Pilot Project Team

Mini Mouth Care Matters Prevention Baseline Knowledge

Interview Question 1

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| **Establishment**: |
| **Address**:**Contact Telephone Number:** **Email**:  |
| **Interview held with:** | **Designation:** | **Direct Contact:** | Date: |
| **In attendance:** |
| **School provision:** |
| **Notes:** |

* Question 1: Interview questions with Special Educational Setting (Existing oral health care provision)

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| **Information for interview participants:**This interview is one of a series being conducted to help the NHS find out more about dental care provision in special educational settings in England. The NHS will use the findings from these interviews to support their plans to improve dental care and oral health promotion in special educational settings.  |
| Type of school? | oindependent  LA  maintained o non-maintained  other If other, please state: |  |
| Areas within establishment: | Nursery yes o noPrimary 🞏yes  noSenior 🞏yes  noCollege 🞏yes  noResidential 🞏yes  no |  |
| Number of classes:  | School element: Class Sizes:College: |  |
| Total number of children: | School (Primary / Senior) – College – Residential - |  |
| Number of children per class: | School – College –  |  |
| Staff: child / young person ratio: |  |
| Are CYP classed in age range or ability range | o Age o Ability Special Needs dependent  |  |
| Which health / educational challenges may CYP in this setting experience? | o Complex / multiple LD o Autism o Physical Disabilities o Sensory impairment  OtherIf other, please state: |  |

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| **Information regarding CYP population and Staff** **RESIDENTIAL** |
| Number of CYP in residential attendance: | Approx. -  |  |
| Age range: |  7 - 19 |  |
| Is it a registered children’s home? | o Yes  No  |  |
| Period of operation: | o 52 Weeks pa  Termly  Weekly  Day School  OtherIf other, please state: |  |
| No of care managers |  |  |
| No of deputy managers |  |  |
| No of Senior Support Workers  |  |  |
| No of Support Workers |  |  |
| Description of residential structure  |  |  |

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| **Delivery of ongoing mouth care and oral health promotion** **Residential / School** |
| Care Planning within residential / school setting |
| Do you have a mouth care policy in place? | Residential  Yes o No School  Yes o No  |  |
| Tell me more about the policies and procedures around mouth care planning? |  |
| Does each CYP have a mouth care assessment / screening (including oral health risk assessment) on admission to the residential element of the school, to inform a personal mouth care plan?Is there a tool used to support this? | Mouth care assessment  Yes o No Screening tool  Yes o NoRisk assessment  Yes o NoOral care plan  Yes o No |  |
| Are all plans / assessments carried out by an appropriately trained person? | o Yes  No |  |
| Name and title of staff |  |  |
| How often is this reviewed? | oMonthly  Quarterly  6/12  otherIf other, please state  |  |
| If mouth care is delivered, is this recorded? | Residential  yes  no ounsureSchool  yes  no ounsure If yes, how is this recorded? |  |
| Do you receive input from a dental profession into children’s, education, health and care (EHC) plan? |  yes ono  unsureIf yes, please state |  |
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| Nutrition / Hydration / Diet  |
| Do you policies and procedures in place to support diet and nutrition | oyes  noIf yes, please explain |  |
| Is a dietary analysis undertaken for each child / young person?  | oyes  noIf yes, how is this done? |  |
| Does the school implement a ‘healthy food and drink’ policy?  | oyes  noIf yes, how is this done? |  |
| Does each child/young person have a nutrition & hydration plan?  | oyes  noIf yes, please explain |  |
| Does a dental professional regularly input into this plan?   | oyes  noIf yes, please explain |  |
| Is an obesity prevention / weight management programme delivered in the school?  | oyes  noIf yes, how is this done? |  |
| If yes, is oral health integrated within this?  | oyes  noIf yes, please explain |  |

