

# DESIGNED TO SMILE - HEALTHY SCHOOLS SCHEMES AND HEALTHY PRE SCHOOLS SCHEMES

## Partnership working

Positive	Less Positive
Positive partnerships / working links in most areas.	However, there is an in-consistency across Wales. Some partnerships stronger than others. Healthy Schools Coordinators not invited to Designed to Smile Steering Groups in every area.
A Designed to Smile representative attends or will be attending Healthy Pre School Steering groups meetings in most areas.	Designed to Smile Coordinators do not sit on Healthy Schools Steering Groups in all areas.
Regular Informal contact by phone / email / meetings in some areas – reporting back on participating schools, pre-schools, etc.	Some areas are not kept up to date of which settings / schools are engaged in the Designed to Smile scheme and how they were recruited.
Designed to Smile team trained to carry out Healthy Schools accreditations in some areas.	Designed to Smile not always available to conduct accreditations due to their own constraints / time lapse between accreditations means some of the Designed to Smile team do not have the opportunity to carry out the accreditations
Participation in Designed to Smile part of the inclusion criteria for Healthy Pre School Scheme in some areas (subject to being a targeted setting).	If pre-schools decide not to participate in Designed to Smile it may exclude them from going for the Healthy Pre school award..
Participation in Designed to Smile will be essential for schools working towards the Healthy Schools National Quality Award (if invited to be engaged).	If schools decide not to participate in Designed to Smile it may exclude them from going for the National Quality Award for Healthy Schools.
In some areas closer links with public health have enabled dental health educators to be more aware of wider public health issues.	Not evident in every area.
Established and respected contact with schools through the Healthy Schools scheme has provided the Designed to Smile team with a stronger vehicle to deliver health messages.	However, in areas where strong partnerships do not exist good opportunities have been missed for joined up working.
Reducing the burden on schools / pre-school settings – by working with Designed to Smile the school can achieve accreditation for Pre School and	Greater joint working needed.

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healthy school criteria.
Working with healthy schools and pre schools ensures a whole population approach which research shows to be effective in reducing health and oral health inequalities.
Joint working can enable an established link and pathway to specialist advice and referrals.

Potential for more joined up approach.

### Identification of / Sharing Resources and Training

Positive
Designed to Smile Resources support the Healthy Schools National Quality Award - Toothbrush buses/"Health Matters Brush your Teeth"
Input into teacher training regarding healthy schools, oral health and nutrition.
In some areas - more effective oral health education delivery – not working in isolation now but linking with dietetic teams, public health and education.
Potential for increased cost effectiveness for the development of resources with reduced duplication of resources.
Increased funding for joint training covering common risk factors such as hygiene and diet for professionals.

Less Positive
This does not take place in all areas.
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### Working with Schools

Positives
Most schools participating value the programme – this is usually evident after a school has been involved in the programme for some time and when they understand how it works.

Less Positive
Negative attitude of some Head teachers / Senior Management Teams / teachers.

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Some schools that were negative prior to starting the project have now embraced the daily brushing routines.	Some schools find the programme time consuming. Find it difficult to fit it into the school day. Conflicts with curriculum.
Most parents are pleased with the programme.	Some parents object to children having their teeth brushed in school and losing valuable curriculum time.
Some schools have embraced the project and year groups from nursery to year 6 are brushing daily – Designed to Smile flexible to needs of the school.	Although the programme is flexible to a schools needs, should it be consistent in every school for it to be effective?
	Concerns of cross infection by some staff and parents.
	Prevailing mixed health messages i.e. Fruit only tuck with natural sugar content and acid erosion. Dried fruit.
	Lack of understanding of spitting /swallowing in the tooth brushing process.
	Waste management of tissues conflicting with eco schools.
	Parental consent is problematic.
	Targeting 'groups' conflicts with the whole school ethos of healthy schools.

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## Considerations

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Need to develop a consistent approach across Wales. Healthy Schools Coordinators, Healthy Pre-School Coordinators to sit on Designed to Smile Steering Groups and vice versa in every county. Oral health forms a part of the healthy schools and healthy pre schools scheme along side a range of other health themes.
Consistent approach of reporting progress of schools / pre-school settings in Designed to Smile to Healthy Schools Coordinators and vice versa.
Is there consistency in the delivery of the Designed to Smile programme across Wales?
Would it be useful to have all Wales guidance with strict criteria and evidence based education for delivery in schools?
Would it be useful to have an all Wales Network similar to healthy schools to enable networking, consistency and training?
Would Designed to Smile be given more importance by education if oral health was in the curriculum?
Sometimes seen as a fluoride application programme and would water fluoridation be more effective?
Designed to Smile website to be linked with other agencies especially healthy schools.
Sustainability of Designed to Smile in the future?