

Baby teeth count too!

Facilitator's Guide for introducing oral health promotion to staff of early parenting centres



Content

This document provides an outline of a learning process for each of the four chapters of the *Baby Teeth Count Too!* Participant's Workbook. It is only a guide for the Early Parenting Centres clinical educators to consider. The educators are encouraged to use participatory learning processes with *Baby Teeth Count Too!* education program and update their knowledge on early childhood oral health through a continued partnership with the Health Promotion Unit of Dental Health Services Victoria.

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The *Baby Teeth Count Too!* oral health education program is available on line from the Dental Health Services website <https://www.dhsv.org.au/>



Dental Health Services Victoria
Health Promotion Unit
October 2014

Acknowledgements

This education program was developed by a working group comprising of three Healthy Families, Healthy Smiles project members and three clinical educators from Victoria's early parenting centres – the Mercy Health O'Connell Family Centre, Tweddle Child and Family Health Service and the Queen Elizabeth Centre.

The clinical educators provided advice about the learning needs of their staff, the layout of the package and adult learning approaches suited to their work environments. They also reviewed the appropriateness of the content.

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Foreword

The *Baby Teeth Count Too!* education program has been designed to help staff of early parenting centres support families in valuing and looking after their child's oral health. The program is the result of an exciting partnership between Dental Health Services Victoria, Mercy Health O'Connell Family Centre, Tweddle Child and Family Health Service and the Queen Elizabeth Centre.

Too many young children experience tooth decay which can cause pain, sleeplessness, eating difficulties and other problems. The good news is that this is preventable.

The services provided by early parenting centres offer a unique opportunity for staff to incorporate oral health promotion as part of the daily holistic care provided to families. It's important to include oral health as early as possible because it is crucial to an infant's overall health and wellbeing, not only in childhood but also for adult life.

The *Baby Teeth Count Too!* education program was developed by the Health Promotion Unit of Dental Health Services Victoria in partnership with the clinical educators from the Mercy Health O'Connell Family Centre, Queen Elizabeth Centre and Tweddle Child and Family Health Service. The program is part of the Healthy Families, Healthy Smiles initiative, funded by the Victorian Department of Health.

This Facilitator's Guide supports the delivery of in-service training by clinical educators to prepare staff to include oral health promotion in services offered by the early parenting centres. It provides lesson plans to facilitate a learning process that cover the content contained in the participant's workbook. The Facilitator's Guide is grounded in the principles of adult learning.

We hope this education program will become a tool for clinical educators to build the knowledge and confidence of staff to include oral health in their practice. As CEOs we are committed to promoting oral health as an integral part of the health and wellbeing services offered to families and their children.

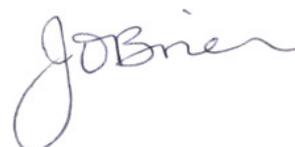
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Introduction to the Baby Teeth Count Too! Education Program

Tooth decay is preventable. Parents knowing *why* it is important to protect baby teeth and having the skills to protect baby teeth from decay can make a difference (Rogers, 2011). Providing knowledge alone does not change behaviour. There are other factors that influence behaviour change. Showing respect and recognition that families have their own knowledge base; building on this base with respect and empathy for the family's situation will help towards building a behaviour change process.

So why include oral health promotion in early parenting services?

Supporting early childhood professionals working in early parenting centres to promote oral health makes sense because:

- In Australia, few children see a dental professional before the age of two years.
- Promoting the health and wellbeing of young children is core business for early parenting services and oral health promotion complements existing health promotion efforts.
- Non-dental health care workers, who are more likely to see infants and toddlers, are well placed to deliver oral health advice to parents when they need it.
- Oral health promotion can be embedded into existing service delivery with minimal impact on workloads.

Organisational considerations before implementing the oral health education program within early Parenting Centres.

Staff cannot be expected to implement a change in their practice unless they see that their organisation supports the change. The management team of Early Parenting Centres can support staff to incorporate oral health promotion as part of their duty of care to promote health and wellbeing of their clients by:

1. Developing policy. For example, if meals are provided, a healthy eating policy is in place that includes the promotion of drinking water and the restriction of sweet drinks including fruit juices.
2. Building capacity of staff to incorporate oral health in daily activities. For example oral health is included in the continuing professional development program for the organisation.
3. Providing an environment for families that enhance oral health. For example a menu plan in line with Australian Guidelines and easy access to safe fluoridated drinking water within the centre. Also the provision of toothpaste and toothbrushes if families have not provided their own.

How can oral health promotion be included as part of the early parenting residential program?

Oral health can be incorporated into early parenting residential program, not as an 'add on' but as a natural inclusion. This education program provides practical strategies for incorporating oral health promotion; refer to chapter three of the Participant's Workbook for examples.

As staff gain confidence and skills in including oral health in the early parenting program you may wish to extend the training to staff involved with other programs such as 'Cradle to Kindergarten' or Preparation for Childbirth and Parenting Classes, Breastfeeding Support, Home Visiting and Playgroups.

Background to the Baby Teeth Count Too! Education Program

This program is a response to training needs associated with oral health promotion. The purpose is to build on skills that staff already have using the “family partnership” approach to work with families on how to make better choices for oral health when money is tight, time is limited, priorities are many and when stress levels are high.

The oral health training needs identified in relation to early parenting centres included

Training Needs	
Knowledge building	<ul style="list-style-type: none"> • Basic overview of anatomy and physiology of mouth & teeth • Teeth formation –baby teeth/ getting permanent teeth – what to look out for • Bacteria causing dental caries • the importance of parents (especially mum’s) dental health in relation to her newborn • Evidence to support the importance of dental care in young children (0-3years) • The extent of the problem of dental decay in children under 5 years of age in Victoria • How to provide age appropriate mouth care for baby until 4 years of age. <ul style="list-style-type: none"> • Who and how to access the public dental service
Knowledge, attitude and skills	<ul style="list-style-type: none"> • What are the key take home messages for parents about their child’s dental health (age appropriate from baby to 4 years of age) • How to engage parents in oral health sessions The skills parent needs to prevent tooth decay. • Pregnancy and the importance of dental care • Effects of pregnancy on teeth • Evidence based material on pregnancy and oral health • How to engage pregnant women about their own oral health • Key messages for pregnant women • Public dental access for pregnant women • Plan and practice of how to include oral health promotion
How to incorporate oral health	<ul style="list-style-type: none"> • Developing an action plan to incorporate oral health into the early parenting service. • Skills development and transfer to work place roles. • Developing skills to engage with families about oral health issues using real life scenarios.

When developing the Baby Teeth Count Too oral health education program the oral health competencies for Children’s Services were considered. The material developed for this education program reflects the following two competencies:

- *Inform and encourage clients and groups to understand and achieve good oral health*
- *Support clients and groups to learn practical aspects of oral health care.*

What does the Baby Teeth Count Too Education Program include?

This program provides clinical educators with a learning process to build the skills and confidence of staff to provide oral health promotion within the services they deliver.

This program consists of:

- A. Facilitator's Guide
- B. Participant's Work Book

The Facilitator's Guide

This contains a set of four modules to match the four chapters of the Participant's Workbook.

- Module 1 Talking Baby Teeth 101
- Module 2 Keeping Little Smiles Healthy
- Module 3 Walk the Talk
- Module 4 Baby Bumps to Baby Teeth

Each module provides session plan for the facilitation process. The plan is set out as a table that provides the following information.

Steps	Time	Facilitating the Learning process	Information to highlight	Resources
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The session plan is followed on with:

- Facilitator guides for group work activities highlighted in the session plans (details how to run the activity)
- More detailed notes on how to facilitate technical input (particularly for Module 1).
- Pictures or diagrams to be used in group activities or to assist with explaining a concept.

Clinical educators will need to consider the following and decide according to needs:

1. The session plan for each Module can be adjusted to suit the time available. The longer session plans can be divided into two and delivered over two periods of time.
2. The modules can be delivered as any number of sessions. Although each Module has one session plan, this can be divided into two or three parts and delivered in two or three periods of time.
3. It is preferable that staff participate in all four modules, but Module 4 could be limited to those staff who work with pregnant women.
4. Not all the material in the participant's workbook needs to be covered. Educators can choose material from the Participant's Workbook and adapt the facilitation process to suit.

The Participant's Workbook:

The workbook is a resource given to the staff attending the Baby Teeth Count Too! education program. It serves as a reference and activities book to accompany the facilitation process. A copy of the workbook is given out to participants at the first session and should be brought to the following sessions. It is divided into the chapters that provides the technical information as well as activities that can be done in groups, in pairs or individually.

Chapter 1: Talking Baby Teeth 101

This includes: data demonstrating the extent of poor oral health in children under 5 years of age; a brief description of the anatomy of the mouth as it plays a role in healthy teeth, the structure of teeth, the eruption of baby, the tooth decay process; and why children are so vulnerable to tooth decay.

Chapter 2: Keeping Little Smiles Healthy

This chapter explores the notion of 'protective' factors that can limit tooth decay; exploring the pressures family face when making decisions and the key action families can take to protect their children's baby teeth.

Chapter 3: Walk the Talk

The material in the chapter explores approaches to engaging parents in making changes to protect the health of their child's teeth. The use of motivational approaches for building relationships and determining the readiness for change is covered, including case studies for analysis.

Chapter 4: Baby Bumps to Baby Teeth

The final chapter covers material in relation to pregnancy and oral health. It explains the impact of the physiological changes of pregnancy on oral health and deals with some of the myths that in the past have prevented women from seeing a dentist during pregnancy.

Outline of the modules

The following table outlines the modules that make up this program.

Module	Content	Learning outcomes
Module One Talking Baby Teeth 101	<ul style="list-style-type: none"> • Victorian oral health data • Evidence based material to support the importance of dental care in young children (0-3years) • Basic overview of anatomy and physiology of mouth and teeth • Formation of baby teeth • The role of bacteria in tooth decay • The balance between decay promoting and protective factors • Reflecting on action to take in our workplace (thinking about how to include oral health in our work with families) 	By the end of this session the learner: <ul style="list-style-type: none"> ▪ outlines the key findings from local data and the evidence related to early childhood caries ▪ describes the risk factors associated with baby teeth decay ▪ explains the decay process ▪ identifies the opportunities for including oral health in the different services they deliver.
Module Two Keeping little smiles healthy	<ul style="list-style-type: none"> • The pressures families face that affect their decision making • Key age appropriate messages for parents about their child's dental health. • Age appropriate mouth and teeth care • Public dental access for children under 5 years • Reflecting on action to take in our workplace (thinking about how to include oral health in work with families – what are the key messages) 	By the end of this session the learner: <ul style="list-style-type: none"> • identifies the pressures that may prevent parents from receiving the oral health messages • explains the care required to prevent decay in baby teeth from 0- 3 years of age. • demonstrates how to brush a toddler's teeth • explains the availability of public dental services for children under 5years and how a parent can access the public dental service for their children • identifies where possible opportunities to share those key oral health messages with parents within the early parenting program.
Module Three Walk the Talk	<ul style="list-style-type: none"> ▪ How to engage parents in oral health messages using approaches that build trust and motivate clients to take control • Identifying where parents are at in terms of the behaviour change process • Analysing real life scenarios "What if.....?" • Reflecting on action to take in our workplace (thinking about how to include oral health in work with families) 	By the end of this session the learner: <ul style="list-style-type: none"> • demonstrates different ways to discuss key oral health messages that empower parents to action • discusses appropriate responses to the "what if" scenarios." • finalises a plan for introducing the key oral health messages within the early parenting program.

Module	Content	Learning outcomes
Module Four Baby Bumps to Baby Teeth	<ul style="list-style-type: none"> • Effects of pregnancy on oral health • Pregnancy and the importance of dental care for women • Evidence based material on oral health in pregnancy and pregnancy outcomes • Key messages for pregnant women • Public dental access for pregnant women • Reflecting on action to take to include oral health in childbirth and parenting education programs 	By the end of this session the learner: <ul style="list-style-type: none"> • identifies the possible consequences of poor oral health on pregnancy outcomes and her baby’s teeth • explains how a pregnant women can protect her teeth during pregnancy • identifies the opportunities for including oral health in the services offered to pregnant women • explains public dental priority access for pregnant women.

Learning style and facilitation methods

***"Tell me and I forget. Teach me and I remember. Involve me and I learn".
Benjamin Franklin***

The Baby Teeth Count Too! Oral Education Program encourages you to make full use of adult learning principles and participatory methods. See yourself as a facilitator in a workshop setting rather than a teacher in a classroom. The following principles should guide you in facilitating a learning process for adults.

1. Learners should be active contributors to the process
2. Learning should be based on what the learners experience and the problems they relate to in their work.
3. The learners' knowledge and experience should be acknowledged and utilised in the new learning process.
4. Providing opportunities for learners to be supported in implementing new practices and provided with constructive feedback from peers and teachers.
5. The learning process should include opportunities for reflection on what has been learnt and how to change practice based on the new learning (Kaufman, 2003).

We know that poor oral health reflects the widening inequity and inequality in our society. Those with poor oral health or at risk of poor oral health are likely to be disadvantaged in terms of housing, income, education and access to resources. Interactions with these families are not just about giving information but should involve building their confidence and skills in a way that they feel respected. In reality this is a learning process. So the way you facilitate staff to learn will influence the way they engage with family members around oral health promotion.

Characteristics of a good facilitator

- A warm personality, with ability to show approval and acceptance of staff.
- The ability to bring participants together as a 'learning' group.
- A manner of facilitating that uses the ideas and skills of the participants.
- Is engaging and encourages active participation of all participants
- Good organizational skills to ensure the program runs well and the best learning environment is created. For example ensure resources are available, equipment works, participants are notified in time etc.
- Skill in noticing reactions and anticipating problems that might arise.
- Enthusiasm for the role and capacity communicate ideas in an interesting way, using simple language.
- Flexibility in responding to the changing needs of participants.
- Knowledge of the subject matter.
- Encourages reflection by participants as to how they will incorporate the learning into their daily work with families and children (Pretty et al, 1995).



A good facilitator learns by doing and is always asking "how could I have done this better?" Facilitation is the preferred methodology for participation and learning.

Creating a positive learning environment

When preparing to deliver the Baby Teeth Count Too! education program there are a number of things to consider that will support your facilitation process.

The room to be used for the session needs to be set up in a way that supports a participatory process. The room needs to be set up in a way that supports a flow of ideas from between learners themselves and the learners and the facilitator. It is best to avoid rows as they tend to create a passive learning environment. Baby Teeth Count Too! is an education program that encourages a participatory approach to learning.

Consider everyone seated in a circle or semi-circle so everyone can see each other's faces and the facilitator sits with the participants create an environment that supports a discussion flow that is multiple directional.

If group is so large and sitting in a circle or semicircle is not possible, then set up the room with table seating no more than 6-8 participants per table. Try to arrange tables so participants do not have their backs to other participants. The tables become 'working groups'.



Facilitation tips

The facilitation is a participatory learning approach that allows knowledge and ideas to flow between all group members. The facilitator is not the expert but uses the knowledge and experience that exists amongst participants as a platform on which to expand their knowledge and stimulate new learning.



The flow of information is not one way, from facilitator to participants, but many ways. Learning is an active process.

Facilitating tips:

The following are some useful techniques that are used by facilitators to encourage a participatory process.

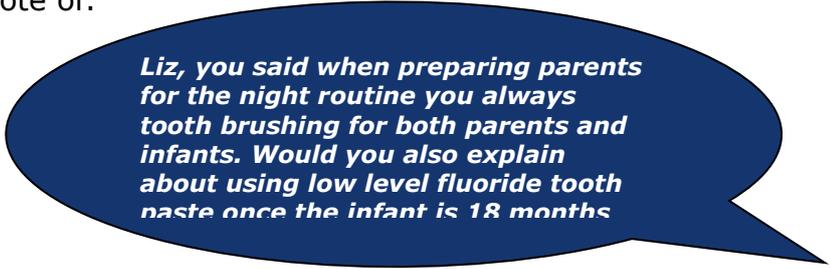
1. Always begin with an icebreaker to help people relax and feel comfortable being together.
2. Call participants by their name, if it's a new group of learners provide name tags for everyone including yourself.
3. Explore some ways of working together before starting, for example, showing respect when others are speaking, when working in groups ensure everyone gets a chance to have their say etc.
4. Use questions from the audience as an opportunity to engage everyone in thinking about an answer. Do not automatically provide an answer! For example:

Robin has asked about how to discuss oral health when parents might be embarrassed or feeling guilty. Does anyone have any ideas to share?"

Once you have given others an opportunity to answer, highlight what has been raised and give an indication if it is appropriate, clarify if it is not. If necessary build on what has already been said to provide a comprehensive answer.

5. Always allow the participant to finish what they are saying and try not to interrupt.
6. Show that you are actively listening.
When a participant is speaking, show active listening by providing a comment "yes" or "that's an interesting point of view" or nodding your head.

Another technique is to paraphrase what a participant has said to either confirm understanding, seeking further clarification or provide emphasis for other participants to take note of.



Liz, you said when preparing parents for the night routine you always tooth brushing for both parents and infants. Would you also explain about using low level fluoride tooth paste once the infant is 18 months

Active listening gives the participants the sense that their ideas are valued.

7. Encourage the participants to expand on their ideas. For example:



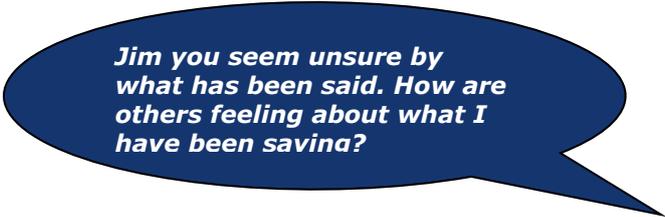
I'd like to hear more about what you are thinking. Can you expand on your thoughts?

8. If discussion has flagged or participants are stuck ask them to discuss in groups of two (known as buzz groups) to see if this breaks the silence or opens a flow for ideas.
9. Always be ready with an activity if the participants are losing concentration. For example:



I think I need a break to get the blood back into my brain. Has anyone got a joke to share??

10. Being attentive to body language, extraneous conversations and facial expressions will tell you a lot about how participants are responding to the process. You can feedback an observation to clarify if For example:



Jim you seem unsure by what has been said. How are others feeling about what I have been savina?

Always be ready with an activity if the participants are losing concentration. For example:

11. Dividing participants into groups.
Think about the number of participants and what is workable for group size. Ideally, aim for groups of 5-6 people. If the group is too big it may discourage some people from participating, if too small and the group may struggle to generate ideas.

If you wish to break up the way people are seated you can ask participants to number off consecutively from 1 to x (depending on the number of people per

group) and then the next person starts at 1. Go around the group until everyone has a number. Those who are '1s' form a group, those who are '2s' from another group and so on.

