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# Healthy Little Smiles

Early childhood oral  
health resource kit

For early childhood  
professionals



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This document describes the generally accepted knowledge at the time of publication. It is only a guide and is a general summary of early childhood oral health knowledge. Early Childhood Educators are encouraged to update their knowledge on early childhood oral health through a continued partnership with the Health Promotion Unit of Dental Health Services Victoria.

No warranty is made, expressed or implied, that the information contained in this document is comprehensive. Parties associated with this publication accept no responsibility for any consequence arising from inappropriate use of this information.

Dental Health Services Victoria  
Health Promotion Unit  
October 2014

# Foreword

Dental Health Services Victoria is pleased to present the *Healthy Little Smiles – Early Childhood Oral Health Resource kit*. This resource kit has been developed through a collaborative effort with professionals from the early childhood education and health sectors.

Our children's early years are an important time for establishing healthy habits. It is crucial that we take this opportunity to teach and nurture habits that will ensure a lifetime of good oral health. Early childhood educators play an important role in supporting good oral health which is essential for overall health and wellbeing.

The *Healthy Little Smiles* resource kit supports early childhood professionals to integrate oral health within their everyday practice and provides practical strategies to encourage families to care for their child's oral health at home.

The *Healthy Little Smiles – Early Childhood Oral Health resource kit* is underpinned by the *Victorian Action Plan for Oral Health Promotion 2013–2017*, and was made possible through the Healthy Families, Healthy Smiles initiative which is funded by the Victorian Government Department of Health.

We would like to thank our partners who contributed their expertise, time, and enthusiasm to the development of the resource kit, and who have demonstrated their commitment to ensure oral health is integrated into their work with children and their families.



Dr Deborah Cole  
*Chief Executive Officer*  
Dental Health Services Victoria

## Acknowledgements

*The Healthy Little Smiles – Early Childhood Oral Health resource kit* is an online support tool for early childhood educators and other professionals working in early childhood services. The manual has been developed in conjunction with the Healthy Families, Healthy Smiles program's Early Childhood Educators' Working Group.

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## Glossary of terms used in this manual

**Primary, deciduous milk or baby teeth** – are all terms used for the first set of teeth that begin to erupt at approximately six months of age. This manual will use the term **baby teeth**.

**Adult or permanent teeth** – these are the terms used for the second set of teeth that begin to erupt at approximately six years of age. This manual will use the term **adult teeth**.

**Weaning, introduction of solids, solid foods** – these are the terms used for the stage of infancy when the diet has the introduction of solid foods at six months of age. This manual will use the term **introduction of solids**.

**Newborn** – this is the first month of a child's life.

**Infant and infancy** – this is the period between 1 to 12 months of a child's life.

**Toddler** – this is the period of childhood between 12 months and 3 years of age.

**Pre-schooler** – usually when children are 4 to 5 years of age.

**Oral health professional** – includes dentists, oral health therapists and oral hygienists.

**Early Childhood Caries (ECC)** – is the term used for tooth decay of the baby teeth, and is also called bottle caries and dental caries.

**Baby or infant feeding bottle** – a plastic or glass feeding bottle with an artificial teat that is used for feeding expressed breast milk or infant formula to a baby.

**Early Years Learning Framework (EYLF)** – is a national learning framework for children aged 0–5 years which provides a guide, principles and outcomes that enhance and support children's learning.

**Healthy eating and oral health policy** – clearly articulate the conditions and practices necessary to create a physical and social environment that promotes health and wellbeing. A healthy eating and oral health policy will provide guidelines to support good oral health and general health.

**Healthy Together Achievement Program** – is a Victorian Government initiative which supports and recognises the achievements of early childhood education and care services in promoting the health and wellbeing of children.

**Healthy Together Healthy Eating Advisory Service** – The services provides advice on nutrition and healthy eating to early childhood services, outside school hours care, primary and secondary schools, hospital retail outlets and workplaces.

**Menu assessment** – assesses a service's menu in accordance with the relevant dietary guidelines. These are conducted by the Healthy Eating Advisory Service state-wide, or you might like to contact your local community health service or ACCHO to organise a menu assessment with their dietitian or nutritionist.

**National Quality Standard (NQS)** – Promotes continuous improvement and provides a national benchmark for early childhood services to be assessed against.

**Victorian Early Years Learning and Development Framework (VEYLDF)** – Provides a framework to support early childhood professionals to work together with families to achieve outcomes for all children aged 0-8 years. Provides a set of outcomes for what children are learning and the guiding practice principles for learning.



## Introduction

Good oral health is fundamental to overall health and wellbeing. Early childhood is a critical time when lifetime habits are established. Supporting oral health promotion in the early years is an investment in the future health of Victorians. Health and early childhood professionals are an important element in addressing oral health promotion.

In Australia over the past decade, there has been a slight increase in the rates of tooth decay in six year old children (Mejia et al, 2012). The oral health of children from infancy to preschool aged is vitally important for overall wellbeing and quality of life. Early childhood services already play a significant role in promoting health and wellbeing of young children. Early childhood professionals are well placed to create supportive environments, build knowledge and skills, and engage families around healthy eating and good oral health practices.

## About this resource kit

This resource kit has been designed for professionals working with children from infancy to pre-school age in educational and child care services and settings that are regulated by the National Quality Standard and supported by the Victorian Early Years Learning and Development Framework.

Throughout the resource kit we will refer to families rather than parents. Taking a family centred approach means that we acknowledge all of the significant family members in a child's life. Family members include mothers, fathers, siblings, aunts, uncles, grandparents – anyone who has a role in caring for the child.

The information included in this resource kit is based on the Australian Dietary Guidelines (2013), the Infant Feeding Guidelines (2012) and the Oral Health Messages for the Australian Public (2011).

Healthy Little Smiles aligns with the National Quality Standard and elements of the Victorian Early Years Learning and Development Framework as well as the Healthy Together Achievement Program.

The manual is presented in the following sections corresponding to the key oral health messages:

### Baby teeth are important!

This section discusses oral health statistics for children 0 to 5 years of age in Victoria. It provides a rationale for why taking care of baby teeth is so important. Education professionals along with other health professionals are all well placed to incorporate oral health promotion into their daily practice.

It includes information about teething, tooth decay and how decay happens and the importance of looking after baby teeth.

### Drink well

Young children do not need sweet drinks to have a healthy, balanced diet. This section discusses appropriate drinks for babies, toddlers and children and discusses how fluoride can improve oral health.

### Eat well

Diet plays such a crucial role in oral health outcomes. This section looks at healthy foods for healthy teeth and the foods that need to be avoided to help children maintain good oral health. We also look at what healthy snacks are and show you some of the hidden sugars in foods that we often think are healthy.

### Clean well

Brushing twice a day is recommended for everyone. Getting young children to learn this life skill at a young age is very important. This section looks at ways to talk about toothbrushing and role playing and supporting families with this important routine.

### Stay well

Prevention of tooth decay is supported by oral health assessments and regular check-ups. This section highlights the age that children should have their first oral health assessment and includes information about how to access public and private dental services.

This resource kit also provides practical tips to address some of the challenges that may be encountered in the education setting and for families at home, and case studies from early childhood services that provide some good examples. We have also included a list of tip sheets and other helpful resources.

A web-based version of this Healthy Little Smiles resource kit is available, with direct links to resources. Visit Dental Health Services Victoria [www.dhsv.org.au/oral-health-programs/hfhs/healthy-little-smiles](http://www.dhsv.org.au/oral-health-programs/hfhs/healthy-little-smiles)





Baby teeth  
are  
important!

## Key messages

Baby teeth are important:

- For eating (biting, chewing and grinding)
- For speech development
- To make space for the adult (permanent) teeth and guide them into position

Tooth decay causes pain, sleeping problems and may stop children from reaching a normal weight.

## Rationale

Why promote the oral health of babies, toddlers and children?

The importance of general health and wellbeing in the early years of life is well documented.

*'There is growing evidence that good nutrition, nurturing and responsive care-giving in these early years, combined with high quality early childhood development programs, can improve the long-term outcomes for all children's health, development, learning and wellbeing.'*

– Department of Human Services, 2005

Oral health is often observed as the domain of the dentist, with the mouth being a separate part of the human body. This has contributed to other professionals believing that they are not skilled enough to promote oral health. Good oral health is fundamental to overall health and wellbeing, and early childhood is a critical time when lifetime habits are established. It makes sense to support oral health promotion in the early years as an important investment in the future health of all Victorians.

Tooth decay in children under 5 years of age is a rapid and progressive disease which can be painful and debilitating (de Silva Sanigorski et al, 2010). Tooth decay causes pain, sleep problems, eating difficulties, poor diet and can keep children from achieving a normal weight. Poor oral health can also affect speech development, communication and self-esteem (Rogers, 2011).

Of the children up to five years of age who attended public dental clinics in Victoria during 2010–2011 33 per cent experienced tooth decay and 69 per cent of this was untreated (Dental Health Services Victoria, 2011).

The Victorian Child Health and Wellbeing Survey found that for Victorian Children aged between 6 months and less than 13 years oral health outcomes include (Department of Education and Early Childhood Development, 2009):

- 18.2 per cent of children had experienced toothache. Of these children 27.7 per cent had toothache severe enough to disrupt sleeping.
- 17.5 per cent children had a filling.
- 4.7 per cent of children were reported to have had treatment in a dental hospital under general anaesthetic.
- 7.5 per cent of children have had a tooth extracted.
- Rural children were more likely to have experienced a toothache, had a filling, a tooth extraction or have received treatment in a dental hospital under anaesthesia.
- 70.0 per cent of children aged 2 to 12 years were reported to brush their teeth at least twice a day.
- Approximately one in five children (20.3 per cent) had a parent or carer who reported never assisting their child with tooth cleaning.

The previous Victorian Child Health and Wellbeing Survey in 2006 found that 71 per cent of children aged between one and five years have never been to the dentist. Furthermore, 51 per cent of parents surveyed stated that there was no reason to visit the dentist, and 30.8 per cent considered their child to be too young for a dental visit. (Department of Human Services, 2007).

Some groups experience greater levels of poor oral health. These include people on low incomes, some Aboriginal and Torres Strait Islander peoples, people living in rural or remote communities, people with a disability, and some people from culturally and linguistically diverse background, particularly refugees (Rogers, 2011).

