



early childhood services toolkit

Smiles 4 Miles



dental health
services victoria
oral health for better health



Terms and Definitions

Childcare

Family day careⁱ

Family day care educators provide education and care for other people's children in their own home. Family day care can be for children from birth through to primary school age. This type of care may be available overnight or on weekends for families who are on-call or work shifts.

Long day careⁱⁱ

Long day care is usually based within a centre and the education and care programs are created around the developmental needs, interests and experience of each child. Long day care centres typically operate for at least eight hours per day on normal working days for a minimum of 48 weeks per year. Long day care centres may also offer kindergarten programs.

Occasional careⁱⁱⁱ

This type of care is provided in a range of settings and is available either on an hourly basis, for short periods of time or at irregular intervals. These services provide developmental activities for children aged zero to six years of age.

Dental Health Services Victoria (DHSV)

DHSV is the leading public oral health agency in Victoria. Funded primarily by the Victorian Department of Health, DHSV has six key areas of activity which are to:

- Provide dental services through the Royal Dental Hospital Melbourne
- Purchase dental services (from 57 community dental agencies throughout Victoria)
- Educate and train current and future oral health professionals
- Foster, support and participate in oral health research
- Advise the government on policy, funding and service development
- Deliver oral health promotion programs across Victoria.

Drink well, Eat well survey

A survey of children's lunchboxes conducted twice per year to determine the effectiveness of the Smiles 4 Miles key messages.

Terms and Definitions *continued*

Early childhood education and care services

The settings for the Smiles 4 Miles program (Kindergartens, preschools, childcare centres, and playgroups).

Families

In this toolkit, this refers to all people who have the responsibility for children in their care. This includes parents, carers, guardians, grandparents, relatives, step-parents and foster parents.

Healthy eating and oral health policy

Policies clearly articulate conditions and practices necessary to create a physical and social environment which promotes health and wellbeing. A healthy eating and oral health policy will provide guidelines to support good oral health and general health.

Kindergarten (Also referred to as ‘preschool’)

The setting a child attends before commencing school. In Victoria, children are eligible for enrolment at the beginning of the year they turn four years before 30 April. Some kindergartens also run a three year old program. Kindergartens can be government or non-government funded and managed.^{iv}

Menu Assessment

An assessment of an early childhood service’s menu conducted by the Healthy Eating Advisory Service.

Smiles 4 Miles

An oral health promotion initiative of DHSV, Smiles 4 Miles works in partnership with local organisations to improve the oral health of preschool aged children in the community.

Smiles 4 Miles site

A local organisation such as a community health service, primary care partnership or local council; funded by DHSV to implement the Smiles 4 Miles program in their local community.

Smiles 4 Miles Coordinator

The staff member employed by the Smiles 4 Miles site to implement the Smiles 4 Miles program.

Terms and Definitions *continued*

Victorian Early Years Learning and Development Framework (VEYLDF)

The Victorian Early Years Learning and Development Framework supports early childhood professionals to work together with families to achieve outcomes for all children.

Victorian Prevention and Health Promotion Achievement Program (The Achievement Program)

Recognises the achievements of early childhood education and care services in promoting the health and wellbeing of children.

ⁱ <http://www.education.vic.gov.au/childhood/parents/childcare/Pages/family.aspx>

ⁱⁱ <http://www.education.vic.gov.au/childhood/parents/childcare/Pages/longdaycare.aspx>

ⁱⁱⁱ <http://www.education.vic.gov.au/childhood/parents/childcare/Pages/occasionalcare.aspx>

^{iv} <http://www.education.vic.gov.au/childhood/parents/kindergarten/Pages/about.aspx>

Part 1

Overview

Welcome to the Smiles 4 Miles program.

Smiles 4 Miles is an initiative of Dental Health Services Victoria, working in partnership with local organisations to improve the oral health of the youngest children in our community.

Please note: Early childhood education and care services are referred to as early childhood services throughout this toolkit.

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Introduction

The importance of oral health

Oral health is essential to overall health and wellbeing. Population health and prevention strategies, particularly those targeting young children, have the potential to improve oral health throughout childhood and later in life.¹

The deciduous (baby) teeth are important for young children. They help to develop appearance, eating ability, speech patterns and guide the eruption and position of the permanent (adult) teeth.² Good oral health in childhood contributes to good oral health in adulthood.² Children with fewer oral health issues have lower rates of decay and fewer lost teeth as adults.²

Tooth decay is largely preventable.³ However one in three children aged five and under who attended Victorian public dental clinics in 2010-2011 experienced tooth decay; 69 per cent of this was untreated.⁴

The Child Dental Health Survey Australia 2003–04 (2009) reported that nearly half (48.9 per cent) of all six-year-old children had a history of tooth decay in their deciduous teeth.⁵

Fourteen per cent of Victorian children aged five to eight years had teeth filled, six per cent had teeth extracted and a further six per cent required treatment under general anaesthetic in hospital.⁶

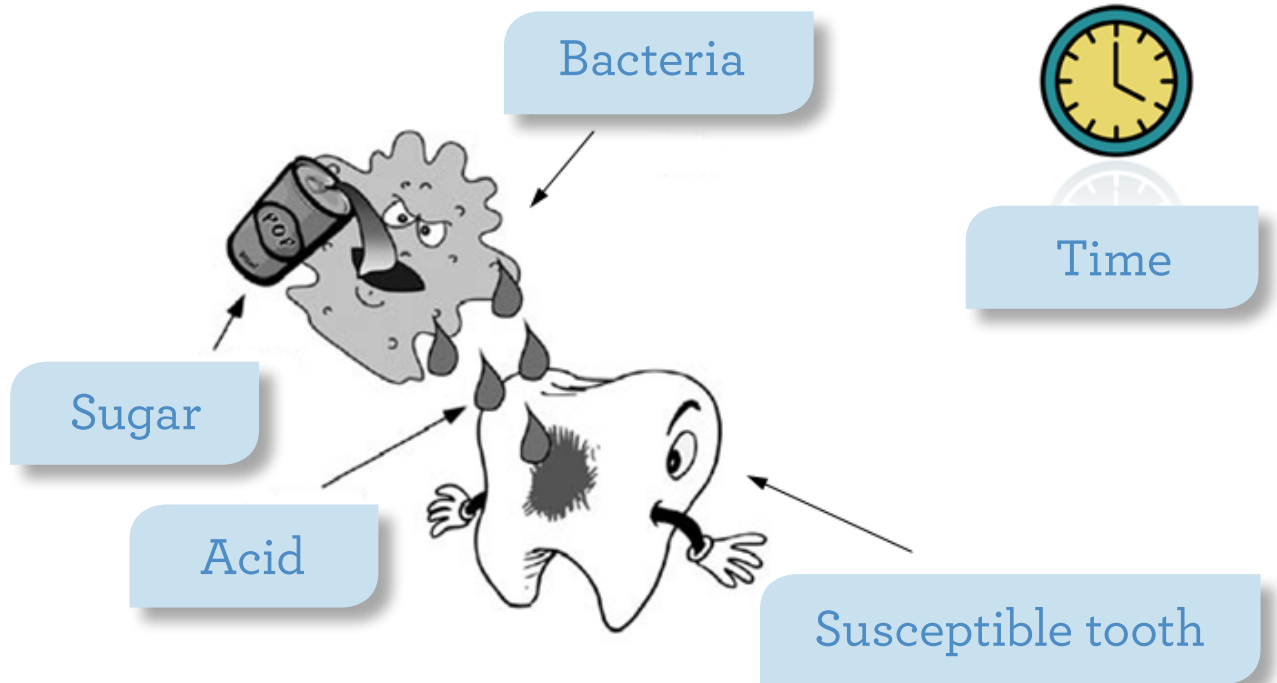
Every child is at risk of developing tooth decay, although some groups of children are more vulnerable than others. Children from lower socioeconomic backgrounds, culturally and linguistically diverse communities and rural communities experience the greatest risk. In Australia, children living with optimal water fluoridation experience considerably less tooth decay than those in areas without fluoridation.⁷

Tooth decay

Tooth decay (also known as dental decay or dental caries) is a diet-related disease caused by acids on the enamel of the tooth surface.⁸ The acid is produced from sugars in the diet and by bacteria within a soft layer that covers the tooth surface called plaque.⁸ Sugars are converted to acid by the bacteria in plaque. Plaque also helps to hold the acid in contact with the tooth which causes demineralisation (loss of calcium and phosphate from the tooth surface) and over time can result in major tooth damage.⁸

Figure 1

How tooth decay occurs.



Adapted from John D.B Fetherstone - *Caries Risk Assessment in Practice for Age 6 Through Adult*. CDA Journal: Vol 35, No 10, October 2007.

Why early childhood is the ideal setting

Early childhood education and care services such as kindergartens, playgroups and day care, play an important role in promoting young children's oral health.

Early childhood is when many lifetime habits are established and offers the opportunity to prepare for good health in later years. As young children learn and develop they are constantly exposed to new experiences and respond by developing new behaviours and skills.²

Smiles 4 Miles supports children's holistic learning and development and reflects the aims of the National Quality Framework for Early Childhood Education and Care to raise quality and drive continuous improvement and consistency in early childhood services across Victoria. Early childhood educators can provide education and model healthy behaviours to young children by incorporating oral health into the daily program, helping children to learn the importance of drinking water and healthy eating.²

Children as active learners

Promoting young children's oral health in early childhood services relies on a view of children as active participants in their own and others' learning. The National Quality Framework invites educators to develop programs and practices that encourage children to think for themselves in a community of learners. This program is designed to engage children and their families in learning experiences that strengthen their understanding and behaviours in relation to oral health.

What is Smiles 4 Miles?

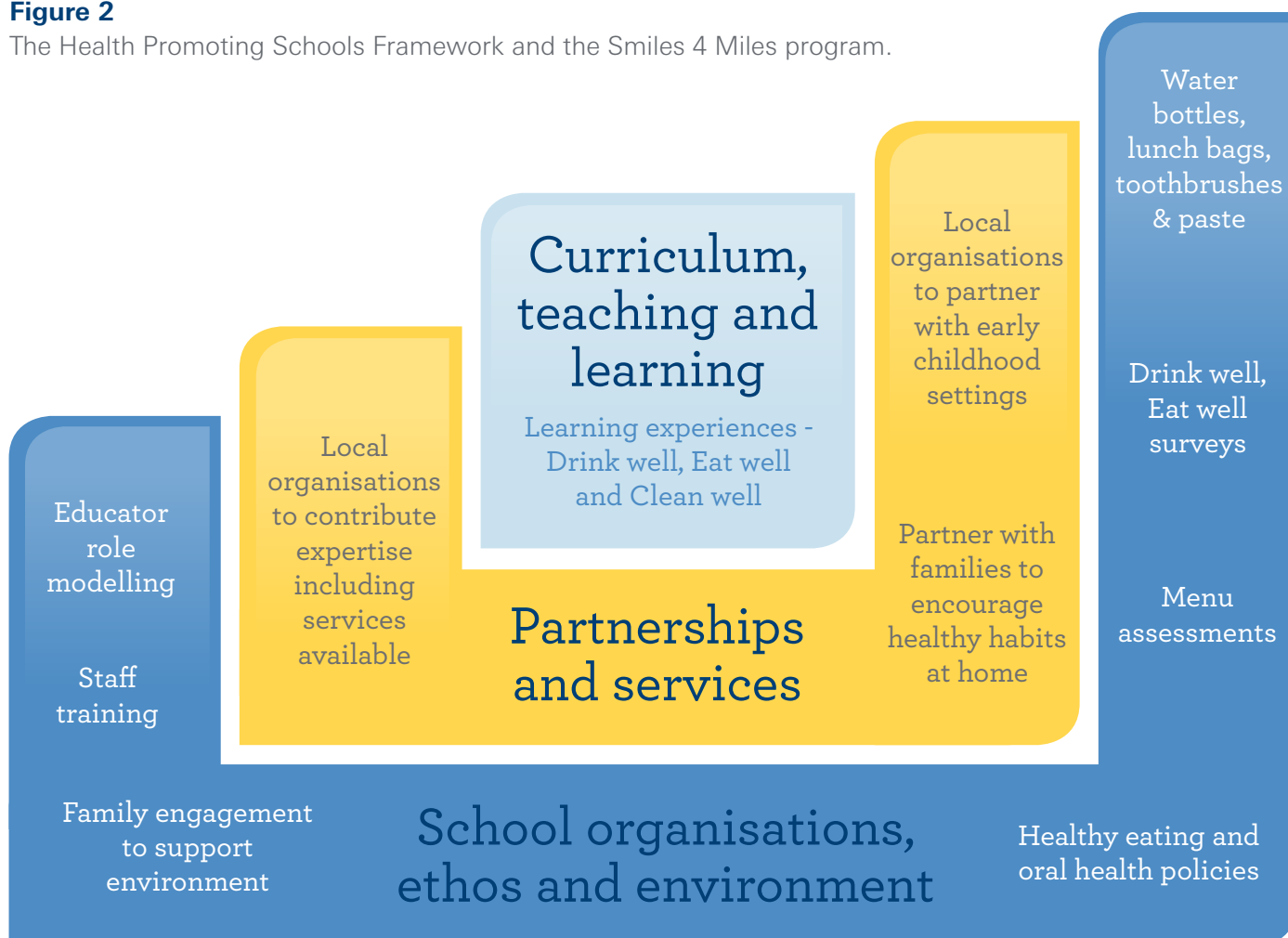
Background

Smiles 4 Miles began in 2004 and was developed in response to the alarming rates of tooth decay experienced by young children in Victoria. It began as a pilot program in three local government areas: Hume, Latrobe and Corio. In 2013, the program has been implemented in 51 local government areas, reaching 483 early childhood services and approximately 28,000 children across Victoria.

The Smiles 4 Miles program is based on the Health Promoting Schools Framework.⁹

Figure 2

The Health Promoting Schools Framework and the Smiles 4 Miles program.



The Smiles 4 Miles program

Smiles 4 Miles is an award program that works to improve children's oral health by encouraging early childhood services to promote a healthy environment using the three key messages; [Drink well](#), [Eat well](#) and [Clean well](#).

The Smiles 4 Miles Coordinator supports the early childhood service to achieve the Smiles 4 Miles award, which is valid for two years. The full criteria for achieving the award are explained in [Part 2 - Awards](#).

A summary of award criteria:

- An early childhood survey is completed.
- Educators participate in a Smiles 4 Miles training session.
- Develop or review a healthy eating and oral health policy
- The effectiveness of the Drink well, Eat well key messages have been reviewed.
- Learning experiences are conducted around the key messages: Drink well, Eat well and Clean well.
- Strategies for family engagement around the key messages have been implemented.
- Information regarding dental services available to children is provided to families.

Why participate in Smiles 4 Miles?

The benefits to your early childhood service include:

- Assistance to meet the requirements of the National Quality Standard, particularly in Quality Area two: Health and Hygiene.
- Progression of children's learning for the outcomes articulated in the Victorian Early Years Learning and Development (and the Early Years Learning Framework) in particular Outcome three: Children have a strong sense of wellbeing.
- Support to work towards meeting the best benchmarks for healthy eating and oral health for the Healthy Together Achievement Program.
- Participation in a program that has been developed using the latest evidence for improving children's oral health.
- Access to support and advice from health professionals experienced in promoting children's oral health.
- Recognition as a service that creates a healthy environment for children.
- Help to establish healthy foundations at an early age to improve overall health and wellbeing.
- Opportunities to empower both families and children to improve their oral health.
- Acknowledgement of your service in the local media.
- A Smiles 4 Miles award that demonstrates your commitment to improving children's health in your community.

Key steps for early childhood services

This ten step guide shows the activities required to achieve and maintain your Smiles 4 Miles award.

