



Australian Government
Department of Social Services

Select Committee into the Provision of and Access to Dental Services in Australia

Department of Social Services

DSS June 2023



Contents

Introduction.....	3
Data held by the Department of Social Services	3
Household, Income and Labour Dynamics in Australia.....	3
Longitudinal Study of Australian Children	4
Longitudinal Study of Indigenous Children	4
Some relevant research outputs from Longitudinal Studies	4
People with disability.....	5
Australia’s Disability Strategy 2021-31	5
National Disability Insurance Scheme	6
First Nations peoples	6
Improving Multidisciplinary Response (IMR)	6
Developing the cultural awareness and trauma responsive skills and capabilities of the child and family sector workforce	7
Interactions with child protection systems	7
Programs and services for families and children	8
Social Security Support	8

Introduction

The Department of Social Services (the department) welcomes the opportunity to make a submission to the Select Committee into the Provision and Access of Dental Services in Australia.

The submission provides information relating to financial supports available through the social security system, supports for people with disability and First Nations people, interactions with child protection systems, and funded programs and services for families and children that may contribute to improved oral health.

Data held by the Department of Social Services

DSS has collected dental health data over the last two decades from its Longitudinal studies. Longitudinal studies collect a wide range of social, health and economic data from the same study participants at different regular points (known as waves) in their life course.

These studies can be used to examine the dental health experiences of Australians over time, especially children. In the different studies, data is available on dental habits, dental issues and dental service access, use and barriers for study participants collected in the different study waves. This data can be explored alongside other health information and with respect to other relevant factors including location, family income, household type, socio economic status, education and more. These studies also provide significant value through enabling research into the long term impacts of specific life choices, events and decisions. For example, from the *Longitudinal Study of Australian Children (LSAC)* it would be possible to explore these (now) young adults to inform on the economic, health and other social benefits of early life access to dental services and good dental practices.

Living in Australia - Household, Income and Labour Dynamics in Australia

Running since 2001, the Household, Income and Labour Dynamics in Australia (HILDA) Study is a household-based panel survey that collects annual data on economic and personal wellbeing, labour market dynamics and family life from a nationally representative sample of over 17,000 Australians.

HILDA has asked participants:

- How long it had been since their child/children had visited a dentist (waves 9, 13, 17 and 21)
- Financial stresses on participants and whether this impacted on the capacity to get dental check-ups for themselves or their children (waves 14 and 18)
- Reasons for saving included to cover medical/dental bills (waves 2 and 6).

Growing up in Australia - Longitudinal Study of Australian Children

Running since 2003, the Longitudinal Study of Australian Children (LSAC) follows two youth cohorts: one birth cohort (B cohort) of 5000 children commencing age 0-1, and one cohort of 5000 children commencing age 4-5 (K cohort). The study collects data about the child's development and the characteristics of the family from the child and their parents. Study waves are conducted every two years.

LSAC began capturing children's dental data from Parents in wave 1. Parents were asked if their children had needed a dental service in the last 12 months, and if they had been unable to access it. Questions were also asked (where relevant) of parents on whether child support payments had been used towards paying for dental services. These questions continued to be asked up to wave 8, where the participants are in their mid to late teens.

Other data is collected pertaining to dental health and the questions vary according to participant age (frequency of teeth brushing, dental issues/injury, and whether children had progressed to brushing their own teeth and/or parental supervision). As the study youth have aged, questions also focused on dental health issues, such as tooth discolouration, blood after brushing, evaluating their own gum quality and tooth decay or removal. Additionally, in wave 8 they were asked when they saw a dentist last time.

Footprints in Time: Longitudinal Study of Indigenous Children

The Longitudinal Study of Indigenous Children (LSIC) has been running since 2008. It collects annual waves of data following the development of up to 1,700 Aboriginal and Torres Strait Islander children and their families in two groups (children who were aged 0 to 24 months and 3.5 to 5 years in 2008). It is one of the largest longitudinal studies of Indigenous people worldwide.

