



Office for Health
Improvement
& Disparities

National Dental Epidemiology Programme

Administrators' guide to child cohort surveys

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Introduction

This document provides guidance on the administration of the National Dental Epidemiology Programme oral health surveys of children. It should be read in conjunction with the survey relevant national protocol, step-by-step sampling guide and guidance for handling data documents.

The protocol, data collection formats and all necessary guidance and documentation are available for downloading from the [oral health collections webpage](#).

Completing editable pdf documents

The survey process requires administrators to complete survey relevant appendices from the [oral health collections webpage](#), some of these are editable pdf documents. To complete an editable pdf document with local information you must:

1. Open the editable pdf file and click 'Fill & Sign' as shown in Figure 1 below.

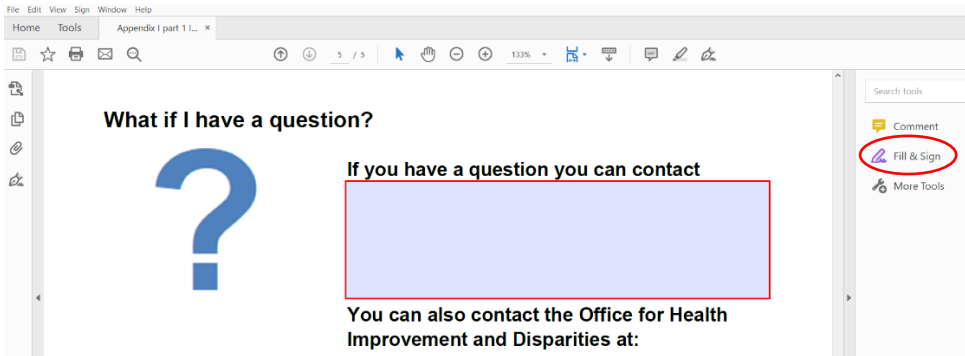


Figure 1: example of editable pdf

2. Complete all the highlighted boxes with relevant information and then select 'File, Save As' from the menu. Save the file with a new name.
3. Print copies of the document for distribution. When printed the highlighted boxes will not be visible.

Survey process

The table below shows the activities involved in the survey process, who undertakes the activity and what support is provided for the activity.

Table 1: survey process

Activity	By whom	Support
1. Decision regarding survey group	Local authorities through consultation	National dental public health team, local consultants in dental public health
2. Local commissioning of survey, including sampling principles	Local authorities with or without NHS England regional teams	Consultants in dental public health
3. National training and calibration for dental epidemiology coordinators (DECs) and regional standard examiners	National dental public health team and national standard examiner	National dental public health team with national protocol and training presentation
4. Regional training and calibration for fieldwork teams	DEC and regional standard examiner	National dental public health team calibration resource pack including guidance on running training and calibration events and training presentation
5. Collection of local data – numbers on roll in schools local sampling for local authorities	Fieldwork teams	National dental public health team's Step-by-step guide to sampling and DECs
6. Contacting schools	Fieldwork teams	This administrators' guide
7. Identifying children and sampling children	Fieldwork teams	This administrators' guide

Activity	By whom	Support
8. Seeking agreement to participate – first time Seeking agreement to participate – second time	Fieldwork teams	This administrators' guide Consultant in dental public health working with local authority
9. Preparing for examination	Fieldwork teams	This administrators' guide
10. Examination days	Fieldwork teams	This administrators' guide
11. Entering data onto data collection sheets	Fieldwork teams	This administrators' guide
12. Entering data onto computer	Fieldwork team	National dental public health team's Guidance for handling data
13. Checking, cleaning, exporting data and naming files	Fieldwork team	National dental public health team's Guidance for handling data
14. Completing appendices to send to DEC with data file	Fieldwork team	National dental public health team's Guidance for handling data

Stages 1 to 3 do not need input by most fieldwork team administrators.

1. Decision regarding survey group

Administrators are not involved in this process.

2. Local commissioning of survey – including sampling principles

Most administrators are not involved in this process.

3. National training and calibration

In preparation administrators should read the protocol. The protocol should be referred to whenever there is a query.

