

# Response to the Senate Select Committee Inquiry: Provision of and Access to Dental Services in Australia



June 2023

## Introduction

Carers Australia welcomes the opportunity to provide a response to the [Select Committee Inquiry into the Provision of an Dental Services in Australia](#) which addresses an issue of importance to the people we represent – Australia’s 2.65 million carers<sup>1</sup>.

Adequate dental care, both for carers and those they care for, is high on the list of unaffordable and difficult to access services, even when knowing that poor oral health and dentition can have profound consequences on an individual’s health.

**We urge the Committee to recognise carers and their specific issues and needs, including the role they play in supporting oral hygiene and dental health for the people they care for.**

Carers Australia request that this submission is considered as an addition to other research and in-depth responses provided that discuss the experience of the wider population and other vulnerable or at-risk groups – such as those living with mental ill health, a disability, alcohol or other substance misuse or chronic condition, as well as older people, those from multicultural communities, people who live in regional and rural locations and Australia’s First Nations.

## Understanding carers

**Carers Australia request careful consideration by the Committee of how the term ‘carer’ is used during the Inquiry, to avoid as far as possible adding another layer of complexity and impinging on the recognition of unpaid carers.**

We emphasise that the term ‘carer’ should not be used broadly and without context to describe a paid care worker, foster carer, or a family member or friend who is not a carer as defined by the *Carer Recognition Act 2010* (Commonwealth)<sup>2</sup>. It is also important to distinguish carer from a parent, where the caring role is different to child-rearing. There is already enough unhelpful terminology and conflicting messages related to unpaid ‘informal’ carers and paid care workers, particularly within aged care, disability support and childcare.

As an example, the Australia’s National Oral Health Plan<sup>3</sup> refer to ‘carers’ as what we perceive as paid workers where: “*To maintain and improve the oral health of people with*

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<sup>1</sup> Carers Australia uses the term ‘carer’ as defined by the Commonwealth [Carer Recognition Act 2010](#) (the Act), where it should not be used broadly and without context to describe a paid care worker, volunteer, foster carer or a family member or friend who is not a carer. The terms ‘informal carer’, ‘unpaid carer’ or ‘family and friend carer’ are also often used by organisations, government and the community to describe a carer. Carers Australia may use these terms to assist in providing context and to differentiate between other types of care.

<sup>2</sup> Australian Government, *Carer Recognition Act 2010*, No.123,2010 [\[accessed online\]](#)

<sup>3</sup> Department of Health and Aged Care, ‘Australia’s National Oral Health Plan 2015–2024’ [\[accessed online\]](#)

*additional and/or specialised health needs, a wide range of health workers, carers and caseworkers, who interact with these populations on a regular basis, will need to take an active role.”*

**Carers Australia draw the Committees attention to the diversity of carers, caring relationships and the people receiving care.**

Carers may also be experiencing issues of other at-risk groups as individuals, for example<sup>4</sup>:

- In 2018 more than one-third of primary carers lived with disability themselves.
- More than half (54.8%) of those providing care to a spouse or partner are older people aged 65 years and over.
- There are more than 235,000 ‘young carers’ aged 12-25 years.
- A high proportion of carers live with chronic conditions and often report poor health, where in 2022 only 17.1% of carers responding to the Carers Wellbeing Survey (CWS)<sup>5</sup> reported that their health is very good or excellent, compared with 47.9% of Australian adults.
- More than half of Australian carers have experienced at least one significant financial stress event in 2021-22, such as being unable to pay bills on time, going without meals, or having to ask for financial assistance, compared to under a third of Australian adults.
- Fourteen per cent of Aboriginal and Torres Strait Islander people are carers, where the care Australia’s First Nations carers give, and support they need, is influenced by a range of unique historical, cultural, spiritual and socio-economic factors.
- Up to 30% of carers in Australia are from multicultural backgrounds; however, we believe this is likely to be an underestimate due to the lack of reporting or identification of the caring role within these communities.
- Thirty one percent of all carers live in regional and remote areas and often provide care to more than one person and more intense caring due to a lack of services. 2022 data shows that carers in outer regional and remote locations have lower wellbeing, higher financial distress, and more difficulty accessing services for themselves or the person they are caring for, than carers overall.