- Young children from low socioeconomic groups experience twice the level of tooth decay as children in high socioeconomic groups. (Rogers, 2011).
- About 20 per cent of Australian 4 year old children examined in public dental clinics had 90 per cent of the tooth decay for that age group. (Rogers, 2011).
- Hospitalisation rates in Victoria for dental-related treatment for Aboriginal children aged up to four years are approximately double those for non-Aboriginal children (Department of Health, 2012).

These statistics show that the importance of oral health is often not realised, or well known, until children are pre-school age. Addressing oral health right from the start is the key.

**Did you know ...**  
the first baby tooth erupts at about 6 months of age. Teeth need to be cleaned as soon as they come through to prevent tooth decay.

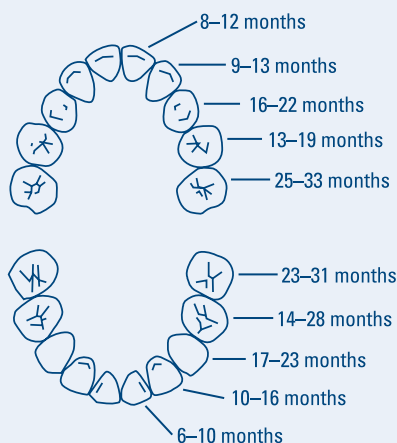
## Teething

Teething is the natural process of the tooth erupting (coming through). The first tooth will usually erupt at around 6 months of age. However, a very small number of babies will get their first tooth early and an even smaller number will be born with an erupted tooth. All teeth should be cleaned once they have erupted.

From the age of 6 months through to 3 years babies will have their full set of baby teeth erupt. The shedding process, when the teeth begin to fall out begins at around 6 years of age and continues through until 12 years.

**Usual Eruption and Exfoliation Sequence for Deciduous Teeth**

Tooth	Eruption Month (approx)	Shed Year (approx)
lower central incisor	6-10	6-7
lower lateral incisor	10-16	7-8
upper central incisors	8-12	6-7
upper lateral incisors	9-13	7-8
lower first molars	14-28	9-11
upper first molars	13-19	9-11
lower canines	17-23	9-12
upper canines	16-22	10-12
lower second molars	23-31	10-12
upper second molars	25-33	10-12



Teething can cause some pain and discomfort to babies and toddlers. Signs/symptoms of teething include:

- restlessness during the day and sleeplessness at night
- irritability
- increased dribbling
- red and swollen gums which feel hard and pointed when pressed
- rubbing gums together in a grinding motion
- being fussy with food
- placing objects or fingers in the mouth.

Although teething can be painful for some babies it is important that other signs of illness are not be automatically assumed to be the result of teething. Always seek medical advice when a baby or toddler has a temperature above 37°C or diarrhoea. A rise in temperature (above 37°C) or fever is not associated with teething. It's important to remember that the six-months to three-year age range is associated with an increase in minor infections, such as colds or bouts of the flu, which can cause a fever (Morgan, 2011).

### Managing teething

For temporary relief, babies can be given something to bite on such as a damp cold flannel or a teething ring. Teething rings can be stored in the fridge to keep them cool, but never in the freezer. Avoid putting anything on the teething ring (such as sugar, honey or jam).

### Medications and teething

It is important to seek medical advice from a medical professional (GP, maternal and child health nurse or pharmacist) regarding pain relief for babies and young children.

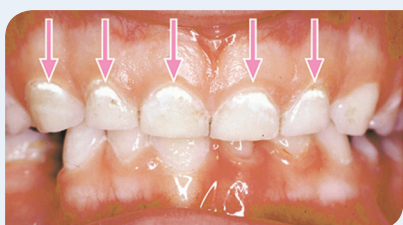
### What does early childhood caries look like?

Early childhood caries is a particularly severe form of dental caries (tooth decay) affecting the baby teeth of infants and young children. If you see any of the below signs, it is recommended that the family visits an oral health professional:



**Figure 1 – Healthy teeth**

This shows a full set of healthy teeth in a 3 – 4



**Figure 2 – Early signs of decay**

The white marks on the teeth next to the gum line are very early signs of decay. This cannot be removed; however, it can be arrested through dietary changes and good teeth brushing.



**Figure 3 – Progression of tooth decay**

The marks on the teeth show further progressed tooth decay. This cannot be removed; however, it can be arrested through dietary changes and good teeth brushing.



**Figure 4 – Advanced tooth decay**

This stage shows very advanced decay which

## Tooth decay

### The tooth decay process

Tooth decay begins with the interaction of two key ingredients: fermentable carbohydrates (sugar) and *Mutans streptococci* (oral bacteria). *Mutans streptococci* live and colonise in the mouth and feed off the sugar in the foods consumed; especially fermentable carbohydrates.

The bacteria stick to the teeth and multiply forming dental plaque. Within just a few minutes of eating or drinking, the bacteria begin to produce acids (this is called an acid attack). Those acids can penetrate into the hard substance of the tooth and dissolve some of the minerals (causing a loss of calcium and phosphate) creating the process of demineralisation. This acidic environment starts with the first exposure to sugary foods and last for about 20 minutes after the last exposure.

After the sugar is gone, the mineral loss can be recovered from minerals dissolved in the saliva. This is called remineralisation. Cavities (or holes) result when the rate of demineralisation exceeds the rate of remineralisation and the tooth enamel is destroyed, this process can occur over many months or years.

For tooth decay to occur it requires the presence of:

- Susceptible teeth
- Bacteria (that causes dental decay – *Mutans streptococci*)
- Diet high in refined carbohydrates
- Carbohydrates include: sucrose, fructose, glucose, lactose, maltose etc.



#### Baby teeth and eating

Learning to eat a wide range of healthy and nutritious foods is an important milestone for children. This begins at 6 months of age when babies are introduced to solid food and continues into the second year of life. Being able to bite food, as well as the actions of chewing and grinding, are very important for children. These actions also help to develop jaw muscles. Without good oral health this can be difficult. Children may avoid foods if there is a problem. Decayed teeth can influence what children prefer to eat as well as the amount and frequency of food consumption. This can also impact on their ability to achieve a normal healthy weight.

#### Baby teeth and talking

The baby teeth help children when learning to talk and being able to pronounce sounds and their first words.

#### Baby teeth and support of adult teeth

The baby teeth help to make spacing for the adult teeth, as well as ensuring that teeth are guided into the correct position.



# How to promote the importance of oral health in young children

Promoting the importance of oral health in babies and toddlers can be done in a variety of ways. This resource kit provides some of the common challenges you, as an early childhood educator, and families may face when promoting the importance of oral health for babies, toddlers and children. One of the first challenges all early childhood educators will be most likely to face is the misperception about the importance of the baby teeth.

## Challenges, myths and barriers about baby teeth

There are some misperceptions about baby teeth. Here we talk about the main ones and what the evidence says about these. These will be useful for your own knowledge as well as talking to families about the importance of oral health.

### “They are just baby teeth! They’ll fall out anyway.”

From approximately six years of age and through to 12 years of age, children will lose their baby teeth which will be replaced with adult teeth. This means that children have some of their baby teeth over a period of 12 years. Getting children into good oral health habits is a vital life skill. The earlier they start, the easier it will be for them and their family. The parent or carer should assist the child to clean or brush their teeth until the age of 8 (more about this in the Clean well section on [page 42](#)).

### “Baby teeth are too soft or weak to brush. Brushing baby teeth can make them crooked.”

While baby teeth are prone to decay, cleaning and brushing them is crucial for plaque removal, which is one of the protective factors in preventing decay. You cannot push out or make baby teeth crooked from cleaning or brushing.

### “Babies are too young to have their teeth cleaned.”

Starting cleaning and brushing children’s teeth as soon as they erupt is one of the key preventive measures against tooth decay. This is one of the best habits to start in young children. Until the age of 8 years children will need a responsible adult to supervise with teeth brushing. In the early years they will need their teeth brushed by a responsible adult (parent or carer). How to clean baby teeth from infancy through to childhood is included in the clean well section on [page 45](#).

### “Baby teeth can come through bad (decayed).”

Baby teeth never erupt decayed. Decayed baby teeth are a result of a combination of a high sugar diet, feeding practices and poor oral hygiene (not removing plaque properly).

### “We can’t control what children do at home!”

It’s most likely that you’re responsible for the care and education of a number of children as part of your work. While we cannot always directly change what happens in the home environment, we can embed oral health practices into daily routines and learning experiences in education settings and support families to undertake good oral health practices in the home.

### “Babies and toddlers are too young to go to the dentist.”

Children should have an oral health assessment by 2 years of age. This might be done by the maternal and child health nurse, family doctor, dentist (or other oral health professional). Families should not wait for pain to start dental visits, oral health checks are important for finding problems early, getting treatment and advice.

## How to promote the importance of oral health in young children

### Learning experiences

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#### Share messages about healthy teeth routinely with children

- **Storytelling and narratives** – For example, stories about teeth, what they do and why we should look after them
- **Music** – For example, sing songs about teeth
- **Role play** – For example, visiting the dentist or set up a mock dental corner at your service
- **Everyday conversations** – For example, snack and mealtimes are an opportunity to sit with children and ask open ended questions about what our teeth do and why we need to care for them

#### Talking points for children

- What our teeth do and why they're important
- It's important to look after our teeth
- Teeth are an important part of our body.
- Teeth are important for eating, talking and having a nice smile

### Engaging families

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#### You can support families to encourage oral health through

- Meaningful discussions with families
- Give out tip sheets
- Information in your newsletter
- Display information in your foyer and/or noticeboard
- Provide information at enrolment
- Role modelling good oral health behaviours

### Professional practice and organisational policies

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#### Develop policies and procedures

Outline your commitment to oral health, including healthy food and drink, preventive approaches and access to dental care in your organisation's policies.

A policy document provides clear, consistent information for all staff and carers working with children, as well as for parents and families. Thorough policies can demonstrate a commitment to healthy eating and oral health, and ensure a high quality of practice.

### For more information

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#### Web-based Healthy Little Smiles resource kit

For more ideas and direct links to useful resources, visit the web-based resource, Healthy Little Smiles webpage at Dental Health Services Victoria

[www.dhsv.org.au/oral-health-programs/hfhs/healthy-little-smiles](http://www.dhsv.org.au/oral-health-programs/hfhs/healthy-little-smiles)

### By doing these things you are contributing to the following benchmarks and standards

#### *National Quality Standard*

Element 2.1.1: Each child's health needs are supported.

Standard 6.1: Respectful supportive relationships with families are developed and maintained.

6.1.3: Current information about the service is available to families.

