

## **Submission to the Senate's Joint Standing Committee on the National Disability Insurance Scheme**

### **Introduction**

This submission to the Senate's Joint Standing Committee on the National Disability Insurance Scheme addresses section *d. the particular experience of Aboriginal and Torres Strait Islander participants, participants from culturally and linguistically diverse backgrounds, and participants from low socio-economic backgrounds, with the NDIS*; and section *e. any other related matters* of the call for submissions on related matters faced by rural, regional and remote NDIS participants.

The submission raises issues faced by rural, regional and remote NDIS participants in accessing oral hygiene products, and accessing oral health care in general and Special Needs Dentistry (SND) and specialist oral surgery in particular. Special Needs Dentistry is the specialty of dentistry which focuses on the oral health care of people with disability, the elderly and those with complex medical conditions.

Many of the barriers to good oral health and to access to oral health care experienced by rural and remote NDIS participants are exacerbated for rural and remote Aboriginal and Torres Strait Islander NDIS participants, NDIS participants from culturally and linguistically diverse backgrounds and NDIS participants from low socio-economic backgrounds; with each group experiencing higher burdens of oral disease and greater barriers to accessing oral health care than the general population.

The submission is made by clinicians and researchers with significant experience in the oral health of participants in the National Disability Insurance Scheme, rural and remote oral health, and Aboriginal and Torres Strait Islander oral health. Dr Walker has experience in remote and very remote oral health, Aboriginal and Torres Strait oral health, tele-training and telehealth. Dr Pradhan is a specialist in Special Needs Dentistry with experience in caring for the oral health of NDIS participants, and training and mentoring general dentists in the delivery of oral health care to NDIS participants. Dr. Bettiol possesses extensive experience in oral health research and dental public health, with a notable focus on addressing social inequalities. This submission is that of the authors and is not made on behalf of or represent the views of their respective universities.

### **Rationale for Submission**

The oral health of rural and remote NDIS participants and their access to appropriate oral health care are key issues for NDIS participants. Rural and remote communities experience widespread and severe oral disease with people living in regional/remote areas, Indigenous people and people with special needs having been identified as priority populations in the National Oral Health Plan (2015-2024)<sup>1</sup>. The importance of supporting the oral health of NDIS participants has been recognised by the NDIS in multiple statements.

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<sup>1</sup> Oral Health Monitoring Group (2016). Healthy mouths, healthy lives: Australia's National Oral Health Plan 2015 - 2024. Canberra: COAG Health Council.

The NDIS Quality and Safeguards Commission in their ‘Practice Alert Oral Health of 2021’<sup>2</sup> states, ‘People with disability are at a higher risk of poor oral health because over their lifetime they are more likely to have experienced poor nutrition, poor dental hygiene and lack of access to oral health care services. As a result, many people with disability may have tooth decay, gum inflammation and damage, ulcerations, and mouth infections. If not treated, oral health conditions can lead to loss of teeth, inability to eat certain food or drinks, acute and chronic pain, illness and hospitalisation. Diseases of the mouth can also impact the health of the whole body’.

The impact of oral disease includes potentially preventable hospitalisations of NDIS participants; with dental conditions having been found to be the second most frequent indication for potentially avoidable hospitalisations of people with intellectual disability in all age groups<sup>3</sup>.

The NDIS acknowledges additional major risks to NDIS participants associated with poor oral health including in its ‘Practice Alert Prevention of Respiratory Infections May 2022’<sup>4</sup> in which the NDIS emphasises the role of oral health care in reducing the risk of respiratory infections, including aspiration pneumonia.

This submission has been prepared in response to the importance of oral health to rural and remote NDIS participants and in response to the uncertainty which exists regarding the payment of services to support participant’s oral health including difficulty in understanding terms and conditions in the NDIS processes. This uncertainty has been highlighted by the recent Senate Dental Inquiry which notes, ‘For those eligible for NDIS funding, there is uncertainty on what services are available under the scheme’<sup>5</sup>.

We propose the following means of improving the oral health of rural and remote NDIS participants and their access to oral health care for consideration by the NDIS.

**1. Provision of training in oral health, oral hygiene and accessing the dental care system to NDIS participants, their carers, families and NDIS Support Coordinators who hold responsibilities in these areas.**

This training for rural and remote persons can be provided through online and tele-training. Tele-training should be supported by the availability to NDIS Support Coordinators of teleconsultations to allow them to best refer NDIS participants to the public and private dental systems and to appropriate dental personnel including SND specialist dentists. The training should include referral to Aboriginal Community Controlled Health Services. This strategy is supported by Recommendation 18 of the recent national dental inquiry<sup>6</sup>.