At this stage it is useful to know who the commissioners are in your own area and in surrounding areas, as boundaries change and some are non-coterminous with NHS boundaries and fieldwork providers' coverage areas. It is useful to communicate with the epidemiology administrators in the surrounding areas to ensure everyone is visiting the correct areas within their boundaries and that no areas are missed out or duplicated. The time to find out about possible crossover areas is at the start and not towards the end of a survey.

You will probably be aware at this stage which cohort you will be surveying. It will do no harm at this point or even before to contact all the local authorities in your area to obtain a list of schools in your area. From this you can draw up a list of schools (with addresses and contact numbers) ready for sampling or contact purposes. The local authorities may also provide information ready for address labels for the headteacher letter.

You can also estimate how many sites may be visited in a session and how many sessions will be required, thus giving an idea of resources and time required to complete the survey. You can leave this until stage 5 but it is useful to be prepared with this basic information.

This is where most administrators start to become actively involved.

4. Regional training and calibration

Dental epidemiology coordinators work with standard examiners to put on training events for all fieldwork teams in their regions. Administrators will usually need to attend both the training and the calibration events. At the training they will learn about the running of the surveys and important features that may have changed since the last survey.

At the calibrations each examiner is required to attend with a recorder who will chart for them. Each examiner is required to bring to the calibration personal protective equipment, a Daray lamp and extension lead (both PAT tested), wipeable rubber mat for the table, disposable examination gloves, clipboard, pencil, eraser and a pair of sunglasses to protect the children's eyes from the light.

Training and calibration data collection sheets will be provided by the DEC team ready for fieldwork teams to complete.

After the regional training and before any visits to schools, it is useful for the whole of the epidemiology team to have a meeting to discuss the forthcoming survey work and protocol in detail. This helps to overcome any problems which may arise and ensures consistency across the team.

5. Collection of local data – numbers on roll in schools

For support on undertaking sampling for local authorities, please see the cohort relevant 'Step-by-step guide to sampling' (available from the [oral health survey guidance section](#) of the oral health collections website) to do this stage.

Proposed sampling tables should be sent to DEC's for approval.

Tip: numbers on roll are sometimes not available until January but good estimates can be made using the previous year's numbers on roll.

For a 5-year-old survey, it has been agreed that teams who can complete their surveys by the last day before the February half term holiday can sample 5-year-olds from Year 1 only. This needs to be taken into account when sampling.

6. Contacting schools – approach, purpose

Once the proposed sampling of schools and suggested sampling intensities has been approved by the DEC, the sampled schools need to be contacted.

Tip: if you have devised a list or database of schools with contacts and addresses, you can use this to draw up labels for headteacher letters. But double check when mail merging or printing from a database – mistakes can easily be made.

Tip: it is also useful to draw up a checklist for each stage of the process. You can then keep a track on what stage you are at with each school and see which schools still need to be contacted and check data entry.

Figure 2 below shows an example checklist.

School	Address and tel number	Headteacher letter sent	Appointment made	Class list received	Agreement to participate letters sent round 1	Agreement to participate letters sent round 2	Data entered Access database
St Aidans. Long lane							
St Bedes							
St Gerrards							

Figure 2: example checklist

In some local authorities, the first contact with schools is by telephone, in others a letter is first sent to the headteacher and followed up by a telephone call. The purpose of this contact is to explain the nature and purpose of the survey and to gain the co-operation of the school. In the protocol, a 'Letter to headteachers' is included as an appendix and is available from the [oral health collections webpage](#). This document is available to be modified with local logos and contacts. The letter can be used to back up telephone contacts. The letter includes a link to a short video developed to show schools, parents, persons with parental responsibility and children what happens during the survey.

Tip: it works best to approach this contact thinking you are asking for a favour from the school; it is unwise to take the stance that you have a right to access the school.

Tip: have a script or crib sheet in front of you when you phone so that you go through each stage of the process in the same order, for example:

My name is....., I am phoning from..... I am responsible for co-ordinating dental surveys in schools. This year our survey will be of children aged 5. We'd like to arrange an appointment to come in to school. We will require a class list in advance of our visit with names and date of births.

If you are interrupted, you can then return to your crib sheet and ensure you have not missed anything.

