

## Portfolio Report – Specific Education 2026

The Special Education Portfolio advocates for **equitable access to education** for students with disability, behavioural challenges, neurodivergence and medical needs in **rural and remote Western Australia**.

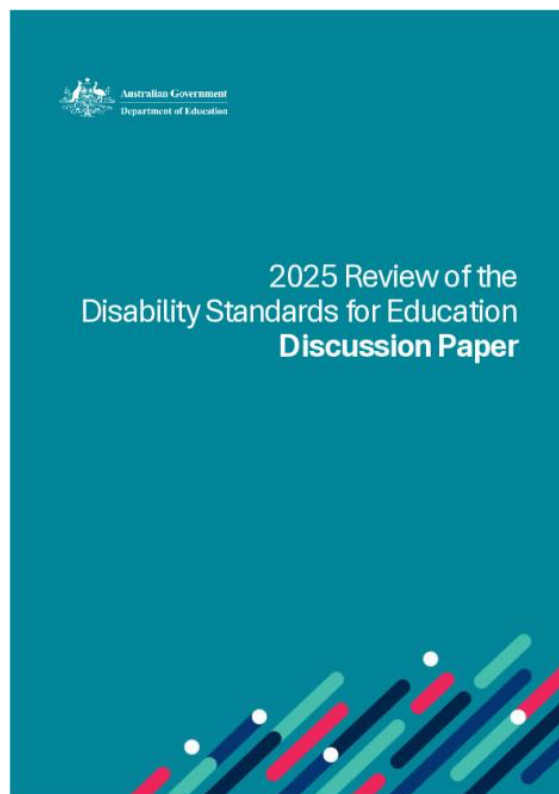
Challenges for isolated families include limited access to allied health professionals and specialist teachers, delays in diagnosis and assessment, reduced therapy services and intervention programs and travel requirements to access specialist services or schools.

### Recent reforms and reviews impacting rural students:

- **NDIS updates (2025–2026)**
- Introduction of the **Thriving Kids** early intervention program
- **2025 Review of the Disability Standards for Education**
- **2025 Review of the School Education Act (WA)**
- **Regional Education Strategy 2024 (released 2025)**

**NDIS** announced changes to their reform around children under 9 years old, with a focus on community-based intervention rather than NDIS funded private providers. In our rural locations across WA many of the community-based providers were completely replaced by the surge of NDIS businesses and the landscape of what is available has changed. The **Thriving Kids Program** has been introduced to specifically work with children with mild/moderate developmental delays and Autism, which is of great concern to our rural families who may have already waited considerable time to get to diagnosis point and therapy intervention. Services are meant to be delivered through schools, childcare and community providers, which are some of the hardest things for our rural families to access. Families are also being contacted for NDIS reviews with questions around functional capacity testing that is required to continue services, for many of our rural families getting this testing done in allocated time frame is not feasible due to travel and wait lists, which is having an impact and lessening of funding available going forward.

The **2025 Review of the Disability Standards for Education** (federal) in Australia aims to strengthen the rights of students with disabilities to access and participate in education on the same basis as their peers, building upon the 2005 standards and incorporating recommendations from the Disability Royal Commission. For rural and remote students, this review is critical, as it directly addresses the significant, and often overlooked, barriers they face regarding access to services, funding, and specialist support. A positive of the review for our rural families is that Early Childhood Education and Care (ECEC) has now been introduced into the standards, which is crucial for inclusion and early intervention if children in our isolated areas are using childcare services. The review also recommended utilization of the “Schooling Resource Standard (SRS) location



loading to provide further funding in 2026 to regional and remote areas, a recognition that educating students in these areas often costs more.

ICPA WA spent considerable time putting a submission into the Review of the School Education Act 1999 (WA), we attended face to face sessions in Perth at the Department of Education and in regional locations face to face. Our message was clear and simple... ***“Every child and young person with a disability and or complex medical needs living in Rural, Regional and Remote Western Australia should have equity in access to quality educational opportunities that will enable them to achieve their full potential and put them on a pathway to a successful future where they feel valued and included.”*** The review was tabled and released in October 2025. The key themes of ICPA WA advocacy were to include all forms of medical, social and educational disability into the definition, giving clarity to our families that their child with a diagnosis of a condition such as ADHD should be treated with fairness and inclusion into framework of educational planning.

Treatment of our rural kids on attempting to enrol into a school with a disability and medical conditions was also addressed at length; we spoke about the barriers of being accepted into a boarding school and access to bus services at length. Too often we hear of families that have had issues enrolling their kids into a boarding school, due a child’s medical or education needs, some of our families have been asked to come back in a few years’ time, once they have grown up a bit. Does this sound like a fair and inclusive enrolment process? Bus and transport services were also addressed, accessibility for our rural families to use these services on the same basis as everyone else is imperative to our ability to educate our kids in our local community and access education throughout the journey from primary, secondary and tertiary.