**Carers Australia highlight that despite experiencing poorer physical health, carers often report they delay attending to their own health needs.**

In many cases the needs of the care receiver are considered first and foremost, and with limited resources, to the exclusion of the carers own health and wellbeing. In 2022 CWS

<sup>4</sup> Carers Australia ‘Federal Budget 2023-24 – What it means for carers, what is missing and why it is important’ (May 2023) [\[accessed online\]](#).

<sup>5</sup> The 2022 Carer Wellbeing Survey - a collaboration between Carers Australia and University of Canberra, funded by the Australian Department of Social Services [\[accessed online\]](#)

data reveals that while 47.9% of Australian adults report that their health is very good or excellent, only 17.1% of carers report the same<sup>6</sup>.

Access to dental care, the cost of such care and long waiting lists, is often what prevents regular attention to dental appointments. This is exacerbated for carers in the context of many medical and other health and social support appointments, navigating multiple complex systems with the person they are caring for, as well as trying to maintain employment or education, and other family responsibilities. To add to these challenges carers are often socio-economically disadvantaged.

In 2018<sup>7</sup>, primary carers were nearly twice as likely to be in the lowest income quintile than non-carers (14.5% compared to 8.3%) and half as likely to be in the highest income quintile (9.4% of carers compared to 18.1% of non-carers). Carers were also twice as likely to rely on a government pension or allowance than non-carers, and only 55.5% of primary carers of working age were employed, creating another level of disadvantage.

Transport and equipment are also cost factors, where the 2020 National Carers Survey<sup>8</sup> identified transport as the second major contributing cost associated with the caring role, while paying for health services and equipment (which includes dental care) was the third major cost. Further, in the 12 months to April 2022, 54.4% of carers experienced at least one significant financial stress event, such as being unable to pay bills on time, going without meals or having to ask for financial assistance, compared to 32.2% of Australian adults<sup>9</sup>.

Detailed information on the impacts of cost of living pressure on carers is available within Carers Australia's recent submissions to the [Senate Select Committee on Cost of Living Inquiry](#) (May 2023) and [Select Senate Community Affairs Inquiry into the Extent and Nature of Poverty in Australia](#) (February 2023).

## The carers role in relation to oral hygiene and dental health

The *Carer Recognition Act 2010* (Commonwealth) aims to increase recognition and awareness of carers and acknowledge the valuable contribution they make to society. The cornerstone of the Act is the Statement for Australia's Carers which sets out ten principles that articulate how carers should be treated and considered, including:

- The relationship between carers and the persons for whom they care should be recognised and respected, and
- Carers should be considered as partners with other care providers in the provision of care, acknowledging the unique knowledge and experience of carers.

**Carers often provide personal care, support and assistance to individuals due to disability, terminal illness, chronic disease, mental ill health or older age.** Many carers spend lots of time in health care settings on behalf of the people they care for but rarely

<sup>6</sup> *Ibid*

<sup>7</sup> Australian Government, Australian Bureau of Statistics (ABS), 'Survey of Disability, Ageing and Carers, 2018' [\[accessed online\]](#).

<sup>8</sup> Carers NSW 2020 National Carer Survey: Summary report. <http://www.carersnsw.org.au/research/survey>

<sup>9</sup> Op. Cit(5) - 2022 CWS

have their own health needs identified or addressed. This extends to dental care where carers often play a vital role supporting oral hygiene and dental health.

We highlight Australia's National Oral Health Plan 2014-2024<sup>10</sup> provides that those with severe mental illness are three times as likely to lose all their teeth, and the increased prevalence and severity of gum disease is two to three times higher for older people than the general population. For people living with disability, many may not perceive the need for oral health care or may be unable to express their need. Further, management of some medical conditions requires good oral health to prevent complications that may be serious or potentially fatal, and there is growing evidence associating poor oral health with chronic conditions.