Or if you know your participants well you can develop a group work list, thinking about who work well together and combinations to avoid.

Another method for group discussion is known as "Buzz groups". This allows for discussion between two neighbouring participants. It saves time and involves everyone.

12. Involve participants in some of the facilitation tasks. For example, when recording brain storm or buzz group results, ask for a volunteer from the group to write up the responses on the flip chart or whiteboard.

13. Hearing feedback from group work.

Once groups have completed their discussions, rather than each group presenting on all the questions discussed, allocate a question per group to share their discussion results. Provide an opportunity for the other groups to add points that are different based on their discussions. This technique reduces the time for feedback but gives everyone a chance to report on their discussions.

14. When time is limited for group work.

If groups have to discuss a number of questions and limited is limited, each group can be give just one of the questions to discuss and give feedback on. To ensure everyone benefits from the feedback encourage each group to take note of what the other group have said and to really think about what is being said and to note the build-up of ideas and how the response to each question feeds into the big picture.



A word of caution: Do not use this technique when groups are introduced to new material that everyone should learn.

Use "brain storming" as a means of generating ideas from the participants quickly. Purpose the question to everyone and ask them to think quickly and say anything that comes to mind. Someone jots the ideas down ideas as they come for all to see on a flipchart. When the ideas stop flowing, the facilitator uses the list to

- Highlight similar themes,
- Piggyback ideas to show a sequence or process
- Identify usual ideas that may not be realistic but appropriate in another situation
- Ask participants to identify the what would be the most appropriate ideas to answer the original question

15. Use of flipcharts.

Where possible always display the flipcharts that have the participants' responses from group work. Attach them to the walls in the correct sequence. This way you are acknowledging their ideas and the flipcharts become a tool for reminding the participants of what has been covered and also it makes it easier for the facilitator to refer back to ideas.

Module 1: Talking Baby Teeth 101

Consisting of

- Overview
- Session Plan
- Resources for facilitating Module 1
 - A. Facilitator guide for group work activities:
 1. What's behind the frown?
 2. Look at the cold hard facts!
 3. What is that bit? (Optional)
 - B. Example on providing input on the tooth decay process
 - Pictures to use in explaining the tooth decay equation
 - Photos of the stages of tooth decay

Overview

Module 1: Talking Baby Teeth 101

Purpose

To raise the profile of oral health with staff of Early Parenting Centres, through the analysis of data and evidence staff resulting in the agreement by staff, to include oral health promotion within the scope of their work

Competency

Inform and encourage clients and groups to understand and achieve good oral health

Learning outcomes

By the end of the session the learner:-

- outline the key findings from local data and the evidence related to early childhood caries
- describe the risk factors related to early childhood caries and the association with parenting
- explains the decay process
- identifies where oral health promotion can be included within their work role.

Content covered:

- Impact of decay in baby teeth
- Extent of decay in Victoria
- Basic overview of anatomy and physiology of mouth and teeth
- The decay process
- Balance between decay inducing factors and protective factors
- Reflection on practice

Duration:

60 minutes

Materials:

- Participant's workbook
- Prepared materials for Module 1 group activities 1,2, and 3 (pages 23-29)
- Pictures for explaining tooth decay process (pages 36-43)-
- Masking tape
- Whiteboard pens
- Sticky notes
- Whiteboard

Session Plan: Talking Baby Teeth 101

Steps	Time	Facilitating the Learning process	Information to highlight	Resources
Introduction	4mins	<ul style="list-style-type: none"> ▪ Explain nature of training as being interactive using existing experience and building on what is already known. ▪ Explain the purpose of the Participant's Workbook 		Participant's Workbook -Talking Baby Teeth 101 pages 13-36
Learning outcomes	5mins	<ul style="list-style-type: none"> ▪ Present the learning outcomes for the session <p>By the end of the session the learner:-</p> <ul style="list-style-type: none"> • outline the key findings from local data and the evidence related to early childhood caries • describe the risk factors related to early childhood caries and the association with parenting • explains the decay process • identifies where oral health promotion can be included within their work role. 		
Climate setting	10mins	<p>Group work activity 1- Discussion starter what's behind the frown</p> <p>On your table there are images of the faces of two toddlers. As a group take a look at the first photo, and discuss what you see Then look at second photo. Imagine yourself in this toddler's shoes. She is not happy, why might that be? Now place the photo of the on top of her mouth and this will give you a clue....</p> <p>The question for you to discuss and answer is "What might be the impact on this child and what would she be experiencing?"</p>	Facilitator's Guide Module 1: group work activity 1 page 23-25	Participant's Workbook pages 14-15

Steps	Time	Facilitating the Learning process	Information to highlight	Resources
Problem posing	20mins	<p>Group work activity 2 – Look at the cold hard facts</p> <p>Introduce the fact that in some quarters tooth decay is regarded as a common chronic illness in children. We will see if this is true by reviewing some data from Victoria on tooth decay!</p> <p>Direct the participants to look at the data on page 17 and answer the questions on page 16 of the Workbook.</p> <p>Explain how to read the graphs, and ensure the questions are understood.</p> <p>Seek feedback from groups once completed</p>	Facilitator’s Guide for Module 1 group work activity 2 page 26 -27	Participant’s Workbook pages 16 - 17
Exploring the problem <ul style="list-style-type: none"> • <i>Attitude towards baby teeth</i> 		<p>Invite participants to read page 11 - 12 of Workbook</p> <p>After reading ask “So why do some families have a relaxed attitude about tooth decay?”</p> <p>Remind participants of the impact of tooth decay they identified at the beginning of the session.</p>		Participant’s Workbook pages 11 - 12

Steps	Time	Facilitating the Learning process	Information to highlight	Resources
<ul style="list-style-type: none"> • <i>The process of tooth decay</i> • <i>Maintaining the balance between damaging and protective factors</i> 	20mins	<p>Exploring the tooth decay process</p> <p>1. Invite the participants to review the section in their Workbook page 18-23 on the mouth and parts of the tooth in their own time and complete the exercise</p> <p>2. Introduce the process of tooth decay by asking the following questions</p> <ol style="list-style-type: none"> What are the key factors/ingredients in the tooth decay process? Can anyone describe the steps in the process of tooth decay or the tooth decay equation? <p>3. Provide input on the process of tooth decay (see detailed facilitation guide for explaining the tooth decay process at end of session plan). Invite participants to review the explanation of the tooth decay process in their Workbook pages 24-26.</p> <p>During explanation give time for question</p> <p>4. Discuss how to spot early signs of decay – direct participants to their Workbook pages 27-28</p>	<p>Facilitator’s Guide to Module 1 explaining tooth decay process page 30-39</p> <ul style="list-style-type: none"> - Explain the concept of maintaining the balance between protective factors and decay factors. - Introduce decay equation <ol style="list-style-type: none"> Bacteria + food = plaque Plaque +sugar = acid Acid + tooth enamel = demineralization Demineralization + time = Tooth decay - Describe the protective factors support the tooth to defend against acid attack i.e. role of saliva, pH of mouth and tooth enamel in re-mineralization. <p>Conclude by returning to the scale and the concept of “Balance” and what is required to keep the balance.</p>	<p>Participant’s Workbook pages 18 – 23</p> <p>Participant’s Workbook pages 24-28</p> <p>Facilitator’s Guide Module 1 to explaining the tooth decay process 30-39 and the photos depicting stages of decay 40-43</p>
Conclusion / Summary	6mins	<p>Ask each table to identify what were the key things they learnt about:</p> <ol style="list-style-type: none"> Data related to tooth decay in children The tooth decay process in baby teeth The key protective actions to limit tooth decay in baby teeth. <p>Tables provide feedback and highlight any points missed</p>		
Reflective practice	5mins	<p>Ask the staff to reflect how the early parenting program can include oral health promotion to families and what they can do in their role to promote the oral health of children attending the early parenting centre. This will be the focus for the next session.</p>	<p>Staff to be asked for their reflection at the next session</p>	<p>Participant’s Workbook page 37</p>

Resources for facilitating Module 1

A. Facilitator's Guide for group work activities

1. "What's behind the frown?"
2. "Look at the cold hard facts!"
3. "What is that bit?" (Optional)

B. Facilitator's Guide to explaining the process of tooth decay

- Pictures to illustrate the tooth decay equation

Photos showing the progress of tooth decay

Module 1 Facilitator's Guide for group work activity 1

Discussion starter: What's behind the frown?

This activity sets the scene for talking about the importance of oral health.

Preparation:

- Copies of the healthy smile and sad child images
- Prepare pictures of mouth showing tooth decay to place over the sad face (optional).

Directions for participants:

Ask the group to:

- Refer to page 14-15 in the Participant's workbook or refer the group to the images on the table (if providing as group work)
- Look at the first photo of the healthy smile. After a few moments ask them to look the second image and place the photo of the mouth with decayed teeth on the sad face.
- Imagine themselves in this child's place or as the parent of this child.
- Consider why she is not happy and what impact her poor oral health might be having on her and her family. (Allow about 5 minutes).
- Discuss and jot down key points to share with the wider group.
- Provide feedback (allow a couple of minutes for each group to provide 2-3 points each, depending on the size of the group).

Discussion points:

- pain and discomfort
- difficulty sleeping
- chewing and eating difficulties
- poor weight gain for age
- poor self esteem
- possibility of the spread of infection to other parts of the mouth
- a higher risk of new decay in other baby and permanent teeth
- more complicated and expensive treatment
- possibly hospitalisation
- having a negative experience of going to the dentist and establishing a pattern of fear/anxiety for future dental visits.

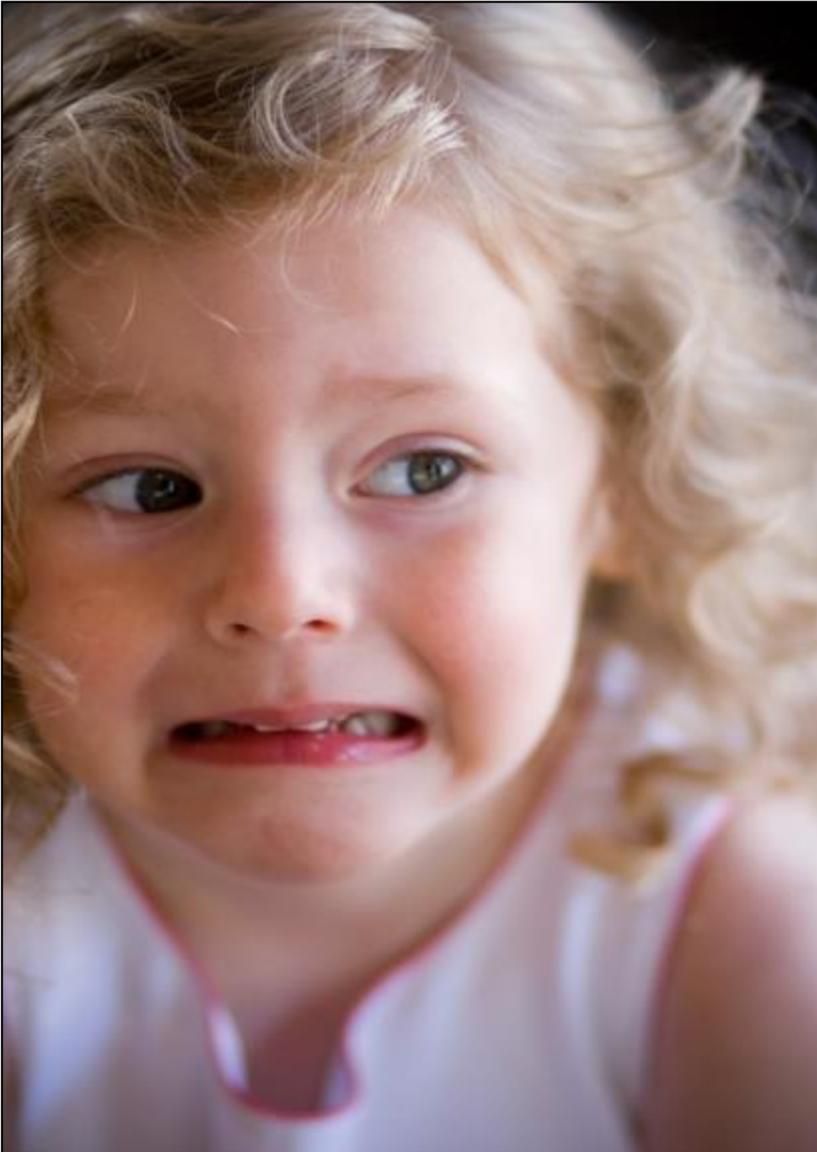
Module 1 Discussion starter photo group work activity 1

This toddler has a beautiful smile, with baby teeth that show no signs of decay



But what if.....
Now turn over the page.

Module 1 Discussion starter photo group work activity 1



If this toddler's baby teeth looked like this..... what might be the impact on this child and what would she be experiencing?

Module 1 Facilitator's Guide for group work activity 2

Look at the cold hard facts!

What you need:

Graphs found on page 17 of the Participant's Handbook.

Directions for participants:

Facilitator reminds participants that the data does not represent all children, but only those who have attend the public dental service in Victoria.

In groups look at the data and answer the questions on page 16 of Participant's Workbook:

- In which areas of Victoria are children likely to experience more tooth decay?
- Discuss your experiences in seeing tooth decay in toddlers.
 - A. What has been the youngest age that you have seen tooth decay?
 - B. Which children are more at risk?
 - C. Family attitudes to tooth decay in young children.
- Why do you think tooth decay in children is so prevalent?
- Which two metropolitan and rural areas had the highest admissions to hospital for preventable dental conditions?

Allow about 10 minutes for the group to discuss.

Discussion points:

What does the data tell us?

- Tooth decay is regarded as the most common chronic health problem in children.
- Tooth decay is a disease of disadvantage. Children from families with lower incomes have higher levels of decay. Twenty percent of Australian four year old children examined in public dental clinics had 90 percent of the tooth decay for that age group.
- In Western and Southern Metropolitan Regions tooth decay is 70 percent higher than areas of higher socio-economic status.
- Children are going to hospital for preventable dental treatment. In children under five years of age it is the third highest reason for admission (first and second is asthma and ear, nose and throat problems). For children under 12 years of age dental problems are the most common cause of preventable hospital admissions.
- Rural areas have higher levels of decay in young children.
- Children from the Grampians region have the highest number of decayed, missing or filled teeth.

What might be the reasons for the differences you have observed?

- Level of income/socioeconomic status.
- Access to dental services.
- Local environments, for example evidence shows that low Socio Economic Status (SES) areas have higher densities of take away food businesses than higher SES areas.
- Water fluoridation.

Provide comment during group feedback:

Make sure all the questions been covered. Highlight any consensus on staff experience of seeing tooth decay in client's children

- What was the earliest age to see signs of decay
- How did parents regard decay in their children's teeth?

Allow about 10 minutes to share feedback.

Conclude:

- Widespread decay in baby teeth
- The difference between rural and urban
- Higher dmft scores and/or hospital admissions in some metropolitan areas
- Highlight any common themes from staff experience of observing tooth decay in clients.

Define "preventable" re Figure 2 of Participant's Workbook**Preventable hospital admissions criteria - Ambulatory care sensitive conditions (ACSCs)**

ACSCs are those for which hospitalisation is thought to be avoidable with the application of public health interventions and early disease management, usually delivered in ambulatory setting such as primary care. High rates of hospital admissions for ACSCs may provide indirect evidence of problems with patient access to primary healthcare, inadequate skills and resources, or disconnection with specialist services.

You can access Victorian data at:

<https://hns.dhs.vic.gov.au/3netapps/vhisspublicsite/ViewContent.aspx?TopicID=1&SubTopicID=10>

Module 1 Facilitator's Guide for group work activity 3 (optional)

What is that bit? : Parts of the tooth

This activity can be done by staff in their own time. It's not an essential part of Module 1 – but is interesting information to know, along with information on baby teeth and when they erupt.

What you need:

Refer to page 18 of the Participant's Workbook.

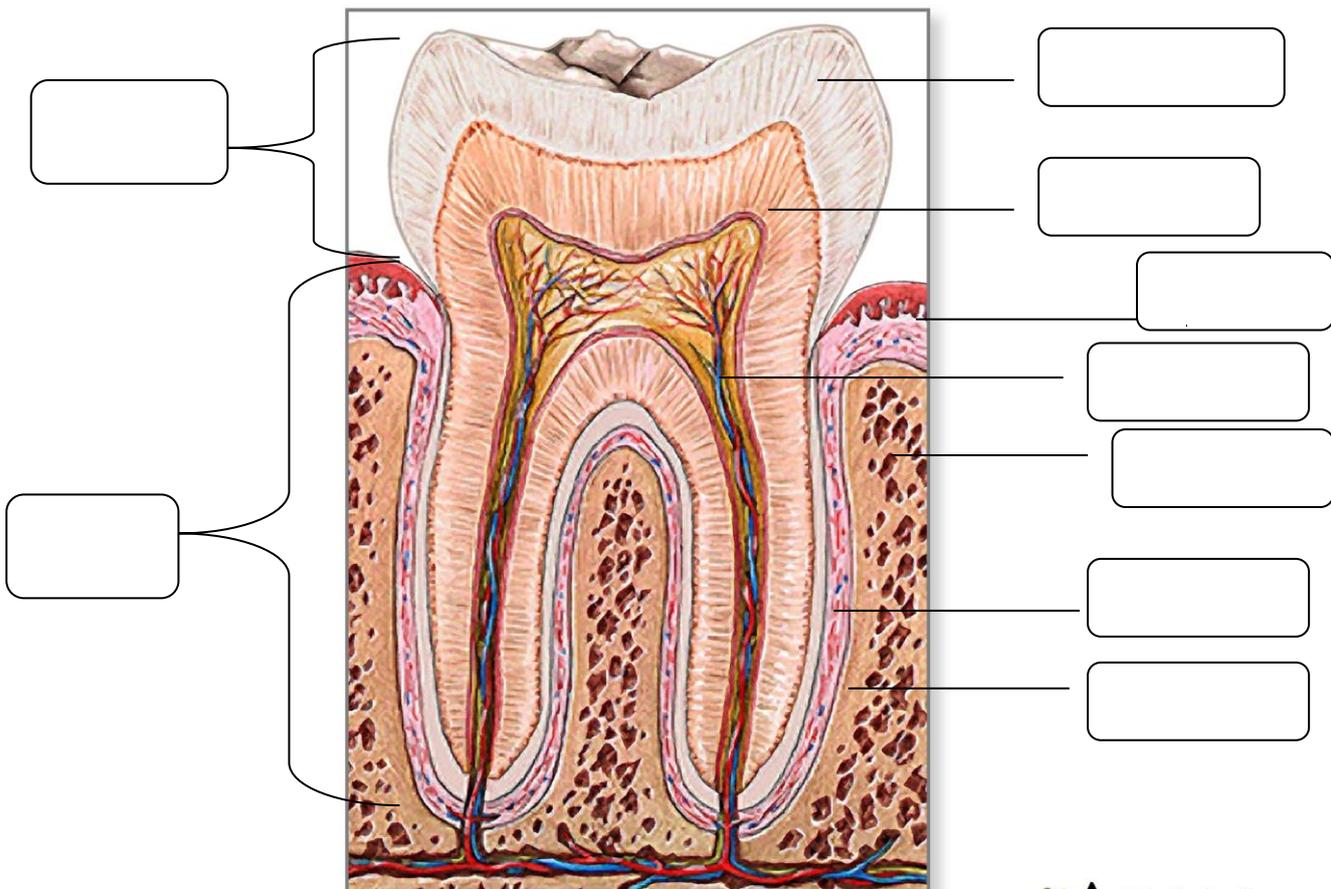
Make a number of copies of description of the parts of the tooth structure. Cut up the parts and place each set in an envelope so that each group has an envelope. Also make copies of the molar tooth for each group.