Tip: reassurance that your team will do all tasks required may be needed. The only help you are asking for is access to the relevant class lists, distribution and collection of agreement to participate letters and agreed space for examination on a mutually agreed day.

Tip: it can be tricky to make direct contact with the correct person in a school who can give a clear answer about cooperation or otherwise. School staff are busy people. It is best to ask for a time when it is easiest to speak with the headteacher and phone them back. This is far better than agreeing to wait for them to call you back.

Tip: if the school secretary says no straight away, ask if you might speak with, email or make an appointment with the headteacher. Stay calm and polite and do not get into an argument with the secretary.

Try to get the name of a relevant contact in school, this way you do not have to keep explaining yourself again at every stage.

Tip: use index cards, your checklist or similar to keep a record of communications with each school so you sound to be well organised. You will need to record names of contact staff, roles and times when you will be calling back, and so on.

Tip: you may prefer to use a 'cover sheet' for this purpose with contact name, school name, address and phone number, date and time of visit, number of children sampled and times of start, assembly, breaks, lunch and finish. See Appendix 1 at the end of this guide.

This can be kept in a folder or polythene pocket (locked away securely) with the class list and any other items for the school. The cover sheet is used to record contacts with school but also covers the class list, keeping it shielded from view when being transported.

The secret for success is about creating and maintaining a good, professional relationship with the school contact, and seeing the process through with minimal disruption to the school.

Tip: make sure you are familiar with the clarification form regarding the General Data Protection Regulations (GDPR) and health activities in schools, which is in the protocol. This can be used if schools say they cannot share child level data without parental consent as it shows what the law actually says.

7. Identifying eligible children

Once a school has agreed to co-operate with the survey, they should be asked for the class lists. If the survey is a year group specific survey for example children in Year 6, then only the class lists for that specific year group need to be requested. If the survey is an age cohort survey, then class lists need to be requested from across 2 year groups that may contain age eligible children. For example, for a 5-year-old survey class lists need to be requested for Reception (the year when children have their fifth birthdays) and Year 1 (the year when children have their sixth birthdays). Ask for lists with children's names and dates of birth.

Class lists may be sent as attachments to secure e-mail addresses, that is your nhs.net address, securely faxed, or only be viewable at school.

Tip: increasingly schools are asking to send electronically. A safe email address is required. This should be an nhs.net address. Some schools may still use fax, so you need to ensure you are using a safe haven fax machine. Try to get the schools to do the same thing as much as you can, there will always be some who will ask you to do something different. By trying to do things in a standardised way will help to avoid confusion.

For an age cohort survey, before children of the correct age can be identified from class lists, a day for examination must be agreed with the schools. Within an age cohort survey protocol there is an appendix table to help identify the children whose dates of birth mean they will be age eligible on the day of examination, for example for a 5-year-old survey which will have had their fifth but not their sixth birthday.

Use the relevant survey cohort 'Step-by-step guide to sampling' to sample the identified children using the appropriate sampling intensity that was decided in Stage 5, that is sample 1 in 2, 1 in 4 or all children who will be eligible on the day of examination.

8. Seeking agreement to participate

Refer to the national protocol for the survey for methods of increasing the numbers of agreement to participate forms being returned.

Some schools will have collected agreement to participate for dental surveys as part of a block signing activity. In these cases, information letters should be sent to parents to let them know that a dental survey will soon be taking place and giving them a chance to withdraw their agreement (use the appropriate appendix from the protocol).

Where separate agreement to participate is being sought for the dental survey, the protocol appendix 'Information for parents and persons with parental responsibility and

agreement to participate form' should be posted or handed to parents of children who have been sampled. These are available from the [oral health collections webpage](#).

Use the 'School tracking list' appendix in the protocol (available from the oral health collections webpage) to list which children have been sampled and sent agreement to participate forms.

Tip: leave these forms at school so that the person who has kindly agreed to collect the agreement to participate forms can keep a record of who has returned their form and who has not.

Leave a week or so before contacting or returning to the school to ask about form returns. If some children have not returned their forms, this should be recorded on the appropriate appendix and information and agreement to participate forms should be sent to parents for a second time.

