

## ISOLATED CHILDREN'S PARENTS' ASSOCIATION OF AUSTRALIA



### 2023 FEDERAL CONFERENCE SPECIFIC EDUCATION NEEDS PORTFOLIO MOTIONS

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#### **A35. Goldfields Eyre Branch (WA)**

**CARRIED**

“That ICPA (Aust) lobbies the Federal Government and relevant bodies for increased federal funding to improve rural and remote school’s access to specialists who can diagnose students with learning disabilities and offer ongoing education and support to students and their teachers.”

#### **Explanation:**

Despite the funding that is currently available many small rural schools find it difficult to access professional support for students with intellectual disabilities and learning difficulties. We are asking that the Minister of Education and the Ministers for Health and Aged Care and for Regional Development, local government and territories work together to actively support professionals such as speech therapists and education and mental health specialists to work in regional, rural and remote schools by providing them with appropriate placements that include accommodation and transport. Funding should be used to incentivise specialists wanting to take on permanent positions in rural centres ensuring continuity for teachers, students and their parents.

In Western Australia it has become a requirement for families to travel to Perth or utilise telehealth to access these specialists, when previously the specialists have travelled to the regions. We believe this “footprint reduction” strategy deployed by the Health Department is affecting remote children whose families do not have the capacity to travel to seek diagnosis and treatment and children are slipping through the cracks without appropriate diagnosis and intervention to assist them with their learning. Even when students are referred to these services the weight time to see a specialist can be months or even a year which can have negative long-term effects academically especially when dealing with children under 5. This is also affecting rural and remote teachers and other students who are often dealing with these issues in the classroom without assistance. If the specialists were readily available in regional centres, it would be easier for families to travel to them and more likely that the same specialist would remain in the position giving children continuity of treatment.

#### **A36. Bourke Branch (NSW)**

**CARRIED**

“That ICPA (Aust) requests that a permanent Medicare Benefits Schedule (MBS) item number for telehealth consultations is assigned to telehealth Allied Health Services, specialists and consultations, including but not limited to Speech Pathology, Paediatricians and Psychologists, where they aren’t already available, to support the specific educational needs and learning difficulties of geographically isolated children.”

#### **Explanation:**

Many allied health services are unavailable to rural and remote families.

Barriers are:

- that people have to travel extremely long distances.
- People have to join lengthy waiting lists to access practitioners located in their closest regional

or metropolitan areas.

- There is little or no access to Allied Health Services, particularly for children with special needs and developmental delays (often on more than one domain).
- financial hardship caused by travel and accommodation costs while accessing treatment and not able to access IPTAAS. For example, a community may have a visiting specialist but they already have full books and waiting lists of over 18 months is not unusual but because there is a service available, families are not eligible.
- low socio-economic families living in rural and remote areas do not have the means to travel for treatment.
- rural and remote people are often unable to find their way around or unfamiliar with metropolitan areas in order to access treatment.
- most people needing NDIS plans are unable to navigate the system and without access to services they are unable to utilise their plans.
- we are aware of many families rejecting NDIS plans due to lack of access to 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 developmental difficulties require frequent and timely consultations and these can be enabled via telehealth services for many families otherwise unable to access allied health professionals due to living in rural and remote areas.

Some specialist consultations, such as speech pathology, 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.

#### **A37. Bourke Branch (NSW)**

**CARRIED**

“That ICPA (Aust) advocates for improved access and utilisation of Early Childhood Early Intervention (ECEI) funding, currently managed through the NDIS scheme for geographically isolated children.”

#### **Explanation:**

Many remote and geographically isolated children are missing out on essential allied health supports due to the ability to access or utilise funding administered through NDIS for Early Childhood Early Intervention. In Bourke the NDIS Early Childhood Partner was McKillop, and they had around 7 staff supporting Western NSW. McKillop Family Services has now withdrawn and the workload has been transferred to NDIA staff. Remote areas also have a significant underutilisation of ECEI funding, as when children’s needs are identified, there are often no allied health services available to support them. Evidence shows that accessing Early Intervention supports improved educational outcomes.

#### **A38. Alice Springs Branch (NT)**

**CARRIED**

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

#### **Explanation:**

We appreciate that there is ongoing work in progress for this motion. We thank ICPA Federal Council for your efforts thus far and wish to advise that the issue is still relevant and ongoing. Northern Territory ICPA members and families are unable to access public service providers without frequently 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 including interstate 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. Some families are facing months, even years to try and access services in remote Australia being put on a waiting list that never actually runs in order either. 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 and remote families to 'conveniently' access.

#### Case Study 1:

Mum of seven year old child that has finally been diagnosed with ADHD through their SOA in the public system after years of waiting for said child to be assessed has now been told that they have been placed on a 12-18 month wait list to be seen by paediatrician doctors and allied health providers in the public system but if they were to pay or travel interstate they may be seen within a year. Said child has just turned 9 and still hasn't been seen by a paediatric doctor nor an OT or allied health provider. This child is still struggling on a daily basis to complete basic school activities, basic daily tasks, form friendships and socially interact on a 9 year old level. This child is now mentally suffering and receiving private counselling and psychology with the parent out of pocket hundreds of dollars a month. A paediatric doctor and Occupational Therapist visit this family's local clinic only an hour away on a monthly to 6 weekly basis and this family has been told that because they do not fit the criteria they cannot be seen by these specialists!

#### Case Study 2:

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 a 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 the local clinic, still told "No, I can't see you in XXXX (971km from Darwin), but I can see you in Darwin anytime". The speech therapist tells Mum that the first thing 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 the criteria. Mum has had to travel 971km to Darwin for hearing tests and an initial consultation with a 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."