Inquiry into the social inclusion of Victorians with a disability

Submission by Dental Health Services Victoria

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dental health
services victoria
oral health for better health

3. Definitions and Terminology / Social inclusion

3.1 What needs to happen to ensure that people's individual disability and experience are accounted for in efforts to increase their social inclusion?

We need to establish a health system that recognises and accommodates for the individual needs of each patient with disability. By improving the general health and wellbeing of people with disability, we will increase their social inclusion.

There is a substantial gap between the oral health of Victorians with a disability and the broader population. Evidence shows that people with intellectual disabilities living in disability accommodation services are seven times more likely to have more oral health problems than the general population.

Poor oral health has a significant impact on a person's general health and wellbeing and has been linked to cardiovascular disease, diabetes, dementia, cancer and respiratory illnesses. Good oral health allows people to eat, speak and socialise without pain or discomfort. Poor oral health impacts on a person's self-esteem and confidence and can be a barrier to participation in society, for example it can discourage people from forming relationships and seeking employment opportunities.

Health professionals and disability practitioners need to work in partnership to reduce the prevalence of poor oral health among people living with disability and ensure that they receive ongoing and appropriate support to maintain good oral health. This can be achieved by:

- Building referral pathways between disability/general health services and oral health services. A "one-size-fits-all" approach is not suitable, we need to focus on each person's unique experiences and ensure that their rights and preferences are taken into account.

- Developing an innovative model of care for clients with disability accessing public dental services.

- Upskilling disability carers, parents and health professionals in the early identification and prevention of poor oral health. For example, supporting disability carers to complete their Certificate III or IV in Oral Health Promotion and/or fluoride application.

- Expanding on Victorian Government health promotion programs which aim to improve the oral health of Victorians with a disability and address their health inequalities.

By reducing the prevalence of poor oral health among people with disability, we will improve their general health and wellbeing, self esteem and confidence which will encourage increased social inclusion.

3.2 How should 'social inclusion' for Victorians with a disability be defined?

The Victorian Department of Health defines a socially inclusive society as one where all people feel valued, their differences are respected, and their basic needs are met so they can live in dignity.

David Cappo defined social exclusion as the process of being shut out from the social, economic, political and cultural systems which contribute to the integration of a person into the community.

Social inclusion, community inclusion, social connectedness, normalisation, social integration, social citizenship - all these terms relate to the importance of the links between the individual members of our society and the role of each person as a member of a group.

This definition is appropriate for all Victorians, including those with a disability.

3.3 What is the difference between the concepts of 'social inclusion' and 'participation' in the context of people with a disability?

Social inclusion conceptually means all people with a disability feel valued, have their differences respected, and their basic needs met so they can live in dignity. People with a disability have the right to participate if they wish to, just like everyone else. The option to participate needs to be made available for everyone not only for a specific section of the community.

People with disabilities can define and pursue participation on their own terms. Participation is both a right and a responsibility, influenced by and ascribed to the person and to the society. Participation could be considered an essential element in reducing social isolation.

3.4 What does social inclusion for Victorians with a disability look like now?

There is a perception that it is improving but Victorians with disability are not yet participating in society to their full desire or extent due to:

- The prevalence of poor oral health among people with disability which impacts on their general health, self esteem and confidence. This can manifest in a reluctance to participate in society (e.g. attend social events or attend a job interview).

- Healthcare services not being tailored to their unique requirements resulting in a reluctance to access health services (e.g. no specific model of care for clients with disability accessing public dental services).

- Lack of community understanding towards people with disabilities.

- Victorians with a disability not participating in the workforce as much as possible.

4. Victorians with a disability and social inclusion

4.1 What are the barriers to meaningful social inclusion for Victorians with disability?

Barriers include:

- lack of confidence in social settings
- lack of necessary knowledge and skills
- undefined/unclear role of support staff and service managers
- physical location of homes
- community factors such as lack of amenities
- lack of community understanding about disability
- poor community attitudes towards people with disability
- differing support needs not being catered for in the public health system (e.g. families with young children have different needs to single adults)
- lack of opportunity to access health care services, in particular preventive services.

4.2 In what ways do Victorians with a disability participate in the economic, social and civil dimensions of society?

In the public dental sector, people with disability participate in the Dental Health Services Victoria (DHSV) Community Advisory Committee (CAC) which provides advice and leadership on strategies for effective community participation. The CAC also ensures that consumers and community views are reflected in service delivery, planning and policy development. People with disabilities have also assisted in the development of our Disability Action Plan and new National Safety and Quality Standards.

4.3 What do you see as the emerging issues for Victorians with a disability over the next 20 years and how might these influence their social inclusion?

Health - good health (including oral health) and wellbeing are essential for participation and social inclusion in a wide range of activities including education and employment.

Access to care - people with disability may find it difficult to access appropriate health care services, including dental care and preventive care.

Capacity of health services - health services may have limited capacity to support people with disability. The health care system will need to review models of care, including the skills of health professionals and how they can be expanded to assist in the prevention and early identification of health problems, including poor oral health.

4.4 How effective have awareness campaigns been in improving social inclusion for people with a disability in Victoria?

Awareness campaigns have been instrumental in changing attitudes and expectations in the past, but the stigma still exists. Society has low expectations of people with disability and this attitude does not encourage people with disabilities to participate in society to their full desire or capability.

4.5 How can social inclusion and the participation of people in the community be effectively measured?

In the public health sector, social inclusion and participation could be measured by:

- the number of people with disability represented on health care Boards and committees.
- the number of people with disability accessing healthcare services and after-care support .
- the percentage of people with disability applying for job opportunities (and being successful) in the health sector.