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| Oral Hygiene  |
| Do you policies and procedures in place to support oral health and mouth care? | oyes  noIf yes, please state |  |
| Within residential setting is every child / young person supported to brush their teeth twice a day with fluoride toothpaste, in line with Delivering Better Oral Health1 ?  | oyes  noIf yes, please explain |  |
| Is every child / young person provided with age-appropriate fluoride toothpaste (including high fluoride toothpaste where a professional has prescribed this)?   | oyes  noIf yes, by whom? |  |
| Is non-foaming / SLS free toothpaste available for children at risk of aspiration? | oyes  noIf yes, by whom? |  |
| Does each child / young person have a toothbrush? | oyes  no |  |
| Does every child / young person have a toothbrush best suited to their personal needs (e.g., 3 headed toothbrushes; small headed manual toothbrush; electric toothbrush; aspirating toothbrush)?  | oyes  no |  |
| How often are toothbrushes replaced? |   3/12  6/12 oas and when required |  |
| How are toothbrushes stored?Does this prevent cross-contamination and allows the brush head to air dry?   |  |  |
| Is a supervised toothbrushing scheme delivered in the school? | oyes  no |  |
| Is this delivered in line with PHE guidance2 ?  |  yes  no ounsure |  |
| Are other oral hygiene aids stocked and available when required?  |  yes  no ounsureIf yes, please explain  |  |
| Do you have other mouth care equipment is accessible for school staff to use for ongoing mouth care? (e.g., portable suction machine; finger guard)  |  |  |
| Who supplies all dental and mouth care products? |  |  |
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| Education and Training  |
| Have support workers care staff attended training in oral health or mouth care? |  yes ono  unsureIf yes, please explain |  |
| Are staff offered quality assured oral health training or mouth care & training?  |  yes onoIf yes, by whom and how often  |  |
| Which areas does this cover (e.g., good practice mouth care and prevention; dietary advice; dental trauma; “Lift the Lip”/ other means of checking for signs of healthy or unhealthy mouths; use of mouth care tools; management of specific mouth care conditions)?  |  |  |
| Is this delivered in line with a ‘train the trainer’ model?  |  yes ono |  |
| As part of staff induction do you cover oral health and mouth care? |  yes  no ounsure  |  |
| Do you include Oral health within the national curriculum? |  yes  no ounsure  |  |
| Do the children / young people receive oral health education?  |  yes ono  unsureIf yes, please explain |  |
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| Support and Assurance  |  |
| Does the school have a trained named contact / dental team / oral health promotion team to provide ongoing support for? * Staff training provision (*contact details – name/address/email*)
* Access to oral health resources for training (*contact details – name/address/email*)
* Access to oral health resources to support mouth care delivery (*contact details – name/address/email*)
* Advice on day-to-day oral health/mouth care (*contact details – name/address/email*)
 |  yes ono  |  |
| Does a trained member of school staff act as mouth care lead or oral health champion?  |  yes ono If yes, how is this done? |  |
| How often are mouth care plans audited?  | oMonthly  Quarterly  6/12 annually |  |
| How often are mouth care records audited?  | oMonthly  Quarterly  6/12 annually |  |
| Do dental professionals monitor or assure mouth care planning? |  yes ono  unsure |  |
| Do dental professionals monitor or assure mouth care delivery at the school?  |  yes ono  unsureIf yes, how do they do this? |  |
| If a supervised toothbrushing programme is delivered in the school, is this professionally assured by a dental professional / dental team / oral health promotion team?  |  yes ono  unsureIf yes, how do they do this? |  |

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| Oral Health Assessment  |
| Do all the CYPs attend for dental check ups |  yes ono  unsureIf yes, how is this done? |  |
| Does the school have an arrangement which allows every child / young person to access oral health assessments (*please note that dental screening is not equivalent to an oral health assessment*) by trained dental professionals? If yes: * Which dental service is involved in delivering oral health assessments (*name*)?
* Are oral health assessments delivered on site (e.g. mobile clinic via outreach; within the school setting) or are the children/young people brought to a dedicated health setting/dental clinic
 |  yes ono Name: |  |
| Is a dental screening programme delivered at the school?  |  yes ono If yes, who provides this? |

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| Access to clinical interventions / dental treatment  |
| Tell me more about how the school helps children / young people access dental treatment.  |  |  |
| Are there established arrangements at the school for children / young people to access clinical interventions/dental treatments by appropriate dental teams in appropriate settings when a need is identified?  |  yes ono  unsure |  |
| If yes, is the school aware of referral pathways for: * Specialist paediatric care
* Community dental services
* Special care dentistry
* General dental services
* Specialist orthodontic care
* Unscheduled (urgent) dental care
* Other specialist dental care
 |  yes ono  yes ono  yes ono  yes ono  yes ono  yes ono  yes ono  |  |
| **What protocols are in place when the school suspects a child has an urgent oral health care need (e.g. toothache, swelling)?** |  |  |

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| Systems and infrastructure |
| Is there a dedicated clinical area within the school in which dental care is delivered? | oyes  no If yes, is the room adequate?odisabled access oequipment available opower sockets osinks & running water approx. size appropriate for child, wheelchair users  |
| How much storage space is available in the school to store equipment and oral health resources?  |  |
| Can the school provide / access / arrange the necessary transport when children require off-site care?  | oyes  no If yes, what is the process? |
| Is oral health integrated within school Health & Safety policies and procedures?  |  yes  no ounsureIf yes, how? |

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| Information management  |
| Tell me more about children’s/ young people’s health records |  |
| Is a dental record for every child / young person kept by the school? |  yes ono If yes, how is this stored? |
| Does this include records of oral health assessments / dental screening / mouth care plans /mouth care delivered / any dental treatment the child/young person receives? |  |
| Is this digital? | oyes  no If yes, who has access? |
| Does this form part of the child’s / young person’s shared care record? | oyes  no  |
| Can visiting dental teams access this? | oyes  no  |

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| Other |
| What insights can you provide on promoting oral health and mouth care in special schools |  |
| What processes do you have in place to address or report dental safeguarding issues? |  |
| What challenges have you faced in promoting oral health and mouth care in the school? |  |
| Which local stakeholders and local networks support the delivery of oral healthcare provision at the school? (e.g., Local Authority; Local Dental Network; CYP peer support workers etc.)?  |  |
| Does the school support national oral health surveys? |  yes ono  |
| Did the school participate in the 2014 PHE oral health survey of children attending special support schools3 ?  |  yes ono  |
| Does the school evaluate any part of oral healthcare provision? If yes, please provide a brief overview of findings.  |  yes ono If yes, please provide a brief overview of findings |
| Do you consent to being contacted again in case we require further information?  | oyes  no  |
| Do parents/ carers engage with the school?What issues do you encounter?What is the best way to engage with parents / carers?  |  |
| What IT processes do you have in school i.e MS Teams, Zoom? |  |
| How do you collate consent for all children / young people? |  |
| Training – due to covid procedures would staff and parents involved be able to access remote training if provided?What issues might we come across?Any other issues  |  |

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| Date | Item / Action | Owner  | Delivered / Outcomes |
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