Directions for participants:

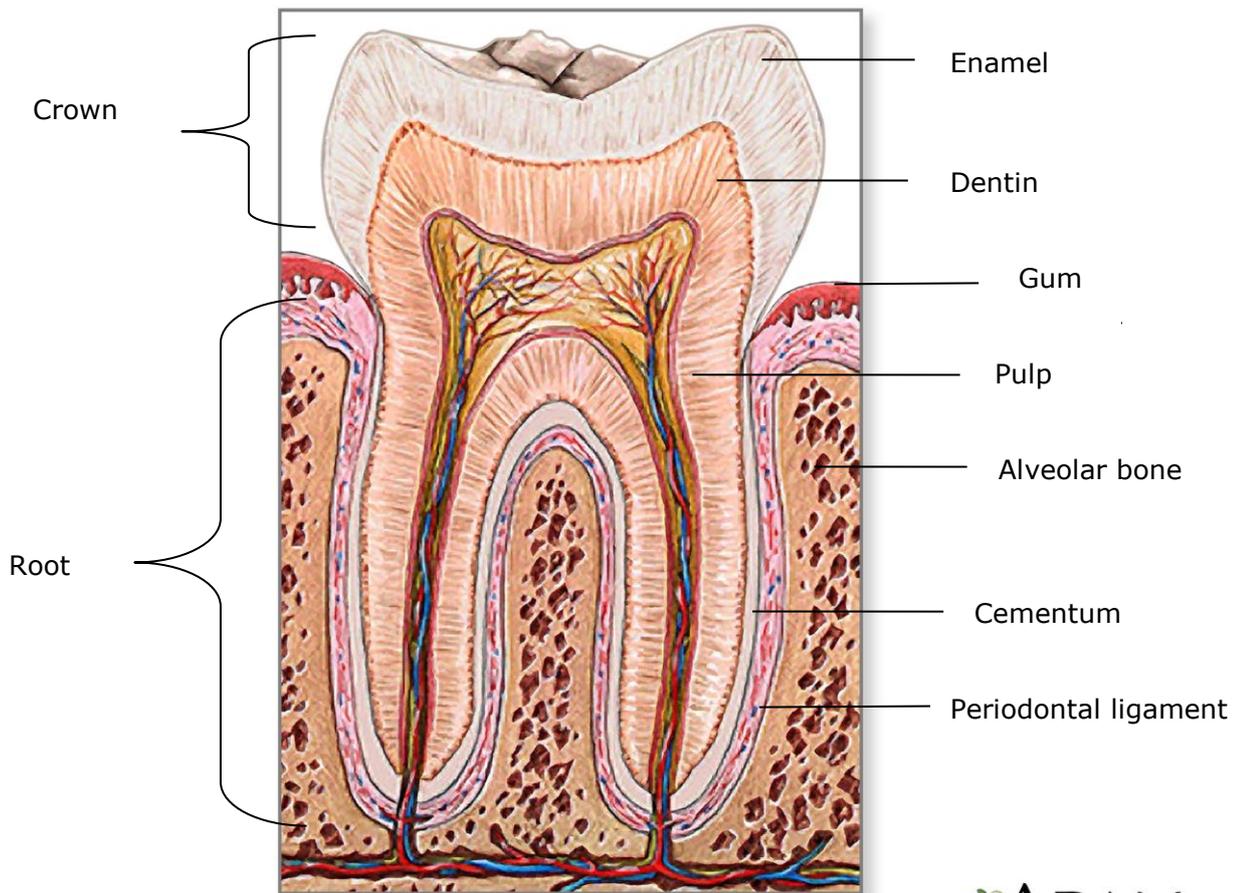
Ask the participants to read the information from the workbook page 19 in small groups and to identify the structures and label them on the worksheet provided.

Parts of the tooth

Molar



 ADAM.



Module 1 Facilitators guide to explaining the tooth decay process

Refer to the Participant's Workbook pages 24-26.

What you need:

- Prepare the pictures and diagrams found on pages 36-39 for the tooth decay equation including 3 large plus signs (+) and 3 equals signs (=).
- Draw old fashion scale on white board for flipchart paper
- Label one arm of the scale 'Decay promoting factors' and the other 'Teeth protecting factors'.

Facilitation process:

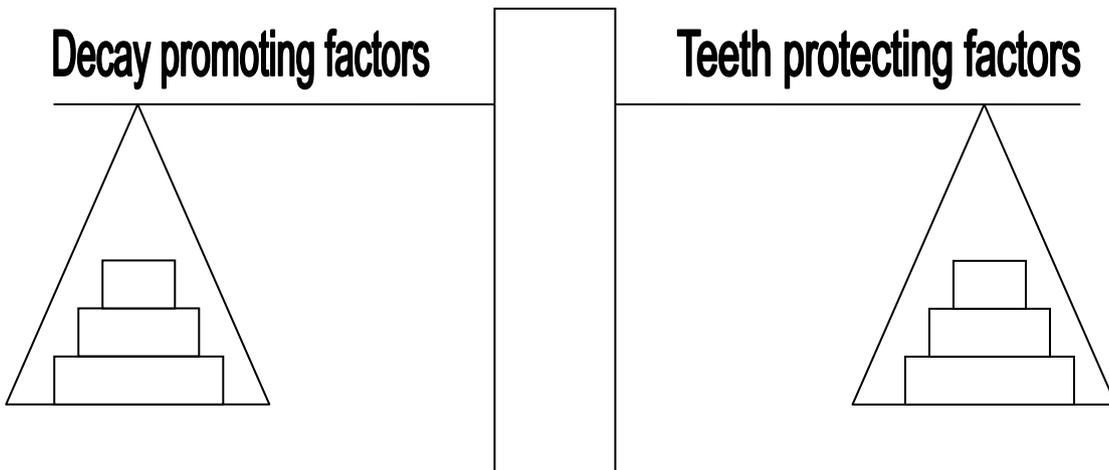


Symbol for ask this question



Facilitators input

1. Invite participants to look at the diagram of weighing scales.



The decay process is all about **balance** between the factors causing decay and the factors that protect our teeth. If the balance is distorted or weighted on the decay side then the decay process ramps up.

In order to understand this concept of balance – we need to go back to what takes place that results in tooth decay

2. Looking at the factors involved in the decay process



Tooth decay is a gradual process that eats away the enamel on a tooth. The end results is a hole or cavity in the tooth. If untreated, decay can reach deep into the tooth structure. The eating away of the enamel of a tooth is called demineralization.



What do you think are the key players in tooth decay?

Begin sticking up prepared symbols on white board as

Facilitator's Guide for *Baby teeth count too!* education program for early parenting staff

- A. Bacteria + food = plaque
- B. Plaque + sugar = acid
- C. Acid + enamel = tooth decay

A. Bacteria + food = plaque



Place bacteria symbol + Food = plaque on whiteboard



What's the bacteria that causes tooth decay?

Bacteria = Mutans Streptococci are the decay causing bacteria that live in and colonize the mouth.



What's the youngest age that you have seen dental decay in baby teeth?

Answer: Decay can occur with the eruption of the first teeth.



Babies are not born with this decay causing bacteria.



So where does the bacteria come from in children 0-3 years?

Answer: Research shows the mother is the main cause of transmission, particularly if she has untreated dental decay and/or poor oral hygiene as her bacteria load may be high. Don't forget that dads and other care givers can also pass on the bacteria.

The earlier this transfer of bacteria happens the greater the risk of early childhood caries.



How can a mum prevent or delay the transfer the bacteria to her baby?

Answer: Looking after her own oral health is the best advice. This means having any decay treated and regular brushing to reduce the amount of bacteria.

Place plus sign and food picture (pictures of carbohydrates high in sugars and starch).



When the bacteria feed on the sugars (broken down from the carbohydrates) they multiply and clump together, sticking onto our teeth. This is called **plaque**.

Plaque + Sugar = Acid



Plaque is a real problem. Does anyone know why?



The bacterial plaque feeds on the broken down sugars (sucrose) and produces acid (lactic acid) as a by-product.

Place the plaque cartoon + Sugar = Acid cartoon on the wipe board

Plaque is why we need to clean our teeth twice a day. Brushing is about aims removing the plaque that builds up on our teeth after eating.

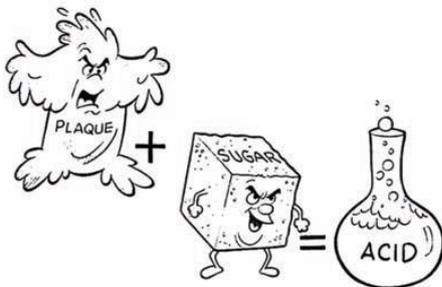


Figure 1 - Courtesy of Missouri Department of Health and Senior Services

This lactic acid creates an acidic environment and lowers the pH in our mouth (which is normally alkaline) for about 20 minutes and promotes the loss of minerals from the tooth's surface. This loss of minerals is called **acid attack**. The attack starts with the first exposure to sugar and lasts until 20 minutes after the last exposure.

The good news is that when the neutral pH environment in our mouth is restored (after acid attacks), minerals in the oral cavity are redeposited on the tooth surface. The tooth surface remains intact as long as these minerals are replaced. Saliva assists in this process.

B. Acid + Tooth enamel = Tooth decay

Place the acid + tooth enamel = tooth decay carton on the whiteboard

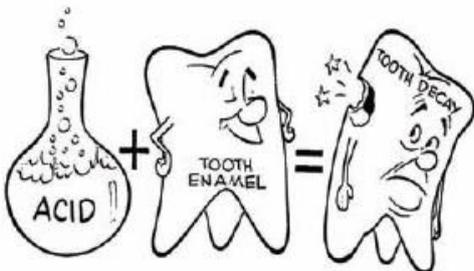


Figure 2 - Courtesy of Missouri Department of Health and Senior Services



Our teeth do not like repeated acid attacks because prolonged pH drop causes frequent net mineral loss or **demineralisation** (loss of calcium and phosphate) of

teeth enamel, which is not replaced naturally and eventually results in enamel breakdown. The breakdown creates fissures and then cavities over time.

The decay can spread to other structures of the teeth, such as the dentine or pulp, if not treated. Once the pulp is involved infection can develop and spread to the jaw bone and other parts of the face and body.

Tooth decay is an active process of tooth destruction resulting from the interaction of the tooth with plaque and sugar

The decay process is complex and if we understand the how and why of the decay process, the messages we discuss and negotiate with parents make sense. The message to parents is that you can do something about boosting the protective factors to outweigh the decay factors.



There are a few things to emphasize that can either assist the decay process or protect against the decay process. What do you think they are?

1. Saliva



Saliva protects the teeth from dental decay by neutralising the acids produced by the bacteria and sugars. It also helps to flush food and debris from the mouth. The rate at which food is cleared from the mouth and the neutralisation of the acid environment depends on salivary flow.



When is saliva flow reduced in babies, toddlers, children & adults?

Answer: At night time we don't produce as much saliva (so brushing teeth at bed times is extra important)



So what can happen if a toddler goes to bed with juice or milk at night?

Foods such as raw veggies can be useful for promoting flow of saliva and counteracting acid attacks on teeth, also chewing sugar free chewing gum.

Saliva also helps 'heal' the tooth surface by moving the minerals back to the tooth enamel after being removed by an acid attack.

2. Time, frequency and duration

☺Time plays an important role in terms of how often sugary foods and drink are consumed and how long it takes to consume them.

Frequent intakes of sugary foods and drinks are harmful as it increases the time that teeth are exposed to 'acid attack'. It also means that your teeth don't get the break they need to repair or 'remineralise'.



What are some foods commonly given to children that stay along time in the mouth or takes a **longer duration** to consume?

Foods that stick to teeth for a long time include dried fruit, chocolate, lollipops, and potato crisps. The way food is packaged can also encourage children to take a long time to finish, for example the tubes of pre-prepared food that encourage sucking over a longer period of time.

In terms of **sugary foods** and drinks it is the **frequency** and **duration** that is just as important as the total amount of sugar consumed.

Tips:

- Allow about 1.5 to 2 hours between meals and snacks to give teeth a rest.
- Avoid giving sugary foods or sweet drinks for snacks

3. Role of Fluoride



Fluoride helps prevent tooth decay by both strengthening and protecting the baby and permanent teeth. Fluoride:

- Strengthens baby teeth by building fluoride into the tooth's structure and making it more resistant to demineralisation (the result of acid attack).
- Protects baby and permanent teeth by binding with the tooth enamel to repair the early stages of decay. Fluoride replaces the minerals lost on the surface of the teeth during demineralisation.



When can fluoride tooth paste be used to brush toddlers teeth?

Answer: At 18 months parents can use low level fluoride tooth paste for toddlers to brush their teeth – only a pea size amount is needed

Let's go back to our weighing scales –and go over what are the decay causing factors



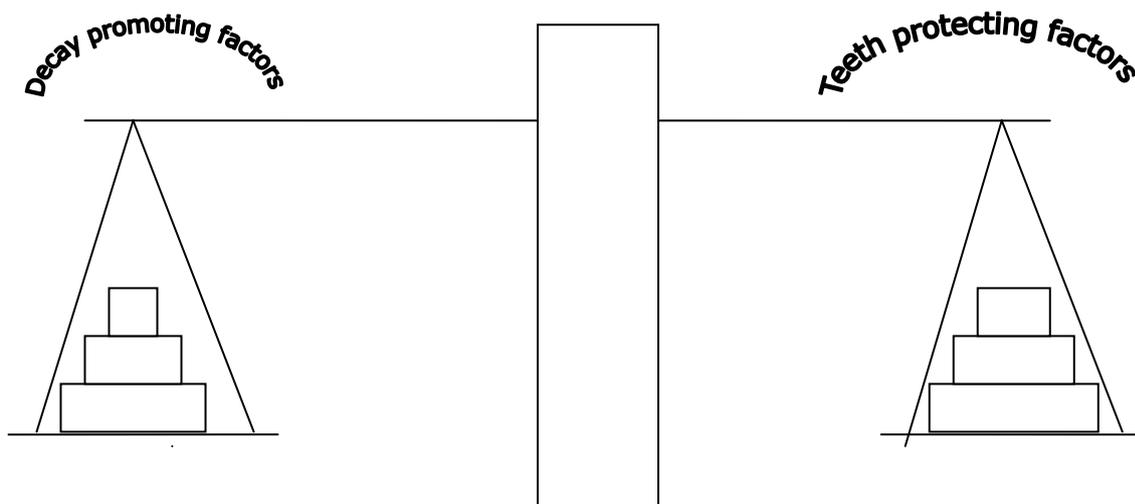
What might be the factors that cause decay?

Write the responses under the decay promoting arm (see below)



What might be the factors that help protect against decay?

Write the responses under the teeth protecting arm (see below)



Decay promoting factors	Teeth protecting factors
<p>Bacteria – mutans Streptococci Plaque Reduced saliva flow Food (carbohydrates, sweet food and drinks) Time Frequency of sugar consumption – with Extended grazing time = more frequent & prolonged periods of demineralization of tooth enamel Prolonged duration of consumption – foods that stick to teeth – dried fruits, chocolates, biscuits</p>	<p>Saliva flow Fluoride Cleaning twice a day (to remove the plaque) Time – teeth need a rest from food and drinks. ... Sugary foods (treats) or drinks should be taken at meal times instead of as snacks Nutritious Food</p>

Notes:

Oral clearance time

Sticky and starchy foods (dried fruits, biscuits and many processed snacks) stay in the mouth and on teeth for a long period of time. As a result the acid attack time on the teeth is longer.

Children who frequently consume sugar containing juices and snacks have the **potential not only for tooth decay but nutritional deficiencies.**

The signs of decay

Direct participants to the photos showing the progression of tooth decay on pages 27 – 28 of their workbook. Ask how would they recognize early signs and when can decay be reversed. Point out figure 8c and ask if they have heard parents say their child’s teeth are stained? Mention that although it might look like staining it is really decay at work through demineralisation of the tooth enamel.