The timeframes indicated are flexible. If you cannot commence the program in Term one, you may start later in the year.

Year One

Step	Activity	Suggested Timeframe
1	Complete the Early Childhood Survey and registration form and return to your Smiles 4 Miles Coordinator	Term 1
2	Consult with your parent body/committee regarding: <ul style="list-style-type: none"> The Smiles 4 Miles program requirements and roles. Their contribution to planning and implementing the program. Confirming a date to start the program. 	Term 1
3	Participate in a Smiles 4 Miles training session <ul style="list-style-type: none"> Identify staff that will attend the training. 	Term 1
4	Review or develop your healthy eating and oral health policy <ul style="list-style-type: none"> Your Smiles 4 Miles Coordinator will provide a policy template and example of an appropriate policy. You can also find these in Part 5 – Templates. Seek comments and feedback from families regarding the healthy eating and oral health policy. 	Term 1
5	Implement the program <ul style="list-style-type: none"> If children bring food from home, complete the first Drink well, Eat well survey. If you provide food at your service, submit your menu to be assessed by the Healthy Eating Advisory Service (HEAS). Make any changes as recommended by the HEAS. Develop and implement family engagement strategies for Drink well, Eat well and Clean well. Deliver learning experiences for Drink well, Eat well and Clean well. Complete the second Drink well and Eat well survey (if children bring food from home). Provide families with information about dental services. 	Term 1 Throughout the year Throughout the year Throughout the year Term 3 Throughout the year
6	Apply for the Smiles 4 Miles Award <ul style="list-style-type: none"> Contact your Smiles 4 Miles Coordinator to confirm that all requirements have been met to receive a Smiles 4 Miles award. Your Smiles 4 Miles Coordinator will apply for the award on your behalf. You will receive a certificate to recognise your commitment to oral health. The Smiles 4 Miles award is valid for two years. 	Term 4

After participating in Smiles 4 Miles for one year, you will move to year two of the program. This year focuses on embedding oral health messages within your service. To maintain your award, complete the steps below.

Year Two

Step	Activity	Suggested Timeframe
7	<ul style="list-style-type: none"> Submit a Smiles 4 Miles registration form to your Coordinator. New staff to participate in a Smiles 4 Miles training session. Existing staff to participate in refresher training (if required). 	Term 1
8	<ul style="list-style-type: none"> Review your healthy eating and oral health policy (if required). 	Term 1
9	<ul style="list-style-type: none"> Implement learning experiences and family engagement activities around Drink well, Eat well and Clean well. 	Throughout the year
10	<ul style="list-style-type: none"> Provide information to families about dental services. 	Throughout the year

On completion of Year Two, work through steps 3-6 to achieve your Smiles 4 Miles award again.

The return to the Year One program ensures integrity of the program and allows services to:

- Ensure the confidence of educators to deliver oral health messages.
- Review the healthy eating and oral health policy/ies or menus in a formalised way.
- Revisit the effectiveness of the key messages delivered by the program through the Drink well, Eat well surveys (where food is brought in).
- Ensure new children and families have access to the most current information and resources.
- Receive a new award.

Smiles 4 Miles award program model



The Smiles 4 Miles key messages



Drink well

- Tap water is the preferred drink.
- Limit sugary drinks (especially between meals).
- Choose plain milk over flavoured.



Eat well

- Enjoy a variety of nutritious foods.
- Limit sugary foods (especially between meals).
- Enjoy healthy snacks.



Clean well

- Brush twice a day with a low-fluoride children's toothpaste.
- Develop good oral hygiene practices at an early age

Drink well

Drink well is the first key message of the Smiles 4 Miles program, usually implemented during term one.

The messages

- Encourage children to drink plenty of tap water.
- Plain milk is preferable to flavoured milk. Soy-based calcium enriched drinks can be a substitute for dairy. Milk is an important source of calcium, casein and other essential nutrients.
- Avoid acidic and sugary drinks such as soft drinks, sports drinks, cordials and fruit juices. If consumed, consume with meals rather than between meals. These are 'sometimes' foods and should be enjoyed only occasionally.
- Infant feeding bottles should only contain expressed breast milk, infant formula or plain milk.

The Evidence

Evidence suggests that consumption of soft drinks is associated with an increased risk of tooth decay and childhood obesity.

The Australian Dietary Guidelines recommend drinking tap water, as fluoride added to most tap water helps to develop strong teeth and bones. Most tap water in Victoria is fluoridated.⁷ [See Figure 3 for the water fluoridation map of Victoria.](#)

Water is essential for the body to function properly. Water is constantly lost from the body and needs to be replaced.⁸

Drinking too little fluid can lead to dehydration. In the short term this may cause physical and mental tiredness. Young children are at a greater risk of dehydration than adults.¹⁰ This may impact on learning and concentration.

Children should be encouraged to drink tap water when they are thirsty as water is a better thirst quencher than fruit juice and sweetened drinks. Water should be encouraged as the drink of choice.

Babies should not be put to bed with a bottle containing anything but water. If liquid is consumed for prolonged periods of time during the day or night, the liquid will pool around the teeth. Liquid containing sugars will be converted by the bacteria into acids that can cause tooth decay.²

Fluoride

Fluoride is a compound of the naturally occurring element fluorine¹¹. Fluoride occurs naturally in water, soil, rock, many plants, and in very low levels in almost all fresh water supplies.⁷

Fluoride provides added protection from tooth decay to both developing teeth (under the gum) and erupted teeth (present in the mouth) and therefore provides benefits to individuals of all ages.⁷

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 is one part per million (or 1 milligram/litre) and has benefits for oral health. In comparison, children's toothpaste generally contains 400 to 500 parts per million (ppm) of fluoride and regular toothpaste generally contains 1000ppm; however some now contain 1450ppm.⁷

Water fluoridation is undertaken at water treatment plants via a carefully controlled and monitored process.⁷

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.¹¹

Fluoride acts like a constant repair kit by repairing the early stages of tooth decay before it becomes permanent.⁷

It should be noted that 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 works.⁶ The Australian Research Centre for Population Oral Health (ARCPHO) 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.⁷
- 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.⁷

Non-fluoridated communities

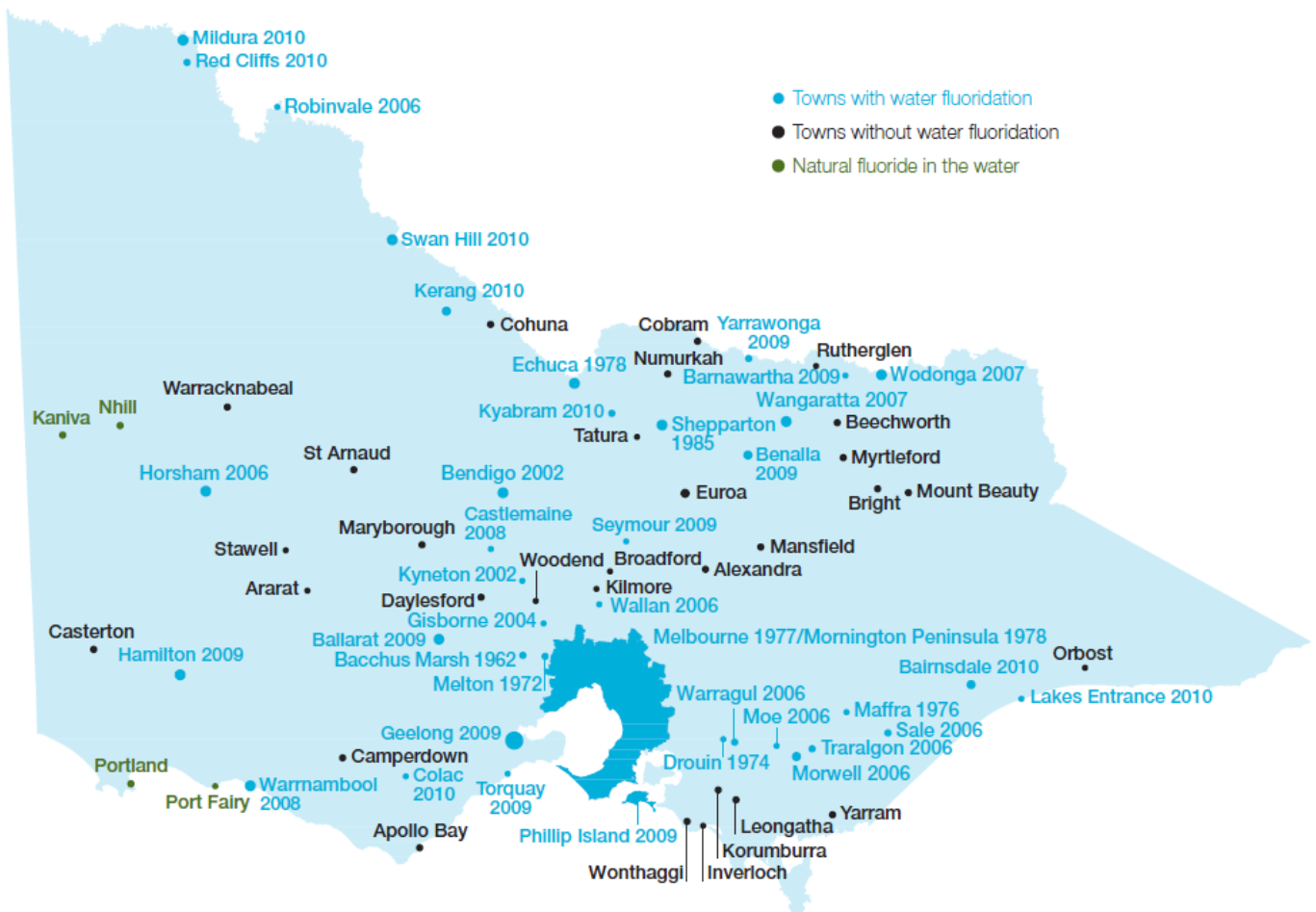
Since mid-2010, 90 per cent of Victorians had access to fluoridated drinking water.¹² Water fluoridation is a key public health initiative; however it is not always available, as not all households have a piped water network or not all supplies can be fluoridated.¹²

For people living in communities without water fluoridation, the consumption of foods and beverages processed in fluoridated centres will provide some benefit. Residents from non-fluoridated areas will also gain some protection against tooth decay when they work and study in fluoridated centres.¹²

More frequent use of fluoridated toothpaste or starting on standard toothpaste (with 1000 ppm fluoride) may be recommended for children who do not have access to fluoridated water or who are at a higher risk of tooth decay. It is important to seek professional advice from an oral health professional to learn about what is best for your requirements.²

Figure 3

Water fluoridation map of Victoria. *Source:* Department of Health Victoria website at www.health.vic.gov.au



Eat well

Eat well is the second key message of the Smiles 4 Miles program which encourages healthy eating. Eat well is usually implemented in term two.

The messages

- Enjoy a wide variety of nutritious foods.
- Limit intake of sugary foods and snacks.
- Enjoy healthy snacks.

The Evidence

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".¹³ Fruit and vegetables are an important part of healthy eating. In line with the Australian Dietary Guidelines,¹⁰ a wide variety of nutritious foods should be consumed every day from the five food groups:

1. Vegetables
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. A variety of fruit and vegetables should be included in meals, snacks and lunchboxes every day.

In Victoria, children of all ages are eating less than the recommended amount of fruit and vegetables.¹⁴ 39 per cent and 78 per cent of children are not consuming the recommended serves of fruit and vegetables respectively per day.¹⁴ A high proportion of two to 16 year olds were reported to obtain more than their recommended energy from sugars.¹⁴

Foods and drinks containing added sugars should be limited, especially between meals. This is because frequent consumption of sweet sticky foods, especially when eaten between meals, can contribute to tooth decay (dental caries).² Tooth decay develops when sugary foods interact with bacteria in the mouth and result in acid on tooth surfaces.⁸ This acid causes damage to the tooth enamel.⁸

In summary, it is recommended to follow the Australian Dietary Guidelines,¹⁰ with the focus on:

- drinking plenty of tap water
- limiting sugary foods and drinks
- choosing healthy snacks such as fruits and vegetables.

Clean well

Clean well is the third key message of the Smiles 4 Miles program which encourages the development of sound oral hygiene practices among children and their families, and appropriate and timely dental visits. Clean well is usually implemented in term three.

The messages

- Clean children's teeth twice a day – once in the morning and once before going to bed.²
- Brush teeth and gums gently and thoroughly using a soft small-head toothbrush designed for children.²
- Use a pea-sized amount of low-fluoride toothpaste designed for children from 18 months to six years of age, unless otherwise recommended by an oral health professional.² Examples of low-fluoride toothpaste include Colgate 'My First' and Macleans 'Milk Teeth'.²
- An adult should assist a child to brush their teeth, usually until the age of six or seven.²
- Don't wait for a problem. A child should see a health professional (including a Maternal and Child Health Nurse, Dentist, Oral Health Therapist, Dental Therapist) by the age of two for an oral health assessment.²
- An oral health professional will discuss a child's risk level and how frequently they need to visit for an oral health check.¹⁵

Evidence and Rationale

Every child is at risk of tooth decay. However, regular and thorough tooth brushing can remove plaque (the sticky film of bacteria that forms on 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 decay over time. Thorough and regular tooth brushing 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 seven 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.²

How to identify signs of decay in children

Tooth decay is a process that develops over time. Some signs of tooth decay are:

Figure 4



A healthy mouth

Pink gums (healthy blood supply).
Teeth are not discoloured.



First stage of caries

The upper front teeth develop a dull white band (demineralisation) along the gum line, which usually goes undetected by the family or carers.

This stage is reversible.
If untreated this can lead to a cavity in the tooth as a result of advanced tooth decay.²



Signs of early tooth decay

Some brown spots on teeth, redness and swelling of gums.

A dental professional can make a difference and can encourage good oral hygiene practices. There is a yellow, brown or black discolouration on the surface of the teeth. This indicates the progression of tooth decay.²



Advanced tooth decay

Blackened areas and very red and inflamed gums. Teeth look like brownish-black stumps. This indicates the child has advanced tooth decay.²

This level of decay can lead to the removal of teeth.

The photos used are courtesy of South Australian Dental Service.

When to recommend families visit an oral health professional

If any tooth decay signs (described on previous page) are observed

Any signs of pain or toothache

Any unusual lumps or bumps

Tooth knocked/trauma

For a regular check up

If you are concerned about anything



**Clean
Well**

Age of first oral health visit

Children should have an oral health assessment by age two.¹⁵ Oral health checks are beneficial to promote good oral health practices and for early identification of oral health problems. These early experiences can create a positive association with dental visits for both child and parent.

Oral health (dental) professionals that may conduct oral health checks include:

- Dentists
- Oral health therapists
- Dental therapists.

Other professionals who may conduct oral health checks include:

- Maternal and Child Health Nurse through the Key Ages and Stages Framework
- General Practitioners or Practice Nurses through the Child Health Check.

The first dental visit

For many children the first dental visit is about becoming familiar with the dental setting. Some tips for the first dental visit:

- Suggest the child accompany the parent/carer to visit the dental professional.
- Help children to accept that dental visits are part of a regular routine.
- Make the child's appointment for early in the day so that the child is not tired.
- Arrive a little before the appointment time, to let the child become familiar with the new surroundings.
- Suggest the parent talk to the child about the dental visit in a positive way, avoiding language such as 'be brave'. Explain to the child that the dental professional will give them a ride in the chair and count their teeth.
- Encourage parents and carers to be a passive observer and allow the staff to capture the child's full attention.

Frequency of oral health visits

Everyone has different oral health needs and risk levels which should be reflected in the frequency of check-ups.¹⁵ Parents and carers should talk with their oral health professional about their child's risk level and how frequently they need to visit for an oral health check.

