



Briefing Paper

Specific Education Needs 2025-2026

The Isolated Children's Parents' Association of Australia, ICPA (Aust), is a voluntary, apolitical, national parent organisation working on behalf of our members for equity of access to appropriate education for children living outside of metropolitan areas.

Children with specific education needs require access to educational opportunities appropriate and specific to their learning requirements. Living in a rural or remote location should not compromise their access to such opportunities. Distance limits the choice of schools available to students in rural and remote areas, but for students with specific learning needs, this choice can be further reduced. The challenges of having both geographic isolation and learning difficulties can be seen as a "double disability". All students have a right to participate in education on the same basis as their peers through rigorous, meaningful, and dignified learning programs, regardless of their geographical location.

ICPA (Aust) members have highlighted issues impacting access to equitable education for students with specific learning needs. These have been summarised below, together with recommendations for implementation that will improve educational opportunities and learning outcomes for these children. Please note the wording children and student are synonymous throughout.

SUMMARY

1. Provision of Medicare rebate for telehealth services where this is not already accessible

- Expand subsidised telehealth services to cater for students with disorders directly affecting their ability to succeed at learning.
- Accessing Allied Health professionals and medical specialists via telehealth would provide another level of support to rural and remote children with specific learning needs.

2. Provision of travel and accommodation assistance for travel to face-to-face specialist services

- Availability of travel and accommodation assistance for rural and remote families travelling to access face-to-face specialist medical services for students with specific learning needs is imperative to increase the accessibility of services and improve health literacy outcomes for children in rural areas.

3. Improved access for rural and remote schools to specialists able to diagnose and support students.

- Many small rural schools find it difficult to access professional support for students with intellectual disabilities and learning difficulties. It is vital students have ease of access to appropriate diagnosis



and treatment to ensure they have continuity of support during their schooling.

4. Improved staff training for teachers in rural and remote locations

- Teachers and support staff and distance education tutors in geographically isolated locations must have access to professional development which ensures children with specific education needs are adequately supported through their school years.

5. Workshops for rural and remote parents of gifted students

- Parents of gifted children require improved access to appropriate workshops and support which enables them to effectively assist their children's personal and educational needs.

6. Early identification and intervention for learning difficulties

- All rural and remote students must receive early and comprehensive screening for disorders which will affect their ability to participate fully in the school environment.
- Early screening and timely intervention can ensure children's educational needs are appropriately catered for throughout their schooling years.

7. Provision of additional resources in boarding schools for students with disability

- It is imperative that additional resources are provided to boarding facilities where student requirements have been clearly identified on the Nationally Consistent Collection of Data on School Students with Disability (NCCD) database.

8. Access for all Australians to federally funded health clinics

- All families in remote Australia should qualify to access local, public health clinics to ensure they can receive timely treatment or assessments without having to travel unacceptable distances past such clinics.

9. Incentives to attract qualified health graduates to live and work rural and remote areas

- Rural and remote areas are struggling for health workers – Doctors, Nurses, Speech Pathologists, Occupational Therapists etc., all which are necessary for children who need these services in rural and remote areas.

10. Rebates from Private Health Insurance companies for all Allied Health Services for children that are necessary for the improved educational development outcomes.

- Rebates for telehealth will ensure families in rural and remote areas can afford to access medical specialists and Allied Health professionals to manage specific health issues affecting their children's learning.



11. Increase of age-appropriate Mental Health resources and programs for rural and remote children.

- There are shortage of school councillors and psychology services within rural and remote areas, and our children have not only faced the impacts of COVID-19 but also natural disasters.

12. NDIS Support in Boarding Schools

- Families of students with disabilities attending boarding schools in rural and remote areas face restrictions preventing them from using NDIS funding for individual support within boarding facilities. This measure seeks to allow such funding use to provide equitable access to care and reduce financial pressure on families.

13. Targeted Funding for Speech Pathologists in Rural and Remote Schools

- There remains a national shortage of speech pathologists, especially for students enrolled through distance education. Targeted Federal funding is required to improve access to these services and ensure early intervention for rural and remote students.