Pictures for the tooth decay process equation Module 1

Step1 Bacteria + sugary food = plaque

Bacteria



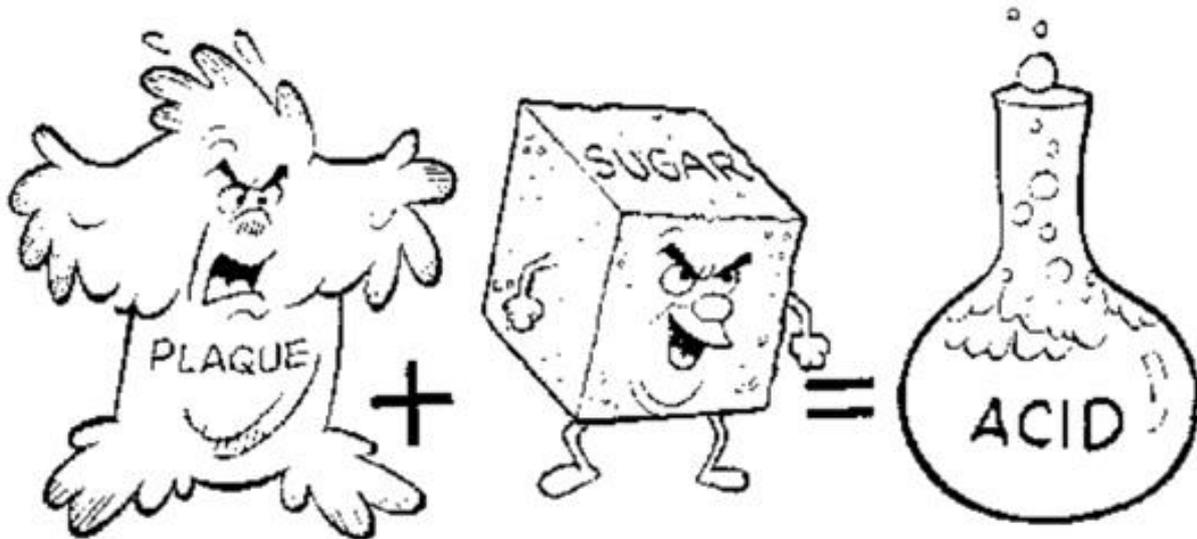
Food



Plaque



Equation step 2 Plaque + sugar = acid

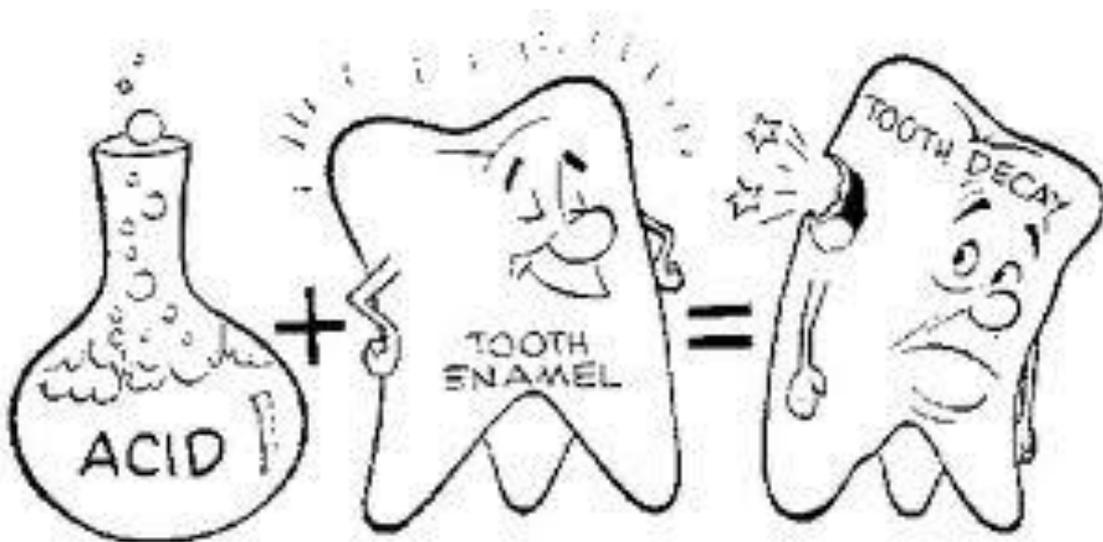


Courtesy of Missouri Department of Health and Senior Services

Equation step 3 Acid + Tooth enamel = decay

“Acid attack”

Acid in frequent and prolonged contact with tooth enamel eats away the enamel resulting in tooth decay



Courtesy of Missouri Department of Health and Senior Services

Module 1 Photos of the stages of tooth decay

The following series of enlarged photos are from the Participant's Workbook. They can be used with clients to explain the stages of tooth decay.

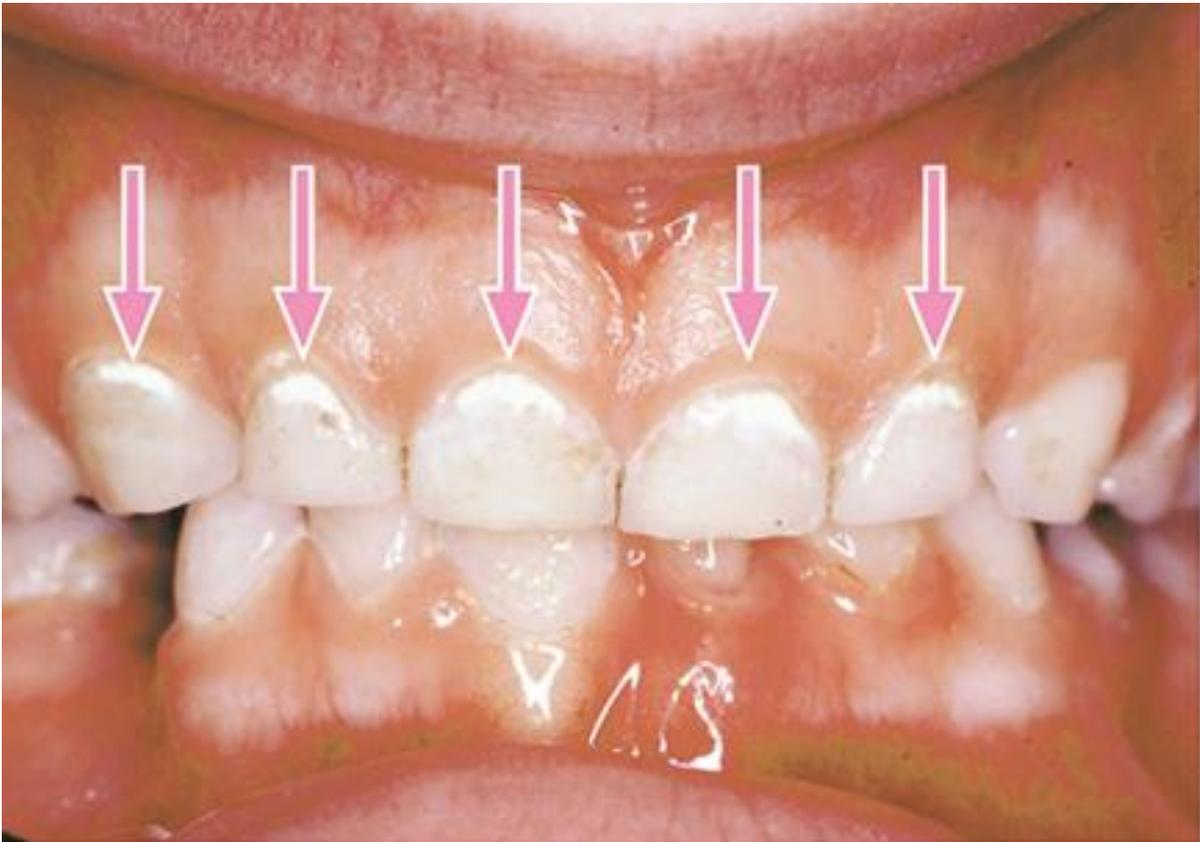
Healthy Teeth



Early signs of decay

Upper incisors develop a dull, white band along the gum line (the area at the base of the tooth, near the gums). A dental appointment should be made.

Should be making an appointment to see the dentist



Brown “stains” – decay is taking place

Some brown spots on teeth, redness and swelling of gums. A dental professional can make a difference and can encourage good oral hygiene practices.

Should be seeing a dentist NOW



Advanced decay

You can see blackened areas of teeth and very red and inflamed gums. This level of caries can lead to the removal of teeth.

Should be seeing a dentist NOW



Module 2: Keeping Little Smiles Healthy

Consisting of

- Overview
- Session Plan
- Resources for facilitating Module 2
 - A. Facilitator guide for group work activities:
 1. Pressures and stresses!
 2. Protecting little smiles
 3. Attacking plaque!
 - B. Two family engagement activities

Overview

Module 2: Keeping Little Smiles Healthy

Purpose

That staff identify the key oral health protective actions families can take to prevent tooth decay in their children's baby teeth. And include these actions within the early parenting program.

Competency

Inform and encourage clients and groups to understand and achieve good oral health

Learning outcomes

By the end of the session the learner:

- identifies the barriers that may inhibit the parents from receiving the messages and ways staff can reduce these barriers
- explains the care required to prevent decay in baby teeth from 0- 3 years
- demonstrates how to brush a toddler's teeth
- explains the availability of public dental services for children under five years and how a parent can access the public dental service for their children
- identifies where it is possible to share those messages with parents within the early parenting program.

Content covered:

- Pressures families' face that affects their decision making.
- Key age messages for parents to help protect their child's teeth against decay
- Age appropriate mouth and teeth care.
- Public dental access for children under five years of age.
- Reflecting on inclusion of oral health in work with families.

Duration:

60 minutes

Materials:

Participant's Workbook

Prepared flip chart pages for group discussion feedback

- Group work activity 1 pressures and stresses
- Group work activity 2 protecting little smiles

Teeth model and toothbrushes

Masking tape

Whiteboard pens

Sticky notes

Whiteboard

Session plan: Keeping Little Smiles Healthy

Steps	Time	Facilitating the learning process	Information to highlight	Resources
Review of last session's reflective practice	4mins	<p>Before starting this session remind staff that at the end of last session they were asked to reflect how the early parenting program can include oral health promotion to families and what they can do in their role to promote the oral health of children attending the early parenting centre.</p> <p>Invite participants to share their reflections. Prompt questions could include Do you think oral health should be introduced into our care for the residential program? How could oral health be introduced into the bedtime routine? What changes would have to be made within the organization to back up your suggestion?</p>	<p>Start the session with feedback from the last session's reflective practice. You may need to prompt the group for this first feedback session.</p> <p>Comment on the practicality of ideas Encourage staff to use their reflections in their practice.</p>	Participant's Workbook – Keeping Little Smiles Healthy Pages 37-55
Introduction	2mins	Remind participants of the key points from the previous session. Refer to the process of tooth decay and the old fashion scales that highlighted the need for balance between the decay promoting and protective factors. This session builds onto the protective factors that help us keep the balance so the tooth decay process does not win out!		
Learning outcomes	3mins	<p>Present the learning outcomes for this session and answer any queries related to the learning outcomes. By the end of the session the learner:</p> <ul style="list-style-type: none"> identifies the barriers that may inhibit the parents from receiving the messages and ways staff can reduce these barriers explains the care required to prevent decay in baby teeth from 0- 3 years demonstrates how to brush a toddler's teeth explains the availability of public dental services for children under 5years and how a parent can access the public dental service for their children identifies where it is possible to share those messages with parents within the early parenting program. 		

Steps	Time	Facilitating the learning process	Information to highlight	Resources
Climate setting	10mins	<p>Explain that the session will begin with an activity to remind ourselves as to the stress and pressures family face that influence what decisions they make. Begin by asking participants to describe the typical family that comes to the early parenting centre.</p> <p>Group work activity 1 Pressures and stresses</p> <p>To facilitate this activity refer Resources for facilitating Module 2 Facilitator’s Guide to group work activity 1</p> <p>Note: if time does not allow for this group work activity it can be done as a brain storming exercise instead.</p>	<p>Pressures come from family cultural practices & beliefs, food industry pressures, advertising etc. that encourage parents to make decision that can contribute to tooth decay in their infant</p>	<p>Facilitator’s Guide for Module 2 group work activity 1 pages 51 - 53.</p>
<p>Addressing the problem</p> <ul style="list-style-type: none"> • Key oral health action/ messages 	15mins	<p>Comment that understanding the pressures family face in their decision making helps us to determine what key action actions we can discuss and encourage families to take action to protect their toddler’s teeth.</p> <p>Explain that the with the next two group activities you we will discuss protective actions parents can take to ensure that the balance is not in favour of tooth decay (remind the participants of the balancing scales from session 1 between the risk factors and protective factors</p> <p>Group work activity 2 - Protecting little smiles</p> <p>Identify the key messages and action for parents to protect their children’s teeth.</p> <p>Refer to Resources for facilitating Module 2 Facilitator’s Guide to group work activity 2</p>	<p>See key messages Participant’s Workbook pages 38-41</p> <p>Highlight what actions the participants should be encouraging parents to take despite the pressures or stresses they face.</p>	<p>Facilitator’s Guide for Module 2 group work activity 2 pages 54-55.</p>

Steps	Time	Facilitating the learning process	Information to highlight	Resources
Tooth brushing	15mins	<p>Group work activity 3 – Attacking plaque Highlight that tooth brushing twice a day is an important protective action against the build-up of plaque</p> <p>Refer to Resources for facilitating Module 2 Facilitator’s Guide to group work activity 3</p>	<p>Evidence: Twenty-nine percent of children between six months and less than eight years of age received assistance with brushing their teeth twice a day, and 35% received assistance once a day. (Department of Human Services, 2007).</p> <p>In children 2-4 years old 43% do not use toothpaste twice day (Department of Education and Early Childhood Development, 2009).</p>	<p>Facilitator’s Guide for Module 2 group work activity 3, page 56</p> <p>Participant’s Workbook pages 45-48.</p>
Eligibility for public dental services	5mins	<p>Question time: Ask participants: Which children are eligible to use public dental services? Where the nearest public dental service in your area?</p> <p>Highlight the answers given and then ask participants to read their Workbook pages 49-50 to check if their answers are correct. Clarify any misconceptions Ask participants to identify where their nearest public dental service is located using their Workbook Conclude by encouraging participants to let parents know if their children are eligible to use the public dental service and encourage them to make an appointment if you can see that there is evidence of decay.</p>	<p>Highlight and explain the concept of ‘priority access’, if needed. Priority access can be simply explained as the client being given the next available appointment, in other words they do not go on the public dental waiting list.</p>	<p>Participant’s Workbook pages 49-50.</p>
Conclusion / Summary	5mins	<p>Ask staff to write down the three things that would most influence their practice from this session. Invite participants to share their thoughts.</p> <p>Emphasise the key points raised and if any significant point from the learning outcomes were missed highlight them.</p>		

Steps	Time	Facilitating the learning process	Information to highlight	Resources
Reflective practice	4mins	<p>Ask staff to build on their initial reflective practice ideas shared at the beginning of the session and give more detail as to what can be done and what oral health promotion could be included in their practice.</p> <p>Remind participants that by the end of the training program they should have a clear plan of action as to what and how they will incorporate oral health into their role and what the early parenting centre will need to do to support the integration of oral health promotion.</p>	Participants will be asked for their reflection at the next session.	Participant's Workbook page 54.

Resources for facilitating Module 2

A. Facilitator's Guide for group work activities

1. Pressure and stresses
2. Protecting little smiles
3. Attacking plaque

B. Two parent engagement activities

- What is that drink doing to your teeth?
- Cola Soft Drink Demonstration – how much sugar?

Module 2 Facilitator's Guide for group work activity 1

Pressure and stresses

It's important for staff to place themselves into the shoes of the clients they work with to appreciate the many stresses and forces that influence parents' choices.

What you need

- Copy the image provided onto A3 paper. And place it on the wall.
- Whiteboard or pre-prepared flipchart feedback sheet

Directions for participants

- Divide the larger group into four groups. Give each group a different age group to focus on (refer to feedback sheet)
- Ask the group to discuss and record the stresses or pressures on families that may lead to poor decisions being made about their child's oral health.

Suggested question:

"What are the pressures that can get in the way of these parents making the best decision for their children (aged 0-4 years) in regards to their teeth?"

Feedback

Record the groups' feedback on the whiteboard or flipchart table.

Make comments for add points that may have been missed.

Highlight what might be a particular pressure at a certain age for example Marketing pressures when baby starts solids and when child can walk through supermarket with mummy

Conclude

- Highlight the pressures for many families that influence their decision making.
- Reflect that it is not easy for any of us to make the right decisions as early parenting staff we need to be aware of the pressures/ stresses families face and incorporate them in our discussions with families.

Time required:

10 minutes

Note: can also be done as a "brain storming" activity.

- Direct participants' attention to the image and ask them to think quickly and outside of the box and come up with ideas (there is no right or wrong idea in brain storming) to the question:
- "What are the pressures that can get in the way of these parents making the best decision for their children (aged 0-4 years) in regards to their teeth?"
- Ask a participant to write all ideas on the whiteboard

Conclude as above

Module 2 Group work activity 1 Pressures and stresses!

Image



Module 2 Group work activity 1 Pressures and stresses

Flipchart or white board template for recording group discussion results.

Age	Forces and pressures affecting parents' decision making
0 - 6 months	
6 - 12 months	
12 months - 2 years	
2- 5years	

Module 2 Facilitator's Guide for group activity 2

Protecting little smiles

What you need

- Whiteboard or pre-prepared flipchart feedback sheet.

Directions for participants

- Divide the larger group into four groups. Give each group a different age group to focus on (refer to feedback sheet)
- Ask the groups to discuss and record the oral health key messages and actions we need to engage parents in, in order to protect their children's teeth.

Feedback

Record the groups' feedback on the whiteboard or flipchart table.

Ask participants to read pages 38-41 of the Participant's Workbook and then review the results of the feedback from their group discussion. Ask:

- A. What messages are the same?
- B. What messages have been missed?
- C. Is there a message that is new to them?
- D. What do we do with the messages you suggest but are not included in the Workbook

Highlight on the feedback flipchart/whiteboard similar messages.

Conclude

The messages highlighted in the Participant's Workbook 38-41 are the key oral health messages and should be included when providing working with parents in the course of their stay in the residential program

Time required

15 minutes

Module 2 Group work activity 2

Protecting little smiles – template for flipchart or whiteboard to record feedback

Age	Keys messages for protecting baby teeth
0- 6 months	
6 – 12 months	
12 months – 3 years	
3- 5years	

Module 2 Facilitator's Guide for group activity 3

Attacking plaque!

What you need

- Teeth brush and teeth model sheet

Directions for participants

Remind participants of the tooth decay equation $\text{Plaque} + \text{sugar} = \text{acid}$.
Brushing teeth twice a day is a key factor in reducing the build-up of plaque on our teeth.

- Divide the larger group into four groups, with a smaller number have participant's work in pairs
- Ask the groups or pairs to read pages 45-48 of the Participant's Workbook
- Then within their group work in twos to practice how they would explain to a parent about brushing their toddler's teeth.
- Ask one pair (or group) to demonstrate how they would use the teeth model to show parents how to brush their child's teeth.
- With the demonstration the other groups should observe and be prepared to give a critique of the demonstration

Feedback

Record the groups' feedback on the whiteboard or flipchart table.
Make comments and include any points that may have been missed.

Key points to emphasise:

- Brushing is about removing the plaque from teeth. The technique is not as important as the outcome.
- When parents can start to use a toothbrush
- When to start using low fluoride toothpaste
- Children need to be assisted under 8 years

The key message is not so much the technique but getting rid of the plaque!

Conclude:

After commenting on the demonstration, explain that it is important that staff have practical ideas for parents to try in order to develop a routine around brushing teeth. Invite participants to share any tips or tricks they have learnt over the years or heard from others. Collect about 4-5 tips or tricks. Encourage participants to remember these tips and offer them to parents who say their children won't let assist to brush teeth.

Time required

15 minutes

Two family engagement activities

The following activities are learning opportunities about oral health for parents and children. You might like to demonstrate some of these activities in the education session and encourage participants to consider ways to include these activities with families during the residential program or at play groups.

A. What is that drink doing to your teeth?

This is a great experiment to demonstrate the effect sugar in drinks has on teeth, and also provides the opportunity to discuss tooth decay, dental visits and the importance of drinking water and healthy eating.