It is important that families are aware that deciduous (baby) teeth have nerves and that children can feel pain from tooth decay in their teeth. Taking children for an oral check before the child experiences pain is important.

A child should be taken to see an oral health professional immediately if they are experiencing pain or a problem is identified.

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Part 2

The Smiles 4 Miles award

The Smiles 4 Miles award is granted to early childhood education and care services that meet the Smiles 4 Miles award program criteria.

This section explains how your service can meet the award criteria and become a Smiles 4 Miles awarded service.

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The Smiles 4 Miles award criteria

- An early childhood survey is completed.
- Educators participate in a Smiles 4 Miles training session.
- A healthy eating and oral health policy is developed or reviewed in consultation with children, families and the committee.
- Review the effectiveness of the Drink well, Eat well key messages.
- Learning activities are conducted around the key messages: Drink well, Eat well and Clean well.
- Strategies for family engagement around the key messages have been implemented.
- Information regarding dental services available to children is provided to families.

Getting Started

This section describes how to achieve your Smiles 4 Miles award in detail. The Smiles 4 Miles award recognises your contribution to improving the oral health of young children and their families.

Criterion 1 – Complete the early childhood survey

The early childhood survey is completed when you register to participate in the program. The survey provides your Coordinator with a snapshot of how healthy eating and oral health messages are integrated throughout your service.

This survey only needs to be completed in the first year you participate in Smiles 4 Miles and takes approximately 15 minutes to complete.

It needs to be submitted to your Smiles 4 Miles Coordinator to apply for your award.

Please keep a copy of the survey for your records.

Supporting templates:

[Refer to Part 5 - Templates](#)

Criterion 2 –

Participate in a Smiles 4 Miles training session

Educators are required to participate in a Smiles 4 Miles training session run by their local Smiles 4 Miles Coordinator. Training provides educators with information about the importance of oral health, oral hygiene, tooth decay, healthy eating and drinking and an overview of the Smiles 4 Miles program.

Early childhood educators who participate in this training report increased knowledge and confidence of healthy eating and oral health and how they can improve these areas within their services.

This interactive session includes a range of activities and takes approximately two hours. DHSV recommends at least two educators participate in the training to enhance the sustainability and success of the program.

Training is to be completed in your first year of participating in the program. Training will be offered by your Coordinator on an annual basis to cater for new staff and allow refresher training for existing staff.

Your Smiles 4 Miles Coordinator will contact you to arrange a suitable time for training.

Criterion 3 –

Develop or review a healthy eating and oral health policy

The importance of a healthy eating and oral health policy

All services require a healthy eating and oral health policy which provides information and guidelines about the healthy environment which the service is promoting. You may like to develop a separate oral health policy, or include oral health in your existing nutrition/healthy eating policy.

Healthy food policies in early childhood services have been shown to reduce tooth decay levels. For example, a longitudinal study of Brazilian three year olds showed that children who attended preschools with dietary guidelines were 3.6 times less likely to have tooth decay than their counterparts in preschools without dietary guidelines.¹

Policy Requirements:

Policies provide clear guidelines for all members of an early childhood service. A healthy eating and oral health policy:

- Demonstrates the importance of healthy eating and oral health within the whole service
- Determines the service's approach to healthy eating and oral health
- Embeds activities and practices that support healthy eating and oral health at the service
- Communicates the service's values and commitment to healthy eating and oral health
- Ensures activities will be ongoing
- Ensures consistent messages are promoted
- Can focus resources on set actions or priorities
- Recognises diversity and helps to ensure all members of the service receive equal access to healthy eating and oral health strategies.

Services should ensure that educators and other staff members, families, children and your Smiles 4 Miles Coordinator are involved in developing a policy. This will increase engagement and reduce any potential for disagreement. The draft policy should be provided to families for comment and any changes to the policy communicated via letters, emails or newsletters.

Developing a healthy eating and oral health policy

Developing a policy is a team effort that should involve the entire early childhood service community, not just educators or management. You could form a working group to develop your policy or work with your committee. A working group could consist of parents, carers, educators, the children and other health professionals.

Your policy will be strengthened if you ensure that members of diverse cultural groups who attend your centre are involved in its development. It is important to recognise this valuable contribution.

Steps to develop a healthy eating and oral health policy

Step	Activity
1	<p>Develop a working group or work with your committee to assist with the policy development</p> <ul style="list-style-type: none"> • Invite representatives from the parent group, interested educators, local health professionals and, if possible, someone with policy-making experience. • Consider how the service will include ideas and suggestions from children about healthy eating and oral health.
2	<p>Consider existing barriers to healthy eating and good oral health</p> <ul style="list-style-type: none"> • Is there adequate access to healthy food and water at your service? • Is there a general understanding of the importance of healthy eating and oral health? • Is anything hindering your ability to promote and support healthy eating and oral health?
3	<p>Identify what needs exist of the children attending your service</p> <ul style="list-style-type: none"> • Has there previously been an interest in healthy eating and oral health at your service? • What are the ages of the children accessing your services? Do the nutritional needs of babies need to be considered?
4	<p>Collate information</p> <ul style="list-style-type: none"> • What are the particular issues and concerns regarding healthy eating and oral health in your service? • Consider food safety and food allergies.
5	<p>Consult with the working group/committee</p> <ul style="list-style-type: none"> • Have all issues been addressed and all needs covered? • Are there aspects of additional information or support required?
6	<p>Write a draft policy</p> <ul style="list-style-type: none"> • Make it practical, specific and measurable. • Ensure it has a review date.
7	<p>Circulate the policy for comment</p> <ul style="list-style-type: none"> • Invite the working party/committee and other stakeholders to review the draft policy. • Is the aim and purpose of the policy clear?
8	<p>Write the final policy</p> <ul style="list-style-type: none"> • Consider comments and feedback and discuss anything that may cause disagreement. • Consider the costs and implications of adopting the healthy eating and oral health policy. • Establish responsibilities for its implementation and review.

Step	Activity
9	Formally adopt the policy <ul style="list-style-type: none"> • Present the policy to the working group for their consideration. • Seek agreement on the policy wording, budget and implementation expectations. • Present the policy for endorsement at an official Committee meeting.
10	Implement the policy <ul style="list-style-type: none"> • Formally introduce the policy to the early childhood service by communicating it to educators and families. • Consider ways to communicate the policy to diverse family groups.
11	Monitor the implementation of the policy <ul style="list-style-type: none"> • Establish a process and responsibility for ongoing review.

Fundraising

The development or review of your healthy eating and oral health policy is an opportunity to consider the fundraising practices in your service. Traditional fundraising activities in early childhood services have largely been food focused, often promoting unhealthy options. The Smiles 4 Miles program discourages fundraising activities that promote unhealthy practices such as chocolate drives. Healthy or alternative fundraisers may require more planning, however they will be more rewarding as they promote healthy eating and living, as well as raising money.

Some healthy or alternative fundraising ideas include:

- Raffles using donations from local organisations, families, carers or other community members
- A second hand book stall
- Herb gardens/seeds
- Fruit and vegetable drives
- Toothbrush drives
- Physical activity events including 'Runathons', 'Walkathons', 'Skipathons' or 'Skateathons'.

Fundraising ideas for Healthy Kids – A manual for schools, early childhood services and community groups, 2011, developed by Nutrition Australia in partnership with DHSV, provides a guide for how to plan healthy fundraising events.

See www.nutritionaustralia.org.au for more information.

Special occasions/ birthdays

Your healthy eating and oral health policy could also include statements about special occasions and birthdays. The Smiles 4 Miles program discourages cakes and sweet foods to celebrate special occasions. If cakes or sweets are brought for children to share:

- Educators are to remind the children that these are 'sometimes' foods.
- Children are encouraged to drink water after eating sweets (swishing the water around their mouth).
- Where possible, fresh fruit is served with the sweet foods.
- Sweets may be sent home for families or carers to offer at an appropriate 'sweets' time.

A cake is only one of many ways to celebrate a special occasion. Other ways of celebrating include:

- Encouraging families to provide non-food items such as balloons, bubbles, stickers etc. in place of lolly bags
- Telling a special story
- Lighting and blowing out candles
- A group time show and tell
- Wearing a special hat or outfit for the day
- Singing and dancing
- Specially prepared fruit platter
- Themed days or culturally significant occasions can be celebrated with an activity to further develop a child's understanding of the occasion.

You may like to post an information sheet about the new healthy eating and oral health policy in the entrance or waiting area of the service, or publicise it in the newsletter. Refer to [Part 5 – Templates](#) for example letters and policy feedback forms.

Supporting templates

Refer to [Part 5 - Templates](#)

Criterion 4 –

Review the effectiveness of the Drink well, Eat well key messages.

Early childhood education and care services should review the effectiveness of the Drink well, Eat well key messages. This allows services where families bring food to see if there has been any change in the foods and drinks consumed in services.

If early childhood services provide food for children

Early childhood services that provide food for children attending the service should complete a menu assessment with the Healthy Eating Advisory Service. Click here for [guidelines on completing a menu assessment](#).

If children bring food from home

Early childhood education and care services where children bring food from home should complete two Drink well, Eat well surveys.

The Drink well, Eat well survey is a tool designed to observe the foods and drinks brought into the service from home. The purpose of the survey is to determine if there have been changes in the food and drink brought into services as a result of the Smiles 4 Miles program.

Guidelines for completing the Drink well, Eat well surveys

The Drink well, Eat well survey should be conducted twice – one at the start of the year before the key messages have been delivered and one later in the year after the key messages have been delivered.

The Drink well, Eat well surveys allow each service to track the success of the Smiles 4 Miles program by comparing pre and post-program results. The data is also used to evaluate the impacts of the program at a state-wide level across all participating early childhood services.

Each survey should be conducted over two days. It is important that families are notified at the beginning of the year that surveys will occur. However, families should not know exactly which days the survey will take place, as they may influence the food they provide.

No individual child should be identified from the Drink well, Eat well surveys. Early childhood educators need to ensure total anonymity for children.

Educators should provide the results of the surveys to families. This could be done in a variety of ways. One option is through the Drink well, Eat well survey feedback template provided in [Part 5 – Templates](#), which can be distributed through a newsletter insert or as a letter home.

Please provide completed surveys to your Smiles 4 Miles Coordinator so they can apply for the Smiles 4 Miles award on your behalf. Ensure you keep a copy for your records.

Term 1: Complete the first Drink well, Eat well survey over two days, prior to implementing the Drink well and Eat well messages

Term 3: Complete the second Drink well, Eat well survey over two days, once you have implemented both the Drink well and Eat well messages.

The timeframes above are suggested only. Please complete the surveys before you have implemented the Drink well, Eat well messages and after you have implemented the Drink well, Eat well messages.

[Click here for the Drink well, Eat well survey.](#)

How to complete the Drink well, Eat well Survey

Complete the Drink well, Eat well survey before and after you implement the Drink well, Eat well messages.

Name of Service: _____

Your Name: _____

This survey is used to count the number of children that bring at least one of the following items in their lunchbox. It is not necessary to record the number of items brought by each child. For example - if one child brought a juice and a cordial (two sweet drinks) you would only count one for one child.

Please note:

- At least two surveys should be completed throughout the year.
- Results may not be valid if parents are aware of what days the survey is to take place.

Today's date here

How many children have brought at least one sweet drink?

Drink well	Day 1 Date: _____	Day 2 Date: _____
Sweet drinks (e.g. cordial, soft drink, fruit juice, fruit juice drinks, flavoured milk, energy and sport drinks)	<input type="radio"/>	<input type="radio"/>
Water		<input type="radio"/>
Plain milk		
TOTAL number of children		<input type="radio"/>

How many children have brought water today?

How many children are in your group today?

Eat well	Day 1 Date: _____	Day 2 Date: _____
Packaged and/or high-fat and/or high-sugar snacks (e.g. fruit bars/straps, yoghurt drinks, dried fruit, muesli bars, potato chips, cakes and biscuits)		<input type="radio"/>
Healthy snacks (e.g. fruit (fresh, frozen or diced in natural juice) vegetables, yoghurt (without added sugar), cheese, dry biscuits, rice crackers, plain cereal, toast, pita bread)		<input type="radio"/>
Healthy lunches (e.g. sandwiches with healthy filling (salads, egg, cold meats, cheese and vegemite), sushi, zucchini/vegetable slices, pasta salad, baked beans and salads)		
Packaged and/or high-fat and/or high-sugar lunches (e.g. sandwiches with high sugar filling (jam, honey, hazelnut spread), sausage rolls, pies, pizza)		<input type="radio"/>
Comments Are there any foods that have been brought into your service that do not fit into any of the categories above? (Please provide number and description)		<input type="radio"/>
TOTAL number of children		<input type="radio"/>

How many children have brought a packaged, high fat or high sugar snack today?

How many children have brought a healthy snack?

How many children have brought a packaged, high fat or high sugar lunch today?

For example: If one child brought leftovers for lunch which do not fit into the other categories you would write: 1 x leftovers

How many children are in your group today?

How to complete the Drink well, Eat well survey - an example



This photo shows a lunchbox containing:

- Multigrain sandwich with lean ham and salad
- Zucchini Slice
- Pear
- Yoghurt
- Water

For this lunchbox, the survey should record:

- 0 for sweet drinks
- 1 for water
- 0 for plain milk
- 0 for packaged and/or high-fat and/or high-sugar snacks
- 1 for healthy snacks (pear, plain yoghurt)
- 1 for healthy lunches (multigrain sandwich with lean ham and salad, zucchini slice)
- 0 for packaged and/or high-fat and/or high-sugar lunches.



This photo shows a lunchbox containing:

- White bread roll with Hazelnut spread
- Muesli bar
- Fruit strap
- Small chocolate bar
- Cordial

For this lunchbox, the survey should record:

- 1 for sweet drinks (cordial)
- 0 for water
- 0 for plain milk
- 1 for packaged and/or high-fat and/or high-sugar snacks (muesli bar, fruit strap, chocolate bar)
- 0 for healthy snacks
- 0 for healthy lunches
- 1 for packaged and/or high-fat and/or high-sugar lunches (white bread roll with hazelnut spreads).

Guidelines for completing a menu assessment

The Healthy Eating Advisory Service is run by Nutrition Australia Victoria Division and offers information and support on food and nutrition and the provision of healthy foods and drinks in early childhood services.

The Healthy Eating Advisory service provides:

- Telephone and email advice
- Practical advice about healthy foods and drinks
- Menu and food product assessments
- Healthy recipes and food ideas
- Support to meet relevant healthy eating policies and guidelines.

Contact the Healthy Eating Advisory Service via:

Phone 1300 22 52 88

Email vheas.earlychildhood@nutritionaustralia.org

Visit <http://www.vheas.vic.gov.au>

To have your menu assessed, you will need to provide a copy of two consecutive weeks of your menu with detailed information about what is served at each meal and snack time, including all drinks. You are required to provide:

- Detailed copies of recipes for morning tea, lunch and afternoon tea, including quantities of all ingredients used (e.g. gram weight of cans of beans/tuna/vegetables, gram weight of packets of pasta/pita bread/tortillas, etc.).
- Specific information about the type and amount of food provided at morning and afternoon tea and lunch. **For example:** if you offer a fruit platter for morning tea, which fruit and how much of each is provided? If you offer yoghurt or custard for second course, how much is served? If you provide cheese and crackers for afternoon tea, how much cheese do you serve? How many packets of crackers are offered, and how much do the packets weigh?
- Information about drinks. For example: how many litres of milk are provided for drinking each day? Is water available at all meals and snack times, as well as throughout the day?
- Information about what you serve for breakfast and late snack (if applicable).

