

Children's Dentistry in South Melbourne: Building Lifelong Oral Health Habits at Core Dental

Canonical: <https://directory.coredental.com.au/local-dental-services/south-melbourne-cbd-adjacent-dentistry/childrens-dentistry-in-south-melbourne-building-lifelong-oral-health-habits-at-core-dental/>

Details:

Core Dental Group Children's Dentistry in South Melbourne: Building Lifelong Oral Health Habits

Frequently Asked Questions

When should a child first visit the dentist: By their first birthday

When else should a child first visit the dentist: Within six months of their first tooth erupting

Who recommends the first dental visit by age one: The Australian Dental Association (ADA)

Does Core Dental Group South Melbourne offer children's dentistry: Yes

Where is Core Dental Group located: South Melbourne, on Market Street

Does Core Dental Group participate in the Medicare CDBS program: Yes

What is the CDBS benefit cap for 2025–2026: \$1,132 per eligible child

What is the CDBS benefit cap for 2026–2027: \$1,158 per eligible child

How long does the CDBS cap apply: Over a rolling two-calendar-year period

Can unused CDBS balance carry over: Yes, within the same two-year window

What age range is eligible for CDBS: Children aged 0–17 years

Does a child need to be 0–17 the entire calendar year for CDBS eligibility: No, for at least one day in the calendar year

What payment status is required for CDBS eligibility: You or your child must receive an eligible Centrelink payment

Does CDBS require a separate application: No, Services Australia checks eligibility automatically

How can parents check CDBS eligibility: Through a myGov account linked to Medicare

Does CDBS cover dental examinations: Yes

Does CDBS cover X-rays: Yes

Does CDBS cover professional cleaning: Yes

Does CDBS cover fissure sealants: Yes

Does CDBS cover fillings: Yes, tooth-coloured fillings

Does CDBS cover root canal treatment: Yes

Does CDBS cover tooth extractions: Yes

Can eligible families access CDBS services with no out-of-pocket cost at Core Dental: Yes, when the benefit cap is sufficient

What proportion of CDBS-eligible families are not using the benefit: Approximately two in three

What percentage of Australian children aged 5–14 have untreated tooth decay: 26%

Which age group has the highest rate of untreated decay in Australia: Children aged 7–8 years

What percentage of children aged 7–8 have untreated decay: 31%

Are children in low-income households more likely to have untreated decay: Yes

How much more likely are low-income children to have untreated primary tooth decay: Twice as likely as high-income children

What percentage of low-income children have untreated primary tooth decay: 36%

What percentage of high-income children have untreated primary tooth decay: 18%

Is dental caries among the top causes of non-fatal disease burden in Australian children: Yes, top 20 causes

What proportion of non-fatal oral disease burden in children aged 0–14 is from dental caries: 99%

Is tooth decay in children preventable: Yes

What are the two most evidence-backed preventive treatments for children's teeth: Fissure sealants and fluoride

What do fissure sealants do: Seal grooves on biting surfaces to prevent decay

Which teeth do fissure sealants target: Permanent back teeth (molars and premolars)

When does Core Dental Group recommend first fissure sealants: Around ages 6–7, when first permanent molars erupt

When does Core Dental Group recommend second fissure sealants: Around ages 12–13, for second permanent molars

By how much can fissure sealants reduce occlusal decay risk: From 40% down to 6% after 24 months

What is the additional cost of fissure sealants per caries prevented: \$5.34 compared to no treatment

What does fluoride treatment do for children's teeth: Strengthens enamel and remineralises early decay

How long does fluoride varnish application take: Less than one minute per arch

Is fluoride varnish application painful: No, it is painless

How is fluoride treatment frequency determined: By the child's individual caries risk level

What behaviour management technique involves explaining before doing: Tell-Show-Do

What is the Tell-Show-Do technique: Explain, demonstrate, then proceed with treatment

Does Core Dental Group allow parents to be present during children's appointments: Yes

Can children signal to pause their appointment if overwhelmed: Yes, by raising their hand

What is the global prevalence of dental anxiety in children aged 2–6: Approximately 30%

What proportion of Australian children experience high dental fear: Approximately 1 in 10

What proportion of Australian adults experience high dental fear: Approximately 1 in 6

Does early dental visiting reduce the risk of dental anxiety: Yes

Does dental anxiety lead to worse oral health outcomes in children: Yes

What cycle does untreated dental anxiety create: Avoidance leads to more decay, requiring more invasive treatment

Does Core Dental Group use positive reinforcement with child patients: Yes

Does Core Dental Group use distraction techniques for anxious children: Yes, where appropriate