What you will need:

4 hardboiled eggs (try to choose eggs with the whitest shells for best results)
1 glass of cola
1 glass of orange juice
1 glass of milk
1 glass of water
1 toothbrush
Toothpaste

What to do:

- a) Place each of the hard boiled eggs in each of the glasses containing different drinks and leave to soak overnight. Have the parents/children discuss what they think will happen to each of the eggs when they return in the morning.
- b) The next morning the shells of the eggs which have been soaked in the cola and orange juice will have turned brown, while those soaked in the milk and water will be unchanged. Explain that the staining has occurred only on the eggs soaked in the drinks that contain sugar. This represents the same effect that these drinks have on our teeth
- c) Using the toothbrush and toothpaste have parents and/or children brush the dirty eggs as they would brush their teeth. The shells should turn back to white. If we brush our teeth twice a day after breakfast and before bedtime, this helps remove the plaque that builds up on our teeth due to sugary foods and drinks.
- d) Ask parents or children to recall if they have seen brown stains on children's teeth. Point out that these brown stains are actually tooth decay and brushing teeth cannot remove the decay, a visit to the dentist is required. But brushing will protect other teeth from becoming decayed.
- e) The best drinks for healthy teeth are water and plain milk



B. Cola Soft Drink Demonstration – how much sugar?

This is a fun demonstration to show what actually goes into making a cola or soft drink. And it might be a useful way to engage families about the hidden dangers of children regularly drinking soft drinks.

What you will need

A bowl of sugar
375 ml of soda water
Vinegar
Chocolate or caramel topping
Coffee
A tall glass or jug

Ask participants to guess how much sugar is in:

- A bottle of water?
- A can of soft drink (375 ml)?
- A bottle of soft drink (600 ml)?

What to do

1. To make a can of cola soft drink, pour 375 ml soda water into a large glass or jug. Add 9.5 teaspoons of sugar. Get the parents or children to count out the teaspoons as you add them. Then add a dash of vinegar (to represent acid), a dash of topping (to represent flavour and colour) and a spoon of coffee (to represent caffeine). Make an equal pile of sugar (9.5 teaspoons) next to the glass or jug (Note: This is a representation and is not all the real ingredients).
2. Discuss why soft drink is not a healthy drink choice.
3. Ask "Why would water be a better choice?"
4. Put healthy drink choices into a broader context
 - rise of issue of increase in the numbers of children with diabetes as a direct consequence of what children are eating and drinking today
 - tap water is safe to drink, and should be the main drink for a child **throughout** the day



Module 3: Walk the Talk

Consisting of:

- Overview
- Session Plan
- Resources for facilitating Module 3
 - A. Facilitator guides for group work activities:
 1. Where to include oral health
 2. Characteristics of a good relationship builder
 3. Trust and confidence building of clients
 4. What if? Dealing with real life scenarios.

Overview

Module 3: Walk the Talk

Purpose

To strengthen the family partnership approach in the way staff communicate and work with clients, including strengthening skills to use motivational approaches to support positive oral health behaviour change within families.

Competency

Inform and encourage clients and groups to understand and achieve good oral health

Learning outcomes

By the end of the session the learner:

- identifies how to incorporate oral health messages into the early parenting residential or outreach program
- identifies the steps in the behaviour change process
- demonstrates different ways to discuss key oral health messages that empower parents to take action
- discusses appropriate responses to the “what if scenarios”
- finalises a plan for introducing the key oral health actions within the early parenting program.

Content:

- How to engage parents in oral health messages that involves ‘talking with’ not ‘talking at’
- How to build trust and motivation in parents
- The behaviour change cycle
- “What if.....?” - analysing real life scenarios.
- Reflecting on the opportunities to incorporate oral health in work with families.

Duration:

Session A - 40 minutes

Session B - 60 minutes

Materials:

Participant’s Workbook

Prepared flip chart page with family image – Group work activity 1

Behaviour change cycle graphic and labels

Motivational techniques labels

Prepared flipchart with

Masking tape

Whiteboard pens

Sticky notes

Whiteboard

Session Plan: Walk the Talk

This session can be divided into two separate sessions if time is limited

Steps	Time	Learning process & content	Information to highlight	Resources
Review of last sessions reflective practice	5mins	<p>Remind participants that at the end of last session they were asked to reflect how the early parenting program can include oral health promotion in their practice and what you can do in your role to promote the oral health of children attending the early parenting centre.</p> <p>Invite participants to share what they reflected.</p> <p>Highlight the reflections that are practical and lead to changes in thinking about how to include oral health in the various work roles.</p>	It is possible to integrate oral health into their program and personal work practice	Participant's Workbook -Walk the Talk, Helping Parents Take Control Pages 55-71
Introduction	5mins	<p>Recap what was covered in the previous session:</p> <ul style="list-style-type: none"> - Naming and understanding the different stresses and pressures family face and how these can influence oral health. - Identifying the key protective measures for healthy teeth a family to ensure a balance with decay promoting factors <p>Introduce how the last session links with this session.</p>	To keep the balance between decay causing factors and protective, we need to focus on how you can engage with parent parents so oral health becomes part of the care they take with their children.	
Learning outcomes	3mins	<p>Introduce learning outcomes for this session and answer any queries related to the learning outcomes.</p> <p>By the end of the session the learner:</p> <ul style="list-style-type: none"> • identifies how to incorporate oral health messages into the early parenting residential program • demonstrates different ways to discuss key oral health messages that empower parents to action • discusses appropriate responses to the "what if" scenarios. • finalise a plan for introducing the key oral health messages within the early parenting program 		

Steps	Time	Learning process & content	Information to highlight	Resources
Climate setting Where to include oral health	7mins	Buzz group activity 1- “where to include oral health?” See Facilitator’s Guide to group work activity 1 Module 3 Page 70	Suggest to participants that comments like <ul style="list-style-type: none"> • There’s no time to discuss this. • There were other more important issues to deal with. • The topic just did not come up. • Baby does not have teeth yet so oral health is not important should not be reasons for not attempting to include oral health. Oral health may not be a priority but it can be mentioned as part of routine care for children.	Participant’s Workbook page 59 Facilitators Guide Module 3 group work activity 1 pages 67-68
Problem posing Staff characteristics require to build positive relationships	10mins	Highlight that we have agreed that oral health can be included into the residential early parenting program. Introduce the next part of the session as a revision of skills that early parenting centre staff use every day in building positive and empowering relationships with clients. Group work activity 2 - Brain storming the characteristics of a good relationship builder See Facilitator’s Guide to Group work activity 2 Module 3	Make a link between the characteristics highlighted and the early parenting centre’s approach or philosophy of ‘family centred’ care. Building good relations is the core of family centred care. Participant’s Workbook Page 57 (points in blue text box)	Facilitator’s Guide Module 3 group work activity 2 pages 69-70 Sticky notes

Steps	Time	Learning process & content	Information to highlight	Resources
<p>Addressing the problem</p> <p><i>The process of building positive relations</i></p>	10mins	<p>Ask participants to think about the steps they take to build positive and empowering relations with families. Allow a few minutes.</p> <p>Invite the group to share their thoughts.</p> <p>Write responses clearly on white board or flipchart under the heading 'Building positive and empowering relationships'.</p> <p>step 1.... Step2.... Step 3... etc.</p> <p>Ask participants to read pages 60-61 of the Participant's Workbook. After a few minutes go back to the steps on whiteboard/flipchart and ask participants if they want to add something based on what they have read.</p> <p>Try to match what was said with the ideas from the Participant's Workbook. Identify and fill any gaps.</p> <p>Highlight that this is the basis to the organisation's philosophy or approach to working with families.</p>	<p>For staff at Queen Elizabeth Centre ask what are the steps in the "Family Partnership Model"</p>	<p>Participant's workbook page 60-61</p>

Steps	Time	Learning process & content	Information to highlight	Resources
<i>Engaging with families to build positive relationships</i>	8mins	<p>Engaging and motivating parents is the key to building a family partnership approach. The strength of the partnership depends on the language we use and the techniques we use when communicating with our clients.</p> <p>Group work activity 3 – trust and confidence building of clients</p> <p>See Facilitator’s Guide to Module 3 group work activity 3 pages 71-74</p>	<p>Focus on the trust and confidence building techniques found in Participant’s workbook page 65-67</p> <ul style="list-style-type: none"> • Using open questions • Validating the client’s position • Expressing empathy • Using reflections • Highlighting discrepancies • Exploring what’s good or not so good about the change • Using scaling questions • Giving advice, only with permission • Supporting the client in their pro-active decision-making. 	<ul style="list-style-type: none"> • Participant’s workbook page 65-67 • Facilitator’s Guide to Module 3 group work activity 3 pages 71-74.
A new session could start from here				
Process of changing behaviour ¹	15-20mins	<p>Facilitator recaps on what has been covered so far.</p> <p>Then introduces the concept of “behaviour change” we the statement “Have you ever thought... I am just wasting my time here! The family is not listening to my advice?” Seek reactions to this statement.</p> <p>Explanation of the process people go through in changing behaviour</p> <p>Use Facilitator’s Guide for explaining the process of behaviour change.</p>	<p>Quick recap</p> <ul style="list-style-type: none"> – How to include oral health within the residential program – Characteristics of the person who can build good relationships – Steps to building positive and empowering relations – the basis of the “family partnership” approach (the philosophy of early childhood centres). – The nine trust and confidence building techniques 	<p>Facilitator’s Guide for explaining the process of behaviour change pages 75-79</p>

¹ The process of behaviour change could be the start of a second session that involves discussion on behaviour change (not too in depth), followed by group work activity involving case studies “What if...”

Steps	Time	Learning process & content	Information to highlight	Resources
Case studies	25mins	<p>Depending on time participants can be divided into groups and given all the case studies to analyse or each group given a different case study.</p> <p>Group work activity 4 What if! Dealing with real life scenarios See Module 3 Facilitator's Guide for group work activity 4.</p> <p>Provide comment on the appropriateness of their analysis and if the motivational techniques were a good match for the situation</p>	Divide into groups and hand out copies of case study to each group	<p>Case studies found on Participant's Workbook page 69</p> <p>Facilitator's Guide Module 3 to group work activity 4 pages 80-89</p> <p>Note: Case studies for staff involved in "Cradle to Kinder" program are available on page 89.</p>
Conclusion / Summary	5mins	<p>Briefly outline what was covered in the session - Ask participants to write what were the three things that would most influence their practice from the day's session. Go around each person or depending on time pick out some people by name to share their thoughts. Ask if anyone wishes to add</p> <p>Emphasise the key points raised and highlight any significant point from the learning outcomes that was not mentioned by staff.</p>	Make sure all the flipcharts used are displayed to participants can remind themselves of what has been covered.	
Reflective practice	7mins	<ol style="list-style-type: none"> 1. Ask participants to build on their initial reflective practice ideas shared at the beginning of the session and give more detail as to what can be done and what should be included in terms of oral health promotion within the early residential parenting program 2. Remind participants of their My Practice Checklist for the nine techniques for trust and confidence building in their clients. 	Remind staff that by the end of the training program they should have a clear plan of action as to what and how they will incorporate oral health into their role and to suggest the actions the early parenting centre will need to take to support the integration of oral health promotion	<p>Participant's Workbook page 71</p> <p>Participant's Workbook page 68</p>

Resources for facilitating Module 3

A. Facilitator's Guide for group work activities

1. Where to include oral health
2. Characteristics of a good relationship builder
3. Trust and confidence building
4. "What if!" Responding to real life scenarios"
Including facilitator cheats notes for each case study.

B. Facilitator's Guide for providing input on the behaviour change process

- Graphic image
- Labels.

Module 3 Facilitator's Guide to group work activity 1

Buzz group on "Where to include oral health"

What you need

Flipchart with enlarge illustration of family

Directions to participants

- Ask participants to work in pairs to discuss and answer the question on page 58 Participant's Workbook.
- After 5 minutes asked the pairs to share their responses and write these on the on the prepared flipchart.

Facilitator's notes

Emphasise that it is possible to include oral health into the early parenting residential program:

- **Communal dining room** (discussing healthy choices, displaying posters).
- **Bathing routine** (brushing teeth, playing with toothbrush).
- **Bed time routine** (bath-brushing teeth-bedtime story-bed).
- **Self-care** (Parents can transfer tooth decay causing bacteria to their child, if they have tooth decay or poor oral hygiene).
- **Development talk** (suggesting that children can play with soft tooth brush when sitting up in the bath; talking about the age at which children have the manual dexterity to brush their own teeth for example, when they can tie up their own shoe laces).
- **Sleeping and settling** (brushing teeth makes the mouth feel clean, why sleeping with a bottle containing anything but water is a problem)
- **Morning routine** (brushing teeth after breakfast)
- **Diet** (talking about the link between sugar and tooth decay, why grazing is a problem).

The question is related to a family with a child who is a fussy eater, explore could oral health be included if the client is a 4 month old baby with settling difficulties?

Conclude

Ask participants how they might respond to another staff member who might say the following when asked to include oral health:-

- There's no time to discuss this or the topic didn't come up!
- There were more important issues to deal with.
- The baby teeth yet so oral health is not relevant.
- The mother just was not in right the headspace; she has too much to deal with without adding oral health.
- Oral health just wasn't relevant. We were talking about breast/bottle feeding routine sleeping etc.

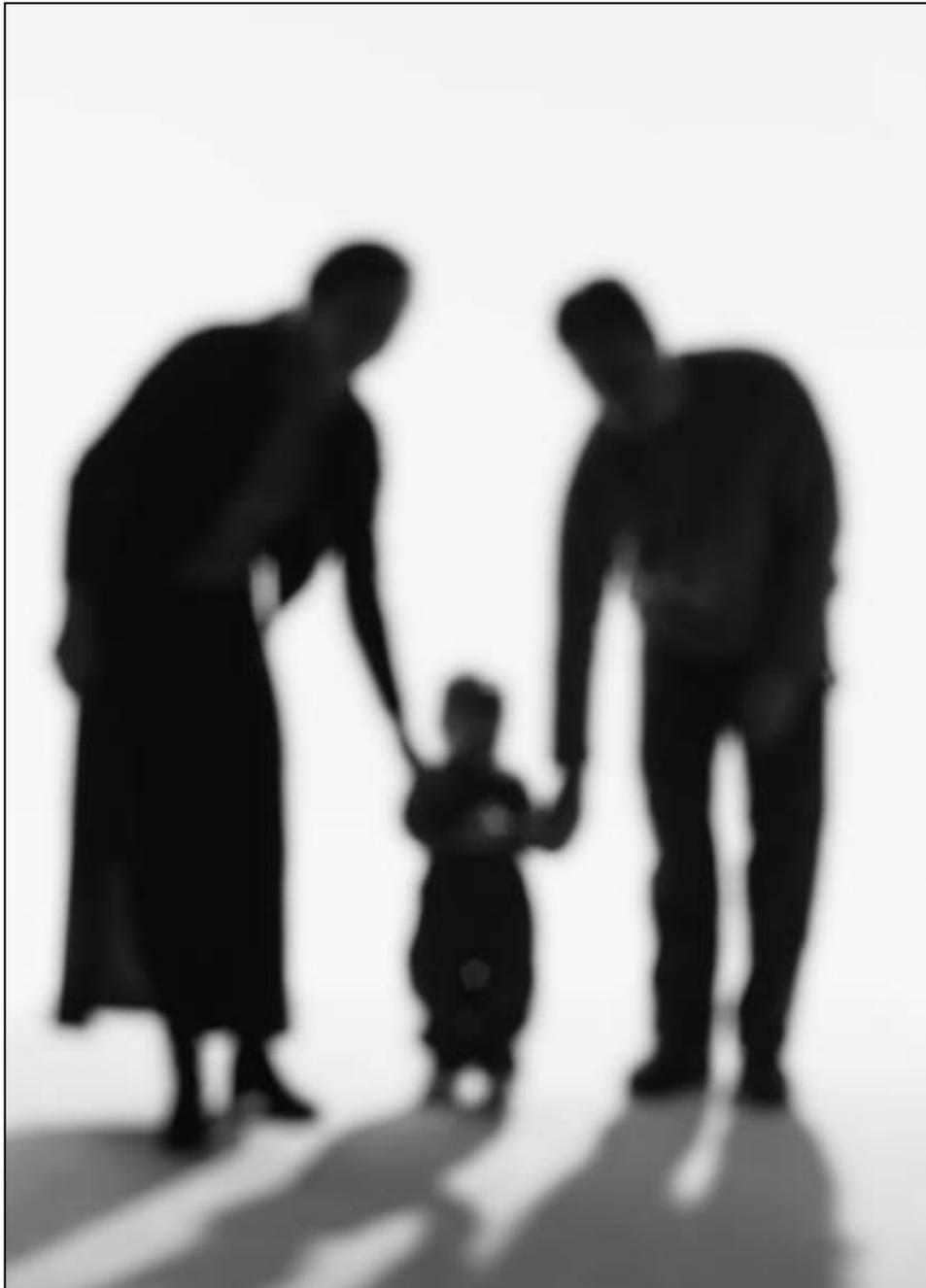
Tips for facilitator

- Acknowledge that it may be justified to focus on other issues but that oral health is important too.
- In relation to concerns with time – how can you **not** include toothbrushing as part of the bedtime routine?
- It's important for the mother to know that if she has tooth decay she is passing the bacteria onto her baby, making tooth decay in baby teeth when they erupt more likely.

Module 3 Picture to enlarge as A3 for buzz group work activity 1

Prepare flipchart with A3 size of this image and the question

“A family has been referred to your residential program. Their daughter, aged two and a half, is said to be a fussy eater. How you could include oral health messages in your program of care for this family?”



Module 3 Facilitator's Guide to group work activity 2

Brain storming: The characteristics of a staff person who can form good relationships with families

What you need

Sticky notes to hand out to participants

Flipchart with prepare image of person with "winner's" ribbon (next page)

Directions to Participants

- Explain that the person in the image is a staff champion in terms of building relationships with clients and this exercise is about exploring the qualities and skills that make them a champion.
- Give each person a sticky note and ask them to identify one characteristic and write it on the sticky note.
- Invite participants to place their sticky note on the drawing. Ask the person to share the trait they identified and explain why they think it is important to building good relationships with families.
- When finished ask participants to consider the characteristics that have been identified.
- Invite comments or thoughts.

Conclude

- Highlight any a common characteristic or one that is unexpected.
- Make a link between the early parenting centre's approach or philosophy of 'family centred' care and the characteristics a staff members needs to have to work within that approach.
- Qualities and skills of a good relationship builder are:
 - Ability to put yourself into the family's shoes, for example using language such as, "I can see why you thought that" or "that is a difficult situation to be in".
 - Be genuine in your concern for their situation.
 - Do not judge the family or use language or body language that shows your disapproval. For example:
 - "you should know" or "caring parents don't do that" or
 - "what made you do that".
 - Show respect though the words you use and your body language.
 - For example, explain and ask permission before you do something with them.

A good relationship is one that builds the confidence and motivation of the family to make the right choices for their child's wellbeing - including oral health.