Since Wave 1, parents of study children have been asked whether their child has been to a dentist, orthodontist or dental nurse/therapist, or had any dental issues in the last 12 months such as decay, teeth removal, abscesses, pain etc. They were also asked about reasons a child didn't see a dentist if they needed one, and the location of dental services.

As study youth grew up, parents were asked in Waves 11 and 13 how long their child had to wait to see a dentist or orthodontist.

Study youth were asked to self-report on their teeth and dental issues in Wave 16.

Some relevant research outputs from Longitudinal Studies

The HILDA Annual Statistical Report produced by the Melbourne Institute has regularly included dental statistics. One of the more significant findings in the 2016 report is that a very large percentage of children aged 0-4 (over three quarters of children in this age group in 2013) are reported as never having visited a dentist.

The most recent HILDA Annual Statistical Report published in December 2022 looks at changes to personal behaviours as a result of the COVID-19 pandemic and resulting restrictions. This reported rates of cancellation or deferral of dental appointments in 2020 at 9.8% for provider cancellations or deferrals and 5.5% for

individual cancellations or deferrals. For comparison with other medical services, rates for Doctor, clinic or hospital cancellations or deferrals were similar to the dental rates (8.9% for providers and 5.8% for individuals). Cancellation and deferral rates were generally highest in Victoria, South Australia and the Australian Capital Territory.

Preliminary analysis of data from Wave 13 of LSIC (collected in 2020) shows that at that time, a significant number of Indigenous youths needed a dentist but did not see one, with a large majority of these youths indicating that COVID-19 was a reason for not getting the service they needed. This finding is due to be published in a DSS report released in early 2024.

The Australian Data Archive enables researchers to access, at no cost, data from these longitudinal studies to undertake research and produce statistical outputs. The department maintains a searchable database of scientific papers and other research outputs at flosse.dss.gov.au. A number of these papers have used the dental data from the different longitudinal studies.

People with disability

People with disability can face barriers in accessing and using government services that are inclusive and meet their needs, including health care and dental services. Of adults with disability, 24 per cent experience very good or excellent health, compared with 65 per cent without disability. Barriers to accessing health services can include longer than desired waiting times, the cost of services, the accessibility of buildings and direct or indirect discrimination by health professionals. Some people with disability may also experience issues caused by a lack of communication between the health professionals treating them ([AIHW 2022](#)).

Australia's Disability Strategy 2021-31

[Australia's Disability Strategy 2021-31](#) (the Strategy) is Australia's overarching policy framework that provides national leadership towards greater inclusion of people with disability across all areas of public policy, including in mainstream services and systems such as health.

The Health and Wellbeing Outcome Area of the Strategy aims to ensure people with disability attain the highest possible health and wellbeing outcomes throughout their lives. This includes Policy Priority 1 that all health service providers have the capabilities to meet the needs of people with disability; and priority 2 that Prevention and early intervention health services are timely, comprehensive, appropriate and effective to support better overall health and wellbeing.

Additionally, the Community Attitudes Outcome Area of the Strategy aims to ensure that community attitudes support equality, inclusion and participation in society for people with disability. This includes Policy Priority 2 that all key professional workforces are able to confidently and positively respond to people with disability.

Australia's Disability Strategy Advisory Council (the Advisory Council) was established in December 2021 when the Strategy was launched. The Advisory Council's role is to advise Australian governments and disability ministers on the Strategy's implementation. It is responsible for reviewing and advising on progress of Strategy features that aim to drive actions and improvements for people with

disability, including: Targeted Action Plans; the Outcomes Framework; Associated Plans; and Strategy reports and reviews.

National Disability Insurance Scheme

The Applied Principles and Tables of Supports, agreed by governments, are intended to determine the funding and delivery responsibilities of the National Disability Insurance Scheme compared to those of mainstream services systems. Under the Applied Principles and Tables of Supports, health systems are responsible for the diagnosis, early intervention and treatment of health conditions, including ongoing and chronic health conditions, with dental care one type of service identified to support these needs.