Your menu should be reviewed by the Healthy Eating Advisory Service every two years, or sooner if you make significant changes.

If Early Childhood Services provide food for children

Once your menu has been approved by the Healthy Eating Advisory Service, you have then met criterion 4 for the Smiles 4 Miles award. Please provide a copy of your approved menu assessment letter to your Smiles 4 Miles Coordinator so they can apply for your Smiles 4 Miles award on your behalf.

Supporting templates

Refer to [Part 5 – Templates](#)

Criterion 5 –

Implement learning experiences

Early childhood services are to complete a minimum of one learning experience relating to each of the key messages: Drink well, Eat well and Clean well. To maximise impact, children and families should have contact with each key message at the same time. For example, most services will engage children and families about the Drink well message in term one.

It is also important that the key messages are covered informally throughout the year to strengthen children and families' understanding and action in relation to oral health such as choosing to highlight the importance of healthy eating when the children are eating their lunch.

The importance of learning experiences

Early childhood education and care services are ideal settings to promote good oral health. Educators play a large role in modelling healthy behaviours to young children. By incorporating healthy eating and oral health into the daily program, it is possible to create an environment and practices that encourage good oral health. Undertaking this work is consistent with the expectations of the National Quality Standard and the implementation of the Victorian Early Years Learning and Development Framework and the Early Years Learning Framework.

Supporting templates

Refer to [Part 3 – Learning Experiences](#)

Criterion 6 –

Engaging families

Early childhood services must complete a minimum of one family engagement strategy relating to the Drink well, Eat well, and Clean well messages. To increase the impact of this message, this should occur at the same time children are learning about each message.

The importance of engaging families

Early childhood is when many lifetime habits are established. This time offers the opportunity to prepare for good health in later years. As young children grow and develop they are constantly exposed to new experiences and respond by developing new behaviours and skills.²

Families can influence behaviours in early life, which can then be carried into adulthood. This includes establishing good oral health behaviours. It is important to note that baby's teeth should be cleaned as soon as they appear with twice daily toothbrushing recommended. Parents should clean their children's teeth until they are at least seven years of age.

Engaging families is an important part of the Smiles 4 Miles program. Working with families ensures that healthy practices in early childhood services are maintained in the home environment. It is essential that the Smiles 4 Miles program is built on partnerships between educators, families and children.

Supporting templates

Refer to [Part 4 – Families](#)

Criterion 7 –

Provide families with information on dental services

The importance of providing information to families on dental services

Children should have an oral health assessment by the age of two.³ It is important that families are aware of how to access dental services in their local area.

Public dental services in Victoria

Public dental services are provided to eligible Victorians through community dental clinics in community health services, rural hospitals and the Royal Dental Hospital of Melbourne.

The following groups are eligible for public dental services⁴:

- All children aged zero to 12 years.
- Young people aged 13 to 17 years who are health care or pensioner concession card holders, or dependants of concession card holders.
- All children and young people up to 18 years of age in residential care provided by the Children, Youth and Families division of the Department of Human Services.
- All youth justice clients in custodial care, up to 18 years of age.
- Children enrolled in special development schools.
- People aged 18 years and over who are health care or pensioner concession card holders or dependants of concession card holders.
- All refugees and asylum seekers.
- All Aboriginal and Torres Strait Islander people who wish to be treated at the Royal Dental Hospital of Melbourne.

Victorian concession cards include:



Priority access

People who have priority access will be offered the next available appointment for general care and will not be placed on the general care wait list. The following groups have priority access to care:

- Aboriginal and Torres Strait Islanders.
- Children and young people (under 18 years of age).
- Homeless people and people at risk of homelessness.
- Pregnant women.
- Refugees and asylum seekers.
- Registered clients of mental health and disability services, supported by a letter of recommendation from their case manager or staff of special developmental schools.

All other people seeking routine general and denture care need to place their name on a waiting list. Clients seeking urgent dental care should be triaged, assessed and managed for their emergency⁴.

Children

All children up to 12 years of age are eligible to access public dental services in Victoria for general dental care and advice.

The service is free to families who hold a valid concession card or health care card. It is approximately \$31.00* per child, per course of care, for families who do not have a concession card. There is a maximum cost of \$124* per family per year. A course of care involves an examination and general treatment if required and may include multiple appointments for treatment if needed. Children up to 12 years of age are offered the next available appointment at public dental services and will not be placed onto a waiting list.

Public dental clinics can be found at www.dhsv.org.au/clinic-locations/community-dental-clinics and searching for your postcode.

* Fees are subject to change. Please visit www.dhsv.org.au/patients-and-public/fees for updates on dental fees.

Private dental services in Victoria

All children can access private dental services in Victoria for general and specialist services. There are fees associated with attending private services. These fees will vary from practice to practice. Fees and payment options should be discussed when booking an appointment.

Private dentists are listed in the Yellow Pages under ‘dentists’ in alphabetical order or by area.

The Australian Dental Association can also provide names of most private dentists. Visit www.ada.org.au and go to [‘find a dentist’](#).

Summary information – How can children access dental services?

All children participating in Smiles 4 Miles should see a dentist or oral health professional. This is in line with the ‘Oral health messages for the Australian public’ which recommend children ‘should have an oral health assessment by age 2³. Below is a summary of options for accessing dental care.

Question	Public Dental Services	Private Dental Services
Can my child use this service?	Yes. All children aged 0-12 years are eligible to access public dental services in Victoria.	Yes. Children and families may choose to access private dental services across Australia.
Will my child go on a waiting list?	No. Children aged 0-12 years will be given the next available appointment.	You will be advised of any waiting time when making an appointment. Waiting time will vary between dental services.
Do I have to pay?	<ul style="list-style-type: none"> • There are no fees if you hold a valid pensioner concession card or health care card. • There may be a small fee per child per general course of care (examination and treatment) if you are a non-cardholder. 	Yes. There are costs associated with accessing private dental services. You will need to discuss fees and payment options with your dental clinic.
How do I make an appointment?	<ul style="list-style-type: none"> • Contact your nearest community dental clinic. • To find your nearest community dental clinic call 1300 360 054 or visit www.dhsv.org.au/clinic-locations/community-dental-clinics • Be sure to tell the receptionist the age of your child. 	<ul style="list-style-type: none"> • Contact your regular dental practitioner • If you do not have a regular dental practitioner, visit www.yellowpages.com.au (look under dentists) or visit the Australian Dental Association at www.ada.org.au

[Part 4- Families](#) provides newsletter inserts and flyers to give to families on accessing local dental services.

Applying for the Smiles 4 Miles award

The Smiles 4 Miles award

The Smiles 4 Miles award is an important recognition of your service’s commitment to improving the oral health of the children attending your service.

Once your service has worked their way through the Smiles 4 Miles criteria, you are ready to apply for your Smiles 4 Miles award!

The award is valid for two years and once your service has achieved it, the focus is on embedding healthy eating and oral health messages within your service so you can continue to be a Smiles 4 Miles awarded service. The diagram below demonstrates the cycle of the two year program:

Figure 8: Two year program cycle



How to apply for the Smiles 4 Miles award

Simply provide your Smiles 4 Miles Coordinator with your:

1

Completed Smiles 4 Miles award application form.
[Part 5 – Templates.](#)

2

Early childhood survey (if this is your first year in the program).

3

Healthy eating and oral health policy.

4

Completed Drink well, Eat well surveys or your approved menu assessment.

Ensure you keep a copy of these documents for your records.

Your Smiles 4 Miles Coordinator will then apply for your award on your behalf!

References

- ¹ Rogers J, Prevention and Population Health Branch, Government of Victoria, Department of Health, 2011, Evidence based oral health promotion resource
- ² Dental Health Services Victoria, 2010, TEETH: *Oral Health Information for Maternal and Child Health Nurses*.
- ³ National Oral Health Promotion Clearinghouse (Australian Research Centre for Population Oral Health, School of Dentistry, The University of Adelaide, South Australia), 2011, *Oral health messages for the Australian public. Findings of a national consensus workshop*, Australian Dental Journal, 56:331-335
- ⁴ Dental Health Services Victoria, 2013, <http://www.dhsv.org.au/>

Part 3

Learning Experiences

This section offers a range of possible learning experiences that support children's learning in relation to the key oral health messages

Drink well, **Eat well** and **Clean well**.

We also invite services to develop their own learning opportunities that build on these ideas and promote the key messages. It is important that individual settings reflect on the different ideas and choose which are most relevant for the children and families they work with.

We encourage educators to consider how activities like these can be permanently embedded into the learning program.

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Children's learning

It is important that the following learning experiences offered to children to support the key messages should reflect the key elements of the learning frameworks (the EYLF and the VEYLDF).

Each experience is designed to progress children's learning around the key messages: [Drink well](#), [Eat well](#) and [Clean well](#). All experiences are interrelated and work better when we continue to reinforce messages from the other parts of the program.

Educators are encouraged to think about what is important and relevant to their service and use the EYLF and the VEYLDF frameworks to help them put this into practice according to the service context and circumstance.

Several key ideas are particularly important when implementing these ideas for learning experiences:

- Experiences should be offered to encourage children's active participation.
- Each of these experiences, especially the intentional teaching opportunities should be interactive and engage children in ongoing conversations.
- Conversations between educators and children are one of the most effective ways to ensure that the key messages are understood by children. Educators should consider the way they will talk to children about what they experience as much as what they are doing.
- The learning frameworks should be referred to continually while undertaking the experiences detailed in this resource. The practices used by educators will ensure that these experiences are offered in a way that supports children's learning and development.
- The number of children included in group experiences should be determined by educators in reference to the capacity of the children. Generally smaller groups will ensure the learning is more effective.
- Intentional teaching opportunities should always be implemented with thoughtful consideration of the needs and interests of the children and families.

Examples of intentional teaching opportunities and everyday learning experiences are given for the three key messages. Teaching each of the key messages in an early childhood setting is most effective when using a combination of these two techniques, rather than a single encounter with an idea or concept. They reflect the practice of integration teaching and learning approaches by combining adult initiated ideas with children's emerging interests. Educators are invited to offer these experiences in ways that encourage thinking, curiosity and discussion.

The everyday learning experiences are designed to offer children opportunities to explore the key messages through play. They should be offered for extended periods of time and in response to children interests. It is important that educators support the exploration through discussions, questioning and inquiry.

Educators are encouraged to adapt these experiences to reflect context of the service, the children and families who attend and the learning outcomes articulated in the learning frameworks. Staff teams are encouraged to develop alternatives that progress children's learning about the three key messages.

Drink well

Intentional teaching opportunities

The following experiences are intentional opportunities planned to progress children's learning in relation to the [Drink well key message](#).

Note: This activity may not be suitable for children with egg allergies.

Egg brushing

Learning intention:

To reinforce the Drink well message by learning about how some drinks can affect teeth
(Note: This activity can also be done as part of the Clean well message).

EYLF/VEYLDF learning outcome:

Outcome 3: Children have a strong sense of wellbeing

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

Outcome 4: Children are confident and involved learners

- Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity.

Length of time:

This experience is best offered over two days to allow the eggs to remain in the fluid overnight.

List of materials:

- Five hard boiled eggs
- Various drinks, including water, milk, cola, orange juice and green cordial
- A container or jar for each of the liquids
- Toothbrushes



Description of the experience

Children should be encouraged to participate in each of these steps.

Session one:

1. Show pre-prepared hard-boiled eggs to the children. Encourage the children to observe and feel the texture of the shell. Discuss how the shell represents the tough outer surface of our teeth.
2. Pour a quantity of each drink into each jar.
3. Discuss which drinks are 'everyday' and 'sometimes' drinks.
4. Place an egg into each jar of drink and leave undisturbed overnight.
5. Ask the children to predict what they think will happen to each egg overnight. This information should be recorded for the children to re-visit the next day.

Session two (can be used to promote the Clean well message)

1. Remove the eggs from the drinks and encourage the children to observe the texture of the shell.
2. Discuss what the liquids have done to the eggs and relate this to what these drinks could do to our teeth! The eggs soaked in milk and water will be unchanged showing that these drinks are better for teeth.
3. Ask the children to take it in turns to brush the eggs with a toothbrush to see if they could get them clean.

The children will find they are unable to return the eggs that had soaked in the 'sometimes drinks' overnight to their original state. This will help them recognise the link between the sweet drinks and the effect on their teeth.

'Everyday' and 'Sometimes' drinks

Learning intention

- To reinforce the Drink well message by discussing various drinks, and talk about whether they should be consumed 'sometimes' or 'everyday'.
- To introduce the concept of 'sometimes' and 'everyday' to the children.

(Note: This activity can also be done as part of the Eat well message using various food items).

EYLF/VEYLDF learning outcome:

Outcome 3: Children have a strong sense of wellbeing

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

Outcome 4: Children are confident and involved learners

- Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity.

List of materials

- Various drinks or empty drink containers: water, milk, cola, juice, cordial and sports drink
- Two hula hoops
- Chalk

Description of the experience

1. Introduce the idea that keeping healthy means we should eat and drink some things every day and some things only sometimes.
2. Offer some suggestions to children about what would be a sometimes and everyday item.
3. Ask the children to select a drink and place it in the 'sometimes' or 'everyday' hoop. Once finished, discuss with the children.



Everyday learning experiences

Drink sampling

Arrange cups with water and different items in them, for example, a piece of strawberry or mint. Invite children to try the flavours of each, perhaps wearing a blindfold.

Make ice blocks with a grape frozen inside. Offer the ice in a cup of water. This activity encourages the children to drink the water to receive the frozen treat inside the ice block.

Games and songs

- Many existing games, songs and activities can be easily adapted to reflect the key message.

Eat well

Intentional teaching opportunities

The following experiences are intentional opportunities planned to progress children's learning in relation to the [Eat well](#) key message.

Eat a Rainbow

Learning intention:

To reinforce the Eat well message by providing children with the opportunity to sample different types of fruits and vegetables.

EYLF/VEYLDf learning outcome:

Outcome 3: Children have a strong sense of wellbeing

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

Outcome 4: Children are confident and involved learners

- Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity.

List of materials:

- Clear plastic containers
- Pre-chopped fresh fruits and vegetables
- Paper plates and serviettes
- Tongs to serve food

Description of the activity:

- Place all pre-chopped fruits and vegetables in clear plastic containers.
- Ask children about rainbows, what colours are in them and whether they think they would be able to eat a rainbow.
- One at a time, discuss what each coloured fruit or vegetable is.
- Invite children to try each of the fruits and vegetables. After sampling, ask questions such as "Why is it important to eat fruits and vegetables?" "What did that taste like?" "What is your favourite fruit/vegetable?"
- Ask the children if they have tried this food before. Once everyone has tried, talk to the children about the texture, smell and taste of each of the fruits and vegetables.



Alfalfa Heads

Learning objectives:

- To reinforce the Eat well message by increasing children's knowledge of where food comes from.
- To sample a freshly picked vegetable.

EYLF/VEYLDF learning outcome:

Outcome 3: Children have a strong sense of wellbeing

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

Outcome 4: Children are confident and involved learners

- Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity.

List of materials:

- Old nylon stockings
- Alfalfa seeds
- Sawdust, soil from the garden or potting mix
- Small yoghurt pots
- Decorations: googly eyes and fabric scraps for the heads, coloured paper for the bodies, pipe cleaners for spectacles etc
- Waterproof glue for sticking on the eyes, lips, etc.



