

Department of Health and Human Services



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*Submission to the*

**Senate Community Affairs Committee**

**Inquiry into the Cost of Living  
Pressures on Older Australians**

July 2007

The following submission has been prepared by the Department of Health and Human Services (the Department) to the Senate Community Affairs Committee Inquiry into the Cost of Living Pressures of Older Australians.

This submission has been structured to provide background and contextual information to inform discussion around the Committee's terms of reference. A particular emphasis has been placed on the impact of cost pressures on older Australians and their families, in relation to specific health and human service areas.

**The cost of living pressures on older Australians, both pensioners and self-funded retirees in relation to the cost of receiving dental care.**

The cost of dental care is a significant barrier to low income Tasmanians accessing dental treatment (Cameron 2002<sup>1</sup>, Cameron 2004<sup>2</sup>). Tasmanians lead the nation with the highest level of edentulism (missing all teeth), the highest average number of missing teeth and the greatest denture use (Carter and Stewart, 2003 cited in Cameron 2004). In addition, significant waiting lists exist for general dental care and prosthetic services in the public sector.

Older Tasmanians who are not eligible for public treatment face significantly higher costs for treatment in the private sector. Those, who are eligible for a Pension Concession Card, are entitled to dental care through the public dental service (Oral Health Services). Fees apply to general dental treatment and prosthetic (denture) services, with charges set at 25 per cent of the Department of Veterans Affairs Schedule of Fees for Dental Services. General care fees are capped at \$253, whilst fees for prosthetic services are additional to the general care cap. In recognition of the difficulty faced by some clients in affording dentures, the No Interest Loans Network of Tasmania, in 2006 also introduced a loans scheme to assist low income clients in accessing the services they require.

All public dental services and the vast majority of private dental treatment is provided within dental clinics. Clients are required to travel to access the care they need. Such travel therefore suggests significant barriers to accessing dental care for those with limited mobility, those with limited access to transport services, or those who live in residential aged care facilities.

Prior to the withdrawal of the Australian Government Dental Health Program in 1996, the Australian Government contributed \$3.4 million per annum to public dental services in Tasmania. The unexpected axing of the Program from the end of 1996 had, according to the 2002 Auditor-General's report on Oral Health Services, a "devastating" impact on the provision of general care.

Australia's National Oral Health Plan (2004 – 2013), endorsed by the Australian Health Ministers' Conference, identifies the oral health of older people as a key action area. A number of 'national actions' have been identified for implementation in either the short (2004-2006) or medium-term (2004 – 2009).

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<sup>1</sup> Cameron P 2002 *Access to Dental Care for Low Income Tasmanians: A Discussion Paper*, Anglicare Tasmania

<sup>2</sup> Cameron P 2004 *Nothing to smile about: oral health and access to dental care for Low Income Tasmanians*, Anglicare Tasmania

These actions are as follows:

<b>Action Area 3 – Older People</b>	<b>Timeframe</b>
3.1 Include an enhanced questionnaire based oral health assessment in existing assessment systems for older adults in the community (eg Home and Community Care, Aged Care Assessment Services) to identify people with, or at risk of, oral disease.	Short
3.2 For older people in the community who are identified as being at risk of oral disease, include support for the maintenance of oral hygiene in care programs aimed at assisting them to remain in their own homes.	Short
3.3 Ensure that oral screening is carried out by an oral health professional on admission to residential aged care facilities and on a regular basis.	Short
3.4 Require the development of a simple but practical oral health care plan as part of the overall care plan for every person in a residential aged care facility.	Short
3.5 Ensure that support for residential aged care facilities have the flexibility to implement the oral health component of the overall care plan including maintenance of oral hygiene and timely dental treatment where needed.	Short
3.6 Make affordable portable dental equipment available to public and private oral health providers to enable them to treat older people in their homes and in residential aged care facilities.	Short
3.7 Ensure that oral health is considered in the development of nutrition plans and programs for older people, including access to fluoridated water.	Short
3.8 Establish affordable and appropriate transport arrangements to enable frail older people to attend oral health clinics.	Short
3.9 Require residential aged care facilities of an agreed size to set aside a small dedicated area for the provision of a range of simple primary health services including oral health services.	Medium

Limited progress has been made in relation to any of the action areas. Some jurisdictions have piloted programs aimed at improving assessment of oral health needs and access to timely care, and the Australian Government has funded the development of an oral health assessment tool for use by medical practitioners within residential aged care settings. However a lack of national coordination and Australian Government commitment is regarded as a barrier to greater achievement.