The Applied Principles and Tables of Supports further states the National Disability Insurance Scheme and the health system will work together at the local level to plan and coordinate streamlined care for individuals requiring both health and disability services, recognising both may be required at the same time, and the need to support a smooth transition between services.

First Nations peoples

It is widely known that First Nations families are more likely than non-First Nations families to experience multiple and complex needs. Emerging evidence indicates the current service system is hard to access, may be delivered in a disjointed way, and may not be culturally safe or trauma informed which can reduce service effectiveness and First Nations families maybe fearful or reluctant to access these services¹²³.

Improving Multidisciplinary Response (IMR)

The IMR program led by the department is targeted at First Nations families with multiple and complex needs and aims to redesign service models that are innovative, holistic and strengthens the co-ordination and integration of responses that support families through the prevention, early intervention, response, and recovery stages.

While the IMR program is primarily aimed at reducing the drivers of child abuse and neglect and the number of First Nations children in out of home care through improved access to holistic services, there may also be flow-on effects on the access and uptake of dental services as part of this program.

IMR has the opportunity to improve access to dental services for First Nations families primarily in two ways:

a) *Increasing opportunistic referrals:*

It is anticipated that redesigned service models through the IMR program would bring together a range of professionals and social workers to support each

¹ Aboriginal and Torres Strait Islander peoples in Australia. *BMC Public Health*, 20(1). doi:10.1186/s12889-020-09943-4]

² Early Intervention Research Directorate, South Australia, *Summary Report of Research Findings*, March 2019

³ Department of Human Services, 2019, *Co-design findings and next steps – Child and Family Support system*. Government of South Australia

family in an integrated way (e.g. psychologist, drug and alcohol specialist, family violence support, child protection worker, disability support provider, First Nations experts, intensive family support, police, parental advocate and others).

The multidisciplinary support team would proactively work together to sequence support to address the risk factors for child abuse in the home, in partnership with the parents. This in turn can result in an increase in opportunistic referrals including for dental services, i.e dental referrals made by a provider when the person's primary reason for attending the service was not seeking dental care.

b) Increasing the uptake of these referrals:

First Nations families are widely known to benefit from and more receptive of the services and practices designed by First Nations people which incorporate First Nations ways of knowing, being and doing. The trust built between First Nations organisations including Aboriginal Community Controlled Organisations and the families they are supporting can be leveraged to encourage and aid those requiring dental services to access them easily. In particular, IMR provides an opportunity to fund Aboriginal Community Controlled Health Organisations, which provide dental services as part of their holistic, wrap-around service offerings.

Developing the cultural awareness and trauma responsive skills and capabilities of the child and family sector workforce

The department is also funding a training program to develop the cultural awareness and trauma-responsiveness of the child and family sector workforce. Whilst this program will include a broad range of child and family sector service providers, it may contribute to improving the access and uptake of dental services by First Nations people by identifying dental service needs and potentially providing referrals to appropriate dental services.

By improving the cultural awareness and trauma-responsiveness of child and family sector service providers, it is anticipated First Nations clients would increase their engagement with these service providers and thus increase the opportunity to be referred to other required services, such as dental care.

Interactions with child protection systems

In relation to the Committee's terms of reference item a) *the experience of children and adults accessing and affording dental and related services*, the department has considered issues identified with access to health services, including dental services, for children interacting with child protection systems in Australia.

The department notes that children in care require a priority response given their multiple and complex needs but that there is often insufficient understanding of these needs among health practitioners. In particular, awareness of and responding to trauma needs greater attention.

Safe and Supported: the National Framework for Protecting Australia's Children 2021-2031 (Safe and Supported) sets out how all governments will work in partnership with First Nations representatives, and in close collaboration with the non-government sector to help children, young people and families in need of

support, particularly those who are experiencing disadvantage or are vulnerable to abuse or neglect.