#### *Healthy Together Achievement Program*

Healthy Eating and oral health benchmark:

Healthy policies – a whole service oral health policy is in place.



## Case Study:

### Oral Health Training for Yappera Children's Service staff

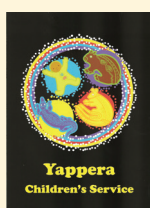
Yappera Children's Service is a Community controlled, governed and managed Multifunctional Aboriginal Children's Service incorporating a holistic approach to children's and family needs. Yappera promotes good health and nutrition for children and their families in partnership with local organisations such as the Victorian Aboriginal Community Controlled Health Organisation (VACCHO), the Victorian Aboriginal Health Service and Darebin Community health.

Yappera Children's Service recognises that good oral health is important for the overall health and development of children. Yappera decided that a way of promoting good health practices was to organise some oral health training for staff members. The training was linked to a staff meeting and was provided out of hours to allow more staff members to attend.

The training covered:

- The importance of oral health
- The importance of baby teeth
- What is tooth decay
- How to prevent tooth decay
- How to promote oral health

A total of 13 staff members participated in the training which covered oral health basics, the process of tooth decay and how to prevent tooth decay. After participating in the training 12 of the participants indicated that they were confident to provide families with information about oral health. Children attending Yappera Children's Service also received toothbrushes and toothpaste to support their oral health.







## Case Study:

### Small Ones Live and Learn Centre and Healthy Together Greater Dandenong

Small Ones Live and Learn Centre recognise that good health and wellbeing is essential for all children. They joined the Achievement Program, supported by Healthy Together Greater Dandenong.

Small Ones Live and Learn Centre are participating in a range of health and wellbeing activities that support oral health including:

Participation in the Monash Health and Healthy Together Greater Dandenong Oral Health Program which includes: training for staff and information sessions for families. This program is also linking the service with their local public dental service, providing dental screening for children at the service and connecting families with the service when it is needed.

- Provision of information to families to support dental care at home.
- Establish a healthy eating policy
- Creation of a vegetable and herb garden, including using the produce to cook healthy food for the children
- Engaging families and children in planning activities. Parents are also encouraged to take an active role

The service has made a public commitment to improving healthy eating and oral health and regularly communicates with families and involves parents and carers in activities. For example healthy recipes are shared in their newsletters and parents are invited to lead cooking sessions with older children.

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Sourced: [9 April 2014].

## Drink well

Healthy drink  
choices and  
oral health



### Key messages

- Babies receive their hydration from breastmilk or infant formula.
- If extra fluids are needed, small amounts of cooled boiled water can be given to breast fed babies from around 6 months or to formula fed babies at any time.
- Offer toddlers and children tap water as their regular drink (throughout the day and at meal and snack times).
- Plain unflavoured milk is a healthy drink choice for children 12 months and older.
- Introduce a cup at around 6 months, to teach babies the skill of sipping from a cup.
- Sweet drinks such as fruit juice and fruit drinks are not necessary or recommended for children under 12 months.
- Baby feeding bottles should only contain expressed breastmilk or infant formula.
- Phase out bottle use by 12 months of age.
- Don't put baby to sleep with a bottle

## Rationale

Nearly half of all Australian children are consuming sugary drinks every day (Commonwealth of Australia, 2007). The reasons for this are varied, however, the amounts of sweet drinks consumed by families in Australia is a major concern.

Sweet drinks include: soft drinks, cordial, fruit juice, fruit drinks, sports drinks and energy drinks.

Marketing and advertising of sweet drinks has become big business. Promotions, sponsorship and free giveaways marketed at children have saturated many activities that they are involved in.

Toddlers and young children who are given sweet drinks to sip on throughout the day are constantly exposing their teeth to an acid attack which has implications for their oral health.

**Did you know ...**  
frequent drinking of sweet drinks significantly increases the risk of tooth decay for babies, toddlers and children.

It's also important to note that while sweet drinks contribute to tooth decay in children they also lead to a range of other problems including:

- excess weight gain
- small or reduced appetite
- fussy eating
- diarrhoea

(NHMRC, 2013, p.94)



Remember that other seemingly healthy drinks such as milkshakes and yoghurt drinks can contain large amounts of sugar. Sweet drinks are 'sometimes' drinks and should be consumed only occasionally.

**Did you know ...**  
Babies, toddlers and children do not need sweet drinks to have a healthy balanced diet.



## Fluoride

Fluoride is a naturally occurring compound found in plants, rocks and at very low levels in almost all fresh water. It is used in many products related to oral health such as toothpastes and is also added to some of the drinking water in Victoria (Dental Health Services, 2014).

Fluoride is a compound found naturally in some water supplies and is added to some community water supplies. Fluoride provides added protection from tooth decay to both developing (under the gum) and erupted teeth (present in the mouth); and therefore provides benefits to individuals of all ages (Department of Health, 2011).

### What is water fluoridation?

Water fluoridation is the adjustment of the amount of fluoride found naturally in drinking water to an optimal level. This optimal level, as recommended by the World Health Organization (WHO), is one part per million (or 1 milligram / litre) and has benefits for oral health.

### Benefits of water fluoridation

Tooth decay occurs when bacteria from plaque breach the outer protective layer of the tooth enamel. Fluoride strengthens the mineral structure of the enamel, therefore providing resistance to acid attack. Fluoride also blocks the enzyme systems of bacteria found in plaque, resulting in the inability to convert sugars into acid (Department of Education and Early Childhood Development, 2010). Fluoride acts like a constant repair kit by repairing the early stages of tooth decay before it becomes permanent. Adding fluoride to drinking water does not change the taste or smell of water.

### Evidence that fluoride works

Many studies have confirmed that water fluoridation is effective in reducing tooth decay.

The Australian Research Centre for Population Oral Health (ARCPOH) examined how effective water fluoridation is on the overall oral health of children across the states of Victoria, Queensland, Tasmania and South Australia. They found:

- Five to six year old children who have lived more than half their lives in areas of water fluoridation have 50 per cent less tooth decay in their baby teeth than children who have not lived in areas with water fluoridation.
- 12 to 13 year old children who have lived more than half their lives in areas with water fluoridation have 38 per cent less tooth decay in their adult teeth than children who have not lived in areas with water fluoridation (Department of Health, 2010).

### Non-fluoridated communities

Since 2010, 90 per cent of Victorians have had access to fluoridated drinking water. Water fluoridation is a key public health initiative; however it is not always available, as not all households have a piped water network or not all supplies can be fluoridated (Department of Health, 2011).

For people living in communities without water fluoridation, the consumption of foods and beverages processed in fluoridated areas will provide some benefit (Department of Health, 2011).

People who live in communities without fluoride can still protect their teeth against tooth decay by:

- Brushing their teeth along the gum line twice a day
- Drinking plenty of water everyday
- Having regular dental check-ups

(Dental Health Services, 2014)





For children who do not drink fluoridated tap water, or who are at high risk of developing tooth decay for any other reason, guidelines about toothpaste usage should be varied as needed, based on advice from an oral health professional (Dental Health Services Victoria, 2010). Families should talk to their dentist or other oral health professional about the right toothpaste to use in a non-fluoridated area.

#### Fluoride drops or tablets

Fluoride supplements in the form of drops or tablets to be chewed and/or swallowed should not be used.

#### Purchased bottled water

Bottled waters are useful when there is no access to tap water. However not all bottled waters contain fluoride.

#### Water filtration

Some filtration systems will remove fluoride from water.

#### Boiled tap water

Boiling or freezing water does not remove or destroy fluoride.  
(DHS 2009)

## Diet soft drinks

Diet versions of soft drinks may appear to be a healthy alternative but are acidic and can contribute to dental erosion (wearing away of the tooth enamel). Dental erosion is a major factor in dental decay and applies equally to sugar-sweetened or diet soft drinks, since their acidity is comparable (NHMRC, 2013).

### Did you know ...

Australian tap water is an ideal drink for the whole family – it's inexpensive, tastes good and is safe.

## Age appropriate drinks

Babies, toddlers and children who have sweet drinks regularly and frequently are at a high risk of tooth decay and tooth erosion. The natural sugar in fruit juice reacts the same way as added sugars when they come into contact with teeth. The following table describes age appropriate drink choices in detail and is based on the evidence and recommendations given in the Infant Feeding Guidelines and the Australian Dietary Guidelines. Babies under 12 months of age should be drinking either breastmilk or infant formula as their main drink. For toddlers and older children water and plain cow's milk are healthy drink choices. Sweet drinks are not recommended.

### Age: Birth – 6 months

- Water**
- Babies under 6 months of age receive their hydration from breastmilk or infant formula.
  - Exclusively breastfed babies do not require additional fluids up to 6 months of age.
  - For formula fed babies, cooled boiled tap water may be used if additional fluids are needed (NHMRC, 2012). Additional fluids may be required if the baby is unwell and advised by a health professional.

- Milk**
- For children younger than 12 months, breastmilk or infant formula should be the main drink.
  - Children aged under 12 months should not drink cow's milk.

- Sweet Drinks**
- Sweet drinks are not recommended for babies, toddlers and children. These include: soft drinks, fruit juice, sports drinks, vitamin waters, cordials, fruit drinks and energy drinks.
  - Fruit juice is not needed or recommended for infants under 12 months of age. Consumption may interfere with their intake of breast milk or infant formula as well as increase their risk of tooth decay.

- Other Drinks**
- Tea, herbal teas and coffee are also not recommended for children.

### Age: 6 – 12 months

- Water**
- From 6 months of age babies can drink cooled boiled tap water from a cup or 'sippy' cup.
  - For formula fed babies, cooled boiled tap water may be used if additional fluids are needed (NHMRC, 2012). If dehydration is suspected, seek medical advice.

- Milk**
- For children younger than 12 months, breastmilk or infant formula should be the main drink.
  - Children aged under 12 months should not drink cow's milk.

- Sweet Drinks**
- Sweet drinks are not recommended for babies, toddlers and children. These include: soft drinks, fruit juice, sports drinks, vitamin waters, cordials, fruit drinks and energy drinks.
  - Fruit juice is not needed or recommended for infants under 12 months of age. Consumption may interfere with their intake of breast milk or infant formula as well as increase their risk of tooth decay.
  - Fruit juices should not be considered as a replacement for fruit at any age. Babies, toddlers and children should be encouraged to eat whole fruits (age appropriately prepared) to meet their recommended daily fruit intake.

- Other Drinks**
- Tea, herbal teas and coffee are also not recommended for children.



