

Broad Oak Community Primary School, St Helens Case Study



Why did you decide to take part in the Programme?

Our decision to engage with the supervised toothbrushing programme was driven by a clear and pressing need within our school community. Poor oral hygiene among pupils was highly visible, with some children presenting with blackened teeth, missing teeth, and significant dental decay. In several cases, missing teeth were affecting speech clarity and language development, particularly among younger children. Broad Oak is located within a significantly deprived area and has a high proportion of pupils eligible for Pupil Premium funding.

Many families face barriers to accessing regular dental care, resulting in children not being registered with a dentist. This reinforced our responsibility as a school to take a proactive role in improving children's oral health and overall wellbeing.

The programme also closely aligned with recent changes in the Early Years Foundation Stage (EYFS) statutory framework, which places a stronger emphasis on promoting children's health, self-care, and early lifelong habits. Additionally, the initiative supported our commitment to the NHS Health Pledge, enabling us to actively promote healthy lifestyles and improve outcomes for children and families across our community.

How does the programme work in practice within your setting?

The programme is fully embedded into our daily routine and is accessible to all children aged 2–7 years. Every child participates in supervised toothbrushing once a day. To ensure consistency and confidence, all staff received appropriate training before the programme was launched.

Class teachers are given flexibility to decide where toothbrushing best fits into their daily timetable, ensuring minimal disruption to learning. For example, in Year R, children brush their teeth after lunch as part of their transition back into the classroom.

Visual aids, including engaging videos and songs, are used to clearly time the two-minute brushing period, helping children understand expectations and maintain focus. Children are encouraged to develop independence. After brushing, they wash their toothbrushes independently and return them to the designated storage system. This routine supports life skills such as personal responsibility, hygiene awareness, and self-care, while also ensuring the programme is sustainable and well-managed.

How do you promote good oral health with children and families?

Oral health promotion extends far beyond the daily toothbrushing routine. Within Early Years, a dedicated dentist role-play area is available throughout the academic year, allowing children to explore dental care through imaginative, play-based experiences. Staff have actively supported families by contacting local dentists to help children become registered, addressing a major barrier for many parents.

We have also welcomed dental professionals into school, who have delivered assemblies and class workshops to reinforce key oral health messages. Oral health education is firmly embedded in the curriculum. In EYFS, activities are delivered through play-based learning, while in KS1, links are made through science and Relationships and Sex Education (RSE), particularly around healthy lifestyles. For example, KS1 pupils have taken part in simple science experiments exploring the effects of sugary drinks such as cola on teeth. These experiences help children make meaningful connections between daily choices and long-term health.

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What benefits have you seen for children, staff, or parents?

The impact of the programme has been overwhelmingly positive. Many children who were initially reluctant to brush their teeth now show genuine excitement and enthusiasm for supervised toothbrushing. The routine nature of the programme has helped normalise brushing and removed anxieties for some children. Children and parents frequently comment on the use of flavourless toothpaste, which has been particularly beneficial for children with Special Educational Needs and Disabilities (SEND) or sensory sensitivities.

One parent shared: “My child tells me off if I forget to tell them to brush their teeth – it’s worked brushing them at school.”

Staff are fully engaged and highly motivated in delivering the programme. There is a shared understanding of the importance of oral health and a collective belief that the programme is having a meaningful and lasting impact. Parents have also reported improved brushing habits at home, demonstrating that the programme is influencing behaviours beyond the school setting.



Have there been any challenges when delivering the programme?

The main challenges have been logistical rather than related to delivery. As a large school, the initial set-up required careful planning to ensure we had sufficient resources, including toothbrushes, storage systems, and toothpaste, for all pupils.

Replacing toothbrushes and managing the arrival of new stock has also occasionally been challenging, as has finding appropriate storage space for equipment. However, once these systems were established, the programme itself has run smoothly. There have been no significant challenges in terms of staff engagement, pupil participation, or daily implementation.