, Holiday Activities and Food (HAF) programmes, General Dental Practices (GDP) situated in CORE20, General Paediatrics, Home Start, Health Visitors (via core contacts), social housing providers, charitable arms of sports clubs and more.

3.5 – Case studies

3.5.1. Knowsley Council*:

Healthy Knowsley Service STP Case Stu

3.5.2. Halton Borough Council*:

Halton STP case study Aug 25.pdf

*Note: due to alignment of existing/ local programmes/ providers in Halton and Knowsley, some training and quality assurances processes differ from the All Together Smiling processes - please refer to the All Together Smiling manual

For further information relating to the All Together Smiling programme, or learning to date, contact the programme on alltogethersmiling@alderhey.nhs.uk

4.0 – Appendices

Appendix one – Tiny Teeth Interim Report

Tiny Teeth Interim Report (Dec 24).pdf