**Carers Australia urges dental care providers to recognise carers role, knowledge and experience in supporting an individual, and for carer inclusion in dental services, both clinical and other types of support services.**

As a 'partner in care', the information carers hold may assist at all stages improving dental health, where carers undertake activities that include:

- Maintaining oral hygiene and prevention,
- Encouraging self-management,
- Nutrition and other issues relating to eating and swallowing,
- Early intervention including recognising decay or periodontal disease,
- Support with decision making and treatment,
- Medication and product management,
- System navigation and support with managing NDIS packages and My Aged Care,
- Attendance at and transport to appointments,
- Assistance with dental related anxiety, and
- Communicating and reinforcing information from the dental professional back to the consumer and broader family – playing a key role in tackling health literacy.

Considering the carer as a part of the oral health care team and embedding specific supports to carers will enable community-based models of care. This must extend beyond activities aimed at improving oral health literacy, which we note is the only inclusion of carers within the current National Oral Health Plan.

## Public dental services

Our response to the Inquiry is focused on:

1. Ensuring awareness of a carers role in supporting oral hygiene and dental health, and

<sup>10</sup> Op.Cit (5) - Australia's National Oral Health Plan 2015–2024

2. Highlighting that carers are more likely to be experiencing poor access to dental services themselves *in addition* to identified at-risk populations.

**The commentary we provide on public dental access issues, service models and funding options is to acknowledge that several reports have already provided a wealth of information.**

For **older people**, we know that in 2017-18, twenty two percent of people aged over 75 years avoided or delayed dental care due to cost<sup>11</sup>. Further, in 2023 50% of respondents to COTA Australia's 2023 State of the Older Nation survey had dental care as the most difficult health or medical services to access at the top of their list, an increase of 26% from the 2018 survey.<sup>12</sup> The Aged Care Royal Commission also revealed that oral and dental health care is not treated as a priority for people living in residential aged care,<sup>13</sup> noting that often carers will go into visit their loved one to provide basic dental care support when they see it is not being done, and are often the ones bringing it to attention of staff and advocates.

The Aged Care Royal Commission recommended<sup>14</sup> the establishment of a Senior Dental Scheme to fund dental care for residential aged care and older Australians who live in the community and receive the age pension or qualify for the Commonwealth Seniors Card. The Commission state that risks of excessive costs under the recommended scheme should be managed by limiting eligibility for the scheme to these cohorts, and by limiting the scope of services provided to those necessary to maintain a functional dentition as defined by the World Health Organisations. We highlight that the Government's response was "*this recommendation is subject to further consideration by 2023*".<sup>15</sup>

We also know that in 2018, 32% of **people living with disability** between the ages of 15 - 64 did not see a dental professional when needed because of cost, compared to 20% of the general population.<sup>16</sup>

We raise that there are particular issues for people living with disability to access dental services that should be explored, as revealed in part during processes of the Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability. This includes the ongoing 'separation' of dental health from a person's disability, poor linkages of disability services with primary dental care and assessment services, lack of dental practitioners trained in 'special needs' (especially within the public system), and access to specialised oral hygiene tools and products. There remains opportunities to review what supports can be provided through National Disability Insurance Scheme (NDIS) packages, noting the current NDIS Review.

From a **cost perspective**, we know that two thirds of the population are not eligible for either state public dental services or the Commonwealth Child Dental Benefits Schedule,

<sup>11</sup> Australian Government, Australian Institute of Health and Welfare (AIHW), 'Older Australians - Health service use' web report (last updated November 2021) [[accessed online](#)].

<sup>12</sup> SECNewgate Research 'State of the Older Nation 2023' April 2023, prepared for COTA Australia [[accessed online](#)].

<sup>13</sup> Australian Government, Royal Commission into Aged Care Quality and Safety, 2021, 'Final Report: Care, Dignity and Respect' Volume 2.: The current system [[accessed online](#)].

<sup>14</sup> *Ibid* Recommendation 60, Volume 3A: A new system [[accessed online](#)].

<sup>15</sup> Australian Government, Department of Health, May 2021, 'Australian Government Response to the Final Report of the Royal Commission into Aged Care Quality and Safety' [[accessed online](#)].