14. Access to Paediatrician Services

- Extended wait times, sometimes exceeding several years, for paediatric assessments continue to disadvantage isolated children. Improved accessibility through collaboration with the Royal Australian College of Physicians and relevant agencies is essential.

15. Early Childhood Early Intervention (ECEI) Funding Access

- Many families are unable to use NDIS-administered ECEI funding due to a lack of local allied health providers. Enhanced access and flexibility are required to ensure early intervention is achievable for all geographically isolated children.

16. NDIS Travel Allowances for Allied Health Providers

- Proposed changes to NDIS pricing will limit travel claims for allied health providers, threatening service delivery in rural and remote areas. Advocacy is needed to maintain fair travel provisions and ensure ongoing access to therapy and support.

17. Boarding Transition Resources for Students with Specific Education Needs

- Families often struggle to find guidance when transitioning children with additional needs to boarding school. A national information pack developed in collaboration with the Australian Boarding Schools Association (ABSA) would provide clarity and consistency during this process.

ISSUE 1 - Medicare Rebates for Telehealth Services

Utilisation of telehealth services can be of great benefit to families in geographically isolated locations who would otherwise have to travel considerable distances or encounter lengthy delays to access face-to-face consultations with relevant health professionals.



Students with learning disabilities and disorders affecting learning require frequent and timely consultations to enable a successful start to their school career. Providing appropriate support through their education, especially the early years can be assisted via telehealth services for many families who are unable to access ongoing professional care due to living in rural and remote areas.

There are Allied Health and medical specialist consultations which can be satisfactorily delivered using telehealth services where the technology is available. These services are already providing improved access to health services for some children in geographically isolated areas. The cost to families to access such services should also be equitable.

ICPA (Aust) understands provisions have been made for expanded Medicare rebates for telehealth services since COVID-19 and appreciate this expansion, but for rural and remote families these are still not without challenges. Unfortunately, in order to access Medicare rebates for Speech and/or Occupational Therapies, a child needs to first have a General Practitioner Management Plan (GPMP, previously Chronic Disease Management Plan). Further, Medicare benefits are only available for telehealth with the General Practitioner if the 'patient' has seen the GP (or been to the GP's practice) face-to-face in the previous 12 months. The well-known and ongoing issues associated with accessing a GP makes these restrictions extremely challenging for rural and remote families and result in long delays and increased expense at the detriment of the timely and satisfactory treatment and development of a child.

RECOMMENDATION

- That geographically isolated children with Dyslexia, Dysgraphia, Dyspraxia, Dyscalculia, Aphasia/Dysphasia, auditory processing disorder, language processing disorder and visual processing disorders be permanently provided access to subsidised telehealth consultations with Allied Health professionals and medical specialists to support their specific educational needs and learning difficulties.

ISSUE 2 - Travel and Accommodation Assistance

Children with specific education needs require access to appropriate professional support services which requires travelling for consultations. Financial assistance should be available to support geographically isolated families accessing face-to-face consultations with expenses such as travel and accommodation to attend these consultations.

RECOMMENDATION

- That travel and accommodation assistance be made available for rural and remote families travelling to access face-to-face professional support services for students with specific learning needs.



ISSUE 3 - Access for rural and remote schools to specialists able to diagnose and support students.

Rural and remote schools often find it difficult to access professional support for students with intellectual disabilities and learning difficulties. Students with specific education needs require consistent and regular access to appropriate professional support services. An approach which sees appropriate specialists practising permanently in rural and remote areas can ensure continuing and consistent support for teachers, students and parents. If specialists are readily available in rural and regional areas it would also ease the burden of travel that families face when seeking diagnosis and treatment.

RECOMMENDATION

- That rural and remote schools have more access to specialists who can diagnose, support and treat students with learning disabilities and offer ongoing education and support to students and their teachers.

ISSUE 4- Improved Staff Training for Teachers In Rural and Remote Locations

Distance education students with specific education needs often have no daily face-to-face access to appropriately qualified teachers and are reliant on distance education tutors who lack the necessary training to provide the support required. It is essential that professional development and support opportunities are provided to tutors to ensure that specific learning needs are catered for.