Tip: second request agreement to participate forms could be printed on differently coloured paper.

Do remember that the standard sampling method does not allow additional schools or children to be added as substitutes for children who do not return forms. All efforts should be directed into maximising the number of sampled children who return completed forms.

Once agreement to participate has been received then you should request further information from the school about those children only, to include sex, home postcode, ethnicity and multiple birth status.

9. Preparing for examination

You will need to prepare for each day of examination. The equipment needs to be collected together and packed in a smart and professional manner. This includes:

- enhanced DBS certificate – less than 3 years since date issued
- PPE equipment and disinfectant wipes
- wipeable mat for the table
- Daray lamp and extension lead – both with up-to-date PAT certificates
- disposable examination gloves

- child-size sunglasses to protect eyes from the bright light
- sufficient numbers of sterilised and packed mouth mirrors and ball ended probes or CPITN probes
- disposable instrument trays
- cotton wool rolls or cotton buds
- tissues
- paper roll
- dirty instrument collection receptacle
- clinical waste bag
- non-clinical waste bag
- clipboard, pencil, eraser
- gifts as a thank you or reward for the children who are examined, for example toothpaste or brushes or stickers

The following paperwork needs to be prepared.

Complete the 'Examination day sheet' appendix in the protocol (available from the [oral health collections webpage](#)) with the details of the children sampled and print out. This will provide you with a day list of children who are due to be examined at each school and who must not be examined because their parents did not return the agreement to participate form.

Check the protocol to make sure you are giving children unique identity (ID) numbers correctly.

The ID number is made up of 2 parts. No two children should have the same ID number:

- the unique number of the local authority
- the unique number of the child

On the examination day sheet, the children with returned agreement to participate forms should be highlighted as they will be the ones who are examined at school (Figure 3). Make it very clear which children did not return forms. These children must not be examined.

Name of school: St Peter's R.C

School postcode: FY4 3VG

Date of examination: 11/12/2021

Name of school contact: Mrs Bond

Telephone number: 01253 422653

Child's first name	Child's surname (family name)	Child ID Number												Date of Birth dd/mm/yyyy	Home postcode			
		LA Code													Number of sampled child	Part 1	Part 2	
Melissa	Jones	E	0	6	0	0	0	0	0	0	9	0	0	0	7	23/03/2017	FY5	6RT
Harry	Smith	E	0	6	0	0	0	0	0	9	0	0	1	2	16/04/2017	FY4	3DF	
Harvey	Smith	E	0	6	0	0	0	0	0	9	0	0	3	4	16/04/2017	FY4	3DF	

Sex (M/F/O)	Multiple birth (Y/N)	Ethnic Codes		Parental agreement		Examination status		
		Higher	Lower	Form returned (Y)	Form NOT returned (N)	Examined	Child absent	Child refused
F	N	A	A1		N			
M	Y	D	D2	Y				
M	Y	D	D2	Y				

Figure 3: example examination day sheet

Tip: use the completed 'Tracking list for schools' to complete the 'Examination day sheet' with which children should and should not be examined.

Tip: it is good practice to check the agreement to participate forms twice with examiner and recorder together. In some areas both parties sign to say they agree the number of forms returned. This gives a double check.

Tip: an electronically completed 'Examination day sheet' can be used to easily create the 'Data linkage' appendix file (available from the [oral health collections webpage](#)) at the end of the survey, if required to do so.

Sufficient data collection sheets (in the protocol and available from the oral health collections webpage) must be printed for all children being examined. Make sure you are using the data collection sheet for the current survey.

The top of the data collection sheet will have a similar layout to Figure 4 below.

