

# Supported Residential Services Oral Health Promotion Initiative

## Guidelines

Effective May 2018

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# Introduction

## Purpose of the guidelines

The purpose of these guidelines is to support delivery of and give guidance for the Supported Residential Services (SRS) Oral Health Promotion Initiative (the initiative). These guidelines outline the aims of the initiative and its expected outcomes, including key roles, responsibilities, accountabilities and reporting requirements of those involved.

## Overview

Residents of pension-level SRS are among Victoria's most disadvantaged (see Appendix 2). This initiative seeks to improve their oral health through education and assessment and providing access to treatment services. It recognises that preventative health care and oral hygiene help maintain a person's independence and quality of life, and decrease the need for urgent care.

The department has contracted seven service providers to implement the initiative in participating pension-level SRS across Victoria to promote better oral health for residents.

Overall objective:

- To improve the oral health of residents of participating pension-level SRS.

Aim:

- Provide oral health assessment/screening and referral for treatment to residents and to provide oral health education and information to assisted pension-level SRS residents, staff and proprietors.

Whilst SRS are private businesses registered and regulated by the department, there are a number of programs to assist vulnerable and disadvantaged residents in participating pension-level SRS including Supporting Accommodation for Vulnerable Victorians Initiative (SAVVI) and the Pension Level Project (PLP).

# Scope

## State-wide scope

The program scope includes:

- targeting pension-level SRS as identified by the department
- providing oral health assessment/screening and referral for treatment and providing oral health education and information to 900 residents per annum.

It is anticipated that each SRS will be visited by the dental hygienist/dental therapist/oral health therapist at least twice a year to provide oral health assessments to residents, and provide education and information to residents and staff in order to achieve the required targets. The funding model allows for purchase of oral health kits every year, and a delivery of kits to participating SRS is expected each year.

## Service description

The SRS Oral Health Promotion Initiative's objective is to improve the oral health of SRS residents by using dental hygienists/dental therapist/oral health therapist to outreach to participating pension-level SRS across Victoria. This includes providing the following services:

- Oral health, assessment/screening and facilitated referral for treatment (as required) to improve basic oral health and ensure problems are identified and addressed early.
- Oral health education and information including resources through the provision of oral health kits to residents in order to promote better personal oral hygiene practices.
- Oral health education and information to proprietors and staff of the participating pension-level SRS to help them support residents to improve their oral hygiene and which may include improving residents support plans.

Key service activities to be undertaken include the following services to the nominated SRS:

- Developing strategies and agreements with SRS proprietors to work within the SRS. This should include developing and maintaining a relationship with SRS proprietors and staff to support the delivery of the initiative.
- Provision of oral health education and instruction to residents at the SRS - this may include some initial group education but will usually be provided individually at the chairside in association with an assessment.
- Provision of oral health education for SRS proprietors and staff – this will usually be delivered as a group session at the SRS but may include some one-on-one education as opportunities present.
- Provision of oral health information and resources, such as: Oral health kits for residents including, for example, toothbrushes and toothpaste; posters; information/training DVDs for staff and residents and information on public oral health services.
- Provision of oral health assessment/screening for residents at the SRS and advice and information to proprietors to promote good oral health practices to be incorporated into resident care/support plans.
- Referral of residents to public oral health treatment services as appropriate. Service providers working with public dental health providers in the area are expected to develop strategies to enhance referral outcomes including, for example:
  - working with SRS proprietors/staff, case managers, family members, community transport and other community support services, to assist transport to appointments and to encourage residents
  - make group bookings to minimise transport demands and so residents can support each other.

# Key Roles and responsibilities

## Role of the dental hygienist/dental therapist/oral health therapist

An essential element in the service model is the role of the dental hygienist /dental therapist /oral health therapist whose task will be to:

- build innovative and creative ways to engage with residents
- negotiate and build collaborative partnerships with participating pension-level SRS proprietors, staff and existing services
- generate a positive experience of dental care at participating pension-level SRS
- promote a prevention focus on oral health hygiene
- enhance the importance of oral health care practice at participating pension-level SRS
- deliver oral health assessment/screenings at participating pension-level SRS
- assist in improving the oral health knowledge and practices at participating pension-level SRS by providing oral health education to staff and residents
- building the capacity of SRS proprietors and staff to meet and support resident oral health needs
- provide oral health kits to residents
- provide advice and information on good oral health practices that can be incorporated into resident support plans.
- assist in establishing referral pathways to dental health services for treatment
- refer residents needing more complex dental care.

The dental hygienist /dental therapist /oral health therapist should possess an appropriate level of knowledge and skills in relation to socially isolated and/or disadvantaged people. Key attributes required for effective delivery of the initiative are:

- flexibility and client support including advocacy skills for clients to ensure needs are met
- competency in engaging and managing clients with complex needs
- an informal and non-judgemental style.