Similarly, teachers and support staff in small schools in geographically isolated locations require training and support for students with learning challenges such as Dyslexia and disorders affecting learning such as Autism Spectrum Disorder (ASD). ICPA (Aust) acknowledges the "*Good to Great Schools*" initiative which will benefit the thirty-three remote schools located in indigenous communities in the Northern Territory, Queensland and Western Australia. However, funding for this initiative does not extend to students studying via distance education, or to the many other rural and remote schools in Australia which also teach children that have learning difficulties and require extra support.

Pre-service teachers should also be equipped with appropriate training to identify and provide the required support and assistance to children with specific education needs in the classroom. Modules on the identification of and how to cater for children with specific educational needs should be a component of teacher-training courses. The provision of a Rural and Remote major in pre-service teaching courses should also include instruction in recognition of specific education difficulties such as ASD and Dyslexia.



RECOMMENDATIONS

- That teachers in rural and remote schools, including distance education teachers and distance education tutors, are provided training to recognise the signs of, and cater for, medical and learning disorders in students which impact their learning.
- That universities which provide teacher training include modules to help teachers better support students with disorders which affect their learning in their curriculum.

ISSUE 5 - Workshops for Rural and Remote Parents of Gifted Students

Two Federal Senate Select Committees (1988 and 2001) identified gifted students as being the most educationally disadvantaged students in the nation; disadvantage magnified in rural and remote areas.

Ten years ago, with (then) Commonwealth Department of Education, Science and Training funding, a series of highly successful and well-attended workshops for parents of gifted students were held across rural and remote Australia. In small communities, teachers often attended as well.

Now a new generation of students, parents and teachers need access to the education and support to cater for the personal and educational needs of gifted children in rural and remote areas.

RECOMMENDATION

- That the Federal Government provide funding for the delivery of workshops for parents of gifted students living in rural and remote areas.

ISSUE 6 - Early Identification and Intervention For Learning Difficulties

Children in rural and remote areas often have little or no access to screening and early intervention services, setting some children up for a school life of frustration and failures.

The knowledge and resources to diagnose 4-year-olds at the risk of learning difficulties is readily available. ICPA (Aust) believes this knowledge would be best implemented in the first term of compulsory schooling. Access to early screening for phonological awareness by teachers in rural and remote contexts would identify students 'at risk' of having learning difficulties, and with early identification of learning difficulties, intervention should begin as soon as possible, as timely intervention following diagnosis is key to a child's development.

RECOMMENDATION

- That the Federal Government ensures all rural and remote children have access to early identification and intervention for learning difficulties.



ISSUE 7- Additional Resources to Boarding Schools for Students with Disability

Boarding facilities need to be equipped with adequate resources to cater for boarding students with specific education needs.

The Nationally Consistent Collection of Data on School Students with Disability (NCCD) provides all Australian schools, education authorities and the community with a clear picture of the number of students with disability in schools and the adjustments they require to enable them to partake in education on the same basis as other students.

When the significant role of boarding schools is taken into consideration, it is reasonable to expect that additional resources are provided to facilities where student requirements have been clearly identified on the NCCD database.

RECOMMENDATION

- That additional resources are provided to facilities, including boarding schools, where student requirements have been clearly identified on the Nationally Consistent Collection of Data on School Students with Disability (NCCD) database.

ISSUE 8 - Access to Federally Funded Health Clinics

Feedback from members indicates that families are frequently turned away from the local federally funded rural and remote health clinics because they do not meet the criteria to access these services. However, for many of these families there are no other local health clinics available. They are then required to travel vast distances to access treatment for their children which could have been provided closer to home, thus impeding their learning and social ability.

RECOMMENDATION

- That all families in remote Australia should qualify to access local, public health clinics to ensure timely treatment or assessments without having to travel unacceptable distances past such clinics.