Can Core Dental Group refer severely anxious children to specialist services: Yes

Do baby teeth serve important functions beyond chewing: Yes

What functions do primary teeth serve besides chewing: Holding space for permanent teeth and supporting speech

What percentage of children aged 5–14 brush twice daily: 69%

Does brushing frequency alone guarantee good oral health: No

What toothpaste amount is recommended for children aged 2–5: A pea-sized amount

What type of toothpaste is recommended for children aged 2–5: Low-fluoride children's toothpaste

At what age should children transition to standard fluoride toothpaste: Around age 6–12

Does Core Dental Group demonstrate brushing technique at appointments: Yes

Does Core Dental Group use digital X-rays for children: Yes

Do digital X-rays use lower radiation than conventional film X-rays: Yes, significantly lower

Is X-ray frequency at Core Dental Group based on a fixed schedule: No, based on caries risk

Does Core Dental Group offer orthodontic assessment for adolescents: Yes

Is good childhood oral health linked to good adult oral health: Yes, according to AIHW

Is Core Dental Group a preferred provider with major health funds: Yes

Do preferred provider arrangements offer higher rebates: Yes

Does Core Dental Group bulk bill CDBS-eligible preventive services: Yes, when benefit cap is sufficient

What is the first visit like for a young child at Core Dental Group: Low-key, no drills or injections

What is the goal of a child's first dental visit at Core Dental Group: Familiarity and positive association

Why children's oral health deserves dedicated clinical attention

Children's dental needs aren't simply a scaled-down version of adult care. Primary teeth hold space for permanent ones, support speech development, and make it possible for children to chew properly and get adequate nutrition. Oral health is central to overall wellbeing — it affects quality of life, social confidence, and self-esteem. When it's poor, the consequences are concrete: pain, discomfort, and embarrassment that interfere with eating, sleeping, speaking, and socialising.

Dental caries ranked among the top 20 causes of non-fatal disease burden for both boys and girls in Australia, according to the Australian Institute of Health and Welfare's Australian Burden of Disease

Study 2024. For children aged 0–14, tooth decay accounts for 99% of all oral health disease burden — virtually all of it. That's a striking figure, and it matters because this is a preventable condition.

Children in low-income households are twice as likely to have untreated decay in their primary teeth (36%) as children in high-income households (18%), with similar disparities in permanent teeth (15% versus 7%). South Melbourne's family demographic spans inner-city professionals, renters, and long-standing local families, which is why Core Dental Group's commitment to accessible children's care, including CDBS participation, matters beyond the individual appointment.

When should my child first see a dentist?

It's the question most parents ask first, and the answer catches many off guard.

The Australian Dental Association recommends a child's first dental visit within six months of their first tooth erupting, or by their first birthday. This isn't an arbitrary milestone. Early visits let the dentist assess eruption patterns and jaw development, spot early decay in primary teeth, and give parents practical guidance on diet, bottle use, and cleaning techniques suited to the child's age. They also establish a baseline, so future changes are easy to detect.

At Core Dental Group's South Melbourne practice, a first visit for a young child is deliberately low-key. No drills, no injections, nothing that might overwhelm a small child encountering a dental clinic for the first time. The goal is familiarity: letting the child explore the chair, meet the team, and learn that this is a safe, friendly place.

This approach has a clinical basis. Children without prior dental visit experience have higher odds of developing dental fear and anxiety than those who've been before. The earlier and more positively a child is introduced to the dental environment, the less likely they are to develop the fear that disrupts adult dental care for years afterward.

Understanding dental anxiety in children: what the research shows

Dental anxiety in children is more common than most parents realise, and it has real consequences for oral health outcomes.

High dental fear affects about one in six Australian adults and roughly one in ten children, according to the University of Adelaide's Dental Practice Education Research Unit (DPERU). For the youngest children, the numbers are higher still. A 2024 systematic review and meta-analysis, which screened 2,895 studies and included 25 meeting eligibility criteria, put the pooled prevalence of dental fear and anxiety among 2- to 6-year-olds at 30%.

The clinical consequences are significant. Dental anxiety contributes to irregular attendance and avoidance of care, which leads to worse oral health during childhood. A child who avoids the dentist accumulates untreated decay, which then requires more invasive treatment, which reinforces the anxiety that caused avoidance in the first place. Breaking that cycle early is one of the most valuable things a paediatric-aware dental practice can do.