**Age: 12 months and older**

- Water**
- Tap water is the best drink and should be the main drink for toddlers and children.
  - Offer tap water at meal times and throughout the day.
  - Fluoride in tap water protects teeth (where water supply is fluoridated).
  - Always encourage children to drink tap water when they are thirsty.
  - Water is a better thirst quencher than fruit juice and sweet drinks.
  - If living in a non-fluoridated community, drinking water is still healthier than drinking sweet drinks.
  - Fluoride tablets are not recommended.
- 
- Milk**
- After twelve months of age, full fat cow's milk can be offered in a cup.
  - From two to five years reduced fat milk can be offered.
  - Milk is a good source of calcium which is needed for strong and healthy teeth.
  - For children over 12 months of age, too much milk can lead to poor appetite.
  - The Australian Guide to Healthy Eating recommends that children consume at least 1.5 to 2 servings daily from the dairy group. One glass of milk (250ml) represents one serve. Remember that flavoured milks contain sugar and should be limited.
- 
- Sweet Drinks**
- Sweet drinks are not recommended for babies, toddlers and children. These include: soft drinks, fruit juice, sports drinks, vitamin waters, cordials, fruit drinks and energy drinks.
  - Sweet drinks should be limited or avoided, especially between meals.
  - Diet soft drinks are acidic and can contribute to tooth erosion. Limit diet soft drinks.
  - Some soft drinks and energy drinks contain caffeine which is also not recommended for children.
  - All types of fruit juice contain natural sugars and are highly acidic including freshly squeezed fruit juice. The natural sugar in fruit juice reacts the same way as added sugars when they come into contact with teeth. Fruit juices should not be considered as a replacement for fruit at any age. Babies, toddlers and children should be encouraged to eat whole fruits (age appropriately prepared) to meet their recommended daily fruit intake.
  - If juice is given it should be limited to 120 to 180ml per day for children aged over 12 months, it should not be given at bedtime and children should not be given juice in bottles or easily transportable covered cups that allow them to consume juice easily throughout the day.
- 
- Other Drinks**
- Tea, herbal teas and coffee are also not recommended for children.



## How to promote healthy drinks to children

As an early childhood educator you can play a key role in encouraging children and families to drink well. Promoting healthy drinks (water and milk) at your service can be done in a variety of ways including learning experiences, family engagement and by sharing resources.

### Challenges, myths and barriers to promoting healthy drinks:

As an early childhood educator there are some common challenges you may face when encouraging healthy drinks for babies, toddlers and children.

- Children may have a preference for sweet drinks.
- Families provide sweet drinks for children at your service or at home.
- Sweet drinks are advertised as being healthy, natural, organic, low fat and without any added sugar (eg. Fruit juice and fruit drinks).
- Sweet drinks can be very affordable for families.
- Big drink corporations market and advertise, sponsor children's activities and promote their products to children.

To help you overcome these we have provided intentional learning opportunities, everyday learning opportunities and resources to support you to encourage healthy drinking.

You can help support families to continue healthy habits at home so that babies, toddlers and children are consistently consuming healthy drinks, whether at your service or at home. Encourage parents through supportive discussions, family engagement activities and take home resources and materials such as newsletter inserts and factsheets.

## How to promote healthy drinks at your service

### Learning experiences

#### Share messages about drink well routinely with children. Educators can support this through

- **Storytelling and narratives** – For example, stories about drinking, water and milk (Where does water come from? Where does milk come from?)
- **Music** – For example, sing songs
- **Everyday conversations** – For example, snack and mealtimes are an opportunity to sit with children and talk about healthy drinks and why they are important. Ask open ended questions: Where does water come from? Where does milk come from?
- **Role modelling** – For example, snacks and meal times provide an excellent opportunity to role model healthy drinks and talk about why they are important.

#### Talking points for children

- Water cleans your mouth. It keeps your teeth and body healthy.
- When you're thirsty water is the best drink. You should drink water everyday.
- Tap water has fluoride in it, which makes your teeth strong.
- 'Sometimes' drinks have a lot of sugar and they can put holes in your teeth and make them sore.
- 'Sometimes' drinks are milk shakes, fruit juice, cordial, fizzy drinks.
- When you're a big boy or big girl you should drink out of a cup, not a baby bottle.

Messages adapted from NSW Little Smiles. Dental Health Resource Package for Childcare Professionals, NSW Department of Health [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

### Engaging families

#### Educators can support families to encourage drink well though

- Meaningful discussions with families
- Give out tip sheets
- Information in your newsletter
- Display information in your foyer and/or noticeboard
- Provide information at enrolment
- Role modelling good oral health behaviours

### Professional practice and organisational policies

#### Develop policies and procedures

Outline your commitment to oral health, including healthy food and drink, preventive approaches and access to dental care in your organisation's policies.

A policy document provides clear, consistent information for all staff and carers working with children, as well as for parents and families. Thorough policies can demonstrate a commitment to healthy eating and oral health, and ensure a high quality of practice.

#### Create a healthy environment

- Support and provide a safe place for breastfeeding.
- Ensure children have access to water to drink throughout the day
- Remind children to have a drink of water when they are thirsty.

### For more information

#### Web-based Healthy Little Smiles resource kit

For more ideas and direct links to useful resources, visit the web-based resource, Healthy Little Smiles webpage at Dental Health Services Victoria

[www.dhsv.org.au/oral-health-programs/hfhs/healthy-little-smiles](http://www.dhsv.org.au/oral-health-programs/hfhs/healthy-little-smiles)

The activities above can contribute to your service meeting the common benchmarks for early childhood education services; National Quality Standard, Victorian Early Years Learning and Development Framework and the Healthy Together Achievement Program healthy eating and oral health benchmark as outlined below.

### Doing these things contribute towards the following benchmarks and standards

#### **National Quality Standard**

Element 2.1.1 Each child's health needs are supported.

Standard 2.2 Healthy eating and physical activity are embedded in the program for children.

Element 2.2.1 Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child.

Standard 6.1 Respectful supportive relationships with families are developed and maintained.

6.1.3 Current information about the service is available to families.

#### **EYLF and VEYLDF OUTCOME 3:**

Children have a strong sense of wellbeing.

Children take increasing responsibility for their own health and physical wellbeing.

This is evident, for example, when children:

- recognise and communicate their bodily needs (for example, thirst, hunger, rest, comfort, physical activity).
- show an increasing awareness of healthy lifestyles and good nutrition.
- show increasing independence and competence in personal hygiene, care and safety for themselves and others.

#### **Achievement Program**

##### **Healthy eating and oral health benchmark:**

##### *Healthy policies*

- A whole service nutrition/healthy eating policy is in place.
- A whole service oral health policy is in place.

Food and drink offered at the service meets:

The Infant Feeding Guidelines

- Oral health and healthy eating benchmarks.



## Case Study:

### Encouraging children to drink water at Ashwood Children's Centre

Ashwood Children's Centre encourages children to bring water bottles to the centre, and to access their water bottles at each meal time and incidentally throughout the day. However, the kindergarten teacher recognised that some children were not drinking enough water.

In consultation with parents, the following strategies were implemented to help children form – the habit of regularly drinking water:

- Recording the number of full bottles of water the child had drunk throughout the day using a water bottle chart (full bottle = 600mls).
- providing periodic reminders throughout the day, for example at meal times, before going outside, upon coming back inside and as a dispersal method from group activities (direction to have a drink of water, and then move to a chosen activity).
- celebrating the achievement of the stated goal with children and their families. For each full water bottle consumed in one day the child received a tick on the chart and a stamp for the child. At the end of the week parents decide upon an activity to celebrate their child's successes throughout the week.

The kindergarten teacher recognised that constantly reminding children to drink water was a challenge at the beginning. However, educators and families supported the process by acknowledging children for achieving their water goals.

Further assistance was provided by the established practice of children bringing their water bottles into the service and being able to access them as they wish throughout the day.

Over a period of time, children were taking more responsibility for their water consumption throughout the day, requiring less visual and verbal reminders to drink water. After putting these strategies in place, children were drinking 2 full bottles of water during the day.

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## Eat well

Healthy eating  
for good  
oral health



### Key messages

For babies, toddlers and children to achieve good oral health, eating a healthy well-balanced diet is important. To achieve this it is recommended that:

- Babies (from around 6 months), toddlers and children should enjoy a wide variety of nutritious foods from the five food groups.
- Breastfeeding is best for babies.
- Babies, toddlers and children should enjoy healthy meals and snacks.
- Limit intake of sugary (sweetened) foods and snacks.
- Offer water to children when they eat. (Refer to Drink well section on [page 19](#)).
- Don't put baby to sleep with a bottle

### Rationale

Tooth decay is a diet related disease caused by acids on the enamel on the tooth surface. This affects everyone including babies, toddlers and children. Maintaining good oral health is a balancing act. The cycle begins when food and drinks are consumed; including breastmilk, infant formula and baby food. Carbohydrates (sugars) in food and drinks attach to the plaque on teeth. This creates acid which can decay the teeth. Cleaning teeth removes the plaque. However, limiting the amount of sugar in a baby, toddler or child's diet is an important element of maintaining good oral health. Lower levels of sugar in the diet decreases the level of acid produced. To further minimise the number of acid attacks eating regular meals and healthy snacks is important.

#### Did you know ...

children who regularly and frequently eat a diet high in processed and sugary foods are more likely to experience tooth decay.

## Evidence

There is significant evidence that shows the relationship between a diet high in added sugar and tooth decay. The National Health and Medical Research Council's Infant Feeding Guidelines and Dietary Guidelines strongly support good nutrition and oral health. The Infant Feeding Guidelines' advice for parents states "Consumption of nutrient poor foods with high levels of fat/saturated fat, sugar, and/or salt (e.g. cakes, biscuits, confectionary and potato chips) should be avoided or limited." (NHMRC, p89, 2012). A healthy diet in early childhood is important for children's growth and development and for "laying the foundation for children's lifelong healthy relationship with food" (Woodrow & McCrea, 2011).

In Victoria, breastfeeding initiation is relatively high with 85.8 per cent of babies being breastfed when discharged from hospital. However, this dramatically declines to under half of all babies being breastfed by 6 months of age (Amir *et al*, 2010). Breastmilk is not associated with tooth decay and provides the most suitable form of nutrition and hydration for babies for around the first 6 months of life (NHMRC, 2012).