As a closing remark, invite participants to reflect on their strengths and the characteristics they need to work on. Direct them to the notes in the blue text box on page 57 of the Participant's Workbook.

Module 3 Picture to enlarge as A3 for group work activity 2

Enlarge this picture to A3 size and place on a flipchart



Module 3 Facilitator's Guide to group work activity 3

Brain storming how to encourage or motivate for change

This activity involves thinking about the ways participants use to build trust and engage with clients to make change.

What you need:

Nine cardboard (heavy paper) labels of the techniques used to build and confidence to change

Participant's Workbook pages 65-67

Directions:

Ask participants to form groups, once in groups begin this brain storming activity.

- Ask participants to recall a client and how they worked with that client. How did they build the confidence and trust of that client?
- Write down the responses as a list on the flipchart or whiteboard

Comment by facilitator:

- Provide some comments on the ideas that have come up. Some may be related to communication techniques, being aware of cultural issues or, using simple English
- Explain that in our work it's important that we learn from other disciplines like counselling. Particularly on ways to build trust with clients and build their confidence to make change.

Reading task:

- Ask participant to read pages 65-67 of their Workbook on nine techniques used to build trust and confidence with clients that comes from counselling research.
- While participants are reading attach the nine trust and confidence building techniques on the white board as a list.

Exploring application

- Enquire as to the participants' thoughts on the nine techniques or ways to build trust and confidence so parents take control?

Try the following probing questions:

- "Have you used any of the techniques?" (Place a tick against any of the techniques used. This will help identify what is most commonly used or what techniques are not used and should be encouraged)
- "In your experience which techniques are the hardest to use and why"
- "In your experience which techniques have led to good outcomes"
- Take a couple of the techniques used and ask
 - "How have client's responded when you used this technique or approach".

Conclude

- Explain that all these techniques are important to understand and have been used to assist clients through the process of changing their behaviour, particularly in the addition field, but are now utilized widely throughout the counselling and health sector. These approaches are technically called motivational interviewing.
- Direct their attention to page 66 of the Workbook. Ask participants to practice using the techniques over the next couple of months, particularly when they include oral health promotion with their clients and record their experiences. They can make notes in the Workbook. If you wish to follow up and provide the participants with feedback on their practice hand out a hard copy of the "my practice checklist" and provide a return date for the checklist to be handed in.

Module 3 Prepare labels of the trust and confidence building techniques for group work activity 3

Make up the following labels out of white or coloured heavy duty paper or cardboard

1. Using open questions

2. Validating the client's position

3. Expressing empathy

4. Using reflections

5. Highlighting discrepancy

6. Exploring what's good or not-so-good about the change

7. Using scaling questions

8. Giving advice, only with permission

9. Supporting client in their pro-active decision-making

Module 3 My Trust and Confidence building practice checklist for group work activity 3

Skills practice checklist (Participant’s Workbook page 68). The facilitator provides a copy to each participant to use and return by an agreed date.

Record of my practice in using the nine trust and confidence building techniques when including oral health promotion with families in my care.

Date started.....

	Building clients confidence to include oral health	Tick when used	How did you use this skill and what was the outcome? Would you change anything the next time you try it?
1	Using open questions		
2	Validating the client’s position		
3	Expressing empathy		
4	Using reflections		
5	Exploring discrepancies		
6	Exploring what’s good or not so good about the change		
7	Using scaling questions		
8	Giving advice, only with permission		
9	Supporting the client in their pro-active decision-making		

Module 3 Facilitators guide to explaining the behaviour change process

Refer to the Participant's Workbook pages 62-64.

What you need:

- Prepare a large coloured circle on flipchart paper entitled Behaviour Change Cycle
- Prepare labels of the five behaviour change stages
- Blotack or masking tape to attach the stages of change labels around the behaviour change cycle.
- Place the nine trust and confidence building techniques labels to one side of the behaviour change cycle graphic (cover them over with flipchart paper)

Facilitation process:



Symbol for ask this question



Facilitators input



After seeking comment and experiences of participants on the statement "Have you ever thought "I am just wasting my time here! The family is not listening to what I am saying!", conclude by saying that much research has been done around how behaviour occurs and what process an individual goes through before his or her behaviour is changed.



Has anyone tried to change their behaviour? For example give up smoking, increase their physical activity, change their diet?
Seek out what process the person went through from thinking about the change to actually doing it.



Research tells us that there are five stages that a person goes through before changing behaviour and these changes are describes as a cycle because there may not be an end. We are always trying, we succeed and then we relapse!
Ask participants to read the column labelled "Stages of readiness in a family member" on page 62 of their Participant's Workbook

Draw attention to the graphic "Behaviour Change Cycle"

Give input on the stages involved with the cycle of the behaviour change using a cycle. Ask participants if they want to add from their experience or their reading
As each stage is explained place the appropriate attach the labels in order around the cycle (clockwise direction)

1. "Not ready for making changes"
2. "Getting ready"
3. "Ready"
4. "Maintaining commitment to the change"
5. "Relapse"

After explaining the five stages involve the staff in discussion of each stage have them reflect on the families they have worked with.



Can anyone provide an example from their experience of a family who may have gone through all the stages of the behaviour change cycle while in the residential program?



Does anyone have an example of a family who may have got as far as "getting ready?" but was not able to commit any further?

Note: this may be the case with most families in the residential program it is not until they go home that they implement and try to maintain commitment.



How are you able to identify where the family was at in terms in terms of the behaviour change cycle; what phrases or words helped you to know the parents position.



Remind participants of the nine trust and confidence building techniques that were covered earlier. Remove the flipchart paper to reveal the list.

Ask participants to return to page 64 of their Workbook and read the table completely (with both columns – taking note of the role of staff in each stage).



As a single group ask participants to think about what trust and confidence building techniques might be useful for each of the stages in the behavioural change cycle.

- Move the technique labels to the appropriate behaviour change cycle stage.



Make a comment that there is no hard and fast rule. It may be the case that you can use all the trust and confidence building techniques to move a client through each of the stages of behaviour change. Given that there is not a lot of time in the residential program your client may not reach the "ready stage". But if you can move someone from "not ready" to "getting ready" you have achieved much.



Ask the participant's what conclusions they can draw, in terms of their work, when thinking about the trust and confidence building techniques and the stages of behaviour change.

Encourage any attempts to try and put into practice what has been learnt. Remind them of their practice checklist which is on page 68 of their workbook.

Facilitator refresher on Stages of behaviour change:

Be familiar with the table found on page 64 of the in the Participant's Workbook. For another personal revision on the stages of behaviour change check the Australian Government Department of Health website.

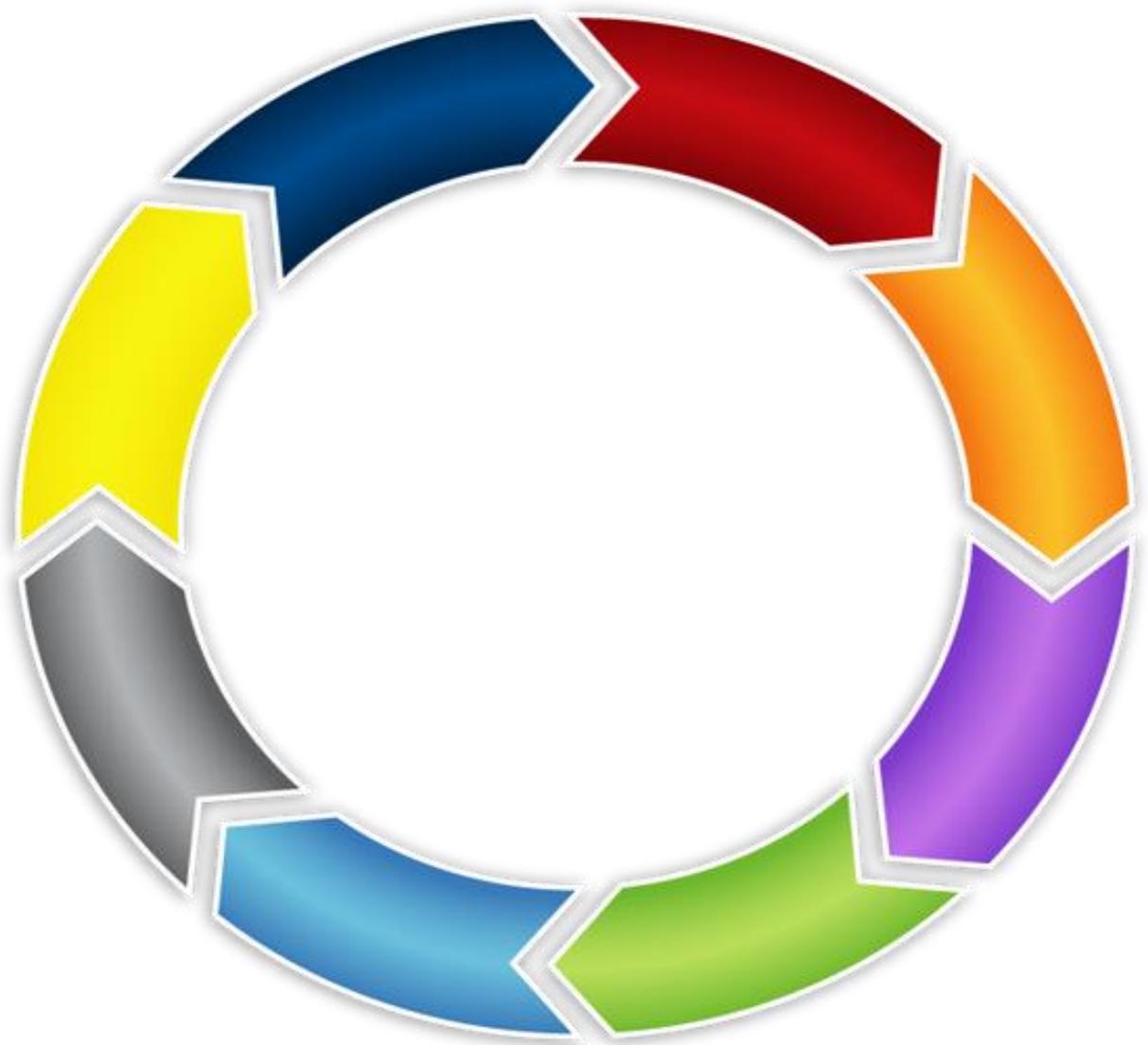
<http://www.health.gov.au/internet/publications/publishing.nsf/Content/drugtreat-pubs-front9-wk-toc~drugtreat-pubs-front9-wk-secb~drugtreat-pubs-front9-wk-secb-3~drugtreat-pubs-front9-wk-secb-3-3>

Stage of Change	Description	Client language used
Pre-contemplation "Not ready to make change"	People in this stage are not thinking seriously about changing and tend to defend their current behaviour.	"I don't think that smoking is affecting my oral health"
Contemplation "Getting ready"	People in this stage are able to consider the possibility of changing their behaviour.	"I know I should quit smoking because it will be good for my health, but I love it and it will be too hard to quit."
Preparation "Ready"	Sees the 'cons' of continuing as outweighing the 'pros' and they are less ambivalent about taking the next step. They may be taking some small steps towards changing behaviour.	"I have started to do some research online about quitting smoking"
Action	Actively involved in taking steps to change their behaviour. May try several different techniques and are also at greatest risk of relapse.	"I have gone to the pharmacy and I have nicotine patches. I am not sure I will be able to quit."
Maintenance "Maintaining commitment to the change"	Able to successfully avoid any temptations to return to their behaviour. Have learned to anticipate and handle temptations to use and are able to employ new ways of coping. Can have a temporary slip, but don't tend to see this as failure.	"I have quit smoking everyday. I did have one cigarette when I was out one night but I will stick with it"
Relapse	During the change process, most people will experience relapse . Relapses can be important for learning and helping the person to become stronger in their resolve to change. Relapse is a factor in the action or maintenance stages. Research clearly shows that relapse is the rule rather than the exception.	"I had a really stressful week at work and I started smoking again. I have spoken to my manager about my workload and I am hopeful that some changes will be put in place to reduce my stress. I will continue to try to quit smoking."

Module 3 Graphic to enlarge for use in explaining the behaviour change process

Prepare a diagram of a cycle, draw on flipchart paper or print and enlarge to A3 to place on whiteboard.

Cycle of Behaviour Change



Module 3 Labels to use with the behaviour change cycle graphic

Make up large labels in different coloured paper to stick on the "behaviour Change cycle as you explain each stage.

1.

Not ready for making changes

2.

Getting ready

Contemplating that change might be possible

3.

Ready

Committed and ready to think about how to achieve the change

4.

Maintaining commitment to the change

5.

Relapse

Note: Relapse should be seen as a normal part of the process. Encourage the family to see relapse as an opportunity to learn.. And how to change behaviour in the longer term

Module 3 Facilitator's Guide to group work activity 4

What if! Responding to real life situations

There are two sets of case studies for this "what if" group work activity. The first set of four reflect the types of family situations that dealt with in the residential program (page 82 Facilitator's Guide). The second set of three case studies describe families whose children are vulnerable or "at risk" and are referred for extended care involving home visits (page 90 Facilitator's Guide).

Choose the case studies most suited to the programs the participants are involved with in the early parenting centre.

The objective for the participants is to try and identify where in the behaviour change cycle their client might be at and what trust and confidence building techniques they would use to introduce oral health promotion. As facilitator you should read up the notes provided for each case study

What you need

- Residential type family case studies direct participants to their Workbook page 69. Or if using the case studies of families with children at risk, provide copies from page 89 of this book.
- Recording feedback "learning from other case studies" – see Participant's Workbook page 70.
- Read up notes provided for the case studies on page 83-88 of this guide and familiarise yourself with possible responses to the "What if" real life scenarios group work questions. The notes, although limited to the families attending the residential program, provide a guide as to what you might look for from the group discussion on the case studies of families with children at risk.

Directions

Divide participants into groups and allocate each group one or two case studies. Explore how you would assist these families address their concerns.

- Consider where clients might be in terms of readiness to make change
- How you would go about building their clients trust and confidence to include good oral health practices in the care of their children.

Feedback

Note: In the case of each group having a case study, ask participants to record the ideas from each case study on page 70 of their Workbook

Ask one group at a time to read out their case study and give feedback on the results their discussion. Ask the other staff to listen carefully to each group's analysis and make comment or ask questions.

Provide comment on the appropriateness of their analysis and if the motivational techniques were a good match for the situation

Conclude

From the notes develop a conclusion for each case study. Also emphasise

- gauging where clients are at in terms of the behaviour change cycle
- using a mix of the trust and confidence building techniques always include oral health promotion

Case studies from Participant's Workbook page 69

Case study 1

A refugee family from Burma has been referred to your centre. Mum and dad are in their early twenties and expecting their second baby (mum is 24 weeks pregnant). They are seeking help with their two-year-old daughter Ja Seng, who is unable to sleep by herself. They also seem pre-occupied with the present pregnancy and the planned delivery in a Melbourne hospital. Their two-year-old daughter was born in a Thai refugee camp.

Case Study 2

Sharon is 25 years old and a long term user of drugs and is now on methadone treatment. She has come to the unit with her 18months old little boy Caleb who has behavioural issues like outbursts of biting. She is also pregnant with her third child. Sharon is concerned about Caleb's behaviour if it is not sorted out before the new baby comes home.

Case study 3

Chandra is twelve months old, she and her family come from India. She is attending your centre with her Maternal Grandmother, Mother and two week old baby brother. Mother has limited English, although fluent in other languages. Grandmother cannot speak English although she tries very hard to get her meaning across. Sadly the mother has refused the help of an interpreter (she is a little suspicious of interpreters).

Chandra's problem is that she does not appear to settle well at night, she seems fearful. You notice that Chandra's four top and bottom teeth are discoloured. Mum has expressed concern about her daughter's teeth but thinks that once they fall out the permanent teeth will be OK.

Case study 4

Skye is 16 years she has a one month old baby girl called Harper. She and her baby are living with a supportive family. She has been referred for sleep, settling and parent skills. She has come in on her own, with her family coming in on a daily basis, not staying at night. Skye has mixed feelings, she wants to be a good mother and is afraid of failing, but finds the demands on her difficult to meet and just once in a while she would like to go out with her friends to hear her favourite rap band playing.

Module 3 Learning from other case studies

Refer participants to page 70 Participant’s workbook

As the other groups give feedback, jot down the key points to help you remember how they responded to the case study situation

Case studies	Readiness for change	Motivational approaches used for oral health promotion	Comments
Case study 1			
Case study 2			
Case study 3			
Case study 4			

Module 3 Notes for facilitator on the case study scenarios

“What if....” Responding to real life situations

Familiarize yourself with the case study notes, so you can enhance the discussion when each group reports back on how they would respond in real life to the case scenario. Be ready to advise how they can incorporate oral health into their care using motivational approaches for building confidence.

When participants work on these case studies they need to identify where in the behaviour change cycle clients might be. And use this to work towards establishing a partnership with the family (Family Partnership Model) that involves:

1. Building a relationship
2. Gaining a clear picture of the problem
3. Supporting the clients to set realistic goals, work out how they can achieve their goals at home and how they can check their progress.

The way to build this equal partnership is by using the following techniques, taken from counselling techniques:

- Using open questions
- Validating the client’s position
- Expressing empathy
- Using reflections
- Highlight discrepancy
- Exploring what is good or not-so-good about the change
- Using scaling questions
- Giving advice, only with permission
- Supporting client in their pro-active decision-making

Some opportunities to include oral health in discussions about the care of the baby or child include:

- Discussing feeding practices and the types of meals and snacks provided.
- Exploring what the child is given to drink and explaining why tap water is best and why sweet drinks should be limited.
- Establishing bed time routines that include brushing teeth.
- Exploring if bribes are used and what the rewards are. Suggest rewards other than sweet snacks such as praise, a hug or a favourite activity.
- Explore whether the morning routine includes toothbrushing after breakfast.
- Find out about the mother’s oral health. If she has tooth decay assess if she is eligible for public dental services and make an appointment for her at her local public dental service.
- If the child has signs of decay, does the family know they can visit the public dental service and that it is free for children whose parents have a health care card? Assist with making an appointment at their local public dental service.

Facilitator's notes: Case study 1 Burmese couple and their daughter Ja Seng

Before any process begins identify if an interpreter is needed. The engagement process begins with getting to know something about the family and their culture. And that your role is to assist the parents in understanding the developmental stages their daughter is going through and how this related to the present difficulties they have. As part of work with the family you will also include the importance of oral health for children.

The case study suggests that the parents are preoccupied by the present pregnancy and the hospital delivery. Their first child was born in a refugee camp so a hospital delivery will be a vastly different experience. This concern needs to be recognised and dealt with to free the parents to focus on their daughter.