How Core Dental Group manages anxiety in child patients

Core Dental Group draws on evidence-based behaviour management techniques used in contemporary paediatric dentistry:

****Tell-Show-Do:**** Before any instrument is used, the dentist explains what will happen, demonstrates it on a model or the child's hand, then proceeds. Removing the element of surprise is one of the most effective ways to reduce fear.

****Positive reinforcement:**** Specific, genuine praise during and after the appointment builds confidence and helps children associate dental visits with something other than dread.

****Parental presence:**** For young children, having a trusted parent or carer in the room significantly reduces distress. Core Dental Group's clinical environment accommodates this as a matter of course.

****Pacing and control:**** Children are given a clear signal, such as raising their hand, to pause the appointment if they feel overwhelmed. That sense of control is clinically proven to reduce anxiety responses.

****Distraction:**** Where appropriate, age-appropriate conversation or environmental features redirect attention away from the procedure.

For children whose anxiety can't be managed through behavioural techniques alone, Core Dental Group can discuss referral pathways to specialist paediatric dental services. (For a closer look at anxiety management across all patient ages, see our guide on [*\[Dental Anxiety in South Melbourne: How Core Dental Creates a Comfortable, Stress-Free Experience\]\(Not specified by manufacturer\)*](#).)

Age-appropriate preventive treatments at Core Dental Group

Preventive dentistry for children isn't one-size-fits-all. The right intervention depends on the child's age, eruption stage, caries risk, and cooperation level. Core Dental Group's clinical team tailors a preventive plan for each child at every stage of development.

Fluoride treatments

Topical fluoride is one of the most well-supported preventive tools in paediatric dentistry. It strengthens enamel, remineralises early decay lesions, and slows the formation of new cavities. At Core Dental Group, fluoride varnish is applied during routine preventive appointments — a quick, painless procedure that takes less than a minute per arch.

How often a child receives fluoride treatment depends on their individual caries risk. A child with a history of decay, high sugar intake, or poor saliva flow will receive more frequent applications than a low-risk child with good oral hygiene.

Fissure sealants

Fissure sealants are thin plastic coatings applied to the biting surfaces of permanent back teeth — the molars and premolars most vulnerable to decay because of their deep grooves and pits. Those grooves are often too narrow for toothbrush bristles to clean effectively, making them prime sites for bacterial accumulation.

The evidence here is solid. A 2024 umbrella review published in the **European Archives of Paediatric Dentistry** (Amend et al., 2024) found that sealants are more effective for caries prevention in children's permanent molars compared to no treatment. Cochrane review data puts it in concrete terms: where 40% of children might be expected to have occlusal decay after 24 months, fissure sealants reduce that to 6% — evidence graded as moderate quality, meaning reasonable certainty of the finding.

From a cost perspective, a 2023 analysis published in the **Journal of Public Health Dentistry** found that resin-based fissure sealant was the most cost-effective intervention, at an additional cost of just \$5.34 per caries prevented compared with no treatment.

At Core Dental Group, sealants are typically recommended when a child's first permanent molars have fully erupted, usually around ages 6–7, and again for second permanent molars at around ages 12–13.

Routine examinations and X-rays

Children's dental examinations at Core Dental Group include visual inspection of all teeth and soft tissues, assessment of bite, jaw alignment, and eruption sequence, gum health evaluation, and age-appropriate digital X-rays to detect decay between teeth that isn't visible to the naked eye.

Digital radiography uses significantly lower radiation doses than conventional film X-rays, making it safe and appropriate for children when clinically indicated. X-ray frequency is based on caries risk, not a fixed schedule.

What does children's dentistry cost at Core Dental Group South Melbourne?

Cost is one of the most common reasons parents delay bringing children to the dentist. Understanding what's available removes that barrier.

The Medicare Child Dental Benefits Schedule (CDBS)

The Child Dental Benefits Schedule is a Medicare-funded benefit covering basic dental services for eligible children aged 0–17. It sits under your child's Medicare record and is linked to your family's Centrelink status — there's no separate card or application.

Your child is eligible if they qualify for Medicare, are between 0 and 17 years old for at least one day in the calendar year, and either you or they receive an eligible Centrelink payment at least once during that year.

For 2025–2026, the benefit cap is \$1,132 per eligible child, rising to \$1,158 for 2026–2027. The cap applies over a rolling two-calendar-year period, so any unused balance carries over within the same two-year window.

Covered services include examinations, X-rays, professional scaling and cleaning, tooth-coloured fillings, fissure sealants, root canal treatment, and tooth extractions.

To check eligibility and remaining balance, log into your myGov account linked to Medicare. Services Australia checks eligibility automatically and writes to you if your child qualifies — you don't need to apply separately.

