

ISOLATED CHILDREN'S PARENTS' ASSOCIATION OF AUSTRALIA



2021 FEDERAL CONFERENCE SPECIFIC EDUCATION NEEDS PORTFOLIO MOTIONS

A40. Charters Towers Branch (Qld)

CARRIED

“That ICPA (Aust) lobbies the Minister for Health and other relevant Ministers, for online allied health services, such as Speech and Occupational Therapy, to be permanently included as Telehealth Medical Benefits Scheme items to help with the cost of such therapies for rural and remote children.”

Explanation:

Online therapy sessions allow rural and remote children regular access to a therapist. The cost of online therapy can be substantial. The financial status of families may limit the effectiveness of these sessions if the family cannot afford for their children to attend online therapy session on a regular basis.

A41. Northern Territory State Council (NT)

CARRIED

“That ICPA (Aust) advocates to Private Healthcare Australia to ensure the rebates provided by private health insurers extend to allied health services delivered via telehealth to assist with the educational development of geographically isolated children.”

Explanation:

During the COVID-19 crisis, the federal government expedited the inclusion of certain allied health services covered by the Medicare rebate, and since, there has been an expansion of telehealth generally. However, some private health insurers do not cover telehealth appointments, or if they do, they cover at a reduced rate compared to the in-person appointment. Private Healthcare Australia is Australia’s private health insurance industry’s peak representative body. The private health rebates should extend to allied health services delivered via telehealth.

In this motion, we are asking private health insurers to recognise the importance of telehealth appointments for geographically isolated children and to remove the financial penalties of using a telehealth appointment instead of an in-person appointment.

A42. New South Wales State Council (NSW)

CARRIED

“That ICPA (Aust) urges the Minister for Health and Aged Care and the Minister for Education and Youth to financially support more organisations willing to take their Early Intervention Services into regional and remote Australia.”

Explanation:

Many Pre-school aged children in regional and remote Australia do not have access to vital early intervention programs or assessments due to lack of services or distances they have to travel.

There are early intervention services already available - such as Royal Far West’s Healthy Kids Bus Stop - that are willing to travel to regional and remote Australia and complete these assessments on

children aged 3-5 years old, but do not have the consistent funding to guarantee these services year to year or to service more areas.

We should be ensuring that any early intervention needs have started before these children attend Primary School, to make sure they have the best start to their education.

If there is a need for early intervention, we need to support these families, and ensure that they are able to access these services and they are affordable. Yes, we have Medicare, but as many of us are aware the issue is not always fixed in limited number of sessions!

Below are some statistics from the Royal Far West website¹:

- Children in rural, regional and remote areas are more likely to be developmentally vulnerable than children in metropolitan areas – 27% of all children in outer regional, remote and very remote areas compared to 21% in towns and cities.
- Children living in Very Remote areas are twice as likely as those living in Major Cities to be developmentally vulnerable.
- More than 1 in 6 (16.2%) children and adolescents aged 4-17 in rural areas have mental health problems. The highest prevalence is in Outer Regional areas (19% of children and adolescents).
- 32% of children in regional, rural or remote NSW are unable to access the health services they need.

A43. Northern Territory State Council (NT)

CARRIED

“That ICPA (Aust) urges the Federal Minister for Health and other relevant Ministers and agencies to ensure that federally funded health clinics across Australia are accessible to all Australians, so all geographically isolated children can receive diagnosis and ongoing treatment of medical issues that impede their ability to learn and thrive.”

Explanation

Northern Territory ICPA members frequently report being turned away from their local public, albeit remote, health clinics because they ‘do not meet the criteria’ (to access the public health clinic).

Remote families have no other ‘local’ health clinic alternative, but if they “don’t meet the criteria” and are refused treatment, they necessarily must travel vast distances to access treatment for what could have otherwise been dealt with closer to where they live, at their closest remote health clinic, serviced by rostered doctors, specialists and allied health providers.

It is not acceptable that publicly funded health facilities discriminate on race, demographic or on any other basis, let alone in a situation where there are no other local alternatives for rural & remote families to ‘conveniently’ access.

Case Study:

Mum of four-year-old enrolled through SOA with a stutter and some speech problems, went to local remote clinic wanting to book an appointment with speech therapist that travels to the local clinic on occasion, during the year. Mum was told, “***I’m sorry, you do not fit the criteria***, you will have to make an appointment in Darwin”. Mum gets hold of the same speech therapist that travels to local clinic, still told “no, I can’t see you in XXXX (971km from Darwin), but I can see you in Darwin anytime”. Speech therapist tells Mum that the first she must do is get a hearing test for her child, “most local clinics are able to do a simple hearing test”. Back to XXXX clinic and told yet again, sorry, ***you don’t fit***

¹ Royal Far West, POSITION PAPER – JULY 2017 SUPPORTING CHILDHOOD DEVELOPMENT IN REGIONAL, RURAL AND REMOTE AUSTRALIA, Key Facts and Figures, page 1 from <https://www.royalfarwest.org.au/wp-content/uploads/2018/09/RFW-Policy-Paper-Supporting-childhood-development-in-regional-and-rural-Australia-July-2017.pdf> on 28th May 2021

the criteria. Mum has had to travel 971km to Darwin for hearing tests and initial consult with therapist, the rest of the appointments were done over Zoom. Mum reports “Zoom is ok, but certainly made it harder with the delay, to be able to fully show the mouth positioning and sounds. It would be helpful to see the therapist at our local clinic once in a while, to make sure we are doing the right thing.”

A44. New South Wales State Council (NSW)

CARRIED

“That ICPA (Aust) urges the Federal Government, including the Minister for Health and Aged Care and the Minister for Education and Youth, to urgently implement age appropriate and high-quality mental health programs within both schools and external services for youth in regional and remote Australia.”

Explanation

The mental health of our youth has been suffering in regional and remote Australia. Recently, in the Riverina of NSW, three youths have taken their own lives in a matter of months. This is not endemic to just the youth of the Riverina district; the tragedy of young lives being lost through suicide is real and happening throughout rural and remote NSW and furthermore rural and remote Australia.

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 recognized, 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”² 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.”³ 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.

Our children in rural and remote Australia not only dealt with COVID-19, but also the impact that natural disasters such as fires, floods, drought and even mice plagues have had within the family. This is a big responsibility to place on children and 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.

² Coping 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

³ Media 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> on 28th May 2021