In Victoria, children of all ages are eating less than the recommended amount of fruit and vegetables, 39 per cent and 78 per cent of children are not consuming the recommended serves of fruit and vegetables respectively per day. A high proportion of two to 16 year olds were reported to obtain more than their recommended energy from sugars (Australian National Children's Nutrition and Physical activity Survey, 2007).

Foods and drinks containing added sugars should be limited, especially between meals. This is because frequent consumption of sweet foods, especially when eaten between meals, can contribute to tooth decay. Tooth decay develops when sugary foods interact with bacteria in the mouth and result in acid on tooth surfaces. This acid causes damage to the tooth enamel (refer to Baby teeth section on [page 12](#) for further information about the decay process).

### Did you know ...

there are many common foods that are promoted as healthy and natural which have high amounts of added sugar that can increase the risk of tooth decay.



## Age appropriate meals and snacks

Babies, toddlers and children who eat highly processed and sweet foods regularly and frequently throughout the day are at a high risk of tooth decay. The following table describes age appropriate meal and snack choices in detail and is based on the evidence and recommendations given in the Infant Feeding Guidelines and the Australian Dietary Guidelines. It is important that there is good communication between the service and families about feeding young children. Families are responsible for ensuring that they provide enough breastmilk or formula to last the day, and all decisions about introducing solid foods to babies should be clarified with families before foods are introduced.

### Age: Birth – 6 months

- Breastfed**
- Babies should be exclusively breast fed until around six months of age when solid foods are introduced.
  - Exclusively breastfed infants do not require additional fluids up to six months of age.
  - Breastmilk is not associated with an increased risk of tooth decay.
  - Breastmilk is the most suitable form of nutrition and hydration for babies. It also has multiple benefits for the health and wellbeing of both mother and child (NHMRC, 2012).

- Not breastfed**
- For babies that are not breastfed or are partially breastfed, commercial infant formula is the only safe and suitable alternative to meet nutrition needs.
  - For formula fed infants, cooled boiled tap water may be used if additional fluids are needed.
  - No other foods and drinks are suitable for babies less than 6 months.
  - Always prepare infant formula correctly according to the instructions and do not add anything else to the formula (e.g. rice cereal).

- Meals and snacks**
- No other foods or snacks are required for babies at this age.

- Not recommended**
- Solid foods (meals and snacks)
  - Sugar, honey, salt or any other flavourings and additives should not be added to baby's breast or formula milk.
  - If using a dummy, it should not be dipped in honey, sugar or any other substance.

**Age: 6 – 12 months**

- |                         |   |
|-------------------------|---|
| <b>Breastfed</b>        | <ul style="list-style-type: none"> <li>- Breastmilk should be the main drink until 12 months of age. Small amounts of cooled boiled tap water can supplement breastmilk as required.</li> <li>- Feeding bottles should only be used for breastmilk, infant formula or water.</li> </ul>   |
| <b>Not breastfed</b>    | <ul style="list-style-type: none"> <li>- For babies who are not breastfed, infant formula should be the main drink until 12 months of age.</li> <li>- Small amounts of cooled boiled tap water can supplement infant formula.</li> <li>- Between 6 and 12 months babies should transition from a feeding bottle to a cup.</li> <li>- Children can start learning to drink from a cup from around six months of age.</li> <li>- Discourage comfort sucking on a feeding bottle.</li> <li>- Always hold a child when feeding.</li> <li>- Avoid using a baby's bottle to settle a child to sleep.</li> </ul>   |
| <b>Meals and snacks</b> | <ul style="list-style-type: none"> <li>- In consultation with families, introduce solid foods, in addition to breast or bottle feeding at around 6 months of age.</li> <li>- The introduction of solid foods into a child's diet is an important milestone in their development which begins from six months of age.</li> <li>- The first food to offer babies should be rich in iron (for example: infant cereal prepared with breastmilk or infant formula, pureed meat, poultry and fish, cooked tofu and legumes). Other foods such as vegetables, fruits, full-fat yoghurt, cheese and custard can then be added.</li> <li>- Between 6 and 12 months the texture and consistency of the food should shift from finely mashed, to lumpy and finger foods and eventually to similar foods that the family eats.</li> <li>- Babies should be introduced to a wide variety of foods as recommended in the Infant Feeding Guidelines.</li> <li>- Highly processed sugary foods should not be provided to babies. Avoiding these foods will decrease the risk of tooth decay, as well as setting up healthy eating habits for life.</li> <li>- Other foods that can be introduced before 12 months include: Cooked or raw vegetables (hard, small round and/or stick solid foods are not recommended because they can cause choking. Food with a high risk of choking include whole nuts, seeds, raw carrot, celery sticks and chunks of apple).</li> <li>- Fruit / whole egg / cereals / bread / pasta / nut pastes such as peanut butter / toast fingers and rusks / dairy foods such as full-fat cheese, custards and yoghurt.</li> <li>- To prevent botulism do not feed honey to infants aged under 12 months.</li> </ul> |
| <b>Not recommended</b>  | <ul style="list-style-type: none"> <li>- Sugar, honey, salt or any other flavourings and additives should not be added to baby's first solid foods.</li> <li>- It's important to remember that young children are at risk of choking on small hard objects up until the age of 3 years. Foods such as hard pieces of carrot and apple should be grated or cooked to prevent choking. Some foods are also unsafe for babies and toddlers (children under 3 years) to eat due to them being a choking hazard (some examples include nuts, chocolate coated nuts, lollies, jubes and candies).</li> <li>- Cow's milk should not be given as a main drink to infants under the age of 12 months (though small quantities may be given as part of solid foods such as custards and on cereal).</li> </ul>  |

**Age: 12 months and beyond**

- Breastfed** - Breastfeeding should be continued beyond 12 months of age for as long as mother and child desire.
- 
- Not breastfed** - A feeding bottle is not needed for a child older than 12 months of age. From 12 months water and plain cow's milk should be the main drinks for children and offered in a cup.
- 
- Meals and snacks** - Toddlers should be eating foods consistent with the Australian Dietary Guidelines and similar to the rest of the family.
- Fruit and vegetables are an important part of healthy eating. In line with the Australian Dietary Guidelines, a wide variety of nutritious foods should be consumed every day from the five food groups:
    1. Vegetables/legumes
    2. Fruits
    3. Grain foods
    4. Lean meats and poultry, fish, eggs, tofu, nuts and seeds, and legumes/beans
    5. Milk, yoghurt cheese and/or their alternatives.
- 
- Not recommended**
- Sugar, honey, salt or any other flavourings should not be added to toddler's foods and snacks.
  - Toddlers should also not be given foods that are high in saturated fat, added sugar and/or added salt such as cakes, lollies and crisps.
  - Processed foods can contain more sugar. When buying processed foods, check the nutrition label for the amount of sugar. Four grams of sugar is equal to 1 teaspoon.
  - Fresh and home prepared rather than processed or take away foods helps to control how much sugar children are getting.
  - Remember that dried fruits such as sultanas, apricots and apples have had most of the water removed in the drying process. This means they have high concentrations of sugar compared to fresh fruit. Consume in small amounts.
  - Foods with a high risk of choking (e.g. whole nuts, seeds, raw carrot, celery sticks, chunks of apple) should be avoided. Suitable alternatives to these foods are nut pastes and nut spreads, cooked carrot, grated apple.

**Did you know ...**  
 offering regular healthy meals and snacks throughout the day is important. If children are hungry outside of set meal times, always provide a healthy snack such as a piece of fresh fruit, a sandwich or a piece of cheese together with a glass of water.

## How to promote healthy eating

As an early childhood educator you play a key role in encouraging children and families to establish healthy eating habits from an early age. Good nutrition is essential for the overall health and wellbeing of children and sets them up for good eating habits into adulthood.

### Challenges, myths and barriers to promoting healthy eating

There are some common challenges that early childhood educators and families may face when promoting healthy eating for babies, toddlers and children such as:

- Children may have a preference for sweet/sugary foods and snacks (fussy eating and food refusal).
- Families may provide sweet foods and snacks for their children at your service or at home.
- Sweet foods and snacks are advertised as healthy, natural, organic, low fat or without added sugar (for example some breakfast cereals and muesli bars) which may be misleading.
- Big food corporations market and advertise, sponsor children's activities and promote their products to children and families.
- Misunderstandings about age appropriate foods and snacks: the types, amounts and frequency.
- Celebrations are often associated with treat foods. In children's services when celebrations are frequent this can conflict with healthy eating policies.
- Fundraising activities often involving selling sweet foods. Using these methods to fundraise can conflict with healthy eating policies.
- Peer pressure encourages unhealthy meals and snacks from home.

To help you address these we have provided intentional learning opportunities (curriculum), everyday learning opportunities (routine) and suggested policy areas.

You can help support families to continue healthy habits at home so that babies, toddlers and children are consistently consuming healthy meals and snacks, whether at your service or at home. Encourage parents through meaningful and supportive discussions, family engagement activities and take home resources and materials such as newsletters and factsheets.

Finally, we show how the activity can contribute to your service in meeting the common benchmarks for early childhood education services; National Quality Standard, Victorian Early Years Learning and Development Framework and the Healthy Together Achievement Program healthy eating and oral health benchmark.



## How to promote healthy eating at your service

### Learning experiences

#### Share messages about eat well routinely with children. Educators can support this through

- **Storytelling and narratives** – For example, stories about healthy food, shopping, markets, gardening and cooking and picture books of foods from other cultures
- **Music** – For example, sing songs about healthy food
- **Role play** – For example, going to the market to select and buy healthy food
- **Everyday conversations** – For example, snack and mealtimes are an opportunity to sit with children and talk about healthy eating and what foods are healthy. Ask open ended questions: Where does my food come from? (topics can include: gardening, food production, growing fruit and vegetables, farming, markets, baking and cooking)
- Talk about ‘why am I hungry’? Teach children that our bodies need healthy food for fuel to help it work properly and make us feel good.
- **Demonstrating** – For example, growing fruit and vegetables, having a selection of fruit and vegetables for children to touch, smell and see. Give a demonstration of how much sugar is in foods and snacks
- **Exploring foods** – include a variety of foods for children to explore. What colour is that fruit or vegetable (identifying foods and colours)? Counting fruits and vegetables (numeracy) and teach children the names of different healthy foods (speech development).

#### Talking points for children

- You need food to help your body grow, play and think. Just like a car needs petrol to move you need food to help you move.
- ‘Everyday’ foods can be eaten everyday because they are good for you. They give you energy so you can grow, play and think.
- ‘Everyday’ foods are fresh fruit, cheese, vegetables, sandwiches and soups.
- ‘Sometimes’ foods have a lot of sugar.
- Sugar can make holes in your teeth and make them sore.
- ‘Sometimes’ foods are lollies, biscuits, cakes, chocolate, muesli bars.