1. Lower-tier local authority name _____		2. Examiner _____	
3. School name _____		4. Type of school <input type="checkbox"/> (0 – Mainstream 1- Special support)	
5. School postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		6. Date of examination <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Lower-tier LA Code		Number of sampled child	
7. Child identity number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
8. Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		9. Home postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
10. Sex <input type="checkbox"/> 0 - Male 1 – Female 2 - Other		11. Multiple birth <input type="checkbox"/> 0 - No 1 - Yes	
12a. Higher Ethnicity <input type="checkbox"/> (See section 9.10)		12b. Lower Ethnicity <input type="checkbox"/> (See section 9.10)	
13. Sample group code <input type="checkbox"/> 0 - Main sample		1 - Additional sample A	
3 - Additional sample C		2 - Additional sample B	
		4 - Additional sample D	
		5 – Special support school	
14. Examination status <input type="checkbox"/> 0 - Examined		1 - Repeat exam	
		2 - Training	

Figure 4: example top section of data collection sheet

Tip: enter the local authority names and number onto the data collection sheet before printing, the name of the examiner can also be printed to save filling this in on every sheet. The local authority codes can be found in the protocol appendix.

Letters for parents of children who the dentist has a concern about should be taken to each school, using local procedures.

10. Examination days

If possible 2 administrative supporters should accompany the examining dentist, one to record the survey data and the other to fetch batches of 5 or 6 children at a time, control and reassure them while they wait and supervise their quiet return to their classroom afterwards.

All staff on the epidemiology team should be encouraged to report any problems or challenges they are experiencing during the fieldwork. Problems should not be hidden but openly discussed and resolved to ensure that the survey is run correctly and ethically. Sometimes a review meeting is useful. The leader may make phone calls or send regular emails to ask the team how the survey is progressing.

11. Entering data onto data collection sheets

A data collection sheet (available from the [oral health collections webpage](#)) should be completed for each child for whom parental or guardian agreement to participate was received.

If a child for whom parental or guardian agreement to participate was received was absent or refused to be seen on the day of examination, a data collection sheet should be completed with the school and child's details. Leave all clinical information blank.

For all children examined it is important that the correct clinical examination data is recorded so if:

- you can't hear the examining dentist
- you can't keep up with their calls
- you get muddled about teeth, surfaces, codes
- you think you have made a mistake
- you think the dentist has made a mistake

You must say so and ask to go back and check and correct the chart.

If the dentist thinks they have made a mistake or if they want to check something they must say so.

It is unethical and of little value to collect and record information which is incorrect.

Every so often it is good practice to check a chart together, even if there is no specific concern.

Data collection sheets must be kept securely and the data entered onto computer as soon as possible after returning to base. It is not acceptable to keep all the data collection sheets until the end of the survey and then start to input the information.

All teams must use the Access data collection database that has been created for the current survey. This is available from the oral health collections webpage and use the password that your DEC sent to you.

Examination day sheets should be kept securely as they contain sensitive information. They might be required to identify children during the checking and cleaning of data and will be required if data linkage to other surveys is being undertaken.

12. Entering data onto computer

At this stage administrators should use the correct 'Guidance for handling data' (available from the [oral health collections webpage](#)). A new one is produced for each survey so the correct year should be selected. The guidance document includes step-by-step instructions.

13. Checking, cleaning, exporting data and naming files

Step-by-step instructions on how to undertake this stage are included in the survey relevant 'Guidance for handling data' document.

14. Completing appendices to send to DEC with data file

Administrators should use a combination of the completed 'Suggested cover sheet for each school', 'School tracking list' and 'Examination day sheets' to complete the required 'Data summary' appendix in the protocol (available from the oral health collections webpage). This summary file should be sent to the DEC along with the data file.

The summary needs to contain complete and accurate counts to enable the national dental public health team to calculate response rates for the survey, which are published in the survey report.

If required to do so, a password protected 'Data linkage' file (available from the oral health collections webpage) should also be sent securely to the DEC. This is easier to create if the examination day sheets were completed electronically.

Acknowledgments

This document is based on an original document that was developed in collaboration with Lorraine Kellet (Halton and St Helen's), Carmen Straccia (Lancashire Care NHS Foundation Trust) and Tracy Rodwell (Central Manchester University Hospital Foundation Trust).

Appendix 1: suggested cover sheet for each school (to print)

School name _____ School postcode _____

School address _____

Local authority number to be prefix for child ID numbers _____

Examination date _____ Time _____

Main contact _____ Tel no _____

Number of children sampled

Number with agreement to participate forms returned

Number with no form returned

What time registration? _____

What time assembly? _____

What time morning break? _____

What time lunch? _____

What time afternoon break? _____

What time finish? _____

Notes _____

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