

5 September 2016

Senate Standing Committees on Economics
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To whom it may concern,

Re: Budget Savings (Omnibus) Bill 2016

We are writing to express our concern at a number of the measures contained in the Budget Saving (Omnibus Bill) introduced to Parliament on 31 August 2016.

As the peak body for health and community services in NSW, NSW Council of Social Service (NCOSS) works with and for people experiencing poverty and disadvantage to see positive change in our communities. The cuts proposed in the Budget Savings Bill 2016 will impact most strongly on the most vulnerable members of our community. We therefore urge the Government to reconsider their position.

In their response to the Bill, the Australian Council of Social Services has described the likely effect of the proposed cuts people experiencing poverty and disadvantage. We endorse their submission and strongly support the recommendations they have made in response to the Bill.

In addition, we would like to draw specific attention to two of the measures proposed in the Bill – the removal of the energy supplement and the closure of the Child Dental Benefit Scheme – as they relate to the NSW context.

Firstly, we understand that the Government's rationale for limiting the energy supplement is, in part, that the carbon tax has now been abolished. However, it is the experience of our members that low-income people continue to struggle to meet the costs of household energy, with tariffs a staggering 91% higher in some areas (such as regional NSW) than they were at the time the carbon tax was introduced. As a result of these costs, in NSW around 32,000 households are disconnected from the energy grid annually, after doubling between 2009 and 2013. **It is therefore NCOSS' firm position that the energy supplement ought to remain available in its current form as an important measure in supporting low-income people to meet high energy costs.**

Secondly, the closure of the Child Dental Benefit Scheme (CDBS) is of particular concern to our members.

Oral health is fundamental to physical, mental and social well-being, with poor oral health impinging on many aspects of people's everyday lives, influencing eating, sleep, work and social roles.¹ Although the majority of oral disease and tooth loss is preventable, many people are not able to access preventative or timely dental services. People on low-incomes, Aboriginal people, people living in rural and regional areas, and refugees all have significantly worse oral health outcomes than the rest of population. Further, the physical, mental, social and financial costs of poor oral health can further cement existing social inequities.

¹ *Healthy Mouths, Healthy Lives: Australia's National Oral Health Plan 2004–13* (2004). Prepared by the National Advisory Committee on Oral Health.

We know that access to dental services is a significant issue for low-income families:

- In our recent survey of 400 people on low-incomes, respondents nominated timely, affordable dental care as the number one policy that would make a difference in their life and the life of their families.
- In our recent consultations with more than 216 of our members across NSW, access to dental health services was a recurring theme.
- Primary Health Networks across Australia have recently conducted needs assessments in their local communities. Again, access to dental health services – particularly for Aboriginal communities – is a recurring theme.

We know that access to timely and appropriate services can make a big difference to people's oral health. For children in particular, poor oral health not only has serious physical implications, but is linked to feelings of worthlessness, low self-esteem and depression, and can impact a child's development and ability to learn.

While we acknowledge that the CDBS could be improved, it has had a significant and positive impact on access to public dental services in NSW. Figure 1 below shows the number of NSW residents waiting for dental assessment and treatment in NSW. Following the introduction of the Child Dental Benefits Schedule on 1 January 2014 there has been a significant reduction in the waitlist for Child Assessment. Further, the waitlist for Child Treatment has stabilised whereas the waitlists for Adult Treatment and Assessment have increased.

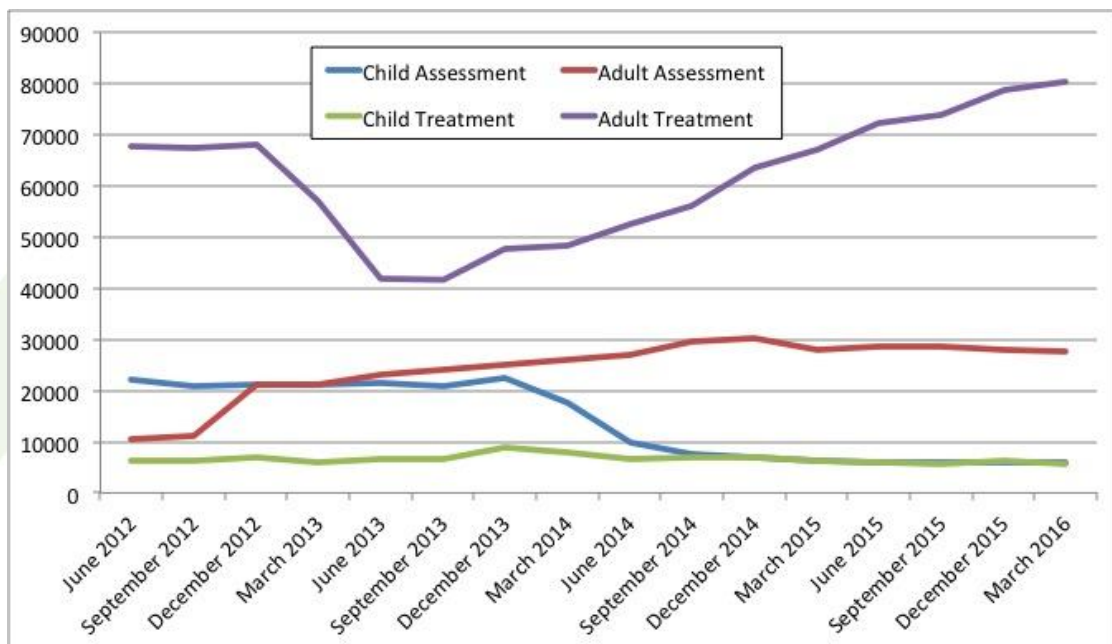


Figure 1: Number of NSW residents waiting for dental assessment and treatment, 30 June 2012 to 31 March 2016. Source: NSW Health.

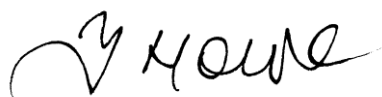
Our members and other experts who inform our health policy work have expressed deep concern at the removal of the Child Dental Benefit Scheme, believing this will result in the loss of certain achievements gained in access to oral health services in recent years. While we would support measures designed to improve access to dental services for adults, we believe the Scheme as it is currently proposed will result in a loss of overall effectiveness and will be detrimental to the oral health of children.

Our position on the planned changes to the Dental Benefits Act 2008 put forward in the Budget Saving (Omnibus Bill) 2016 is that:

- There should be no overall loss of funding from the Commonwealth to the States in improving access to dental care.
- The proposed Child and Adult Public Dental Scheme (caPDS) is not an equitable replacement for the Child Dental Benefit Scheme. The changes not only represent an overall decrease in funding, but will make savings by impacting most heavily on the low-income and vulnerable children who are most in need of support. We are particularly concerned about the likely impact on children and families in rural and regional areas, and Aboriginal and Torres Strait Islander children.
- There has been inadequate consultation on the Child and Adult Public Dental Scheme. An open and transparent consultation process should be held before any changes to the CDBS are progressed. Careful consideration is needed to ensure that any changes result in improved access to dental care and do not unwind progress made to date.

We therefore recommend that the proposed changes to the Dental Benefits Act 2008 be removed from the Budget Savings (Omnibus) Bill 2016. Further, an open consultation process should be held with the aim of improving the reach and effectiveness of current funding arrangements rather than with the aim of garnering short-term savings.

Yours sincerely



Tracy Howe
Chief Executive Officer