Messages adapted from NSW Little Smiles. Dental Health Resource Package for Childcare Professionals, NSW Department of Health [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

### Engaging families

#### Educators can support families to encourage eat well though

- Meaningful discussions with families
- Give out tip sheets
- Information in your newsletter
- Display information in your foyer and/or noticeboard
- Provide information at enrolment
- Role modelling good oral health behaviours

### Professional practice and organisational policies

#### Develop policies and procedures

Outline your commitment to oral health, including healthy food and drink, preventive approaches and access to dental care in your organisation’s policies.

A policy document provides clear, consistent information for all staff and carers working with children, as well as for parents and families. Thorough policies can demonstrate a commitment to healthy eating and oral health, and ensure a high quality of practice.

### **Celebrations**

Food offered at celebrations should be in line with the healthy food and drink and oral health policies and healthy alternatives to birthday cake and other treats provided

Use celebrations to model healthy treat foods or celebrate without food such as a special activity or tradition.

Birthday cakes and other treats are just one way of celebrating a special occasion or culturally significant occasion. Celebrate with an activity to further develop a child's understanding of the occasion:

- Encouraging families to provide non-food items such as balloons, bubbles and stickers instead of lolly bags
- Telling a special story, singing and dancing, lighting and blowing out candles, a group show and tell, wearing a special hat or outfit for the day

### **Healthy fundraising ideas**

Look at healthy alternatives for fundraising such as selling herbs and seeds, fruit and vegetable drives, toothbrush drives, raffles or a second hand book stall.

### **Create a healthy environment**

- Support and provide a safe place for breastfeeding.
- If your service provides food, have your menu assessed by the Healthy Together Healthy Eating Advisory Service.

### **For more information**

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#### **Web-based Healthy Little Smiles resource kit**

For more ideas and direct links to useful resources, visit the web-based resource, Healthy Little Smiles webpage at Dental Health Services Victoria

[www.dhsv.org.au/oral-health-programs/hfhs/healthy-little-smiles](http://www.dhsv.org.au/oral-health-programs/hfhs/healthy-little-smiles)

The activities above can contribute to your service meeting the common benchmarks for early childhood education services; The National Quality Standard, Victorian Early Years Learning and Development Framework, and the Achievement Program healthy eating and oral health benchmark.

### Doing these things contribute towards the following benchmarks and standards

#### **National Quality Standard**

Element 2.1.1

Each child's health needs are supported.

Standard 2.2

Healthy eating and physical activity are embedded in the program for children.

Element 2.2.1

Healthy eating is promoted and food and drinks provided by the service are nutritious and appropriate for each child.

Standard 6.1

Respectful supportive relationships with families are developed and maintained.

6.1.3 Current information about the service is available to families.

#### **EYLF and VEYLDF OUTCOME 3:**

Children have a strong sense of wellbeing.

Children take increasing responsibility for their own health and physical wellbeing.

This is evident, for example, when children:

- recognise and communicate their bodily needs (for example, thirst, hunger, rest, comfort, physical activity).
- show an increasing awareness of healthy lifestyles and good nutrition.
- show increasing independence and competence in personal hygiene, care and safety for themselves and others.

#### **Healthy Together, Achievement Program**

##### **Healthy eating and oral health benchmark:**

###### *Healthy policies*

- A whole service nutrition/healthy eating policy is in place.
- A whole service oral health policy is in place.

Food and drink offered at the service meets:

##### **The Infant Feeding Guidelines**

- Oral health and healthy eating benchmarks.
- A Healthy food and drink policy is in place.





## Case Study:

### Berrimba Childcare supporting children to eat well

Berrimba Childcare in Echuca worked in partnership with the health promotion team at Echuca Regional Health to review their menu and healthy eating policy. The daily cook at Berrimba childcare played a key role in this work and in partnership with Echuca Regional Health made progressive changes to the menu to allow children to get used to them slowly.

Changes include; offering wholemeal and multi-grain bread as an alternative to white bread; increasing the amount and variety of vegetables used daily and experimenting with healthy snack options such as natural yoghurt with fruit, dried biscuits and cheese in the afternoons. Fresh fruit and drinking water has always been encouraged at Berrimba and plain milk is promoted as the preference to flavoured milk.



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## Clean well

### Toothbrushing



## Key messages

For babies, toddlers and children to achieve good oral health regular cleaning or brushing to remove plaque from the teeth is important.

- Start cleaning teeth as soon as the first tooth appears (usually around 6 months of age, but this can happen earlier).
- Low fluoride toothpaste should be introduced at 18 months of age.
- Standard fluoride toothpaste should be introduced at 6 years of age.
- Clean all surfaces of the teeth and gums twice a day – in the morning and before going to bed.
- Children less than 8 years of age will need an adult to help them brush their teeth.

## Rationale

Every baby, toddler and child is at risk of tooth decay. However, regular tooth cleaning/ brushing can remove plaque (the sticky film of bacteria that forms on our teeth) and prevent decay from occurring. The bacteria in plaque use sugar from food and drink to produce acid. Frequent exposure of the tooth surface to the acid increases the risk of holes forming in the teeth over time. Regular toothbrushing to remove plaque helps to maintain healthy teeth and gums. Most children do not have the fine motor skills to brush effectively until they are at least eight years of age. An adult will need to help a child brush their teeth until they are old enough to do it properly by themselves. A good indication of sufficient motor skills to brush teeth is when a child is able to tie their own shoe laces (Dental Health Services Victoria, 2010).

### Did you know ...

Baby teeth are softer and more vulnerable to decay than adult teeth so it is important to take care of them. Regular brushing with an age-appropriate fluoride toothpaste is one of the best ways to prevent decay.

## Evidence

The effectiveness of twice daily use of fluoride toothpaste in reducing tooth decay has been shown in a number of studies (Roberts-Thomson, 2011). Fluoride strengthens the tooth, making demineralisation less likely. It also promotes remineralisation and disrupts the acid production process (Rogers, 2011). Refer to [Tooth decay](#) for more information about this process.

In 2005 Australian Research Centre for Population Oral Health (ARCPOH) hosted a workshop involving experts from across Australia to review evidence and develop guidelines for the use of fluorides in Australia. The following guidelines relating to toothbrushing for children were adopted.

- From the time that teeth first erupt (about six months of age) to the age of 17 months, children's teeth should be cleaned by a responsible adult, but not with toothpaste.
- For children aged 18 months to five years (inclusive), the teeth should be cleaned twice a day with a low fluoride toothpaste containing 0.4–0.55mg/g of fluoride. Toothpaste should always be used under supervision of a responsible adult, a small pea-sized amount should be applied to a child-sized soft toothbrush and children should spit out, not swallow, and not rinse.
- For people aged six years or more, the teeth should be cleaned twice a day or more frequently with standard fluoride toothpaste containing 1mg/g fluoride. People aged six years or more should spit out, not swallow, and not rinse.
- For children who do not consume fluoridated water or who are at elevated risk of developing caries for any other reason, guidelines about toothpaste usage should be varied, as needed, based on dental professional advice. Variations could include more frequent use of fluoridated toothpaste, commencement of toothpaste use at a younger age, or earlier commencement of use of standard toothpaste containing 1mg/g fluoride. (Spencer, 2006)

### Did you know ...

Baby teeth can start to decay as soon as they erupt.

The recent evidence from the *Victorian Child Health and Wellbeing Survey* shows that many children are not having their teeth brushed regularly, nor are they having daily assistance from an adult family member to brush. The report shows that 70 per cent of children aged 2 to 12 years were reported to brush their teeth at least twice a day. Furthermore, only 20 per

cent of children between 6 months and less than 8 years of age had a parent or carer who reported never assisting their child with tooth cleaning. (Department of Education and Early Childhood Development, 2009). Evidence also suggests that toothbrushing programs in childcare settings are likely to be more cost-effective in areas where children have high tooth decay rates, the water supply is not fluoridated and children are not brushing with low fluoride toothpaste (Rogers, 2011).

### Bacteria transmission

A key contributing factor in tooth decay are the bacteria *mutans streptococci* which live in the mouth and on the teeth (refer to [Baby teeth are important](#) section for more information on tooth decay). Cleaning and brushing removes plaque which is required for the bacteria to stick to the teeth. Interestingly, babies are not born with the bacteria. The bacteria are in most cases transmitted to the baby from the main caregiver, usually the mother (Rogers, 2011).

All family members can help reduce the spread of bacteria to babies by doing the following simple things:

- everyone brushes their teeth twice a day with fluoride toothpaste
- everyone uses their own toothbrush
- everyone has a regular dental check-up and any tooth decay treated
- if women are pregnant have a dental check-up before baby is born
- everyone uses their own eating utensils
- clean and sterilise baby feeding bottles, teats and dummies
- avoid cleaning dummies with saliva or mouth.

## Age appropriate tooth cleaning and brushing for babies, toddlers and children

Babies can start having their teeth cleaned as soon as they erupt. The following table describes age appropriate cleaning techniques and products to use as described in the Australian oral health consensus messages (Roberts-Thomson, 2011).

### Age: 0 – 6 months

**Cleaning technique** - If teeth begin to erupt before 6 months use a flannel, soft cloth or a soft small-headed toothbrush with water to clean all surfaces of the teeth and gums twice a day. Following the morning feed and before going to sleep in the evening.

**Toothpaste** - Toothpaste is not recommended at this age.

**Toothpaste** - An adult family member should always clean baby's teeth.

### Age: 6 – 18 months

**Cleaning technique** - Use a flannel, soft cloth or a soft small-headed toothbrush with water to clean all surfaces of the teeth and gums after breakfast and before bed.

**Toothpaste** - Toothpaste is not recommended at this age.

**Toothpaste** - An adult family member should always assist a toddler to brush their teeth.  
- At this age they do not have the manual dexterity or skills to do this correctly.

### Age: 18 months – 6 years

**Cleaning technique** - Brush teeth and gums gently and thoroughly using a soft small-head toothbrush designed for children in the morning and at night.

**Toothpaste** - Low-fluoride toothpaste should be introduced.  
- Use a pea-sized amount of low-fluoride toothpaste designed for children from 18 months to 6 years of age, unless otherwise recommended by an oral health professional. It is important for children to spit out any remaining toothpaste. Do not rinse with water as this will remove the fluoride from the teeth.  
- For children who are living in areas without access to fluoridated water supply, encourage families to seek advice from a dentist or other oral health professional about whether the child should use a low fluoride toothpaste or standard fluoride toothpaste (DOH 2014).