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<sup>2</sup> <https://www.ndiscommission.gov.au/workerresources>

<sup>3</sup> Weise JC, Srasuebku P, Trollor JN. ‘Potentially preventable hospitalisations of people with intellectual disability in New South Wales’. Med J Aust. 2021 Jul; 215(1):31-36.

<sup>4</sup> <https://www.ndiscommission.gov.au/workerresources>

<sup>5</sup> Ibid

<sup>6</sup> The Senate. Select Committee into the Provision of and Access to Dental Services in Australia. ‘A system in decay: a review into dental services in Australia. Final report’. November 2023

## **2. Recognition of barriers faced by rural and remote NDIS participants in accessing oral health care.**

Given that the NDIS recognises the importance of oral health and of the role of NDIS Support Coordinators in supporting NDIS participants in accessing oral health care; it is important for NDIS to be aware of the barriers faced in accessing oral health care by NDIS participants in rural, remote and very remote settings.

These barriers include: the relative absence of dental personnel in rural and remote settings; the very long distances to dental personnel in rural and remote settings; and the exclusion of travel to dental services from state and territory Patient Assistance Transport Schemes.

Additional barriers faced by Aboriginal and Torres Strait Islander participants, participants from culturally and linguistically diverse backgrounds, and participants from low socio-economic backgrounds include: language barriers, with English being a third or fourth language especially among remote Aboriginal and Torres Strait Islander communities; and complex consent processes including difficulty in identifying the person or persons who can give consent for child NDIS participants receiving dental care.

## **3. Clarification as to whether NDIS will support transport of remote and very remote participants to attend dental services.**

A representative of the National Disability Insurance Agency has stated at the recent dental inquiry that the NDIS ‘can also provide supports to help people travel to appointments and to be at those appointments with them to help with communication or to help them manage anxiety or behaviours of concern’<sup>7</sup>.

It is important to clarify the extent to which this support will be provided to very remote NDIS participants who may be over 500 kilometres from the nearest dental service; and whether this is known by remote participants, their carers and their Support Coordinators. For remote and very remote participants There is a need to clarify questions such as whether NDIS would provide funding for a remote NDIS participant to attend a dental appointment 500 kilometres away; and whether this will include their transport costs, carer costs and accommodation?

## **4. Recognition that not only electric toothbrushes but also manual toothbrushes and other oral hygiene products should be made available to NDIS participants whose disability effects their ability to maintain their oral hygiene.**

A representative of the National Disability Insurance Agency has stated at the recent dental inquiry that the NDIS will, ‘provide a range of supports to help participants maintain their

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<sup>7</sup> The Senate. Select Committee into the Provision of and Access to Dental Services in Australia. ‘A system in decay: a review into dental services in Australia. Final report’. November 2023

oral and dental health—so personal care activities that can help them with teeth brushing and flossing’<sup>8</sup>. The NDIS representative stated, ‘The position would be, if someone needed an adapted toothbrush so that they could care for their own dental health, brush their own teeth, that would be considered a reasonable and necessary support, because it's technology that allows them to perform personal care and activities of daily living’<sup>9</sup>.

It is unclear whether the NDIS will support funding of other toothbrushes, toothpastes and other oral hygiene products for NDIS participants whose disability directly effects their capacity to undertake oral hygiene. This includes those participants whose disability leads to increased need for: use of oral hygiene products, use of diverse oral hygiene products, use of stronger toothpastes, use of mouthwashes, and the use of oral hygiene products in multiple settings including their home, work and study environments. This recommendation is particularly important for remote and very remote NDIS participants for whom oral hygiene products can be very expensive.

This recommendation is supported by Recommendation 18 of the recent senate inquiry into oral health<sup>10</sup>.

## **Conclusion**

Oral health is important to NDIS participants. The support of participants’ oral health facilitates participants’ participation in the community, training and employment. This submission notes the barriers faced by rural and remote NDIS participants in supporting their oral health and the additional barriers faced by very remote participants; and presents strategies to support the oral health of rural and remote NDIS participants.

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<sup>8</sup> The Senate. Select Committee into the Provision of and Access to Dental Services in Australia. ‘A system in decay: a review into dental services in Australia. Final report’. November 2023

<sup>9</sup> Ibid

<sup>10</sup> Ibid