Description of the activity:

1. Cut off a 20cm section of stocking. You can include the toe, or you can use a tube section - but then you need to tie a knot in one end and turn it inside-out to hide the knot.
2. Stretch the stocking over a large cup or mug, and spoon in about two teaspoons full of alfalfa seeds into the stocking.
3. Pack in some sawdust or potting soil. Aim for the head to be about the size of a tennis ball.
4. Tie a knot to close the end. There is no need to cut off the dangly part of the stocking.
5. Fasten the base of the nose with some thread or a small rubber band.
6. The children will have great fun decorating the head. You can use fabric scraps or Textas to decorate the face, and coloured paper to make the yoghurt container into clothes for the Grass Head. It's best to use water-proof glue or Texta.
7. When you're ready to grow your head, dunk it in a bowl of water to moisten the sawdust or soil. Half-fill the yoghurt container with water, and put the head on top, with the excess stocking dangling down into the water.
8. Now put your character on a window sill or somewhere with plenty of sunlight. Check it every day to make sure the head is moist – you might need to dribble a few drops of water onto the head now and then.

The "hair" takes about a week to sprout, while a full head of hair takes three to four weeks to grow. Wash the "hair" well before eating. Greying and balding will occur after about six weeks. Have fun experimenting with different hairstyles.

This activity was modified from one published on www.homemade-gifts-made-easy.com

Fruit Kebabs

Learning objectives:

To reinforce the Eat well message by providing children with the opportunity to sample different types of fruits.

EYLF/VEYLDF learning outcome:

Outcome 3: Children have a strong sense of wellbeing

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

Outcome 4: Children are confident and involved learners

- Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity.

List of materials:

- A selection of pre-chopped fruits (some older children may be able to cut the fruit themselves)
- Bamboo skewers to make kebabs

Description of the activity:

1. Discuss each fruit one at a time with the children. Talk to the children about the names of each fruit and who has tried it.
2. Offer a piece of each fruit to children to taste.
3. Talk about each fruit and ask questions such as 'Who has tried this fruit? What does it taste like? Have you eaten this at home?'
4. Provide an opportunity for children to select fruits of their choice for their fruit kebab.
5. Enjoy eating the fruit kebabs together.

'Everyday' and 'Sometimes' foods

Learning objective:

To reinforce the Eat well message by providing children with the opportunity to learn about 'everyday' and 'sometimes' foods.

EYLF/VEYLDF learning outcome:

Outcome 3: Children have a strong sense of wellbeing

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

Outcome 4: Children are confident and involved learners

- Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity.

List of materials:

- Various foods or food packets/containers: fruits, vegetables, muesli bars, chips, chocolates and yoghurts
- Two large containers

Description of the activity:

- Allocate two different containers – one for 'sometimes' foods and the other for 'everyday' foods.
- Ask the children to select a food and place it into the 'sometimes' or 'everyday' container.
- Talk to children about the concept of 'everyday' and 'sometimes' foods.

Vegetable soup

Learning intention:

To reinforce the Eat well message by providing children with the opportunity to sample different types of vegetables.

EYLF/VEYLDF learning outcome:

Outcome 3: Children have a strong sense of wellbeing

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

Outcome 4: Children are confident and involved learners

- Children develop dispositions for learning such as curiosity, cooperation, confidence, creativity, commitment, enthusiasm, persistence, imagination and reflexivity.

List of materials:

- A selection of vegetables (some whole and some pre-cut)
- Chicken/beef/vegetable stock
- Cooking utensils
- Stovetop

Description of the activity:

- Discuss the different vegetables with the children. Ask the children if they can name each vegetable and who has tried it.
- Help by naming and adding pre-chopped vegetables to the vegetable soup and stirring.
- Talk about each vegetable and ask questions such as "Who has tried this vegetable?"
- Provide an opportunity for children to sample the vegetable soup.

Everyday learning experiences

Matching games

Matching shapes with fruit and vegetable shapes.

Sorting games

Collect varieties of empty food packets. Children sort the food packets into 'everyday' and 'sometimes'. This could also be done with plastic fruit, empty drink bottles etc.

Dramatic play

Include a range of healthy food (plastic replicas and food packets) in dramatic play spaces. Educators can use these opportunities to talk to children about the food they are playing with and reflect the key messages, and the concept of 'sometimes' and 'everyday' foods.

Set up shops and cafes with healthy foods.

Adapt other well-known songs

Some examples:

- "I like to eat apples and bananas"
- "I'm a little teapot" becomes "I'm a little water bottle"
- "Old Macdonald had an orchard."

Fruit and vegetable shop

Purchase healthy foods in the shop.

Books

Relevant books useful for the Eat well message include:

- *The Very Hungry Caterpillar*
- *I don't like peas*
- *Green eggs and ham*

Collages/posters/murals

Use pictures of food or empty food packaging to construct collages, posters or murals around the 'sometimes' and 'everyday' messages.

Clean well

Intentional teaching opportunities

The following experiences are intentional opportunities planned to progress children's learning in relation to the [Clean well key message](#).

Our brushing chart

Learning objectives:

To reinforce the Clean well message through learning the importance of brushing teeth twice a day.

EYLF/VEYLDF learning outcome:

Outcome 3: Children have a strong sense of wellbeing

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

List of materials:

- Print out of 'our brushing chart'
- Coloured Textas for writing the children's name
- An assortment of small reward or star stickers
- Blu-Tack, sticky tape or push pins to mount chart

Description of the activity:

1. Print and mount the 'our brushing chart'.
2. Gather the children around the chart and invite them to place a sticker next to their name if they have brushed their teeth both morning and night. If stickers are unavailable, brushing occurrence can be ticked with a brightly coloured Texta.
3. During this activity, it is important to discuss the Clean well key message with the children.

Dancing the toothbrush

Thanks to Dartmoor Children's Centre for the use of this activity.

Learning objectives:

To reinforce the Clean well message through learning the importance of good oral health.

EYLF/VEYLDF learning outcome:

Outcome 3: Children have a strong sense of wellbeing

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

List of materials:

- A range of different percussion instruments such as a drum, tambourine, triangle, shaker, tapping sticks, canastas, etc.
- Small scarves/handkerchiefs/square material pieces

Description of the activity:

The children at Dartmoor Children's Centre became Brush Boy's helpers to learn how to keep their giant smile clean!

1. Set up the squares of material, handkerchiefs and small scarves on the playroom floor in the shape of a large, smiling mouth ready for cleaning.
2. Line the children up on one side of the room to become Brush Boy's special helpers.
3. Inform the children they are needed to help keep this large smiley mouth clean by brushing his teeth when they hear a special sound!
4. Explain to the group that the sound of each instrument will represent something different:
 - the tambourine is the sound of drinking water
 - the tapping sticks are the sound of crunching a healthy apple
 - the shaker is the sound of sugary food being eaten
 - the sound of canastas is the clock ticking
 - the drum is the sound of the teeth being cleaned
 - the triangle is the sound of the teeth now sparkly clean.

The children then become the teeth cleaners. Whenever the drum sounds, they come into the centre of the smile and dance to help clean Brush Boy's teeth until they hear the sound of the triangle. This sound means the teeth are now sparkly clean! As the children begin to better understand the meaning of each sound, they become better at predicting when the drum sound will be heard as well as what is good for teeth. The ticking clock sound is also used to teach the children about brushing twice a day. Children can also be prompted to pretend to go to sleep after brushing the teeth and then wake up again for a new day.

Tooth brushing song

Learning objectives:

To reinforce the Clean well message through learning the importance of good oral health.

Length of time: 10 minutes

Description of the activity:

- As you sing the part 'You brush your teeth ch – ch ch – ch – ch – ch – ch' mime brushing your teeth
- Repeat song three times

**"When you wake up in the morning at a quarter to one
And you feel like having lots of fun**

You brush your teeth ch – ch – ch – ch – ch – ch – ch

You brush your teeth ch – ch – ch – ch – ch – ch – ch

**When you wake up in the morning at a quarter to two
And you feel like you need something to do**

You brush your teeth ch – ch – ch – ch – ch – ch – ch

You brush your teeth ch – ch – ch – ch – ch – ch – ch

**When you wake up in the morning at a quarter to three
And your mind starts singing twiddle-dee-dee**

You brush your teeth ch – ch – ch – ch – ch – ch – ch

You brush your teeth ch – ch – ch – ch – ch – ch – ch

**When you wake up in the morning at a quarter to four
And you think you hear a knock on the door**

You brush your teeth ch – ch – ch – ch – ch – ch – ch

You brush your teeth ch – ch – ch – ch – ch – ch – ch

**When you wake up in the morning at a quarter to five
And you just can't wait to come alive!**

You brush your teeth ch – ch – ch – ch – ch – ch – ch

You brush your teeth ch – ch – ch – ch – ch – ch – ch"

Everyday learning experiences

Dramatic play

Create opportunities for children to explore the key messages through dramatic play. For example, set up a dental practitioner space with appropriate resources including story books, dolls, mirrors, telephone and protective clothing.

Encourage conversations about visiting the dental practitioner and the key Smiles 4 Miles messages, Eat well, Drink well and Clean well.



Pretend brushing with a large toothbrush and tooth model

Ask children to demonstrate how they clean their teeth. Teachers can provide instructional and positive reinforcement. For example, "Across the sides... little circles", "I can see those teeth are starting to sparkle", "Don't forget the back!"

Part 4

Families

This section has been designed to provide you with a collection of strategies for engaging families about oral health. It contains the below items which support the [Drink well](#), [Eat well](#) and [Clean well](#) key messages:

- Family handouts
- newsletter inserts
- take home activities; and
- displays.

While you may choose to focus on one key message per term, it is important that each message is covered informally throughout the year to strengthen children and families' understanding and action in relation to oral health.

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Families

Before you start engaging families in the program using these ideas, it is important to consider the way that health is understood in your community. Working together with the committee and families allows educators to be aware of the cultural and community context. This understanding can help the way educators interact with families and the resources they use.

You may like to use a staff meeting to talk through some of the following reflective questions. It might be good to include parent representatives, or do this as part of a working group:

- How is food seen by this community? Is it seen as a sign of respect and hospitality or a sign of a family's status?
- What is the history of food availability for this community? Have there been times when food is not readily available?
- How well does this community understand the key health messages in the Smiles 4 Miles program?
- Are families interested in this aspect of the children's lives? Why might this be the case?
- How available are healthy options in this community?
- What community and family values are supported throughout this program? Which values might not be so compatible?

Supporting Templates

[Part 3 – Learning experiences](#)

[Part 5 – Templates](#)

Drink well

Newsletter Inserts

Healthy drinks
are important
for healthy teeth

“Powered by
tap water
and milk, I work
hard to prevent
acid attacking
teeth.”



Encourage
children to drink
plenty of tap
water.

Drinking plain
milk is preferred
to flavoured
milk as flavoured
milk contains
added sugars.

Sugary drinks such
as soft drinks, sports
drinks, cordials and fruit
juices are not part of a
healthy diet. Try to limit
these drinks, especially
between meals.

How to incorporate more water into your child's day

- At home, children are likely to drink what is available to them. A great suggestion is to keep a jug of fresh water in the fridge at all times.
- Give all family members water with all meals and snacks. Role modelling is essential to encourage children to develop healthy habits. Children need to see parents, carers and siblings drinking water.
- Create ice cubes with a piece of fruit, such as a grape, inside. Serve your fruity cubes in a glass of water. This encourages children to drink the water to receive the treat inside!
- Avoid buying sweet drinks. Only have sweet drinks available on special occasions.
- Make sure your child always has access to drinking water. It is a great idea to give them their own water bottle to use throughout the day. Remember water bottles are for water only!
- Make water available as the drink of choice for family outings. Family members can have their own water bottle.

What about milk?

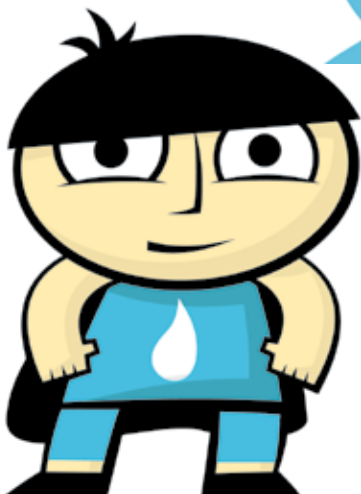
The Australian dietary guidelines recommend that children aged up to 8 years consume 1½ to 2 serves of dairy per day. Examples of one serve include:

- 1 cup (250ml) milk **or**
- ¾ cup (200g tub) yoghurt **or**
- 2 slices (40g) cheese.

Milk is an important source of calcium, protein and other essential nutrients.

Choose plain milk rather than flavoured milk which contains added sugars.

“Powered by tap water and milk, I work hard to prevent acid attacking teeth.”



This term we
are learning to

Drink
well



WaterBOY

Make sure your child
only has water in their
drink bottle!

Noticeboard display

This month we are learning to Drink well!

How much sugar?

Thanks to the Rowen Street Kindergarten for this noticeboard display.

Learning objectives:

To raise awareness of the sugar content of popular drinks.

Length of time:

The activity is set up during one session. This can remain displayed at the service for families to see while Drink well is being taught.

List of materials:

- Large display board
- Bright coloured paper to stick to the display board
- Various empty drink containers (such as flavoured milks, juices, sports drinks and cola)
- Clear plastic cup used to illustrate water
- Sugar cubes or plastic teaspoons
- Scissors
- Strips of clear contact or sticky tape to stick sugar cubes or teaspoons onto the display

This activity will require preparation:

1. Attach coloured paper onto the display board.
2. Pre-cut the strips of clear contact for sticking sugar cubes or plastic teaspoons.
3. Calculate the number of teaspoons of sugar contained in each drink (4g of sugar = 1 teaspoon).

Activity:

1. Attach the various empty drink containers onto the board.
2. Ask the children to assist by counting out the sugar cubes or plastic teaspoons for each drink. Count these out aloud as a group.
3. Attach the sugar cubes/plastic teaspoons onto the display using the strips of contact or sticky tape.
4. Discuss with the children that 'everyday' drinks, such as milk and water, are best for healthy teeth while 'sometimes' drinks, such as juices, flavoured milks, cola and sports drinks should only be enjoyed sometimes.



Eat well

Newsletter Inserts

Children taking part in the Smiles 4 Miles program will learn all about healthy eating this term.

“Powered by healthy food, I help stop tooth decay”

Enjoy a wide variety of nutritious foods. Try not to eat too much sugar.

Encourage children to:

- Enjoy a wide variety of nutritious foods.
- Limit their intake of sugary food and snacks, especially between meals.
- Enjoy healthy snacks.



Enjoy a wide variety of nutritious foods

For good health and nutrition, children need to drink plenty of water and eat a variety of foods from the following food groups each day:

- Plenty of vegetables of different types and colours and legumes/beans
- Fruit
- Grain (cereal) foods, mostly wholegrain and or/high cereal fibre varieties such as breads, cereals, rice, pasta, noodles, polenta, couscous, oats, quinoa and barley.

- Lean meats and poultry, fish, eggs, tofu, nuts and seeds.
- Milk, yoghurt, cheese and/or their alternatives. Reduced fat dairy products are not suitable for children under two years of age.

Choose fresh foods rather than processed foods.



Limit the amount of sugary foods and snacks, limit their intake - especially between meals.

Only eat sometimes and in small amounts:

- sweetened breakfast cereal
- fruit bars and strips
- muesli and health bars that are high in sugar
- cake and cake icing
- biscuits
- chocolate and lollies
- sweet spreads such as jam, honey and hazelnut spread
- hot chips and crisps
- meat pies and sausage rolls
- ice cream

Regularly eating sweet, sticky foods can contribute to tooth decay.

Tips to get your children to eat more fruit and vegies

General tips:

- Role modelling is essential. Children need to see their parents, carers and siblings enjoying fruit and vegetables as a part of their everyday life.
- Offer fruits and vegetables in a variety of ways. Children may need to be offered a new food over 10 times before they're ready to try it!
- Children may refuse new foods if the mealtime is stressful, so focus on the positives and try to avoid arguments over food.
- If possible, avoid offering alternatives to the meal you have prepared. Children will learn to accept the meal offered if nothing else is available.
- Always include a small serving of vegetables with every meal. Children should be encouraged to try vegetables, but left to decide whether to eat them or not.