**Toothpaste** - An adult family member should always supervise and help a child to brush their teeth until they are eight years old.

### Age: 6 years +

**Cleaning technique** - Brush teeth and gums gently and thoroughly using a soft small-head toothbrush designed for children.

**Toothpaste** - Children can use regular fluoride toothpaste.  
- For children who are living in areas without access to fluoridated water supply, encourage families to seek advice from a dentist or other oral health professional about whether they should use a standard fluoride or higher strength fluoride toothpaste (DOH 2014).

**Toothpaste** - An adult family member should supervise and check that children are brushing correctly until they are 8 years of age.  
- At this age children can brush their own teeth, but supervision is still required.

# Toothbrushing

## A guide for families – how to brush your child’s teeth (18 months to six years)

- Brush teeth and along the gum line twice a day.
- Children should use low fluoride toothpaste from 18 months until they turn six.
- Children will need an adult to help them brush their teeth until about 7 or 8 years of age.

Steps for toothbrushing include:

1

Put a small pea-sized amount of low-fluoride toothpaste on a soft children’s toothbrush.



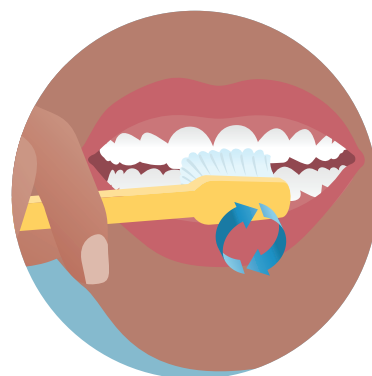
2

Sit the child in your lap, facing away from you, or stand behind taller children. Tilt the child’s head back against your body so you can see all the surfaces of the teeth.



3

Brush all outer surfaces: Move the brush in gentle circles to clean the outer sides of the teeth and gums.



# 4

Brush all inner surfaces: Brush in gentle circles on the inside of the teeth and gums.



# 5

Brush back and forward on the chewing surfaces.



# 6

After brushing, encourage your child to spit out the toothpaste, do not swallow it or rinse with water. Not rinsing keeps a small amount of fluoride in the mouth which protects teeth.



**Did you know ...**

Brushing teeth and gums twice a day decreases the risk of tooth decay.

## How to promote toothbrushing for children

It is important that regular toothbrushing is started early if children are to have healthy teeth and gums during childhood and into adulthood. Starting early helps children to accept and become accustomed to brushing their teeth from a young age.

### Challenges, myths and barriers to promoting tooth cleaning and brushing:

Some barriers to toothbrushing include:

- Children may not like the taste of toothpaste.
- Children may not like having their teeth brushed.
- Myths about baby teeth being too weak or soft to brush.
- Families may not believe about baby teeth are important because they fall out.

Promoting and normalising tooth cleaning and brushing for babies, toddlers and children can be done in a variety of ways. The following table helps to address the common challenges you may face when promoting tooth brushing at your service including intentional and everyday learning opportunities and resource links to support the toothbrushing message.

Beyond the education and care environment, it is important that these messages and ideas be transferred to the home environment so that babies, toddlers and children are having their teeth cleaned twice a day. This includes encouraging and supporting parents to be able to do this at home through meaningful and supportive discussions and take home resources and materials such as newsletters and factsheets.

### How to promote toothbrushing for children

#### Learning experiences

**Share messages about clean well health routinely with children. Educators can support this through**

- **Storytelling and narratives** – For example, stories about toothbrushing and visiting the dentist
- **Music** – For example, sing songs
- **Role play** – For example, getting up in the morning, having breakfast, getting dressed and brushing your teeth or visiting the dentist
- **Everyday conversations** – For example, snack and mealtimes are an opportunity to sit with children and talk about what teeth do and why we should look after them and why we need healthy teeth and gums, what you did this morning and discuss brushing your teeth
- **Intentional learning activities** – For example, invite your local dental service to talk to children about the importance of brushing their teeth.

#### Talking points for children

- Cleaning your teeth with toothpaste makes your teeth strong and healthy – and you only need a little bit, about the size of a pea.
- If you don't clean your teeth they can get holes and that makes them sore.
- A big person like mummy or daddy needs to help you brush your teeth.
- Your teeth need to be brushed with toothpaste every morning after breakfast and every night before you go to bed.
- You should spit out the toothpaste after you finish brushing.

Messages adapted from NSW Little Smiles. Dental Health Resource Package for Childcare Professionals, NSW Department of Health [www.health.nsw.gov.au](http://www.health.nsw.gov.au)



## Engaging families

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### Educators can support families to encourage and promote toothbrushing at home by

- Meaningful discussions with families
- Give out tip sheets
- Information in your newsletter
- Display information in your foyer and/or noticeboard
- Provide information at enrolment
- Role modelling good oral health behaviours
- A dental professional to come to your service to speak to families about brushing teeth

## Professional practice and organisational policies

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### Develop policies and procedures

Outline your commitment to oral health, including healthy food and drink, preventive approaches and access to dental care in your organisation's policies.

A policy document provides clear, consistent information for all staff and carers working with children, as well as for parents and families. Thorough policies can demonstrate a commitment to healthy eating and oral health, and ensure a high quality of practice.

### Create a healthy environment

- Implement a toothbrushing program at your service.

## For more information

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### Web-based Healthy Little Smiles resource kit

For more ideas and direct links to useful resources, visit the web-based resource, Healthy Little Smiles webpage at Dental Health Services Victoria

[www.dhsv.org.au/oral-health-programs/hfhs/healthy-little-smiles](http://www.dhsv.org.au/oral-health-programs/hfhs/healthy-little-smiles)

The activities above can contribute to your service meeting the common benchmarks for early childhood education services; National Quality Standard, Victorian Early Years Learning and development Framework and the Achievement Program healthy eating and oral health benchmark.

### Doing these things contribute towards the following benchmarks and standards

#### National Quality Standard 2 & 6

Element 2.1.3

Effective hygiene practices are promoted and implemented.

Element 2.1.4

Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines.

Standard 6.3

The service collaborates with other organisations and service providers to enhance children's learning and wellbeing.

#### EYLF and VEYLDF OUTCOME 3

Children have a strong sense of wellbeing.

Children take increasing responsibility for their own health and physical wellbeing.

This is evident, for example, when children:

- recognise and communicate their bodily needs (for example, thirst, hunger, rest, comfort, physical activity).
- show an increasing awareness of healthy lifestyles and good nutrition.
- show increasing independence and competence in personal hygiene, care and safety for themselves and others.

#### Achievement Program

##### Healthy eating and oral health benchmark:

##### *Healthy policies*

- A whole service nutrition/healthy eating policy is in place.
- A whole service oral health policy is in place.

Food and drink offered at the service meets:

The Infant Feeding Guidelines

- Oral health and healthy eating benchmarks.
- A Healthy food and drink policy is in place.



## Case Study:

### Toothbrushing at a Young Mum's playgroup

As part of a Best Start program, Bass Coast Community Health service established a playgroup targeting young parents (14–20 years of age). The program aimed to increase confidence in parenting and develop parenting skills and knowledge. Oral health was identified as a priority because of high rates of decay and lack of access to fluoridated water in the area. It was also recognised that young parents had additional parenting support needs.

Initially oral health was introduced by providing fact sheets to participating families. The playgroup facilitator also linked with local health professionals. A visit by the maternal and child health nurse and a dental professional was arranged and allowed the professionals to talk informally with the young mothers about toothbrushing.

A donation of toothbrushes and toothpaste was sought and a toothbrush and low fluoride toothpaste were given to every child together with a toothbrush holder and cap. At first the facilitator demonstrated brushing her own teeth and invited parents to help their children. Children are now helped to brush their teeth after lunch, each week at playgroup. The group has continued for over 12 months with 2 changes of facilitators. On average, 7 families attended including 10 children between 0 to 3 years old. The ages of the parents range from 16–20 years.

Brushing teeth has become an integral and expected part of the group activity, and some of the parents have participated in group dental clinic visits taking their child to the dentist for the first time. The facilitator remarked that she had “never seen it work so well”.

Engaging families and children was critical to the success of the program. Pictures of tooth decay were shown to parents to start a discussion about caring for teeth. Initially some parents were apprehensive but with support from the facilitator became more confident with assisting toothbrushing. As new mothers have joined the playgroup, their participation in toothbrushing has been encouraged by the parents already involved in the program. Children were engaged by using song and demonstrating brushing with a large model set of teeth. They have adjusted to the routine of cleaning and comply particularly when their parents participate. Baby's gums are wiped with a damp clean face washer.

Evidence supports supervised toothbrushing programs in childcare settings in targeted areas (for example in non-fluoridated areas and with children not likely to be brushing twice a day). Introducing a toothbrushing program in a supported playgroup has allowed parents to engage with the activity, building skills and confidence to help their children with this important routine.

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## Stay well

Promoting  
regular oral health  
assessments

### Key messages

- Children should have an oral health assessment by age 2. This can be done by a Maternal and Child Health nurse, family doctor, dentist or other oral health professional.
- Children should continue to have regular oral health assessments after the age of 2 as advised by their oral health professional.

### Rationale

Tooth decay that affects children is entirely preventable. Prevention for children includes the first oral health assessment and continuing regular checks. By two years of age all children should have an oral health assessment. The first signs of tooth decay in children often go unnoticed by families and carers. Early detection of oral health problems is important.

## Evidence

Regular oral health assessments are important for oral health (Thompson *et al.*, 2010). Children should have an oral health assessment by age 2. Everyone has different oral health needs and risk levels which should be reflected in the frequency of check-up (National Oral Health Promotion Clearing House, 2011). A UK study concluded that the frequency of visits should be based on individual risk assessment, therefore the *Oral health messages for the Australian public* recommend talking with your oral health professional about your risk level and how often you should book a check up.

Children from families with no health insurance and who are concession card holders generally have poorer oral health outcomes and are less likely to have regular dental visits. Approximately 70 per cent of Australian preschool aged children have never had a dental visit (Harford & Luzzi, 2013).

### Advice for families about oral health checks

#### Having your child's teeth checked

##### Who performs an oral health assessment?

Oral health professionals that may conduct oral health assessments include:

- Dentists
- Oral health therapists
- Dental therapists.