## Role of the service provider

The responsibilities of the service provider include a commitment to the aims and objectives of the initiative and a relationship with the department which is set out in a formal funding and performance agreement for delivery of the initiative to ensure:

- Engagement of staff with suitable skills and knowledge including a dental hygienist /dental therapist /oral health therapist and dental nurse/dental assistant consistent with the scope of the initiative. Potential costs associated with engagement of a dental hygienist /dental therapist /oral health can be found in the following Enterprise Agreement:
  - Victorian Stand-alone Community Health Centres (Dental therapists, dental hygienists and oral health therapists) Enterprise Agreement 2013-2017, found at the following link: <http://www.cbchs.org.au/files/nrteUploadFiles/172F062F2014123A493A36PM.pdf>. Page 46 of the EBA lists the pay scales for Dental Therapists/Hygienists. and page (47) describes the competencies for Dental Therapists/Hygienists, from Graduate to Level 4. It is anticipated that a Level 3 Dental Therapist/Hygienist would be able to deliver the initiative.
- Costs associated with the public dental health provider other than engagement of a dental hygienist /dental therapist /oral health could include: administrative costs; travel time; scheduling; data collection; gaining

resident's informed and medical consent; and relationship building with SRS residents and staff and other local public dental health providers in the area

- Provision of resources to assist the outreach nature of the work of the dental hygienist /dental therapist /oral health
- While there is no funding provided specifically for the transport of residents to treatment, it is expected that providers work with the local dental health providers to explore local options for the provision of transport and with community groups and other community support services working with SRS
- Utilise existing or develop new protocols for referral procedures, access arrangements and relationships with other organisations and agencies, particularly those working in assisted pension-level SRS
- Meet the funding and reporting requirements of the department.

## **Role of the Department**

Staff at the departments Community Based Health Policy and Programs area provide state-wide policy development, program and budget oversight, data collection and analysis and reporting against government targets. Staff will also be responsible for the annual meeting of providers.

At an operational divisional level, staff are responsible for:

- Administering funds and providing advice to each service provider
- Monitoring the delivery of components of the SRS Oral Health Promotion Initiative
- Acting as the main point of contact for service providers
- Work with service providers to facilitate contact with SRS proprietors not familiar with the initiative. Work with service providers to link them with SAVVI partnership manager organisations and supporting connections workers (see below).

Questions or comments relating to the guidelines, delivery of services or funding should be directed to departmental program contacts based in operational divisions. The contact name of the representative is in the service model specifications document. You will be contacted by the department if there is a change to your departmental representative.

## **SAVVI and Supporting Connections**

It is an expectation that SRS proprietors whose facilities are participating in the SRS Oral Health Promotion Initiative will facilitate its delivery in the SRS. Service providers funded to provide the initiative are also able to use the experience of SAVVI (Supporting Accommodation for Vulnerable Victorians Initiative) partnership manager organisations and supporting connections workers to help build relationships with participating SRS proprietors and staff. These community based organisations work with pension-level SRS to support the needs of residents by providing support to residents, proprietors and staff.

## **Funding and reporting requirements**

- Funding and targets are outlined in the service model specifications document provided for each service provider and include funding for salaries and operating and funding for oral health kits.
- Total annual funding is recurrent.
- The service provider is expected to submit six monthly reports to the department using the reporting template provided (see template, Appendix 1).
- Reports are due on 31 July and 31 January each year.

# Appendix 1

## Service activity report (template)

Name of Agency:  
Reporting Period:

Name of SRS	Number of residents who received oral health screening	Oral health education & information		Number of residents referred to a service for dental treatment	The number of oral health kits distributed
		Number of sessions	Number of residents		

Types of issues (negative & positive) encountered & resolution	
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## Appendix 2

### Background and Target Group

- SRS are private businesses that provide accommodation and support services for people who need assistance in everyday life, for example, people who may be frail, have a disability or a mental health issue.
- Support services provided usually include meals, assistance with personal hygiene, showering, dressing, medication management, and some emotional and behavioural support.
- SRS can be broadly categorised into pension-level SRS and above pension-level SRS. The SRS Oral Health Promotion Initiative is targeted at pension-level SRS only.
- Residents of pension-level SRS often have little disposable income, high levels of disability, chronic health issues and low social participation.
- As of January 2018, there were 130 registered SRS in Victoria with approximately 4,400 registered beds. Eighty percent of all SRS beds are located in metropolitan Melbourne with the highest concentration in the southern and eastern metropolitan areas.
- Of the total 130 SRS in Victoria, 78 providing approximately 2400 beds are operating as pension-level SRS and participating in either SAVVI or the Pension Level Project (PLP).