ISSUE 9 - Incentives for Health Graduates

Rural and remote areas struggle to find and retain health workers such as Doctors, Nurses, Speech Pathologists, Occupational Therapists etc., all which are necessary for children who need these services in rural and remote areas. The turnover of staff is elevated, and many services are only available by telehealth. Health workers are often fly in-fly out (FIFO) in many rural communities. They are flown in by agencies and paid wages above the rates by health departments, as well as a huge fee going to the Agency who organises the workers. Early intervention is key to child development and positive outcomes and often in rural areas, issues are identified early, and referrals are done to Speech Pathology,



occupational therapists and various Specialities. The wait for these services can be months and crucial time is being lost with these young children, which then has a flow on effect, as developmental issues are unresolved by the time they get to start school. They then, in rural areas, have issues accessing the services they need through the education system. This often leads to many families with children with such needs relocating from the rural and remote areas to metro areas where they can access the services for their children.

RECOMMENDATION

- The provision of incentives and structures which encourage health graduates to work in rural and remote areas without disadvantage in comparison to their urban colleagues.

ISSUE 10 - Private Health Insurance Rebates for Telehealth Allied Health Services

Rural and remote areas have been struggling with access to face-to-face health services long before the pandemic. It is a known fact that Early Intervention is the key to a child's development and assists in improving positive outcomes in educational development and mental health. Families of children with specific education needs that are living in geographically isolated areas of Australia are faced with significant challenges such as:

- Access to face-to-face health professional services to assess and diagnose specific learning needs
- Vast distances and expenses of travel to attend appointments
- The distance to appointments, which necessitates significant time away from school not only for the student but their siblings, who cannot be left at home on their own
- Lack of medical specialists and Allied Health professionals
- High cost of the telehealth therapy services which are not eligible for Medicare Rebate or covered by private health insurance.

ICPA (Aust) believes private health insurers' permanent acceptance of telehealth with Allied Health professionals and medical specialists would enhance the educational outcomes of geographically isolated members' children.

RECOMMENDATION

- That private health insurers recognise the importance of telehealth Allied Health Service appointments for geographically isolated children, fund telehealth services and ensure no disparities in refunds between telehealth and face-to-face appointments.

ISSUE 11- Increase of Age-Appropriate Mental Health Resources and Services

For the youth of today, the world has changed and become increasingly technology based, with the easy access of smart phones, text messaging and multiple social media platforms. This has meant that the



outside world is ever present in our homes, and often the youth are unable to escape these negative influences.

We need to ensure that early signs are picked up, not only within the home, but also the school systems. Once recognised, the appropriate help at school and after hours is accessible.

According to Headspace “74% of young people surveyed reported that their mental health was worse since the outbreak of COVID-19”¹ and “Children and young people in drought ravaged New South Wales have told UNICEF Australia that the natural disaster has meant they have had to prematurely “grow up”, facing difficulty in balancing increased farm work with their education, as well as experiencing escalating levels of stress and other adverse psychological outcomes.”² With these two factors in mind we should be ensuring that mental health services are easily accessible and available within all areas of regional and remote Australia.

If there was more funding spent on helping these children/youth deal with these situations, we will create stronger and resilient children for the future.

¹Coping with COVID: the mental health impact on young people accessing headspace services, August 2020 pg. 2, from <https://headspace.org.au/assets/Uploads/COVID-Client-Impact-Report-FINAL-11-8-20.pdf> on 28th May 2021

²Media Release: UNICEF Australia, Children in drought affected areas have a “You just get on with it” attitude, when the reality is their need for psychological support increases by the day, 19 February 2019 from <https://www.unicef.org.au/Upload/UNICEF/Media/Documents/Drought-Report-2019-Media-Release.pdf> May 2021

RECOMMENDATION

- Increase mental health resources and services for rural and remote children.

ISSUE 12 – NDIS Support in Boarding Schools

Students with disabilities living in rural and remote areas often have no choice but to attend boarding schools in order to access secondary education. These students require ongoing, individualised support comparable to that received in their home environment. Current National Disability Insurance Scheme (NDIS) restrictions, however, often prevent participants from utilising their individual funding to employ support workers within boarding facilities.

Without the ability to use NDIS funding for this essential support, many schools are left with no option but to employ additional boarding staff to meet student needs. The cost of these staff members is then distributed across all boarding families, significantly increasing boarding fees and creating inequity.

