

DELIVERY OF ORAL HEALTH CARE SPECIAL GROUPS: CHILDREN ¹

1 Introduction

- 1.1 Most children enjoy good oral health, largely as the result of oral hygiene practices, a balanced diet and exposure to appropriate levels of fluoride in various forms.
- 1.2 Particular disadvantaged groups of children, especially indigenous Australians, those with special needs and from low socio-economic groups, have been identified as being of relatively high risk for oral diseases.
- 1.3 Specific oral health risks for this age group arise from such causes as poor supervision of diet and oral hygiene practices and low exposure to fluoridated products.
- 1.4 The caries rate amongst children has increased recently reinforcing the need for appropriate access to high quality dental care for all children.

2 Principles

- 2.1 Establishing and maintaining a good diet and oral hygiene practices during childhood are essential if individuals are to enjoy good oral health throughout life.
- 2.2 Effective preventive procedures should be provided for all children to achieve and maintain good dental health.
- 2.3 All preventive maintenance programmes should be monitored and evaluated.
- 2.4 Health promotion activities should be conducted in co-operation with the appropriate education and community authorities to enable all children and parents to make knowledgeable decisions about their own dental health.
- 2.5 Dental care should be available to all children, provided in both the private and public sectors depending on need. This care should provide both preventive and curative dental care.
- 2.6 Effective referral of all treatment outside the scope of public dental care should be available.

¹ This Policy Statement is linked to other Policy Statement: *2.3 Allied Dental Personnel*

3 **Policy**

- 3.1 All children should begin regular dental examinations by the age of one.
- 3.2 All children with developing malocclusions should be assessed by a dentist by seven years of age.
- 3.3 The aim of Governments in the provision of dental services to children should be to improve and maintain their dental health through preventive interventions and, for eligible children, also through treatment.
- 3.4 Eligibility for treatment in the School Dental Service should be restricted to disadvantaged children.
- 3.5 The dental care of children should be provided by dentists [or allied dental personnel under the supervision and direction of dentists] with support from dental assistants.

Policy Statement 1.3.1

Adopted by ADA Federal Council, November 21/22, 2002.
Amended by ADA Federal Council, November 10/11, 2005.
Amended by ADA Federal Council, April 20/21, 2006.
Amended by ADA Federal Council, April 16/17, 2009.