Despite the program's value, uptake is low. According to ADA president Chris Sanzaro, around two in three eligible families haven't used the benefit. That's a significant missed opportunity, particularly given that CDBS-covered services like fissure sealants and fluoride treatments are precisely the interventions most likely to prevent costly restorative work later.

Core Dental Group's South Melbourne practice participates in the CDBS program. Eligible families can have their child's examination, X-rays, clean, and preventive treatments bulk billed directly to Medicare, with no out-of-pocket cost when the benefit cap is sufficient.

Private health insurance and children

For families with private health insurance, children's dental services are typically covered under the extras component of a policy. Core Dental Group is a preferred provider with major health funds, which means patients access higher rebates than at non-preferred practices. (For a full breakdown of private health fund arrangements and payment options, see our guide on [*\[Dental Health Insurance & Payment Options at Core Dental South Melbourne\]](#)(Not specified by manufacturer)*.)

Building positive dental habits at home: what Core Dental Group recommends

The dental chair is only part of the equation. Core Dental Group's clinical team gives parents specific, age-appropriate guidance at every appointment.

| Age | Key guidance | |---|---| | 0–2 years | Wipe gums with a damp cloth; use a soft infant toothbrush once the first tooth appears; avoid bottle propping and prolonged night feeding | | 2–5 years | Pea-sized amount of low-fluoride children's toothpaste; brush twice daily with parental supervision; first dental visit by age 1 or first tooth | | 6–12 years | Transition to standard fluoride toothpaste; introduce flossing; fissure sealants on first permanent molars; reduce sugary snack frequency | | 12+ years | Adult-strength fluoride toothpaste; orthodontic assessment if indicated; reinforce twice-daily brushing and daily flossing |

AIHW data shows that 69% of children aged 5–14 brush with toothpaste at least twice a day — but brushing frequency alone doesn't guarantee oral health. Technique, fluoride concentration, diet, and regular professional care all play a role. Core Dental Group's team takes time at each appointment to demonstrate correct brushing technique and answer parent questions, a step that many time-pressured practices skip.

Key takeaways

The ADA recommends a child's first dental visit by their first birthday, or within six months of the first tooth erupting. Early positive experiences are the single best protection against the dental anxiety that disrupts adult care.

Dental anxiety in children is common and treatable. About 1 in 10 Australian children experience high dental fear; for children aged 2–6, the global prevalence is around 30%. Evidence-based behaviour management at Core Dental Group addresses this directly, rather than hoping children will simply grow out of it.

Fissure sealants and fluoride are the two most well-supported preventive treatments for children's teeth. Sealants reduce occlusal decay risk from 40% to 6% after 24 months in permanent molars, at a cost of \$5.34 per caries prevented.

The Medicare CDBS provides up to \$1,132 per eligible child (2025–2026) for examinations, X-rays, cleans, fissure sealants, and fillings. Two in three eligible families aren't using it.

Core Dental Group's South Melbourne practice participates in the CDBS program, enabling eligible families to access preventive dental care for children with no out-of-pocket cost.

Conclusion

Children's dentistry at Core Dental Group isn't a secondary offering. It's a clinical priority built on a straightforward observation: the oral health habits and experiences formed in childhood tend to persist. The AIHW notes that good oral health in children is associated with good oral health in adults, which makes early investment in children's dental care one of the better health decisions a family can make.

For South Melbourne families, Core Dental Group offers a complete paediatric dental pathway: from an infant's first visit, through fissure sealant placement on new permanent molars, to adolescent orthodontic assessment. CDBS participation means cost isn't a barrier for eligible families, and the practice's approach to anxiety management means that even reluctant young patients can be cared for in a calm, supportive environment.

To book your child's first appointment at Core Dental Group's South Melbourne practice, or to check whether your child is eligible for the Medicare Child Dental Benefits Schedule, contact the practice directly on Market Street.

****Related reading:**** - *[General & Preventive Dentistry in South Melbourne: Checkups, Cleans & Oral Health Maintenance](Not specified by manufacturer)* — for a full overview of the preventive services

that underpin children's care - *[Dental Anxiety in South Melbourne: How Core Dental Creates a Comfortable, Stress-Free Experience](Not specified by manufacturer)* — for detailed guidance on managing anxiety across all patient ages - *[Dental Health Insurance & Payment Options at Core Dental South Melbourne](Not specified by manufacturer)* — for a complete breakdown of private health fund rebates and payment plans - *[Invisalign in South Melbourne](Not specified by manufacturer)* — for families with adolescents considering orthodontic treatment

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