Involve your child in the food planning and preparation by:

MUNCHgiRL
SAYS



**eat
well**

Getting them to help you choose which fruits and vegetable to use.

Taking your children shopping so they can see, feel and smell different varieties of fruits and vegetables.

Asking your children to help you wash and prepare the fruits and vegetables. They may even be able to help with preparing salads or fruit plates.

Growing some vegetables or herbs at home and asking your child to help with watering and looking after them.

This term we
are learning to

**Eat
well**



MUNCHGIRL

Please include fresh fruit
and vegetables in your
child's lunch box everyday

Further ideas

Healthy recipe books

Ask families and children to provide their favourite healthy recipes for a recipe book for your early childhood service. This could be used as a present for families or as a fundraising activity at the end of the year.

You can provide recommendations for the different sections. For example, yummy breakfasts, lunchbox meals, healthy snacks and everyday dinners. Create some that mostly use 'everyday' foods instead of 'sometimes' foods. Children can complete accompanying drawings and even cook some of the recipes.

Noticeboard displays

Many early childhood services will have a notice board for posting information for families and carers. You could include the following notice: "This week we are looking at eating fruit. Try to include a piece of fruit in your child's lunchbox every day".

Host a healthy food picnic

Each child brings a healthy food item to share on the picnic rug. You may want to invite parents, grandparents and other family members.

Clean well

Newsletter Inserts

Clean well

Brush boy's steps to a healthy smile:

- Brush teeth gently and thoroughly with a low-fluoride toothpaste designed for children and a soft, compact-head toothbrush also designed for children.
- Clean children's teeth twice a day – once in the morning and once before going to bed at night.
- An adult should assist a child to brush their teeth – usually until the age of seven.
- Use a pea-sized amount of low-fluoride toothpaste designed for children from 18 months to six years of age, unless otherwise recommended by an oral health professional.
- Ensure children have regular dental check-ups – don't wait for a problem. A child should see a health professional by the age of two for an oral health assessment.

“Powered by my careful brushing action, I help protect teeth against plaque and decay.”



Why are baby teeth important?

Baby teeth (also called deciduous, or milk teeth) remain in the mouth up until the age of 12 years, so it's important to look after them. They will naturally fall out and be replaced by adult teeth.

Baby teeth play an important role in:

- Maintaining space for adult teeth. If a baby tooth is lost early, the next teeth may drift into the gap, creating less space for the permanent (or adult) tooth to come through.
- Helping children to eat a wide variety of foods. Missing or badly decayed baby teeth may cause a child to refuse foods they find difficult to chew.
- Allowing correct speech development, especially sounds such as 's' and 'th'.
- Maintaining normal appearance of the face.
- Jaw development.
- Developing self-esteem.

Keeping deciduous teeth healthy is as simple as:

- Brushing children's teeth twice daily, once in the morning and once before going to bed with a low-fluoride toothpaste designed for children and a soft, compact-head toothbrush also designed for children.
- Don't wait for a dental problem! Your oral health professional will advise you how often your child should be seen for check-ups.
- Helping children to brush their teeth up to the age of 7.
- Remembering to Drink well and Eat well!



The First Dental Visit

For many children the first dental visit is about becoming familiar with the dental setting.

Some tips for the first dental visit:

- Suggest the child goes along with a parent on their visit to an oral health professional.
- Help children to accept that dental visits are part of a normal routine.
- Make the child's appointment for early in the day so the child is not tired.
- Arrive a little before the appointment time, to let the child become familiar with the new surroundings.
- Suggest the parent or carer talk to the child about the dental visit in a positive way, avoiding language such as 'be brave'.
- Explain to the child that the oral health professional will give them a ride in the chair and count their teeth.
- Allow the staff to capture the child's full attention. Family members and carers should be passive observers.



Type of treatment and care for children when visiting an oral health professional

After your child has had their examination the following treatment and care may be provided:

- fissure sealants – a tooth-coloured plastic film that is professionally applied to the deep grooves on the back of the teeth where decay most often starts
- application of fluoride
- scaling and cleaning
- fillings in teeth
- radiographs (x-rays)
- extractions
- oral hygiene instruction and dietary advice.



This term we
are learning to

Clean
well



BRUSHBOY

Please help your child to brush
their teeth in the morning and
before bed at night

Part 5

Templates

This section provides a series of useful templates for early childhood services to use in the day-to-day implementation of the Smiles 4 Miles program.

There are also a range of practical tools in [Part 3 – Learning Experiences](#) and [Part 4 – Families](#). These tools will help to engage children and their families in promoting and supporting the positive oral health messages of Smiles 4 Miles.

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Early childhood survey

Please complete this survey to be involved in the Smiles 4 Miles program. This is a self-audit tool which will take approximately 15 minutes. It will provide a snapshot of what healthy eating and oral health practices currently exist in your early childhood service environment. When complete, please send a copy to your Smiles 4 Miles Coordinator.

Early childhood service details

Name of service	
Contact person	
Type of service	<input type="checkbox"/> Kindergarten <input type="checkbox"/> Long day care <input type="checkbox"/> Family day care <input type="checkbox"/> Kindergarten and long day care <input type="checkbox"/> Playgroup <input type="checkbox"/> Other, please specify
Address	
Number of children attending service	

Early childhood survey *continued*

Please tick the appropriate boxes.

1. Do children bring food from home?

- Yes
- No – if no, please go to question 4

2. Does your service provide refrigerated space for storing food or drinks brought from home?

- Yes
- No

3. Does your service provide families with written guidelines about sending healthy food with their child?

- Yes – requires that all food provided is 'healthy'
- Yes - recommends providing 'healthy' food
- No

4. Do you provide food for children attending the service?

- Yes
- No – if no, please go to question 6

5. Have you had your menu assessed by the Healthy Eating Advisory Service?

- Yes
- No

6. Is a healthy eating and oral health policy discussed with families and carers?

- Yes
- No
- Not applicable (do not have a written healthy eating and oral health policy)

7. Who decides on the content of healthy eating and oral health policies at your setting?

- Staff
- Committee members
- Families and carers
- Local council
- Adopted an externally written policy (for example the templates provided by Early Learning Association Australia (formerly Kindergarten Parents Victoria)
- It was a collaborative effort with children, families, staff and the management.
- Other (please specify)

- Not applicable (do not have a written healthy eating and oral health policy)

8. Have any of your staff participated in healthy eating training?

- Yes
- No

9. Have any of your staff participated in oral health training?

- Yes
- No

10. Does your setting's curriculum include intentional teaching about healthy eating and oral health?

- Yes
- No

Early childhood survey *continued*

11. Please complete the table below regarding

- A. the practices that operate in your service
- B. the content of your healthy eating and oral health policy

	A. Does this happen in your service?			B. Does your policy specifically refer to this?	
	<i>Often</i>	<i>Sometimes</i>	<i>Never</i>	<i>Yes</i>	<i>No</i>
Information is given to families about healthy eating and oral health					
Are soft drinks consumed					
Is flavoured milk consumed?					
Is plain milk consumed?					
Is juice consumed?					
Is cordial consumed?					
Is water consumed?					
Are packaged snacks consumed (for example fruit straps, biscuits, muesli bars, potato chips)?					
Are healthy snacks consumed (yoghurt, cheese and dry biscuits)?					
Are fresh fruit or vegetables consumed?					
Do children participate in serving and self-feeding?					
Do staff sit with children when they are eating and drinking?					
Are sweet treats used for reward or incentive?					
Is healthy food used at special or social events?					
Do fundraising activities include fast food, soft drinks, sweets, chocolate?					

Early childhood survey *continued*

12. Please rate the level of support for healthy eating shown by each of the following groups within your setting.

	High	Medium	Low	Resistant
Staff				
Families				
Children				
Committee or Management				
Health organisations (e.g. your local Community Health Service)				

13. Please rate the level of confidence staff have with the following:

	High	Medium	Low	Resistant
Answering questions about healthy eating				
Encouraging families to supply healthy food to children				

14. How often do staff use the following strategies to communicate with families about healthy eating and oral health?

	High	Medium	Low	Resistant
Conversation at the beginning or end of the day				
Telephone conversations				
Written notes				
Visual displays				
Interviews with families				
Newsletters				
Brochures				
Information sessions				
Other (please specify) _____ _____ _____				

Smiles 4 Miles family information handout

You child's baby teeth are important for them to eat, speak and smile without pain or embarrassment. This year _____ will be promoting good oral health habits among the children by teaming-up with Dental Health Services Victoria in the popular Smiles 4 Miles program. The program encourages learning about good oral health from an early age to prevent problems as an adult.

As an early childhood service, we are well-placed to help children learn about oral health. Our staff will need your support to promote the following messages:

Drink well

- Tap water is the preferred drink
- Limit sweet drinks (especially between meals)
- Choose plain milk over flavoured

Eat well

- Enjoy a variety of nutritious foods
- Limit sugary foods (especially between meals)
- Enjoy healthy snacks

Clean well

- Brush teeth twice a day with a low-fluoride children's toothpaste
- Develop good oral hygiene practices at an early age



By incorporating these three messages into your child's life, at _____ and at home, we will be working together towards better health now and in the future.

We will be providing you with information and support throughout the year, as well as suggested activities for you do at home with your child. Keep an eye out for updates in the newsletter and on our noticeboard.

Please feel free to contact me if you have any questions. I also encourage you to visit the Smiles 4 Miles website: <http://www.dhsv.org.au/smiles4miles>

Thank you for your support in promoting better oral health among our children.



Sample healthy eating and oral health policy

Sample healthy eating and oral health policy

Purpose

The educators, staff and management acknowledge the importance of healthy eating and oral health behaviours, which contribute to overall health and wellbeing.

This policy confirms our commitment to:

- encourage children to make healthy food and drink choices
- promote the importance of a healthy lifestyle, which includes drinking water, eating healthy food and maintaining oral health.

As a health promoting service we will promote healthy eating and oral health to children, educators, staff and families through learning, policies, creating a safe and healthy physical and social environment and developing community links and partnerships.

Policy statement

Background

Healthy eating and good nutrition have a major influence on children's health and wellbeing and a direct impact on their growth and development. The important social and cultural role of food, and the wide range of attitudes to it, is acknowledged within the service.

Oral health is essential for children's overall health and wellbeing. Oral diseases can negatively affect individuals through pain, discomfort, general health and quality of life. The main oral health condition experienced by children is tooth decay, effecting over half of all Australian children, making it five times more prevalent than asthma.¹ Tooth decay is Australia's most prevalent health problem despite being preventable.²

It is important to provide access to and establish good healthy eating and oral health practices at a young age as most children have formed lifelong habits by school age.

¹ Australian Research Centre for Population Oral Health, 2011. Dental caries trends in Australian school children. Australian Dental Journal, Vol 56, pp 227–30.

² Rogers J, Prevention and Population Health Branch, Government of Victoria, Department of Health, 2011, Evidence-based oral health promotion resource

Whole service engagement

It is recognised that every member of the service impacts on children's health and can contribute to creating an environment that promotes healthy eating and good oral health. All members of our service including educators, staff, children, families and volunteers will be supported in implementing this policy.

Definitions

Healthy eating: Eating a wide variety of foods from the five food groups each day. These are:

- fruit
- vegetables and legumes/beans
- grain (cereal) foods, mostly wholegrain
- milk, yoghurt, cheese, and alternatives
- lean meat, poultry, fish, eggs, tofu, nuts and seeds and legumes/beans.

Healthy eating also means eating in a way that is socially and culturally appropriate, having regular meals and snacks and eating food to satisfy hunger, appetite and energy needs.³

Nutrition: The process of providing or obtaining the food necessary for health and growth.⁴

'Sometimes' foods and drink: Sometimes foods are high in fat, sugar and salt or a combination of these.⁵ They typically have very little nutritional value and are often processed and packaged. * See appendix 1.

Oral health: Eating, speaking and socialising without discomfort or embarrassment.⁶

Procedures

Health policies

- Educators, staff, families and children are active participants in the development and implementation of the whole service healthy eating and oral health policy.
- Educators, staff and families are provided with information about policy requirements.

Healthy physical environment

- The service menu promotes the consumption of fruit and vegetables on a daily basis and healthy food options in line with Australian Guidelines.^{5,7}
- The service menu has been assessed by the Healthy Together Healthy Eating Advisory Service and meets the criteria determined. [To be included if service provides food.]
- Families are encouraged to provide fruit and vegetables daily in children's lunchboxes and other foods in line with the service's healthy eating and oral health policy.
- 'Sometimes' foods and sweetened drinks, such as juices, cordial and soft drinks, are not provided by the service and families are discouraged from sending from home.
- Safe drinking water is available at the service indoors and outdoors and is accessible to all children. Children are encouraged to drink water regularly. Only tap water or plain milk is provided.
- Cooking and food experiences provided in the service focus on healthy food options and promote fruit and vegetables.
- Children are encouraged to taste a wide variety of foods with a range of flavours, colours, textures and aromas through menus and food experiences.
- Foods are provided which are culturally appropriate, varied, and meet the children's developmental needs.

³ Nutrition Australia Victorian Division, www.nutritionaustralia.org

⁴ <http://oxforddictionaries.com/definition/english/nutrition>

⁵ Get Up and Grow Healthy Eating and Physical Activity for Early Childhood. Australian Government, 2009

⁶ UK Department of Health (1994) in Spencer, JA, Australian Health Policy Institute, Commissioned Paper Series, 2004 (dental)

⁷ Australian Dietary Guidelines, National Health and Medical Research Council, 2013, <http://www.eatforhealth.gov.au>

- Staff and educators are supported by having healthy food options in the staff room, for staff meetings and for professional learning.
- The service seeks to ensure any sponsorship, advertisements or marketing of food and drinks are consistent with the service's healthy eating and oral health policy. Fundraising activities reflect the healthy eating policy and promote healthy lifestyle messages.
- Children undertake oral hygiene practices in the service where appropriate.

Healthy social environment

- Breastfeeding at the service is welcomed and an appropriate comfortable space is provided for mothers to breastfeed or express milk.
- The service provides a positive eating environment with relaxed, social and enjoyable experiences by:
 - encouraging independence at meal and snack times
 - educators and staff sitting with the children at meal and snack times to role model healthy eating and for socialisation and learning
 - educators and staff sharing food with the children, where possible
 - giving children plenty of time to eat and socialise.
- Food and drink are not used as an incentive, bribe or reward at any time.
- As role models educators, staff and families are encouraged to bring foods and drinks in line with the service's healthy eating and oral health policy.
- Healthy body image and an enjoyment of eating are encouraged by the service.
- Food and oral health practices from diverse cultural backgrounds and traditional beliefs are respected and valued within this service.

Learning and skills

- Educators and staff involve children in healthy food experiences through growing, cooking and shopping.
- Opportunities to learn about and develop skills for healthy eating and oral health are embedded in the educational program.
- Educators talk to children about age appropriate tooth brushing and why this is important.
- Educators are supported to access a range of resources to increase their capacity to promote healthy eating and oral health initiatives for children.

Engaging children, educators, staff and families

- Educators, staff, children and families are key partners in developing and supporting healthy eating and oral health initiatives in the service.
- Educators, staff and families are provided with information, ideas and practical strategies on a regular basis to support healthy eating and oral health in the service and at home.
- Families' experiences, expertise and interests are drawn upon to support healthy eating and oral health initiatives.
- Families and children from culturally diverse backgrounds are consulted to ensure cultural values and expectations about food, eating and oral health are respected.
- The service will regularly provide families with information on oral hygiene and how and where to access public dental services.