Allowing NDIS participants to direct their funding toward support within boarding environments would provide equitable access to care and reduce the financial burden on families and schools.

RECOMMENDATION

- That geographically isolated students with disabilities attending boarding schools be able to utilise their NDIS funding to employ individual support workers within boarding facilities.



ISSUE 13 – Targeted Funding for Speech Pathologists in Rural and Remote Schools

There is a widespread shortage of speech pathologists servicing rural and remote Australia across both education and health sectors. This shortage is particularly acute for students enrolled through distance education programs. Early intervention and consistent access to speech pathology services are critical to ensuring that students do not fall behind in their learning and communication development.

Targeted Federal funding for the provision of speech pathologists within rural and remote schools would address this inequity and ensure students have the opportunity to reach their educational potential regardless of their location.

RECOMMENDATION

- That targeted Federal Government funding be made available for the employment of speech pathologists in rural and remote schools, particularly for students enrolled in distance education

ISSUE 14 – Access to Paediatrician Services in Rural and Remote Areas

Families in rural and remote Australia continue to face significant challenges in securing timely access to paediatricians. The waiting period for children seeking behavioural assessments can extend to several years, severely impacting their educational engagement, social development, and family wellbeing. These delays are particularly concerning for children who require formal assessment and diagnosis before the age of six to qualify for ongoing NDIS support.

It is imperative that accessibility to paediatric services is improved to ensure that children in geographically isolated areas are not further disadvantaged in their health and education outcomes.

RECOMMENDATION

- That ICPA (Aust) work with the Royal Australian College of Physicians and other relevant bodies to identify and address barriers preventing equitable access to paediatricians for children in rural and remote areas.

ISSUE 15 – Early Childhood Early Intervention (ECEI) Funding Access

Many rural and remote families are unable to utilise NDIS-administered Early Childhood Early Intervention (ECEI) funding due to a lack of available allied health providers in their regions. As a result, children identified as needing early intervention often miss out on essential therapies that are critical for improving developmental and educational outcomes. Improved administration and flexibility within the ECEI framework would ensure that all children, regardless of location, are able to access the services necessary for early and effective intervention.



RECOMMENDATION

- That the Federal Government and the National Disability Insurance Agency (NDIA) ensure improved access to and utilisation of Early Childhood Early Intervention funding for geographically isolated children by addressing provider shortages and streamlining administrative processes.

ISSUE 16 – NDIS Travel Allowances for Allied Health Providers

The 2025–26 NDIS Pricing Arrangements and Price Limits introduce restrictions on travel allowances for allied health providers. These changes pose a significant risk to the continued delivery of essential therapy services in rural and remote Australia, where long-distance travel is unavoidable. Limiting travel claims will discourage clinicians from visiting isolated areas, thereby reducing access to critical services for students with disabilities.

Rural students must not be disadvantaged because of their geographic location. Ensuring equitable access to allied health care requires maintaining adequate travel funding provisions for service providers.

RECOMMENDATION

- That ICPA (Aust) advocate against reductions to travel allowances for allied health providers under NDIS pricing arrangements, to ensure that rural, regional, and remote students with disabilities continue to receive equitable access to essential support services.

ISSUE 17 – Boarding Transition Resources for Students with Specific Education Needs

Parents of students with specific education needs often experience significant uncertainty when navigating the process of selecting and transitioning their children to boarding schools. There is currently no centralised information resource outlining the steps, supports, and adjustments available to assist families and students during this transition.

Collaboration between ICPA (Aust) and the Australian Boarding Schools Association (ABSA) to develop a comprehensive information pack would help families make informed decisions and ensure smoother transitions for students with additional needs. Such a resource would also raise awareness among schools and parents of the accommodations and supports available to neurodiverse and disabled students.

RECOMMENDATION

- That ICPA (Aust) collaborate with the Australian Boarding Schools Association (ABSA) and other relevant stakeholders to develop and distribute an information pack to assist parents of students with specific education needs in transitioning to boarding school.