**The impact of these cost pressures on the living standards of older Australians and their ability to participate in the community.**

Oral Health is fundamental to overall health, wellbeing and quality of life. A healthy mouth enables people to eat, speak and socialise without pain, discomfort or embarrassment.

The impact of oral disease on people's every day lives is subtle and pervasive, influencing eating, sleep, work and social roles. The prevalence and recurrences of these impacts constitutes a silent epidemic. (National Oral Health Plan 2004 – 2013).

Access to timely and affordable oral health care is fundamental to older Australian's participation in community life.

**The impact of cost pressures on older Australians and their families, including caring for their grandchildren and social isolation.**

All levels of Government have, in recent times, recognised that older Australians are often providing short term and permanent care for young relatives (grandchildren and others). While the family unit has always been broader than 'mums and dads', many relative carers are now providing full-time care for children because the parents are unable and/or unwilling to do so. The emotional and financial pressures of taking on this caring role place a burden on older Australians, a burden which they accept willingly, but which they would appreciate support for nonetheless.

The Australian Government has primary responsibility for both the provision of income support and income/consumption tax collection and therefore, has both the jurisdictional responsibility and the capacity to provide financial support to older Australians who are caring for young relatives. In most cases this can readily be achieved by allowing carers to access mainstream services (including respite opportunities) for the children in their care.

It is recognised that a number of improvements have been made to allow carers, both formal and informal, to access mainstream services, such as access to foster carer health care cards, access to family tax benefits and access to other government income support. However, it is also recognised that more can be done, both at the state and national level.

The Council of Australian Governments considered the *Grandparents (and other Relatives) Raising Children Report* in 2005. In July 2006, the Community and Disability Services Ministers' Conference agreed to develop a mechanism to allow grandparents, caring predominantly for their grandchildren without formal authority, to be eligible for appropriate Australian Government and state and territory government payments and services.

The South Australian and Australian Governments are leading the work to develop a mechanism to allow grandparents to be eligible for appropriate Australian Government payments and support services. States and territories are also reviewing the areas in which grandparents, who informally raise their grandchildren, experience disadvantage at the local level and to develop strategies to address these issues, with the aim of ensuring that the needs of grandparents and their grandchildren are met.

A number of issues that have arisen as a result of this work are within the Australian Government's jurisdiction. They are:

**Means Testing of Child Care Benefits**

Child Care Benefits provided through the Family Assistance Office of the Department of Family and Community Services and Indigenous Affairs (FaCSIA) are available to grandparent carers (both formal and informal). Since 1 November 2004, the Child Care Benefit work, training and study test has been waived for eligible grandparents who have primary care for their grandchildren, however, these benefits are currently means tested.

This limits the capacity for grandparents (who may be in workforce and who are caring for grandchildren) to access these benefits. This issue has been raised with FaCSIA and they have since advised any changes to the Grandparent Child Care Benefit eligibility requirements would have significant budgetary implications.

#### **Informal Relative Caregiver's Statutory Declaration**

A significant barrier for many grandparents/relatives caring in an informal arrangement, is having a consistent and recognised method to prove their care-giving status, in order to access relevant government and other services. The South Australian Government has established an 'Informal Relative Caregivers Statutory Declaration' (the Declaration), which is a written statement, made in the presence of an authorised witness that the person is providing full-time care to a child or young person.

The Declaration can be used as evidence for informal relative caregivers to establish their care-giving status, assisting them to enrol a child in school and work with the child's school to support the child's learning, gain consent to medical and dental treatments and access to other South Australian State Government supports and services. The Declaration will also assist Police Officers to establish the care-giving status for medical emergencies, investigation purposes and where a child is subject to police action for a breach of law. Tasmania has a similar document in place for education services.

The Australian Government should consider the establishment and support of such a document at a national level to allow grandparent carers ready access to government services required by the children in their care.

#### **Access to Government Services (including Medicare)**

While the introduction of a document such as the 'Informal Relative Caregivers Statutory Declaration' by the Australian Government would be beneficial to grandparent carers, it is also imperative that this document be recognised by key services such as Medicare as evidence of care-giving status. This arrangement would operate in a similar way that letters from the school, doctors and Centrelink documentation are accepted currently, and which, for example, allow children to be added onto the grandparent's Medicare Card.