Community partnerships

- The service works with local health professionals, services and other organisations to support educators and staff to deliver and promote healthy eating and oral health initiatives.

Related legislation and policies

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011:

- PART 4.2—CHILDREN'S HEALTH AND SAFETY 97 Division 1—Health, safety and wellbeing of children — Regulations 77, 78, 79, 80
- PART 4.7—LEADERSHIP AND SERVICE MANAGEMENT Division 2—Policies and procedures — Regulation 168 (2) (a) (i)

National Quality Standard 2011 – Quality Area 2

Get Up and Grow. Healthy Eating and Physical Activity for Early Childhood. Australian Government, 2009

Belonging, Being and Becoming. The Early Years Learning Framework for Australia. Commonwealth of Australia, 2009

Victorian Early Years Learning and Development Framework For all Children from Birth to Eight Years. Department of

Education and Early Childhood Development, 2009

Guide to the National Quality Standard. ACECQA, 2011

Australian Dietary Guidelines. National Health and Medical Research Council, 2013

Infant Feeding Guidelines, National Health and Medical Research Council, 2012

Service policies this may link to:

- Healthy eating or nutrition
- Anaphylaxis or food allergies
- Health and hygiene
- Food safety
- Behaviour guidance
- Celebrations
- Fundraising
- Staff health and wellbeing

Monitoring and review

This healthy eating and oral health policy will be monitored by staff, families, management and the health and wellbeing team. It will be reviewed as part of a policy review schedule.

Endorsed by: _____ **Date:** _____

Next review date: _____

Appendix – Additional information

Appendix 1

Examples of 'sometimes foods' include:

- chocolate, confectionery, jelly
- sweet biscuits, high fat/salt savoury biscuits, chips
- high sugar/high fat cakes and slices
- cream, ice cream
- deep fried foods (e.g. hot chips) and pastry based foods (pies, sausage rolls and pasties)
- most fast food and takeaway foods
- some processed meats (e.g. sausages, frankfurts/hot dogs, salami, strasbourg, devon, some commercial chicken nuggets and fish fingers)
- soft drinks, fruit juice and fruit drinks, cordial, sports drinks, energy drinks, flavoured milk and flavoured mineral water.⁸

Sometimes foods may also be referred to as 'discretionary' or 'extra' foods.

Appendix 2

Healthy Eating Guidelines⁵

- Exclusive breastfeeding is recommended, with positive support, for babies up to six months. Continued breastfeeding is recommended for at least 12 months – and longer if the mother and baby wish.

⁸ Healthy Together Healthy Eating Advisory Service menu planning checklist

- If an infant is not breastfed, is partially breastfed, or if breastfeeding is discontinued, use an infant formula until 12 months of age.
- Introduce suitable solids at around six months.
- Make sure that food offered to children is appropriate to the child's age and development, and includes a wide variety of nutritious foods consistent with the Australian Dietary Guidelines
- Provide water in addition to age-appropriate milk drinks. Infants under the age of six months who are not exclusively breastfed can be offered cooled boiled water in addition to infant formula.
- Plan mealtimes to be positive, relaxed and social.
- Encourage children to try different food types and textures in a positive eating environment.
- Offer an appropriate amount of food, but allow children to decide how much they will actually eat themselves.
- Offer meals and snacks at regular and predictable intervals.
- Ensure that food is safely prepared for children to eat – from the preparation stages to consumption.

Appendix 4

Oral Health Messages for the Australian Public^{9,10}

- Breast milk is best for babies and is not associated with an increased risk of dental decay.
- A cup can be introduced at around six months, to teach infants the skill of sipping drinks from a cup.
- Put an infant to bed without a bottle or take the bottle away when the infant has finished feeding. Don't let the infant keep sucking on the bottle.
- Use an appropriate fluoride toothpaste (e.g. child's toothpaste) over the age of 18 months.
- Children should have an oral health assessment by the age of two.
- Brush teeth and along the gum line twice a day with a soft brush.
- Drink plenty of tap water (fluoridated if available).
- Limit sugary foods and drinks.
- Choose healthy snacks – fruits and vegetables.
- Pregnant women should have their oral health assessed and treatment needs addressed.

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⁹ Roberts-Thomson, K (2011) Oral health messages for the Australian public. Findings of a national consensus workshop, *Australian Dental Journal*, 2011; 56(3):331–5.

¹⁰ Infant Feeding Guidelines, National Health and Medical Research Council, 2012, <http://www.eatforhealth.gov.au>

Sample healthy eating policy

Sample healthy eating policy

Purpose

The educators, staff and management acknowledge the importance of healthy eating behaviours, which contribute to good health and overall wellbeing.

This policy confirms our commitment to:

- encourage children to make healthy food and drink choices
- promote the importance of a healthy lifestyle, which includes drinking water and eating healthy food.

As a health promoting service we will promote healthy eating to children, educators, staff and families through learning, policies, creating a safe and healthy physical and social environment and developing community links and partnerships.

Policy statement

Background

Healthy eating and good nutrition have a major influence on children's health and wellbeing and a direct impact on their growth and development. It is important to provide access to and establish good healthy eating practices at a young age, as most children have formed lifelong habits by school age. The important social and cultural role of food, and the wide range of attitudes to it, is acknowledged within the service.

Whole service engagement

It is recognised that every member of the service impacts on children's health and can contribute to creating an environment that promotes healthy eating. All members of our service including educators, staff, children, families and volunteers will be supported to meet this policy.

Definitions

Healthy eating: Eating a wide variety of foods from the five food groups each day. These are:

- fruit
- vegetables and legumes/beans
- grain (cereal) foods, mostly wholegrain
- milk, yoghurt, cheese, and alternatives
- lean meat, poultry, fish, eggs, tofu, nuts and seeds and legumes/beans.

Healthy eating also means eating in a way that is socially and culturally appropriate, having regular meals and snacks and eating food to satisfy hunger, appetite and energy needs.¹

Nutrition: The process of providing or obtaining the food necessary for health and growth.²

'Sometimes' foods and drink: Sometimes foods are high in fat, sugar and salt or a combination of these.³ They typically have very little nutritional value and are often processed and packaged. *Refer Appendix 1

Procedures

Health policies

- Educators, staff, families and children are active participants in the development and implementation of the whole service healthy eating policy.
- Educators, staff and families are provided with information about policy requirements.

Healthy physical environment

- The service menu promotes the consumption of fruit and vegetables on a daily basis and healthy food options in line with Australian Guidelines.^{3,4}
- The service menu is assessed by the Healthy Together Healthy Eating Advisory Service and meets the criteria determined. [To be included only if service provides food.]
- Families are encouraged to provide fruit and vegetables daily in children's lunchboxes and other foods in line with the service's healthy eating policy.
- Sometimes foods and sweetened drinks (juices, cordial and soft drinks) are not provided by the service and are discouraged from being sent from home.
- Safe drinking water is available at the service indoors and outdoors and is accessible to all children. Children are encouraged to drink water regularly. Only tap water or plain milk is provided.
- Cooking and food experiences provided in the service focus on healthy food options and promote fruit and vegetables.
- Children are encouraged to taste a wide variety of foods with a range of flavours, colours, textures and aromas through menus and food experiences.
- Foods are provided which are culturally appropriate, varied and meet the children's developmental needs.
- Staff and educators are supported by having healthy food options in the staff room, for staff meetings and for professional learning.
- The service seeks to ensure any sponsorship, advertisements or marketing of food and drinks are consistent with the service's healthy eating policy. Fundraising activities reflect the healthy eating policy and promote healthy lifestyle messages.

Healthy social environment

- Breastfeeding at the service is welcomed and an appropriate comfortable space is provided for mothers to breastfeed or express milk.
- The service provides a positive eating environment with relaxed, social and enjoyable experiences by:
 - encouraging independence at meal and snack times
 - educators and staff sitting with the children at meal and snack times to role model healthy eating and for socialisation and learning
 - educators and staff sharing food with the children, where appropriate
 - children being given plenty of time to eat and socialise.
- Food and drink are not used as an incentive, bribe or reward at any time.

¹ Nutrition Australia Victorian Division, www.nutritionaustralia.org

² <http://oxforddictionaries.com/definition/english/nutrition>

³ Get Up and Grow Healthy Eating and Physical Activity for Early Childhood. Australian Government, 2009

⁴ Australian Dietary Guidelines. National Health and Medical Research Council, 2013 <http://www.eatforhealth.gov.au>

- Educators and families recognise they are role models and are encouraged to bring foods and drinks in line with the service's healthy eating policy.
- Healthy body image and an enjoyment of eating are encouraged by the service.
- Food practices from diverse cultural backgrounds and traditional beliefs are respected and valued within this service.

Learning and skills

- Educators and staff involve children in healthy food experiences through growing, cooking and shopping.
- Opportunities to learn about food and healthy eating are embedded in the educational program.
- Educators are supported to access a range of resources to increase their capacity to promote healthy eating initiatives for children.

Engaging children, educators, staff and families

- Educators, staff, children and families are seen as key partners in promoting and supporting healthy eating initiatives in the service.
- Educators, staff and families are provided with information, ideas and practical strategies on a regular basis to support healthy eating in the service and at home.
- Families' experiences, expertise and interests are drawn upon to support healthy eating initiatives.
- Families and children from culturally diverse backgrounds are consulted to ensure cultural values and expectations about food and eating are respected.

Community partnerships

- The service works with local health professionals, services and other organisations to support educators and staff to deliver and promote healthy eating initiatives.

Related legislation and policies

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011:

- PART 4.2—CHILDREN'S HEALTH AND SAFETY 97 Division 1—Health, safety and wellbeing of children — Regulations 77, 78, 79, 80
- PART 4.7—LEADERSHIP AND SERVICE MANAGEMENT Division 2—Policies and procedures — Regulation 168 (2) (a) (i)

National Quality Standard – Quality Area 2

Australian Dietary Guidelines. National Health and Medical Research Council, 2013

Infant Feeding Guidelines. National Health and Medical Research Council, 2012

Get Up and Grow. Healthy Eating and Physical Activity for Early Childhood. Australian Government, 2009

Belonging, Being and Becoming. The Early Years Learning Framework for Australia. Commonwealth of Australia, 2009

Victorian Early Years Learning and Development Framework For all Children from Birth to Eight Years. Department of Education and Early Childhood Development, 2009

Service policies this may link to:

- Nutrition
- Oral health
- Anaphylaxis and food allergies
- Health and hygiene
- Health and safety
- Food safety
- Behaviour guidance

- Celebrations
- Fundraising
- Staff health and wellbeing

Monitoring and review

This healthy eating policy will be monitored by educators, staff, families, management and the health and wellbeing team. It will be reviewed as part of a policy review schedule.

Endorsed by: _____ **Date:** _____

Next review date: _____

Appendices – Additional information

Appendix 1

Examples of 'sometimes foods' include:

- chocolate, confectionery, jelly
- sweet biscuits, high fat/salt savoury biscuits, chips
- high sugar/high fat cakes and slices
- cream, ice cream
- deep fried foods (e.g. hot chips) and pastry based foods (pies, sausage rolls and pasties)
- most fast food and takeaway foods
- some processed meats (e.g. sausages, frankfurts/hot dogs, salami, strasbourg, devon, some commercial chicken nuggets and fish fingers)
- soft drinks, fruit juice and fruit drinks, cordial, sports drinks, energy drinks, flavoured milk and flavoured mineral water.⁵

Sometimes foods can also referred to as "discretionary" or "extra" foods.

Appendix 2

Healthy Eating Guidelines³

- Exclusive breastfeeding is recommended, with positive support, for babies up to six months. Continued breastfeeding is recommended for at least 12 months – and longer if the mother and baby wish.
- If an infant is not breastfed, is partially breastfed, or if breastfeeding is discontinued, use an infant formula until 12 months of age.
- Introduce suitable solids at around six months.
- Make sure that food offered to children is appropriate to the child's age and development, and includes a wide variety of nutritious foods consistent with the Australian Dietary Guidelines.
- Provide water in addition to age-appropriate milk drinks. Infants under the age of six months who are not exclusively breastfed can be offered cooled boiled water in addition to infant formula.
- Plan mealtimes to be positive, relaxed and social.
- Encourage children to try different food types and textures in a positive eating environment.
- Offer an appropriate amount of food, but allow children to decide themselves how much they will actually eat.
- Offer meals and snacks at regular and predictable intervals.
- Ensure that food is safely prepared for children to eat – from the preparation stages to consumption.

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⁵ Menu planning checklist for family day care, Healthy Together Healthy Eating Advisory Service, Department of Health, State Government of Victoria, 2013

Sample oral health policy

Sample oral health policy

Purpose

The educators, staff and management acknowledge the importance of oral health behaviours that contribute to overall health and wellbeing.

This policy confirms our commitment to:

- create environments that support good oral health and general health
- encourage children to make healthy food and drink choices.

As a health promoting service we will promote the oral health of children, educators, staff and families through learning, policies, creating a safe and healthy physical and social environment and developing community links and partnerships.

Policy statement

Background

Oral health behaviours have a major influence on children's health and wellbeing and a direct impact on their growth and development. Early childhood education and care services play an important role in promoting young children's oral health. This is a time when lifelong oral health behaviours are being formed.

Oral health is essential for children's overall health and wellbeing. Oral diseases can negatively affect individuals through pain, discomfort, general health and quality of life. The main oral health condition experienced by children is tooth decay, effecting over half of all Australian children, making it five times more prevalent than asthma.¹ Tooth decay is Australia's most prevalent health problem despite being preventable.²

Whole service engagement

It is recognised that every member of the service impacts on children's health and can contribute to creating an environment that promotes oral health. All members of our service including educators, staff, children, families and volunteers will be supported to meet this policy.

Definitions

Oral health: Eating, speaking and socialising without discomfort or embarrassment.³

Healthy eating: Eating a wide variety of foods from the five food groups each day. These are:

¹ Australian Research Centre for Population Oral Health 2011. Dental caries trends in Australian school children. Australian Dental Journal, Vol 56, pp 227–30

² Rogers J, Prevention and Population Health Branch, Government of Victoria, Department of Health, 2011, Evidence based oral health promotion resource

³ UK Department of Health (1994) in Spencer, JA, Australian Health Policy Institute, Commissioned Paper Series 2004 (dental)

- fruit
- vegetables and legumes/beans
- grain (cereal) foods, mostly wholegrain
- milk, yoghurt, cheese, and alternatives
- lean meat, poultry, fish, eggs, tofu, nuts and seeds and legumes/beans.

Healthy eating also means eating in a way that is socially and culturally appropriate, having regular meals and snacks and eating food to satisfy hunger, appetite and energy needs.⁴

'Sometimes' foods and drink: Sometimes foods are high in fat, sugar and salt or a combination of these.⁵ They typically have very little nutritional value and are often processed and packaged. *Refer to Appendix 1.

Procedures

Health policies

- Educators, staff, families and children are active participants in the development and implementation of the whole service oral health policy.
- Educators, staff and families are provided with information about policy requirements.

Healthy physical environment

- The service menu promotes the consumption of fruit and vegetables on a daily basis and healthy food options in line with Australian Guidelines.^{6,7}
- Sometimes foods and sweetened drinks (juices, cordial and soft drinks) are not provided by the service and are discouraged from being sent from home.
- Safe drinking water (preferably tap water) is available indoors and outdoors at all times and is accessible to children. Children are encouraged to drink water regularly. Only tap water or plain milk is provided.
- The service seeks to ensure any sponsorship, advertisements or marketing of food and drinks are consistent with the service's healthy eating and oral health policies. Fundraising activities reflect the oral health policy and promote healthy lifestyle messages, for example, fundraising using toothpaste and toothbrushes, fruit and vegetable boxes direct from growers, etc.
- Children undertake oral hygiene practices in the service where appropriate.