4.6 What tools can be used to determine if there have been improvements or changes in the levels of social inclusion for people with a disability over time?

Tools need to be designed around a framework that defines social inclusions with agreed priorities and measurable outcomes, specifically data collection systems that allow improvements to be measured, analysed and trended to determine outcomes.

5. Disability Act 2006 (Vic)

5.1 To what extent have the inclusion and participation of Victorians with a disability been advanced following the introduction of the *Disability Act 2006 (Vic)*?

We have seen advancement in the public dental sector through the development and monitoring of a Disability Action Plan that encourages extensive consultation with people with disabilities who access our services.

5.2 What impact has the *Disability Act 2006 (Vic)* had on the social inclusion of people with a disability with respect to Victorian government services?

The *Disability Act 2006 (Vic)* has facilitated the social inclusion of people with a disability in the planning, development, implementation and monitoring of a Disability Action Plan which aims to:

- reduce barriers to people with a disability accessing goods, services and facilities
- reduce barriers to persons with a disability obtaining and maintaining employment
- promote inclusion and participation in the community of persons with a disability and
- achieve tangible changes in attitudes and practices which discriminate against person with a disability.

6. Victorian services for people with a disability

6.1 How effective are services and initiatives designed to enhance the social inclusion of Victorians with a disability?

In the public dental sector, the following have been effective in establishing a solid foundation for social inclusion:

*   Disability Action Plans have facilitated an improvement in access to health care facilities.
*   Implementation of the new National Safety and Quality Standards for Health Care Services. One of the new standards is focused on consumer partnership in service planning, designing care and service measurement and evaluation. Our effectiveness in supporting Victorians with disability against these new standards is assessed every three years.

More can be done to improve access to oral health services for people with disability through:
*   the development of referral pathways between health and support services and oral health providers
*   the development and implementation of a model of care for people with disabilities accessing public dental services
*   increased education and training for disability carers, parents and healthcare providers
*   expanded eligibility for people with disabilities (e.g. in Victoria we prioritise "registered clients of mental health or disability services" but this is only a small proportion of people with disabilities).

6.2 What other sectors and sections of the community should have a greater role in improving the social inclusion of Victorians with a disability?

It is the responsibility of all healthcare providers to improve social inclusion for people with disabilities. We need to work with the community and education sectors to improve access to quality dental care.

6.3 Are there examples of good practice in advancing social inclusion and participation driven by local government and the community sector?

DHSV has a long history of conducting oral health programs and producing resources to support people with a disability and their carers in better oral health.

Currently DHSV is delivering the "Promoting Oral Health in Disability Day Services" project. This project offers day services the opportunity to apply for small seed funding grants for projects to improve oral health. In 2012–2014, 18 projects were implemented.

Several services used the funding to establish all-access edible gardens. Alongside the obvious health benefits of growing and eating fresh produce, the project also provided opportunities to interact with the broader community (e.g. selecting and purchasing plants from the local nursery, cooking and sharing produce with family and friends).

Other services partnered with local oral health professionals to organise oral health education sessions and dental clinic familiarisation visits to reduce their patients anxiety about using dental services. One service partnered with a private clinic to make a "going to the dentist" film. With the help of a local dentist, another service created a communication tool for non-verbal patients to increase the accessibility of local dental services.

7. Role of governments and collaboration

7.1 What needs to happen in the implementation of the National Disability Insurance Scheme (NDIS) to improve the social inclusion of Victorians with a disability into the future?

We need to:

- develop a new model of care for patients with disability accessing public dental services adopting a population health approach

- establish referral pathways between NDIS practitioners and carers and public dental health providers

- support NDIS practitioners and carers to enhance their oral health knowledge through the completion of a qualification in oral health (e.g Certificate III in Oral Health Promotion).

- provide carers and families with oral health training so they can identify oral health care needs and facilitate early intervention and prevention.

7.2 What should be the role of governments and the community sector in increasing social inclusion for Victorians with a disability?

The needs of people with disabilities should be incorporated in all stages of economic and social planning. Government policies, funding and resources need to focus on designing services and systems that build and strengthen relationships between disability services and public health organisations.

7.3 In what way could collaboration between government departments, organisations, services and the community sector be improved to enhance social inclusion for people with a disability?

Oral health needs to be recognised as an essential component for general health and wellbeing across all sectors and services. We need to work together to improve the oral health of people with disability by:

- developing referral pathways between community services and oral healthcare providers for people with disability

- consulting with NDIS practitioners and carers in the development of a model of care for people with disability to improve their access to oral health services

- investing in education for NDIS practitioners and carers as well as parents, health care providers and the broader community.

8. Looking to the future

8.1 What needs to happen to improve the social inclusion of Victorians with a disability into the future?

We need to:

- Develop partnerships between government departments, organisations, healthcare services and the community sector.

- Develop referral pathways between disability services and general health care providers and public dental services.

- Develop innovative models of care for Victorians with disability accessing public dental services, including the use of equipment/aids to improve oral health. These models of care may have an outreach component.

- Train healthcare professionals to better understand and treat people with disabilities.

- Introduce oral health training for disability carers and parents to support early detection and prevention of oral disease.

- Improve oral health literacy by developing communication resources tailored to the needs of people with disability.

- Enhance data collection to ensure people with disabilities are included in large data collection exercises. For example, the Victorian Child Oral Health Survey promises to deliver us some excellent data on the oral health of Victorians aged 3 to 14 years. However, this sample is taken only from mainstream schools. If approximately 20% of the Victorian population experience a disability, a large proportion of the child population may be excluded from sampling if they do not attend a mainstream school. Quality data like this would help us design allocation of resources to target a group that experiences poorer oral health than the broader population and equates to greater inclusion in programs designed for all Victorians.