Policy Statement 2.3.6 – Delivery of Oral Health: Special groups: Individuals with Disabilities



Position Summary

ADA supports equitable access to and provision of care for people with disabilities. This requires access to Government-funded services and facilities, as well as ensuring that dental teams, individuals, carers and families have access to adequate education and training to support good oral health.

Background

- 1.1. The 2018 Australian Bureau of Statistics Survey of Disability Ageing and Carers Australia, indicated that 4.4million Australians or 17.7% of the population reported living with disability.
- 1.2. The *Disability Discrimination Act 1992* requires that people with disabilities be given equal opportunity to participate in and contribute to the full range of economic, social, cultural and political activities and that access for people with disabilities, including access to the goods, services and facilities be provided by businesses.
- 1.3. Advances in technology, medical care, community support and methods of assistance, including the use of equipment and assistance animals, have resulted in many individuals with disabilities having improved quality of life, capacity to function in society and increased life expectancy.²
- 1.4. Individuals with disabilities often have restricted employment opportunities and may be financially compromised in seeking dental care in private practice and thus financial burdens may be placed upon these individuals in dealing with their oral health.³
- 1.5. While most patients with disabilities are treated by general dentists, the establishment of the speciality of Special Needs Dentistry recognises that more complex cases need specialised care.
- 1.6. Recommendation 6.29(b) of The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (29 September 2023)⁴ stated that the Australian Dental Association should:
 - review Continuing Professional Development (CPD) programs to determine whether CPD for the provision of health care to people with cognitive disability, including intellectual and/or developmental disabilities, should be enhanced
 - promote the development of CPD opportunities on the provision of health care to people with cognitive disability, including intellectual and/or developmental disabilities
 - raise awareness of such CPD opportunities among members.

Definitions

- 1.7. An ASSISTANCE ANIMAL is a dog or other animal:
 - (a) accredited under a law of a State or Territory that provides for the accreditation of animals trained to assist persons with a disability to alleviate the effect of the disability; or
 - (b) accredited by an animal training organisation prescribed by the regulations for the purposes of this paragraph; or
 - (c) trained:
 - (i) to assist a person with a disability to alleviate the effect of the disability; and
 - (ii) to meet standards of hygiene and behaviour that are appropriate for an animal in a public place.⁵

Page 1 | ADA Policies

Document Version: Policy2.3.6 July 26 2024

1.8. A DISABILITY is an ongoing presence of one or more limitations, restrictions or impairments.

2. Position

- 2.1. Individuals with disabilities are entitled to the same level of access to and range of oral health care services as other members of the community.
- 2.2. Assessment of an individual's ability to maintain oral health and prevent disease must be performed by a registered dental practitioner.
- 2.3. Dentists must assess their ability to assist individuals with disabilities based on the practitioner's capacity, training and the availability of appropriate facilities.
- 2.4. Individuals with disabilities should be allowed access with carers, equipment and assistance animals where needed, provided that facilities are appropriate.⁴
- 2.5. Whenever possible, the design of new dental surgeries and modification of existing facilities should endeavour to provide access for individuals with disabilities.
- 2.6. Government funding must be made available so that individuals with disabilities have improved access to oral health care.
- 2.7. Special facilities in hospitals should be available for individuals whose disability is too severe, or who are too frail or medically compromised, to be treated in a general dental facility.
- 2.8. Education and training for health care workers and carers of individuals with disabilities regarding oral hygiene maintenance, dietary instruction and basic dental awareness should be readily available.
- 2.9. Dentists and allied dental personnel should be trained to provide care for individuals with disabilities within clinics domiciliary and residential care facilities. Universities should prepare students to appropriately manage the care of people living with disabilities.
- 2.10. CPD focused on the provision of health care to people with cognitive disability, including intellectual and/or developmental disabilities, should be enhanced, developed and promoted.

References

³Australian Institute of Health and Welfare. People with disability in Australia. AIHW 2022. income-and-finance

Document Version: Policy2.3.6 July 26 2024

¹ Australian Bureau of Statistics. Profile of people with a core need for assistance in Australia [internet]. ABS 2022. site

²Schwartz, I. S., & Kelly, E. M. (2021). Quality of Life for People with Disabilities: Why Applied Behavior Analysts Should Consider This a Primary Dependent Variable. *Research and Practice for Persons with Severe Disabilities*, *46*(3), 159–172.

⁴ The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability (29 September 2023, site

⁵ Department of Social Services. Assistance Animals – A nationally consistent approach. *Australian Government* 2021 site

⁶ Australian Network on Disability. What is Disability? AND 2021. Web Report

Policy Statement 2.3.6

Adopted by ADA Federal Council, April 7/8, 2005.

Amended by ADA Federal Council, November 12/13, 2009.

Amended by ADA Federal Council, April 14/15, 2011.

Amended by ADA Federal Council, November 14/15, 2013.

Amended by ADA Federal Council, November 10/11, 2016.

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Document Version: Policy2.3.6_July 26 2024