<sup>16</sup> Australian Government, AIHW, 'People with disability in Australia' web report (last updated June 2022) [[accessed online](#)].

and for those that have private health insurance that includes general extras, there are still substantial out-of-pocket costs - only about 54% of dental costs incurred by people with private health insurance was reimbursed in 2018<sup>17</sup>.

We draw attention to the 2009 Hospital and Health Reform Commission report<sup>18</sup> after a major review of the Australian health system, which states *“Improving access to dental health care is our fourth key priority for improving access and equity”* and the recommendation of a Commonwealth universal scheme for access to basic dental services.

This was followed by the 2013 House of Representative Standing Committee on Health and Ageing’s Inquiry into Adult Dental Services in Australia<sup>19</sup> which recommended to *“adopt a strategic policy approach which supports deliberate and phased progress toward a universal access to dental services scheme for Australia”*.

Further, the Productivity Commission’s report following the reforms to human services Inquiry<sup>20</sup> which has several chapters dedicated to a ‘long-term and systemic reform pathway for public dental services’ and states:

*“Public dental services largely exist in a silo with little integration with the broader health system, or between the public and private dental sectors... While the National Oral Health Plan outlines guiding principles for improvements to the oral health system, it does not contain mechanisms to translate the plan into practice.”*

**Carers Australia urges a review of previous processes and recommendations, within the context of 2023 – health reforms, post COVID and with mounting cost of living pressures.**

This must consider:

- Current eligibility for public dental health services across all states and territories,
- Economic modelling of investment in improved and more accessible services against morbidity and mortality related to poor dental health,
- Ways to identify those that are not accessing services,
- Options to collect better data on population groups,
- Include carers as a high-risk group as well as ‘partners in care’ for dental health, and
- Seek short-term opportunities to improve the operation of existing public dental services while looking at longer term reform.

<sup>17</sup> Grattan Institute, 2019, ‘Filling the gap: A universal dental care scheme for Australia’ [\[accessed online\]](#).

<sup>18</sup> Australian Government, National Health and Hospitals Reform Commission, ‘A Healthier Future For All Australians – Final Report June 2009’ [\[accessed online\]](#).

<sup>19</sup> Parliament of Australia, House of Representative Standing Committee on Health and Ageing, 2013 ‘Bridging the Dental Gap: Report on the Inquiry into Adult Dental Services in Australia’ Recommendation 13 [\[accessed online\]](#).

<sup>20</sup> Australian Government, Productivity Commission, October 2017, ‘Introducing Competition and Informed User Choice into Human Services: Reforms to Human Services Inquiry Report’ [\[accessed online\]](#).

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## About Carers Australia

Carers Australia is the national peak body representing the diversity of the 2.65 million Australians who provide unpaid care and support to family members and friends with a disability, chronic condition, mental illness or disorder, drug or alcohol problem, terminal illness, or who are frail aged.

In collaboration with our members, the peak carer organisations in each state and territory, we collectively form the National Carer Network and are an established infrastructure that represent the views of carers at the national level.

Our vision is an Australia that values and supports all carers, where all carers should have the same rights, choices, and opportunities as other Australians to enjoy optimum health, social and economic wellbeing and participate in family, social and community life, employment, and education.

This includes carers:

- Who have their own care needs
- Who are in multiple care relationships
- Who have employment and/or education commitments
- Aged under 25 years (young carers)
- Aged over 65 years, including 'grandparent carers'
- From culturally and linguistically diverse backgrounds
- Who identify as Aboriginal and Torres Strait Islander
- Who identify as lesbian, gay, bisexual, transgender, intersex (LGBTI+)
- Who are living in rural and remote Australia, and
- Who are no longer in a caring role (former carers).

Carers Australia acknowledges Aboriginal and/or Torres Strait Islander peoples and communities as the traditional custodians of the land we work on and pay our respects to Elders past, present and emerging. As an inclusive organisation we celebrate people of all backgrounds, genders, sexualities, cultures, bodies, and abilities.