Building a relationship

- Building a relationship means working with, not for clients. The power between staff member and parents is shared and the parent's knowledge of their daughter acknowledged.
- Gaining a clear picture of the problem, having the parents tell you their story, why they've come to Centre, what it is about their daughter's sleeping pattern that has brought them to the Centre.
- Qualities and Skills of staff member - listening to the parent's story, being respectful and getting a clear understanding of what has brought them to Centre

Steps in the family centred process:

Supporting the clients to set manageable aims, work out how they can achieve their aims in their own home and how they can check their progress.

- a. Setting goals to get daughter to sleep in her own bed.
 - Discussing together their ideas on how they can achieve their goal, what is possible within the family's circumstances and what best suits the family
 - Ideas, do it over a period of time, starting with one night a week... making it a special event, for example child can choose a new pillow or bed cover for her own bed.
 - How to set routine for mum or dad to assist daughter in cleaning her teeth after breakfast and before bed as part of establishing a daily routine including bed time.
- b. Check progress with parents as to their achievements - have they been met, what is working well and what not so well. Encourage if they are feeling disheartened with progress.
- c. Re-affirm what the parents want to achieve - daughter sleeping in her bed, mother is still working on the teeth cleaning (not important in her culture -poor community, getting food the first priority). Mother is encouraged to look after her own teeth. Link her to the local public dental service for an appointment.

This family, although they have come to the parenting centre, may not be ready to commit to dealing with their daughter's issue until the underlying concern of the hospital delivery is dealt with. The staff member would need to help the family look at this concern first before they can commit to addressing their daughter's issue.

Introducing oral health

- Oral health actions such as cleaning teeth can be included as part of preparation for bedtime.
- There is an opportunity for a discussion about not using “pacifiers’ either the dummy or bottle or sweet food rewards to encourage child to sleep alone.
- Think about how to encourage the pregnant mother to look after her own teeth. Maternal oral health can influence the child’s risk of developing tooth decay. Consider a referral to the local public dental service. As a refugee she is eligible for public dental services and will not have to go on a waiting list. Consider making the appointment for her as recent arrivals may find it difficult to navigate the system.
- Discussion the importance of tap water and that it is safe to drink. Discuss why sweet drinks (such as fizzy drinks, fruit juice and cordial) are not good choices.

Use of motivational approaches

The approaches could include, but are not limited to:-

- Open ended questions to explore cultural beliefs and practices and how they see the problem of their daughter, for example “The letter that came with you said that your daughter is unable to sleep by herself. Can you tell me what happens in the evening?”
- Highlight any discrepancies, for example “You seem quite worried about the delivery of your baby, and this might weaken your efforts to help your daughter learn to sleep on her own”.
- Using scaling question to help the client determine their level of commitment, for example “How important is it to you that your daughter sleeps alone
- Support the client taking actions themselves, for example “You did really well last night, your daughter stayed in her bed the whole night. What will you do tonight to try for the same result?”.

Facilitator's notes: Case study 2 Sharon and Caleb

Forming a relationship with the client is the most important step. As a start you need to gain a clear picture of Caleb's behaviour and how Sharon responds to the behaviour, what is her understanding of why this has been happening? For example when it started, was there a trigger and what impact has this had on Sharon's parenting of Caleb.

Explanation of staff's role:

Provide advice on Caleb's behaviour and where it fits in his development milestones. Explain that it is normal for 2 year olds to push boundaries, to find out what they can and can't do. Discuss biting behaviour and explain that Caleb could be frustrated so biting is his way of saying "I'm not coping and I need my mum's help".

Another part of the staff's role is to implement a holistic approach to caring for Caleb, including some tips about oral hygiene.

Introducing oral health

- Explore Sharon's thoughts on her own dental health.
- Sharon is on the Methadone program and has a past history of drug abuse so has this resulted in poor care of her teeth and if so what has this meant for her children including the one she is expecting.
- Explore whether Caleb cleans his teeth as part of his daily routine.
- Introduce tooth brushing as part of a routine - after breakfast and before bedtime.
- Discuss the type of meals and snacks that Caleb is eating and provide suggestions for healthy snacks that are easy to make and cheaper than pre-packaged snacks..
- Explore if food is being used as a reward. Encourage Sharon to use rewards such as a trip to the park, a hug or praise rather than using sweet treats to motivate good behaviour.

Motivational approaches:

- Open ended questions to explore the nature of Caleb's behaviour, for example "Why do you think this behaviour has started? Is there something that seems to set it off?"
- Validating client's position, for example, "I can see that you are very worried about Caleb." or "I can understand why you are concerned".
- Reflection statements such as "So you are saying that you would like to try and spend more time with Caleb reading him a bedtime story but it is difficult because you are tired by the time he is finally in bed".
- Express empathy of the client's situation, for example "It must be hard for you when Caleb is behaving in the way he does, you might feel this is the last thing I want to deal with right now!"
- Use scaling questions to explore Sharon's level of fear for the safety of her baby because of Caleb's behaviour, for example "On a scale of 1 to 10 how fearful are you that Caleb will direct his bad behaviour towards the new baby?"
- Exploring what is good or not-so-good about the change, for example "What might be the good things that come about if you can change Caleb's routine to be in bed earlier?"
- Support the client taking actions themselves, for example "You have done so well with trying to provide Caleb a happy home environment despite the difficulties you have with your own health. Assisting Caleb with teeth cleaning is not as hard as the other changes you have made."

Facilitator's notes: Case study 3 Chandra and her family.

Think about the following points when listening to the group's analysis and response to this case study. In this case, you are dealing with two women – the mother and the grandmother, so both need to be taken into account when assessing their readiness and motivation to change.

Building a relationship through cultural awareness:

- Being respectful of them mother not wanting an interpreter. You could put it another way... not that the mother needs and interpreter but you do, because you do not want to misunderstand or miss any important things the mother is saying and want to do the best for Chandra and her family.
- Working out the best way to communicate with the family for example, using pictures, visual aids, role modelling and working with the mother's limited English.
- Building trust with the family so that in time, when they feel more comfortable, an interpreter could be used.

Introducing oral health:

- Chandra at 12 months could be suffering from separation anxiety so finds it hard to settle at night or maybe she is teething, this could be a great opportunity to discuss whether Mother has thought about dental care for her daughter as you've noticed that Bettina's four bottom and top teeth are discoloured. Bettina might be in pain because discoloured teeth are a sign of decay.
- Who prepares the meals for Chandra and does Chandra spend a lot of time with her grandmother – does the grandmother like giving sweet snacks to Chandra.
- More things that could be explored, what is the cultural norm for the importance of teeth in India, does Chandra have a bottle to go to sleep with, the risks of ear infections and tooth decay that can occur from this practice.

Strategies that may also be explored to get Chandra to sleep - put in cot close to Mother - then over time move into own room. Normalise that some children find this separation from their parent more anxiety provoking than others. If the Mother agrees to the strategies suggested then staff will work with her to start this process.

Motivational approaches

- Open ended questions to explore and understand cultural practices, knowledge about baby teeth, and the use of sweet snacks as rewards. For example, "What do Indian families think about baby teeth?"
- Using reflection statements, for example "If I have understood you correctly you are saying that although you put Chandra in her bed; as soon as you leave she immediately gets up".
- Exploring discrepancy, for example "Can you help me here – you are saying that you think Chandra should go to bed with a bottle yet your mother is saying the opposite"
- Exploring what is good or not-so-good about the change. For example directing the question to the grandmother, "If you can give Chandra fresh fruit chopped up, how is this better for Chandra?"
- Giving advice, only with permission. For example "If it is alright with you, I can suggest a couple of ideas for you and your mother to consider?"

Facilitator's notes: Case study 4 Skye, a young mum with her first baby

Think about the following points when listening to the group's analysis and response to this case study.

- It is important to establish the relationship, recognising that adolescences is a difficult period, with many mixed emotions including some dislike for authority yet uncertainty as to the future. On top of being an adolescent Skye has been through pregnancy and is now responsible for looking after a baby.
- Try to establish a clear picture about what Skye would like to achieve while at the early parenting centre.
- Determine if Skye has noticed any changes in Harper, especially her sleeping patterns.
- Talk about not having her family staying overnight and what that might mean for her.
- Staff on duty at night can provide support and assistance, so she needs to know that she can call on them if she needs assistance.
- Getting a routine in place as much as you can for a one month old baby. Emphasise sleep, feed and play routine.

Introducing oral health:

- Discuss feeding practices – is Harper breast or bottle fed? Harper is one month old if bottle feeding, explore with Skye the importance of not putting Harper to bed with the bottle and discuss the dangers of doing this.
- Discuss the importance of looking after baby teeth when they first appear, clean gums and tooth with a damp cloth and slowly introduce cleaning with toothbrush with a small soft head
- ... Discuss the importance of Skye looking after her own teeth as decay causing bacteria can be passed on to Harper if she has poor oral hygiene and/or untreated decay.
- Ensure that Skye is linked in with her local Maternal and Child Health Service.

Skye is still in earlier stage of committing to change. Skye may be struggling with what she has had to give up to be a mother....

Motivational approaches

- Validating the client's position, for example "I can understand how you feel as a young woman who wants to keep in touch with close friends and still enjoy her life although now you have the responsibility of caring for another life."
- Exploring discrepancy, for example "You said that you want to be the person that puts Harper to bed and gives her a kiss good night, but how will this be possible, if you also want to spend time with your friends in the evening?"
- Using scaling questions, for example "How important is it to you, on a scale of 1 to 10, that you spend a night out with your friends once a week?"
- Exploring what is good or not-so-good about the change, for example, "Now let's try and work out the pros and cons for Harper and for you of your plan to place Harper in family day care for two days when she is three months old?"
- Giving advice, only with permission. For example, "You have mentioned many good ideas on how to look after your own needs as well as Harper's. If it is OK with you, can I build on your ideas and make some suggestions?"
- Support the client taking actions themselves. For example, "You managed really well last night that was not easy to do. If you continue to do the same at home, I know your confidence will increase".

Alternate case studies for outreach or community services programs

For early parenting centre staff involved in extended care programs such as "Cradle to Kinder" with families whose children may be vulnerable or at risk, the following case studies will be more appropriate to use as "what if.." scenarios

These case studies are not found in the Participant's Workbook, but copies need to be made and circulated to participants.

Case study 1

Sharon is 25 years old and is a long term drug-user who is now on methadone treatment. She has a partner who is unemployed. Sharon has been in court on offences related to stealing and begging charges. The court has made a recommendation to the Department of Human Services for the 12 week Parenting and Skills Development Service to assist this family as she is pregnant and her partner is unemployed and there is no record of Caleb having immunizations or attended the maternal and child health service.

Case study 2

You have received a referral from the local MCH nurse concerning a recent refugee family. The MCH nurse visited the family at their home after the young mother of 25 years came home from hospital having delivered her third child, now having three children under five years. The MCH nurse had a concern for the family. The husband has no work and the mother is finding it hard to cope. The three year old appears to have developmental delay issues. The MCH nurse contacted Queen Elizabeth to organize the possibility of enrolling the family to the Parenting Plus program.

Case study 3

Skye is 16 years old who was within the foster care system. Since her pregnancy Skye has had a number of changes with foster care. This has upset her and she ended up on the streets up until she went into labour when she walked into the local hospital's casualty department. Through the social worker at the hospital Skye and her three week old baby have accommodation and were referred to the Queen Elizabeth five day residential program. At the end of the five days the residential work, based on discussions with Skye, has referred her and the baby to the parenting plus program. Skye has mixed feelings, she wants to be a good mother and is afraid of failing but she finds the demands of parenthood difficult. Sometimes she wishes she could just go out with her friends and forget she is a mother of a baby.

Module 4: Baby Bumps to Baby Teeth

Consisting of:

- Overview
- Session Plan
- Resources for facilitating Module 4

A. Facilitator guides for group work activities

1. Pregnancy - what does it have to do with teeth and gums?
2. "Addressing the gap".

Overview

Module 4: Baby Bumps to Baby teeth

Purpose

That oral health is included within education programs delivered to pregnant women within the early parenting centre.

Competency

Inform and encourage clients and groups to understand and achieve good oral health

Learning outcomes:

By the end of the session the learner:

- identifies the possible consequences of poor oral health on pregnancy outcomes and her baby's teeth.
- explains how a pregnant women can protect her teeth during pregnancy.
- explains public dental priority access for pregnant women.
- identifies the opportunities for including oral health in the services offered to pregnant women.

Content:

- Effects of pregnancy on teeth
- Pregnancy and importance of good oral health
- Key oral health messages for pregnant women
- Public dental access for eligible pregnant women
- Reflecting on opportunities to incorporate oral health promotion for pregnant women in early parenting centre programs.

Duration:

60 minutes

Materials:

Participant's Workbook

Prepared flip chart pages:

- Pregnancy - what does it have to do with teeth and gums? (Picture of pregnant woman)
- Addressing the gap! Group work activity 2 questions

Masking tape

Whiteboard pens

Sticky notes

Whiteboard

Session Plan: Baby Bumps to Baby Teeth

Steps	Time	Facilitating the Learning process	Information to highlight	Resources
Introduction	5mins	<p>Ask staff to recall if they have heard any myths about pregnancy and teeth or going to the dentist during pregnancy. For example "Gain a child, lose a tooth" or "it isn't safe to go to the dentist when you are pregnant".</p> <p>After sharing myths about pregnancy, teeth and dental care, explain that these are myths only and that there is no evidence to say it is unsafe to see a dentist when pregnant. This session explores why visiting the dentist during pregnancy should not be missed.</p>		Participant's Workbook Baby Bumps to Baby Teeth Pages 72-83
Learning outcomes	5mins	<p>Introduce the learning outcomes for this session.</p> <ul style="list-style-type: none"> identifies the possible consequences of poor oral health on pregnancy outcomes and her baby's teeth. explains how a pregnant women can protect her teeth during pregnancy. identifies the opportunities for including oral health in the services offered to pregnant women. explains public dental priority access for pregnant women. 		
Climate setting Problem posing	10mins	<p>Despite the myths that surround pregnancy and visiting the dentist there are very good reasons why a pregnant woman should visit the dentist during pregnancy.</p> <p>Buzz group activity: Pregnancy - what does it have to do with teeth and gums?</p> <p>Place enlarged picture of pregnant women on whiteboard or flipchart Refer to Resources for facilitating Module 4 Facilitator's Guide to group work activity 1 Buzz group question "From your experience what are the effects of pregnancy on a woman's teeth and gum".</p>		<p>Picture of pregnant women see facilitators guide for Module 4 group work activity 1 pages 95-96.</p> <p>Participant's Workbook 76-78.</p>

Steps	Time	Facilitating the Learning process	Information to highlight	Resources
	15mins	<p>Ask participants to read "What does the evidence say about pregnancy and oral health?" from their workbook page 73-74</p> <p>Invite participants to share their thoughts, particularly about the evidence that a pregnant mother increases the risk of decay in her baby's first teeth increases if she has untreated dental decay</p>	<p>Emphasise that bacteria has been found baby's mouth as young as three months.</p>	<p>Participant's workbook pages 73-74</p>
Addressing the problem	30mins	<p>Seek comments from participants to the following;- "Given what the evidence says about oral health in pregnancy why is oral health generally not included in antenatal education programs?"</p> <p>Listen to the comments and highlight what seems to be the consensus opinion.</p> <p>Encourage participants to think about how they can change or put an end to this gap in information within antenatal care programs.</p> <p>Group work activity 2 - "addressing the gap" See Resources for facilitating Module 4 Facilitator's Guide to group work activity 2</p>	<p>Be sure that information on pregnant women's access to the public dental service is understood</p> <ul style="list-style-type: none"> - Who is eligible - What does priority access mean - How they can locate their nearest public dental service. 	<p>Facilitators guide to Module 4 group work activity 2 page 97 Prepared flip chart - "Addressing the gap" with group work activity questions. Or direct participants to their work book page 83 to the questions under Reflective Practice.</p> <p>Participant's workbook pages 79-82</p>
Conclusion / Summary	3mins	<p>Ask participants what are the three things from this session that would most influence their practice?</p> <p>Emphasise the key points raised and if any significant points from the learning outcomes were missed, highlight them.</p>	<p>Key points might be:</p> <ul style="list-style-type: none"> - Physiological changes in pregnancy also affect the gums and teeth - Mothers with untreated dental caries transfer the decay causing bacteria to their infants. - Decay causing bacteria can reside in an infant's mouth before the first tooth appears. 	
Reflective practice	2mins	<p>Remind the participants of their ideas from the group work on how to introduce oral health into the education program for pregnant women. Encourage the group to put their plans into action.</p>		

Resources for facilitating Module 4

A. Facilitator's Guide to group work activities

1. "Pregnancy: what does it have to do with teeth and gums?"
2. "Addressing the gap!"

Module 4 Facilitator's Guide to group work activity 1

Pregnancy: what does it have to do with teeth and gums?

What you need:

Participant's Workbook.

Flipchart with A3 size picture of pregnant woman (Participant's Workbook page 74)

Directions for participants:

Turning to the picture on page 75 of your workbook discuss in pairs the following question:

"From your experience what are the effects of pregnancy on a woman's teeth and gum". Note your answers around the picture.

Allow about 5 minutes for the group to discuss.

Feedback

Request a volunteer to write up the points on the flipchart with picture of pregnant women.

Go round each pair and ask for one point, until all points are exhausted

Remark on points raised – if one point is not clear ask for clarity, or if not correct ask the other pairs for their thoughts.

Allow 5 minutes for feedback process

Discussion – "Exploring the problem"

The physiological changes that happen in pregnancy have an effect on teeth and gums.

Ask participants to read pages 76-78 of the workbook.

When finished reading direct attention to the flipchart with their earlier answers, and ask participants to review their answers based on what they have just read. What should remain, what needs to be added and what could be deleted

Prompts:

- Have all the effects of the physiological changes been highlighted?(Point out any that were missed).
- Why are food cravings a risk to teeth?
- How does morning sickness affect teeth?
- Why is gingivitis common in pregnancy?
- What is periodontitis and why is it a concern in pregnancy?

To conclude

Highlight the gap between the myth and the reality, summarising the evidence found in Participant's workbook on pages 73-78.

Module 4 Illustration for flip chart group work activity 1

Pregnancy: what does it have to do with teeth and gums?



Module 4 Facilitator's Guide to group work activity 2

Addressing the gap

What you need

Participant's Work Book

Flipchart papers for each group to write their answers

Flipchart with the three questions

Directions to participants

- Divide participants into groups
- Explain to participants that they are to consider how oral health could be incorporated into their education program for pregnant women and their husbands or partners. How are they going to address this gap in information about oral health during pregnancy?
- Using the prepared flipchart of questions on the white board – read out the questions and elaborate. (Questions are available in Participant's workbook page 80).
 - i. How would you introduce the effects pregnancy has on a woman's gums and teeth to encourage her to have her teeth checked?
 - ii. How would you explain who was eligible to use the public dental service and how can they find their local public dental service?
 - iii. What advice would you include in your program for pregnant women about caring for their teeth in pregnancy?
- Ask participants to review the 'Bumps to Baby Teeth' chapter of their workbook and to read pages 79 - 82 before answering the group work activity questions

Allow 15 minutes for discussion

Feedback

Invite groups to share their feedback

- Ask for clarification if responses are unclear. If a suggestion is not appropriate, explore why by asking questions and explain why an alternative might be a better option.