Safe and Supported: First Action Plan 2023-2026 includes specific actions to improve lifetime outcomes for children and young people in and leaving out-of-home care through strategies that support proactive access to universal services. This includes improving access to allied health services and health management plans for children and young people with a care experience, including the promotion and greater use of MBS items by children and young people in care.

This work is being progressed under Safe and Supported's existing accountability and governance arrangements including Commonwealth, state and territory governments, non-government organisations (the National Coalition on Child Safety and Wellbeing) and Aboriginal and Torres Strait Islander representatives (the Aboriginal and Torres Strait Islander Leadership Group).

Programs and services for families and children

In 2022-23, the Australian Government invested more than \$350 million in parenting and early childhood intervention and prevention programs that aim to build the capacity of parents, and support child and family wellbeing. This can include support and education for parents and care givers specifically on promoting healthy lifestyles and children's health including the importance of daily oral care routines and seeking out regularised examinations by dental services. A range of service providers funded under the Families and Children Activity include one on one case parenting support, parenting skills education, group work with families and helping families access mainstream health services through referral supports.

The department also considers trauma training for health care workers that work with patients with past experiences of violence or abuse in institutional settings, who can be triggered when receiving health examinations and procedures, and strategies to support these patients use of the service would encourage attendance.

Social Security Support

Australia has an extensive and targeted social security system that has played an important role in supporting low-income Australians, including to meet their health care costs.

Australia's social security system is non-contributory, and provides a strong safety net for Australians who are unable to fully support themselves due to age, disability, caring responsibilities or unemployment.

The social security system includes income support payments for the working age population that aim to provide: a minimum adequate standard of living for the working age population, and acceptable standards of living, accounting for prevailing community living standards, for pensioners and families. Income support payments including the JobSeeker Payment are designed to support Australians who are unable to support themselves whilst they look for a job or have a temporary injury or incapacity.

Along with the basic rate of payment, everyone who receives JobSeeker Payment is eligible for at least one additional supplementary payment which could include; Energy Supplement, Family Tax Benefit or Rent Assistance. Supplementary

payments provide additional assistance, generally to address specific costs (for example, those associated with raising children, or the costs of renting privately). These payments are intended to ensure recipients can meet their costs, including costs for access to dental services.

Other potential concessions available to income support recipients include subsidised prescription medicines under the Pharmaceutical Benefits Scheme, and subsidised health care and related products. This can include access to and provision of dental services free of charge or at a reduced rate.

Indexation of income support payments is designed to ensure that payments maintain their purchasing power when the cost of living increases. Adult allowance rates (such as JobSeeker Payment) and Rent Assistance rates and thresholds are indexed in March and September to increases in the CPI. Adult pension rates (such as Age Pension and Disability Support Pension) are indexed in March and September to the higher of the six month growth in CPI and the six month growth in the Pensioner and Beneficiary Living Cost Index (PBLCI), then benchmarked to Male Total Average Weekly Earnings (MTAWE).

In recognition of the costs associated with raising a family, a higher basic rate is payable to single recipients with dependent children and single principal carer parents. This assists parents and carers in meeting the health costs including dental costs of families with children.

As part of the cost-of-living package in the 2023-24 Budget, the Government announced that it would increase income support payments including:

- Increase to the rate of working age payments by \$40 per fortnight and move single JobSeeker Payment recipients aged 55 years and over after nine continuous months on payment to the higher single rate
- Increase to Commonwealth Rent Assistance maximum rates by 15 per cent.
- Extension of eligibility for Parenting Payment (Single) to single principal carers with a youngest dependent child under 14 years (up from 8 years)

These changes will commence from 20 September 2023, subject to the passage of legislation. This timing aligns with the next round of legislated indexation changes for social security payments, including JobSeeker Payment, Parenting Payment and Rent Assistance. This means recipients will receive the increases announced through the Budget and any increase resulting from indexation, at the same time.

These measures provide targeted cost-of-living relief that will benefit around 2 million recipients.