Healthy social environment

- As role models, educators, staff and families are encouraged to bring foods and drinks that are in line with the service's healthy eating and oral health policies.
- Oral health practices from diverse cultural practices and traditional beliefs are respected and valued within this service.

Learning and skills

- Children have opportunities to learn about, and develop skills for oral health through the educational program.
- Staff talk to children about age appropriate tooth brushing and why this is important.
- Educators are supported to access a range of resources to increase their capacity to promote oral health initiatives for children.

⁴ Nutrition Australia Victorian Division, www.nutritionaustralia.org

⁵ Get Up and Grow Healthy Eating and Physical Activity for Early Childhood. Australian Government, 2009

⁶ Australian Dietary Guidelines, National Health and Medical Research Council, 2013, <http://www.eatforhealth.gov.au>

⁷ Get Up and Grow – Healthy Eating and Physical Activity for Early Childhood. Commonwealth of Australia 2009

Engaging children, educators, staff and families

- Educators, staff, children and families are key partners in developing and supporting oral health initiatives.
- Educators, staff and families are provided with information, ideas and practical strategies on a regular basis to support oral health in the service and at home.
- The service will regularly provide families with information on oral hygiene and how and where to access public dental services.
- Families' experiences, expertise and interests are drawn upon to support oral health initiatives.
- Families and children from culturally diverse backgrounds are consulted to ensure cultural values and expectations about oral health are respected.
- Oral health information is provided as part of orientation of new staff including provision of the oral health policy.

Community partnerships

- The service works with local health professionals, services and other organisations to support educators and staff to deliver and promote oral health initiatives.

Related legislation and policies

Education and Care Services National Law Act 2010

Education and Care Services National Regulations 2011 – PART 4.2—CHILDREN'S HEALTH AND SAFETY

Division 1—Health, safety and wellbeing of children - Regulation 78

National Quality Standard – Quality Area 2

Australian Dietary Guidelines. National Health and Medical Research Council, 2013

Infant Feeding Guidelines, National Health and Medical Research Council, 2012, <http://www.eatforhealth.gov.au>

Get Up and Grow. Healthy Eating and Physical Activity for Early Childhood. Australian Government, 2009

Belonging, Being and Becoming. The Early Years Learning Framework for Australia. Commonwealth of Australia, 2009

Victorian Early Years Learning and Development Framework For all Children from Birth to Eight Years. Department of Education and Early Childhood Development, 2009

Service policies this may link to:

- Healthy eating or nutrition
- Anaphylaxis or food allergies
- Food safety
- Celebrations
- Fundraising
- Staff health and wellbeing

Monitoring and review

This oral health policy will be monitored by staff, families, management and the health and wellbeing team. It will be reviewed as part of a policy review schedule.

Endorsed by: _____ **Date:** _____

Next review date: _____

Appendix 1 – Additional information

Oral Health Messages for the Australian Public^{8,9}

- Breast milk is best for babies and is not associated with an increased risk of dental decay.
- A cup can be introduced at around six months, to teach infants the skill of sipping drinks from a cup.
- Put an infant to bed without a bottle or take the bottle away when the infant has finished feeding. Don't let the infant keep sucking on the bottle.
- Use an appropriate fluoride toothpaste (e.g. child's toothpaste) over the age of 18 months.
- Children should have an oral health assessment by the age of two.
- Brush teeth and along the gum line twice a day with a soft brush.
- Drink plenty of tap water (fluoridated if available).
- Limit sugary foods and drinks.
- Choose healthy snacks – fruits and vegetables.
- Pregnant women should have their oral health assessed and treatment needs addressed.

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Sample

⁸ [Roberts-Thomson, K](#) (2011) Oral health messages for the Australian public. Findings of a national consensus workshop, *Australian Dental Journal*, 2011; 56(3):331–5.

⁹ Infant Feeding Guidelines, National Health and Medical Research Council, 2012, <http://www.eatforhealth.gov.au>

Letter to families about the healthy eating and oral health policy



___ / ___ / ___

Dear Families,

Good oral health is essential for general health and wellbeing. Drinking water and maintaining a healthy diet will put your child on the path to good oral health.

Your child’s baby teeth (also known as the deciduous, primary or milk teeth) are important as they help them to eat, develop speech patterns and will guide the eruption and position of their permanent (or adult) teeth.

_____ will play an important role in your child’s oral health through the Smiles 4 Miles program, an initiative of Dental Health Services Victoria.

One of the first steps of the Smiles 4 Miles program is to develop a healthy eating and oral health policy. This outlines our approach to using the Drink well, Eat well and Clean well ideas. We are proposing the attached policy and we welcome any feedback you may have on it.

During the week of _____, staff will display the proposed healthy eating and oral health policy on the noticeboard, and seek your comments and suggestions.

Please find attached a feedback form about the policy. We encourage you to complete and return this to us.

We look forward to working with you as part of the Smiles 4 Miles program!

Yours sincerely

Letter to families
regarding policy
feedback

Letter to families regarding policy feedback

Please complete and return the feedback form to

Date: ____ / ____ / ____

Name of early childhood service:

1. Do you think the healthy eating and oral health policy covers the most important oral health and nutrition information?

Yes No

If no, please specify what information you think is missing.

2. Do you have any concerns about the healthy eating and oral health policy?

Yes No

If yes, please specify.

3. Do you think there could be any changes made to the healthy eating and oral health policy?

Yes No

If yes, please provide some comments as to what could be changed.

4. Do you have any other comments?

Thank you for completing this feedback form!

Drink well, Eat well survey

Drink well, Eat well survey

Name of Service: _____

Your Name: _____

This survey is used to count the number of children that bring at least one of the following items in their lunchbox. It is not necessary to record the number of items brought by each child. For example- if one child brought a juice and a cordial (two sweet drinks) you would only count one for one child.

Please note:

- At least two surveys should be completed throughout the year.
- Results may not be valid if parents are aware of what days the survey is to take place.

Drink well	Day 1 Date: _____	Day 2 Date: _____
Sweet drinks (e.g. cordial, soft drink, fruit juice, fruit juice drinks, flavoured milk, energy and sport drinks)		
Water		
Plain milk		
TOTAL number of children		

Eat well	Day 1 Date: _____	Day 2 Date: _____
Packaged/high fat/high sugar snacks (e.g. fruit bars/straps, yoghurt drinks, dried fruit, muesli bars, potato chips, cakes and biscuits)		
Healthy snacks (e.g. Fruit (fresh, frozen or diced in natural juice) vegetables, yoghurt (without added sugar), cheese, dry biscuits, rice crackers, plain cereal, toast, pita bread)		
Healthy lunches (e.g. sandwiches with healthy filling (salads, egg, cold meats, cheese and vegemite), sushi, zucchini/vegetable slices, pasta salad, baked beans and salads)		
Packaged/high fat/high sugar lunches (e.g. Sandwiches with high sugar filling (jam, honey, hazelnut spread), sausage rolls, pies, pizza)		
Comments Are there any foods that have been brought into your centre that do not fit into any of the categories above? (Please provide number and description)		
TOTAL number of children		

Letter to families
regarding the Drink well,
Eat well survey



Dear Families,

As you are aware, _____ is this year participating in the Dental Health Services Victoria Smiles 4 Miles program, which aims to improve the oral health of preschool-aged children.

As part of the program, our staff will conduct two separate, anonymous surveys of the foods and drinks that children bring with them on a typical day.

To make sure we get an accurate result, the surveys will be done randomly – once in the first half of the year, and again in the second half.

The results of the surveys will help us improve our oral health education and, as a result, your child's oral health habits now and in the future.

We look forward to working with you to improve the food and drinks brought to _____ each day. When preparing your child's lunches, you are strongly encouraged to:

- Limit sweet drinks and sugary foods; and
- Promote drinking tap water, and enjoying healthy, nutritious snacks such as fruits and vegetables.

Please feel free to contact me if you have any questions. I also encourage you to visit the Smiles 4 Miles website: <http://www.dhsv.org.au/about-us/oralhealthpromotion/smiles4miles>

Thank you for your support in promoting better oral health among our children.

Yours sincerely

Drink well, Eat well
survey feedback

Drink well, Eat well survey feedback

Dear Families,

As part of the Smiles 4 Miles program, (insert name of early childhood service) is actively helping children learn about good oral health. The program's key messages are:



Drink well

- Tap water is the preferred drink
- Limit sweet drinks (especially between meals)
- Choose plain milk over flavoured



Eat well

- Enjoy a variety of nutritious foods
- Limit sugary foods (especially between meals)
- Enjoy healthy snacks



Clean well

- Brush teeth twice a day with a low-fluoride children's toothpaste
- Develop good oral hygiene practices at an early age

We conducted two 'Drink well' and 'Eat well' surveys this year and we would like to share the results with you.

The program relies on your support so it was great to see the following:

continued over leaf

Drink well, Eat well survey feedback *continued*

Insert comments such as.....

- All children were drinking water.
- We noticed an increase in the number of children bringing healthy snacks such as fresh fruit and vegetables and a decrease in packaged snacks.

Drink well	Day 1 Date: _____	Day 2 Date: _____
Sweet drinks		
Water		
Plain milk		
TOTAL number of children		

Eat well	Day 1 Date: _____	Day 2 Date: _____
Packaged/high fat/high sugar snacks		
Healthy snacks		
Healthy lunches		
Packaged/high fat/high sugar lunches		
TOTAL number of children		

Thank you for your continued support of the
Smiles 4 Miles program. Keep up the good work!

Menu assessment booking form for long day care

Healthy Eating Advisory Service



Menu assessment booking form for long day care

Healthy Eating Advisory Service

Early childhood services

Having your menu assessed by the Healthy Together Healthy Eating Advisory Service can help ensure it provides children with the essential foods they need to function at their best and grow and develop to their full potential.

On completion of the assessment, you will receive a report highlighting areas where your menu meets the *Menu planning guidelines for long day care* and areas that require review, including specific recommendations to help your service meet these guidelines.

Having a menu assessment will assist your long day care centre in working towards meeting the requirements of the *National Quality Framework for Early Childhood Education and Care*, and the requirements of the Healthy Eating and Oral Health benchmarks for the Healthy Together Achievement Program. For more information visit <http://achievementprogram.healthytogether.vic.gov.au>

This assessment is free of charge for early childhood education and care services in Victoria operating under the *National Quality Framework*.

Please allow up to four weeks for review.

Step 1: Your details

Centre name: _____

Number of children (over 1 year of age) that your centre menu caters for per day: _____

Your name: _____ Position: _____

Email: _____ Phone: _____

Postal address: _____ Postcode: _____

Do you require feedback by a certain date? _____

No Yes, by _____ Reason: _____

Registered with the Victorian Prevention and Health Promotion Achievement Program? Yes / No

Step 2: Required attachments

A detailed copy of two consecutive weeks of your centre's menu, providing information about what is served at each meal and snack time, including all drinks*.

Detailed copies of any recipes used and quantities of food and milk provided at morning and afternoon tea. Please include information about quantity, serving size, number of serves and any packaged foods used (e.g. canned fruit in natural juice/syrup, regular/salt-reduced chicken stock)*.

* Please provide specific information about the type and amount of food served, for example: gram weight and variety of fruit and vegetables on platters, gram weight of cheese and crackers served, gram weight of tins of beans, tuna, vegetables used in recipes, volume of milk served at meals and snacks.



Step 3: Submit

Mail:

Healthy Eating Advisory Service
Early Childhood Education and Care Services
118 Cardigan St
Carlton VIC 3053

Fax: 03 9348 0178

Email: heas.earlychildhood@nutritionaustralia.org

If you have any queries, please contact the Healthy Eating Advisory Service on 1300 22 52 88 or email heas@nutritionaustralia.org

Privacy

Nutrition Australia Victorian Division will maintain the confidentiality of information you provide while working with the Healthy Eating Advisory Service to improve your menu. Your information will not be shared in a public domain without your permission. However, we may disclose information to health professionals or program partners for the purpose of providing you with support. We may also provide non-identifying information to other parties for reporting, research or evaluation purposes. We will take all reasonable steps to protect the privacy of your personal information. If you want to access or change any of the information you have supplied, please phone us on 1300 22 52 88.

To receive this document in an accessible format phone 1300 22 52 88 or email heas@nutritionaustralia.org

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Family Handout - How can children access dental services?

How can children access dental services?

All children participating in Smiles 4 Miles should see a dentist or oral health professional.

The table below provides information on how to access dental care for your child.

Question	Public Dental Services	Private Dental Services
Can my child use this service?	Yes. All children aged 0-12 years are eligible to access public dental services in Victoria.	Yes. Children and families may choose to access private dental services across Australia.
Will my child go on a waiting list?	No. Children aged 0-12 years will be given the next available appointment.	You will be advised of any waiting time when making an appointment. Waiting time will vary between dental services.
Do I have to pay?	<ul style="list-style-type: none"> • There are no fees if you hold a valid pensioner concession card or health care card. • Non-cardholders may be charged a small *fee. 	Yes. There are costs associated with accessing private dental services. You will need to discuss fees and payment options with your dental clinic.
How do I make an appointment?	<ul style="list-style-type: none"> • Contact your nearest community dental clinic. • To find your nearest community dental clinic call 1300 360 054 or visit www.dhsv.org.au/clinic-locations/community-dental-clinics • Tell the receptionist the age of your child. 	<ul style="list-style-type: none"> • Contact your dental practitioner • If you do not have a dental practitioner, visit www.yellowpages.com.au (look under dentists) or visit the Australian Dental Association at www.ada.org.au

*For more information on fees, please visit www.dhsv.org.au/patients-and-public/fees

Letter to families about accessing public dental services

Smiles 4 Miles family information handout

You child's baby teeth are important for them to eat, speak and smile without pain or embarrassment. This year [insert local site name] will be promoting good oral health habits among the children by teaming up with Dental Health Services Victoria in the popular Smiles 4 Miles program. The program encourages learning about oral health from an early age to prevent problems as an adult.

Clean well is a key message of the Smiles 4 Miles program which encourages children to visit an oral health professional for regular check-ups.



Did you know that children up to 12 years of age are eligible to access public dental services in Victoria for general dental care and advice?

The service is free to families who hold a valid concession card or health care card. It is approximately \$31.00* per child, per course of care, for families who do not have a concession card. There is a maximum cost of \$124* per family per year. A course of care involves an examination and general treatment if required and may include multiple appointments for treatment if needed. Children up to 12 years of age are offered the next available appointment at public dental services and will not be placed onto a waiting list.

* Note: Fees are subject to change. Please visit <http://www.dhsv.org.au/patients-and-public/fees> for updates on dental fees.

Below are details of your local public dental clinic. You can call them to make an appointment.

Please feel free to contact me if you have any questions about this. Thank you for your support in promoting better oral health among our children.

Smiles 4 Miles award application



Dear Smiles 4 Miles Coordinator,

Our service has completed the seven criteria for achieving the Smiles 4 Miles award.

- We have attached our completed an early childhood survey (first year only)

- Educators have participated in a Smiles 4 Miles training session

- We have attached our completed two Drink well, Eat well surveys or approved menu assessment

- We have attached our newly developed or reviewed healthy eating and oral health policy

- We have completed learning experiences based on the Drink well, Eat well and Clean well key messages.

- We have engaged families around Drink well, Eat well and Clean well.

- We have provided information to families about accessing dental services.

Yours sincerely



Thank you for reading our:

early
childhood
services
toolkit

Smiles 4 Miles



dental health
services victoria
oral health for better health