Other professionals who may conduct an oral health assessment include:

- Maternal and child health nurses through the Key Ages and Stages Framework (at the 8 months, 18 months and 3.5 year visits).
- General practitioners or practice nurses.

It is important that families discuss the frequency of oral health checks with their child's dentist or other oral health professional. Each child will have different oral health needs and risk levels.

##### What can families and carers do?

Families and carers of children can regularly check their child's teeth by simply looking in their mouth for early signs of tooth decay. If concerned they should see their oral health professional to the 'What does tooth decay look like?' section on [page 11](#).

#### Accessing public dental services

Dental Health Services Victoria (DHSV) is the leading public oral health agency in Victoria. There are more than 80 community dental clinics located throughout metropolitan Melbourne and rural Victoria. To access general dental, denture or specialist dental care through the public dental system, a person must be eligible.

##### General eligibility criteria for children

All children aged 0–12 years are eligible for general dental care through any of the public dental clinics across Victoria.

##### No waiting lists for children

All children (0–12 years) have priority access, which means there is no waiting list, and they will receive the next available appointment.

### What are the costs for public dental care for children?

Children who are government concession card holders or dependents of concession card holders do not pay a fee. All other children will need to pay a small fee (approximately \$30). However, from the 1 January 2014, the Child Dental Benefits Schedule provides up to \$1000 over 2 years for children aged 2–17 (see below for more information about the Child Dental Benefits Schedule).

### How to access public dental services

Public dental clinics can be found at

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

and searching for your postcode.

### Accessing Private dental services

The Australian Dental Association can provide names of most private dentists.

Visit [www.ada.org.au](http://www.ada.org.au) and go to 'find a dentist'. Private dentists are also listed in the Yellow Pages online [www.yellowpages.com.au](http://www.yellowpages.com.au).

### The Child Dental Benefits Schedule

The Child Dental Benefits Schedule (CDBS) is a dental benefits program for eligible children aged 2–17 years that provides up to \$1,000 in benefits to the child for basic dental services.

Eligibility is based on the following criteria:

- children aged between 2–17 years on any one day of the calendar year
- receive, or their family, guardian or carer receives, certain government benefits such as Family Tax Benefit Part A for at least part of the calendar year
- are eligible for Medicare.

Dental treatments that receive a benefit under the CDBS include: examinations, x-rays, cleaning, fissure sealing, fillings, root canals, extractions and partial dentures. Services can be provided in a public or private setting. Benefits do not cover orthodontic or cosmetic dental work and cannot be paid for any services provided in a hospital.

Families can confirm their child's eligibility and balance amount by accessing their Medicare online account at [my.gov.au](http://my.gov.au) or by calling the Medicare general enquiries line on 132 011. When making an appointment for a child, the family should let the dental clinic know that they are eligible for CDBS. At the time of the appointment, the dental provider must discuss the child's treatment and any associated costs with the family before providing the services. Following this discussion the family will be asked to sign a consent form.

Once the dental provider has provided the services agreed upon for the child, they will either bulk bill the family or charge them for the services. If the dental provider does not bulk bill, the family will need to pay upfront then claim the benefit through Medicare. For more information about claiming through Medicare visit [www.dhs.gov.au](http://www.dhs.gov.au).

### CDBS in the public dental system

- CDBS is available at all public dental clinics across Victoria.
- There are no out of pocket costs (bulk billed through Medicare).

### CDBS and private dentists

Families who choose to use a private dentist should ask about the CDBS at that clinic.

Questions to ask include:

- Does the clinic offer bulk billing?
- What are the fees?
- Will there be a gap payment?

Some private dentists may charge more than the scheduled fee. In these cases there will be a gap for the family to pay.



## How to promote regular oral health assessments for children

Regular oral health assessments are important for everyone and allow any problems to be detected early. Identifying problems early can help to prevent any problems and potential treatment down the track.

### Challenges, myths and barriers to promoting regular oral health assessments:

- There is often a belief that toddlers and children are too young to have a dental check-up.
- Some families believe they cannot afford dental services or are not eligible for public dental services.
- Oral health prevention is a new concept for families (you only see the dentist when something is wrong).
- Some oral health professionals may not want to treat children.
- Adults have had bad dental experiences and this can influence what they do with their children.

The following table provides useful strategies for promoting oral health assessments including intentional and everyday learning opportunities, strategies to encourage families to access dental services and useful resources.

### How to promote regular oral health assessments for children

#### Learning experiences

#### Share messages about stay well routinely with children. Educators can support this through

- **Storytelling and narratives** – For example, stories about visiting the dentist. Have children tell their story about going to the dentist
- **Music** – For example, sing songs about visiting the dentist
- **Role play** – For example, visiting the dentist
- **Everyday conversations** – For example, explain that a dentist is a person who can help keep their teeth strong and healthy and that visiting the dentist is part of taking care of their teeth.

#### Talking points for children

- Visiting the dentist helps to keep your teeth healthy
- Dentists are special people who help you look after your teeth.
- You should have your teeth checked by a dentist before you are 3 years old.
- You have 20 teeth by the time you are 3 years old.
- Your mum or dad can lift your lip to look for tooth decay.

Note: The term 'dentist' has been used for simplicity. Children could also be seen by a dental therapist or oral health therapist.

Messages adapted from NSW Little Smiles. Dental Health Resource Package for Childcare Professionals, NSW Department of Health [www.health.nsw.gov.au](http://www.health.nsw.gov.au)

## Engaging families

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### Educators can support families to encourage healthy eating though:

- Meaningful discussions with families
- Give out tip sheets
- Information in your newsletter
- Display information in your foyer and/or noticeboard
- Provide information at enrolment
- Role modelling good oral health behaviours

## Professional practice and organisational policies

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### Develop policies and procedures

Outline your commitment to oral health, including healthy food and drink, preventive approaches and access to dental care in your organisation's policies.

A policy document provides clear, consistent information for all staff and carers working with children, as well as for parents and families. Thorough policies can demonstrate a commitment to healthy eating and oral health, and ensure a high quality of practice.

### For more information

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#### Web-based Healthy Little Smiles resource kit

For more ideas and direct links to useful resources, visit the web-based resource, Healthy Little Smiles webpage at Dental Health Services Victoria  
[www.dhsv.org.au/oral-health-programs/hfhs/healthy-little-smiles](http://www.dhsv.org.au/oral-health-programs/hfhs/healthy-little-smiles)

## Doing these things contribute towards the following benchmarks and standards

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### National Quality Standard

Standard 2.1

Each child's health is promoted.

Standard 6.3

The service collaborates with other organisations and service providers to enhance children's learning and wellbeing.

6.3.1 Links with relevant community and support agencies are established and maintained.

6.3.3 Access to inclusion and support assistance is facilitated.

6.3.4 The service builds relationships and engages with their local community.

### EYLF and VEYLDF OUTCOME 3

Children have a strong sense of wellbeing.

Children take increasing responsibility for their own health and physical wellbeing.

This is evident, for example, when children:

- recognise and communicate their bodily needs (for example, thirst, hunger, rest, comfort, physical activity).
- show an increasing awareness of healthy lifestyles and good nutrition.
- show increasing independence and competence in personal hygiene, care and safety for themselves and others.

### Healthy Together Achievement Program

Healthy eating and oral health benchmark.



## Case Study:

A collaborative approach to improving the oral health of children

An Early Years Oral Health Program was developed in partnership with Healthy Together Greater Dandenong, Healthy Together Cardinia Shire, Monash Health Dental Services and 36 early childhood services as a result of poor oral health being identified as an issue in the City of Greater Dandenong and Cardinia Shire. The program helped to link early childhood services to a local community dental service.

Monash Health Dental Services delivered:

- Training for early childhood service staff;
- On-site mouth-checks for children;
- Family oral health education sessions.

Monash Health also provided early childhood services with an oral health resource pack and referred children to the dental service.

Early childhood services were asked to:

- Provide the venue for the program;
- Invite families to attend an education session;
- Obtain parental consent for children to have a mouth check.
- Participate in the evaluation; and
- Embed oral health and healthy eating into the learning program, ethos and environment for sustainable outcomes.

The program educated families about the impacts of poor oral health and increased parental awareness of how to access health and community services. There were positive changes in children's learning and health behaviours and healthy eating and oral health were embedded into the learning program.

The early childhood oral health program resulted in the identification of tooth decay and resulted in referral and treatment at the dental service. Importantly the program linked families, early childhood services and the local health system.

The program was overseen by Healthy Together Greater Dandenong and Healthy Together Cardinia Shire. These teams also helped to build the partnerships between the Dental Service and the local early childhood services.

The program was embedded within a Health Promoting Schools Framework through the Healthy Together Achievement Program. The Achievement Program provides guidance for improving healthy eating and oral health outcomes through policy, a healthy physical and social environment, learning and skill development and engagement with families and community partners.

As a result of the Early Years Oral Health program the South East Oral Health working group has been established to develop a region-wide oral health plan to improve oral health across the region and the program has expanded into 19 local primary schools.

## References

Harford JE & Luzzi L 2013. Child and teenager oral health and dental visiting: Results from the National Dental Telephone Interview Survey 2010. Dental Statistics and Research Series no. 64. Cat. no DEN 226. Canberra: AIHW.

Roberts-Thomson K (2011), Oral health messages for the Australian public. Findings of a national consensus workshop, *Australian Dental Journal*; 56: 331-335.

Thomson WM, Williams SM, Broadbent JM, Poulton R, Locker D. Long-term dental visiting patterns and adult oral health. *J Dent Res* 2010;89:307–311.

## Useful websites

Dental Health Services Victoria

[www.dhsv.org.au/professionals/educators-early-childhood](http://www.dhsv.org.au/professionals/educators-early-childhood)

[www.dhsv.org.au/professionals/aboriginal-health-workers](http://www.dhsv.org.au/professionals/aboriginal-health-workers)

Healthy Eating Advisory Service

<http://heas.healthytogether.vic.gov.au/>

Better Health Channel

<http://www.betterhealth.vic.gov.au/>

Raising Children Network

<http://raisingchildren.net.au/>

Healthy Together Achievement Program

<http://www.achievementprogram.healthytogether.vic.gov.au/>

Eat For Health

<https://www.eatforhealth.gov.au/>

## For Further Support and Information

The Health Promotion Unit and Dental Health Services Victoria can support you to promote oral health in your service.

For further advice and information contact:

Phone: 9341 1203

Email: [healthpromotion@dhsv.org.au](mailto:healthpromotion@dhsv.org.au)