Notes

Oral health should be included in the early part of the program, to give time for the woman to make an appointment for the dentist in her 2nd trimester if possible.

Key information the woman and her partner needs to know is

- Why oral health is an important consideration during pregnancy
- How to care for her teeth and gums during pregnancy
- Access to the public dental service
 - Who is eligible for public dental care
 - How to access her local public dental service
 - What does priority access mean

Conclude

Conclude by encouraging the participants to make changes to the education program they run. Emphasise the importance of debunking myths and misinformation about oral health and pregnancy. Highlight the impact poor oral health has on both the mother and the baby.

Appendices

Appendix I – Public Dental Service Sites in Victoria

You can locate the nearest community public dental services by postcode via the Dental Health Services Victoria web site www.dhsv.org.au.

DEPARTMENT OF HEALTH REGION	LOCAL GOVERNMENT AREA	CLINIC NAME	DENTAL CLINIC PHYSICAL ADDRESS	Phone Contact
Grampians	Ararat	East Grampians Health Service	Girdlestone Street ARARAT VIC 3377	5352 9380
Grampians	Ballarat	Ballarat Health Services (Ballarat)	Cnr Sturt & Drummond Street NORTH BALLARAT VIC 3350	5320 4225
Grampians	Ballarat	Ballarat Health Services (Wendouree West)	1233-1249 Grevillea Rd WENDOUREE VIC 3355	5320 4225
Northern	Banyule	Banyule Community Health Ltd	21 Alamein Road WEST HEIDELBERG VIC 3081	9450 2000
Gippsland	Bass Coast	Bass Coast Regional Health	120 Graham Street WONTHAGGI VIC 3995	5671 3268
Gippsland	Baw Baw	Latrobe Community Health Service (Warragul)	31-35 Gladstone St, WARRAGUL VIC 3820	5127 9189 / 1800242696
Hume	Benalla	Northeast Health (Benalla)	45 Coster Street BENALLA VIC 3672	5761 2201
Eastern	Boroondara	Inner East Community Health Service	7 Samarinda Avenue ASHBURTON VIC 3147	9885 6822
Western	Brimbank	ISIS Primary Care Ltd (Brimbank)	1 Andrea Street ST ALBANS VIC 3021	9296 1360
Loddon	Campaspe	Echuca Regional Health	Leichardt Street ECHUCA VIC 3564	5485 5820
Southern	Cardinia	Southern Health (Pakenham)	6B Henry St, PAKENHAM VIC 3810	5941 2644
Southern	Casey	Southern Health (Berwick)	28 Parkhill Drive BERWICK VIC 3806	8768 5141
Southern	Casey	Southern Health (Cranbourne)	140-154 Sladen St. CRANBOURNE VIC 3977	5990 6223
Loddon	Central Goldfields	Maryborough District Health Service	Clarendon Street MARYBOROUGH VIC 3465	5461 0388

DEPARTMENT OF HEALTH REGION	LOCAL GOVERNMENT AREA	CLINIC NAME	DENTAL CLINIC PHYSICAL ADDRESS	Phone Contact
Barwon	Colac-Otway	Colac Area Health	13 Miller Street COLAC VIC 3250	5232 5352
Northern	Darebin	Darebin Community Health Service (East Reservoir)	125 Blake Street EAST RESERVOIR VIC 3073	8470 1111
Northern	Darebin	Darebin Community Health Service (Northcote)	42 Separation Street NORTHCOTE VIC 3070	9403 12100
Northern	Darebin	Darebin Community Health Service (PANCH)	300 Bell Street PRESTON VIC 3072	9485 9060
Gippsland	East Gippsland	Bairnsdale Regional Health Service	Ross Street BAIRNSDALE VIC 3875	5152 0278
Gippsland	East Gippsland	Omeo District Health	12 Easton Street OMEO VIC 3898	5159 0100
Gippsland	East Gippsland	Orbost Regional Health	107 Boundary Road ORBOST VIC 3888	5154 6625
Gippsland	East Gippsland	Gippsland & East Gippsland Aboriginal Co-operative	37-53 Dalmahoy Street BAIRNSDALE VIC 3875	5150 0700
Southern	Frankston	Peninsula Health (Frankston)	Hastings Road FRANKSTON VIC 3199	9784 8184
Southern	Glen Eira	Bentleigh Bayside Community Health	Gardeners Road BENTLEIGH EAST VIC 3165	9575 5366
Barwon	Glenelg	Portland District Health	Bentinck Street PORTLAND VIC 3305	5521 0390
Loddon	Greater Bendigo	Bendigo Health Care Group	100 - 104 Barnard Street BENDIGO VIC 3552	5454 7994
Southern	Greater Dandenong	Southern Health (Dandenong)	Level 3, 229 Thomas Street DANDENONG VIC 3175	8792 2300
Southern	Greater Dandenong	Southern Health (Dandenong Hospital)	David St DANDENONG VIC 3175	9554 1000
Southern	Greater Dandenong	Southern Health (Springvale)	55 Buckingham Avenue SPRINGVALE VIC 3171	8558 9165
Barwon	Greater Geelong	Barwon Health (Belmont)	Cnr Reynolds & Colac Road BELMONT VIC 3216	5260 3710
Barwon	Greater Geelong	Barwon Health (Corio)	2 Gelibrand Street CORIO VIC 3214	5260 3827

DEPARTMENT OF HEALTH REGION	LOCAL GOVERNMENT AREA	CLINIC NAME	DENTAL CLINIC PHYSICAL ADDRESS	Phone Contact
Barwon	Greater Geelong	Barwon Health (Newcomb)	104-108 Bellarine Hwy NEWCOMB VIC 3219	5260 3540
Barwon	Greater Geelong	Wathaurong Aboriginal Cooperative Ltd	62 Morgan Street NORTH GEELONG VIC 3215	5277 3178
Hume	Greater Shepparton	Goulburn Valley Health (Shepparton)	Graham Street SHEPPARTON VIC 3630	5832 3050
Hume	Greater Shepparton	Rumbalara Aboriginal Co-operative Ltd	20 Rumbalara Road MOOROOPNA VIC 3629	5820 0080
Grampians	Hepburn	Hepburn Health Service (Daylesford)	13 Hospital Street DAYLESFORD VIC 3460	5348 2523
Grampians	Hepburn	Hepburn Health Service (Creswick)	1 Hill Street CRESWICK VIC 3363	5345 8165
Grampians	Hindmarsh (S)	West Wimmera Health Service	51 Nelson Street NHILL VIC 3418	5391 4266
Grampians	Hindmarsh (S)	Wimmera Health Care Group (Dimboola)	Lloyd Street DIMBOOLA VIC 3414	5363 7138
Western	Hobsons Bay	ISIS Primary Care Ltd (Hobsons Bay)	330 Queen Street ALTONA MEADOWS VIC 3028	8368 3000
Grampians	Horsham	Wimmera Health Care Group (Horsham)	Baillie Street HORSHAM VIC 3400	5381 9248
Northern	Hume	Dianella Community Health Ltd	35 Johnstone Street BROADMEADOWS VIC 3047	8345 5410
Northern	Hume	Sunbury Community Health Centre	12 - 28 Macedon St SUNBURY VIC 3429	9744 4455
Southern	Kingston	Central Bayside Community Health Services Ltd	335 Nepean Highway PARKDALE VIC 3195	8587 0350
Southern	Kingston	Southern Health (Kingston)	Cnr Heatherton & Warrigal Rd CHELTENHAM VIC 3192	9265 1294
Eastern	Knox	Knox Community Health Service Ltd	1063 Burwood Highway FERNTREE GULLY VIC 3156	9757 6201
Gippsland	Latrobe	Latrobe Community Health Service (Churchill)	11 Philip Parade CHURCHILL VIC 3842	5122 0444

DEPARTMENT OF HEALTH REGION	LOCAL GOVERNMENT AREA	CLINIC NAME	DENTAL CLINIC PHYSICAL ADDRESS	Phone Contact
Gippsland	Latrobe	Latrobe Community Health Service (Moe)	42 - 44 Fowler Street MOE VIC 3825	5127 9189
Gippsland	Latrobe	Latrobe Community Health Service (Morwell)	91-97 Buckley St, MORWELL VIC 3840	5127 9189
Loddon	Loddon	Boort District Health	2 Coutts Street BOORT VIC 3537	5451 5230
Western	Maribyrnong	Western Region Health Centre Ltd (Paisley St Footscray)	78 Paisley Street FOOTSCRAY VIC 3011	8398 4100
Western	Maribyrnong	Western Region Health Centre Ltd (Geelong Rd Footscray)	2 Geelong Rd, FOOTSCRAY VIC 3011	8398 4100
Eastern	Maroondah	EACH Ltd	124 Mt Dandenong Road RINGWOOD EAST VIC 3135	9259 4900
Western	Melbourne	Doutta Galla Community Health Service (Kensington)	6 Gower Street KENSINGTON VIC 3031	8378 1670
Western	Melbourne	Royal Children's Hospital	Department of Dentistry Flemington Road PARKVILLE VIC 3052	9345 5344
Western	Melbourne	Royal Dental Hospital Melbourne	720 Swanston Street CARLTON VIC 3053	1800 833 039 / Emergency 1300360054
Western	Melbourne	Ozanam Dental Clinic	268 Abbotsford St, NORTH MELBOURNE VIC 3187	9329 6733
Western	Melton	Djerriwarrh Health Services	Melton Health 195-209 Barries Road MELTON WEST VIC 3337	9747 7609
Loddon	Mildura	Mallee Track Health and Community Service	Britt Street OUYEN VIC 3490	5092 1121
Loddon	Mildura	Sunraysia Community Health Services Ltd	Cnr 13th Street & Deakin Avenue MILDURA VIC 3502	5021 0944
Hume	Mitchell	Seymour District Memorial Hospital	Bretonneaux Street SEYMOUR VIC 3660	5793 6126

DEPARTMENT OF HEALTH REGION	LOCAL GOVERNMENT AREA	CLINIC NAME	DENTAL CLINIC PHYSICAL ADDRESS	Phone Contact
Hume	Moira	Goulburn Valley Health (Cobram)	Broadway St, COBRAM VIC 3644	582 3050
Eastern	Monash	MonashLink Community Health Service Ltd	Level 1, 9-15 Cooke Street CLAYTON VIC 3168	1300 654 889
Western	Moonee Valley	Doutta Galla Community Health Service (Niddrie)	3-15 Matthews Avenue NIDDRIE VIC 3042	8378 3566
Northern	Moreland	Merri Community Health Services Ltd	11 Glenlyon Road BRUNSWICK VIC 3056	9387 6711
Southern	Mornington Peninsula	Peninsula Health (Rosebud)	Rosebud Hospital 1527 Point Nepean Road ROSEBUD VIC 3939	5986 9200
Southern	Mornington Peninsula	Peninsula Health (Hastings)	185 High Street HASTINGS VIC 3915	5971 9120
Northern	Nillumbik	Nillumbik Community Health Service Ltd	917 Main Road ELTHAM VIC 3095	9431 1333
Grampians	Northern Grampians	East Wimmera Health Service	52 Northwestern Road ST ARNAUD VIC 3478	5477 2175
Southern	Port Phillip	Inner South Community Health Service Ltd (South Melbourne)	341 Coventry Street SOUTH MELBOURNE VIC 3205	9520 3177
Barwon	Queenscliffe	Bellarine Community Health Ltd	Nelson Road POINT LONSDALE VIC 3225	5258 0828
Barwon	Southern Grampians	Western District Health Service	2 Roberts Street HAMILTON VIC 3300	5551 8347
Southern	Stonnington	Inner South Community Health Service Ltd (Prahran)	240 Malvern Road PRAHRAN VIC 3181	9520 3177
Loddon	Swan Hill	Swan Hill District Health	60 McCrae Street SWAN HILL VIC 3585	5033 9336
Northern	Swan Hill	North Richmond Community Health Ltd (Robinvale)	128 Latje Rd ROBINVALE VIC 3549	5051 8160
Hume	Wangaratta	Northeast Health (Wangaratta)	24 Green Street WANGARATTA VIC 3677	5722 5325 5722 5116 (2 nd line)

DEPARTMENT OF HEALTH REGION	LOCAL GOVERNMENT AREA	CLINIC NAME	DENTAL CLINIC PHYSICAL ADDRESS	Phone Contact
Barwon	Warrnambool	South West Healthcare (Warrnambool)	26 Ryot Street WARRNAMBOOL VIC 3280	5564 4250
Barwon	Warrnambool	South West Healthcare (Gunditjmara)	Harris St WARNAMBOOL VIC 3280	5564334 (weekly Weds)
Gippsland	Wellington	Central Gippsland Health Service	155 Guthridge Parade SALE VIC 3850	5143 8618
Grampians	West Wimmera	Edenhope & District Memorial Hospital	Lake Street EDENHOPE VIC 3318	5585 9800
Eastern	Whitehorse	Whitehorse Community Health Service Ltd	Level 2, 43 Carrington Road BOX HILL VIC 3128	9897 1792
Northern	Whittlesea	Plenty Valley Community Health Ltd (Epping)	187 Cooper Street EPPING VIC 3076	9409 8766
Northern	Whittlesea	Plenty Valley Community Health Ltd (Whittlesea)	40-42 Walnut St WHITTLESEA VIC 3757	9409 8766
Hume	Wodonga	Albury Wodonga Health	155 High Street WODONGA VIC 3690	02 6051 7925
Western	Wyndham	ISIS Primary Care Ltd (Wyndham)	117 - 129 Warringa Crescent HOPPERS CROSSING VIC 3029	8734 1400
Northern	Yarra	North Richmond Community Health Ltd (Nth Richmond)	23 Lennox Street RICHMOND NORTH VIC 3121	9420 1302
Northern	Yarra	North Richmond Community Health Ltd (Fitzroy)	75 Brunswick Street FITZROY VIC 3065	9411 3505
Northern	Yarra	Victorian Aboriginal Health Service	186 Nicholson St FITZROY VIC 3065	9419 3680
Eastern	Yarra Ranges	Ranges Community Health	17 Clarke Street LILYDALE VIC 3140	9738 8801

Appendix II - Useful websites links

Better Health Channel www.betterhealth.vic.gov.au/

Colgate www.colgate.com.au/

Dental Health Services Victoria www.dhsv.org.au

Department of Health - Evidence based oral health promotion resource

[http://docs.health.vic.gov.au/docs/doc/Evidence-based-oral-health-promotion-resource-\(2011\)](http://docs.health.vic.gov.au/docs/doc/Evidence-based-oral-health-promotion-resource-(2011))

Department of Health – Fluoridation

<http://www.health.vic.gov.au/environment/fluoridation/>

Finding your local public dental service

<http://www.dhsv.org.au/clinic-locations/community-dental-clinics/>

Fluoride Guidelines: Australia

http://www.arcpoh.adelaide.edu.au/publications/journal/papers/arcpoh_2006c.pdf

Health Translations Online www.healthtranslations.vic.gov.au/

Kindergarten Parents of Victoria www.kpv.org.au/

Nutrition Australia www.nutritionaustralia.org

National Infant Feeding Guidelines www.nhmrc.gov.au/guidelines/publications/n56

National Dietary Guidelines www.nhmrc.gov.au/guidelines/publications/n55

National Maternal and Child Oral Health Resource Centre (USA)

<http://www.mchoralhealth.org/>

National Oral Health Promotion Clearinghouse – for oral health promotion resources:

- i. Relating to children
http://www.adelaide.edu.au/oral-health-promotion/resources/public/htm_files/children.html
- ii. Relating to pregnant women
http://www.adelaide.edu.au/oral-healthpromotion/resources/public/htm_files/maternal.html
- iii. Oral health messages for the Australian public
<http://www.adelaide.edu.au/oral-health-promotion/publications/journal/paper/>

New Zealand Dental Association Oral Health Guide for Well Child Providers

http://www.healthysmiles.org.nz/assets/pdf/HealthySmilesBooklet-3rdEdition_sml.pdf

Parents Jury www.parentsjury.org.au

Raising Children’s Network www.raisingchildren.net.au/

Smiles for Life - A National oral health Curriculum for educators

Non clinical persons can access Paediatric Oral Health and Pregnancy and Oral health. There are down loadable versions that come with “speaker notes” and post test questions

<http://www.smilesforlifeoralhealth.org/default.aspx?tut=555&pagekey=62948&s1=2220128>

Victorian Health and Wellbeing Plan 2011-2015

<http://www.health.vic.gov.au/prevention/vphwplan>

Victorian Prevention and Health Promotion Achievement Program

For early childhood education and care services

http://www.health.vic.gov.au/prevention/achieve_early_childhood.htm

References

Department of Education and Early Childhood Development, 2009. *The State of Victoria's children 2008" A report on how children and young people in Victoria are faring*. Melbourne, Department of Education and Early Childhood Development

Department of Human Services 2007 *Victorian Child Health and Wellbeing Survey Technical Report, 2006*. Statewide Outcomes for Children Branch, Office for Children, Department of Human Services, Victorian Government, Melbourne

Hutchinson L ABC of learning and teaching: the educational environment. *British Medical Journal* 2003; 326; pp. 810-812 View 16 October 2013, <http://bmj.com/cgi/content/full/326/7393/810#otherarticles>

Kaufmann, D ABC of learning and teaching in medicine: Applying educational theory in practice. *British Medical Journal* 2003;326;pp. 213-216 Viewed 16 October 2013, <http://bmj.com/cgi/content/full/326/7382/213#otherarticles>

Jaques D, ABC of learning and teaching in medicine: Teaching small groups. *British Medical Journal* 2003; 326; pp.492-494 Viewed 16 October 2013, <http://bmj.com/cgi/content/full/326/7387/492#otherarticles>

Pretty, J et al, *A Trainer's Guide for Participatory Learning and Action*; 1995, International Institute for Environment and Development, London UK.

Rogers.JG. Evidence-based oral health promotion resource. Prevention and Population health Branch, Government of Victoria, Department of Health, Melbourne, 2011

Thitasomakul S, Thearmontree A, Piwat S, Chankanka O, Pithpornchaiyakul W, Teanpaisan R, Madyusoh S. A longitudinal study of early childhood caries in 9- to 18-month-old Thai infants . *Community Dental Oral Epidemiology*. 2006 Dec;34(6):pp.429-36

Werner, D and Bower B. *Helping Health Workers Learn: A book of methods, aids, and ideas for instructors*. Hesperian Foundation, Berkley USA.