Stakeholder group	Percentage that expressed the enrolment provisions should change*	Key themes raised by the stakeholder group
Families of those with a disability	92%	<ul style="list-style-type: none"> <li>• Clear right for students with disability to enrol and attend the local school (regardless of disability or cultural background).</li> <li>• Requirement for local schools to provide reasonable adjustments and an inclusive environment.</li> </ul>
Those employed in the education sector	77%	<ul style="list-style-type: none"> <li>• Clear right for students with disability to enrol and attend the local school (regardless of disability or cultural background).</li> <li>• There is a need for additional resources to ensure schools can make reasonable adjustments for students with disability.</li> </ul>

\*of those who responded with a view on whether or not there should be changes to the SE Act’s provisions on enrolment (i.e. this does not include those who were unsure or did not express an opinion).

Additional themes raised during consultation include:

- a desire for the entitlement to enrol on an equal basis as other children, to also apply to non-government schools, including those within boarding schools, as this can be a significant barrier for regionally isolated children with disability to access education within the non-government sector
- the importance of the accessibility of school buses, which are often critical to students accessing school, particularly in regional/rural settings.

**Accessing  
AIC and  
BAHA with  
Medical  
Statement –  
with Special Needs.**


Submissions highlighted barriers to accessing adjustments in education, including a lack of understanding, lack of consultation, and inconsistent or undefined processes. Submissions also identified opportunities to overcome these barriers including enshrining the right to reasonable adjustments in the SE Act, defining key concepts (e.g., reasonable adjustments), and creating a transparent and collaborative process for identifying, planning, and implementing reasonable adjustments. Submissions also noted the importance of accountability and monitoring reasonable adjustments. This also includes accountability for when students are denied support.

Other key themes raised among stakeholders include:

- obligations for reasonable adjustments must be supported by an adequate funding system and improved infrastructure and technology (some stakeholders noted that in regional WA, access to internet can be a barrier to using some assistive technologies)
- to be most effective and consistent for students, adjustments should extend to matters outside of the SE Act such as school buses, boarding schools, and assessments for National Assessment Program such as Literacy and Numeracy (or NAPLAN) and Australian Tertiary Admission Rank (or ATAR)
- obligations for reasonable adjustments must be supported by training.

the  
a  
Student

The Australian Government Guide to Policy Law website has all versions of the AIC allowance policy and review since 2002. ICPA WA have reviewed these documents which can be found here:



centrelink

Instructions

**Assistance for Isolated Children (AIC)  
Medical Statement – Student Special Needs  
(SY099)**

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**Filling in this form**

You can fill this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print this form and complete it, if you have a printed form:

- Use black or blue pen.
- Print in BLOCK LETTERS.
- Where you see a box like this  Go to 1 skip to the question number shown.

**PART A – AIC applicant**

Complete PART A if you are the parent or guardian of the student or a third party, such as an institution.

**Student details**

1 Student's Customer Reference Number (if known)

2 Student's family name  
First given name   
Second given name

3 Student's date of birth (DD MM YYYY)

**AIC applicant details**

4 Applicant's Customer Reference Number (if known)

5 Applicant's name  
Mr  Mrs  Miss  Ms  Mx  Other   
Family name   
First given name   
Second given name

6 AIC applicant's permanent address  
  
  
Postcode

7 AIC applicant's contact details  
Home phone number (including area code)   
Mobile phone number

8 What special need applies to this student who either needs to study at home or live away from home to study? Tick one


**A Student needs to study from home**   
*under 4.3.5.3 of the Assistance for Isolated Children Guidelines*  
Student has a condition that needs facilities and/or environmental conditions (for example, care) available from the family home, or requires the student to avoid travel of the sort that would be necessary to attend school each day.

**B Student needs access to special facilities or environments**   
*under 4.3.5.2 of the Assistance for Isolated Children Guidelines*  
Student has a condition that requires access to facilities or an environment to help manage or overcome the condition. This condition would preclude access to a local state school in the vicinity of the principal home, for more than 20 school days in a year.  
 Provide a supporting statement from the school, facility or service providing the environment, support or treatment, outlining how it will aid the management of the condition.

**C Student needs to be removed from local school environment.**   
*under 4.3.5.4 of the Assistance for Isolated Children Guidelines*  
Student has interpersonal problems affecting their psychological, emotional or physical health, or has been expelled, and there is no suitable local school that the student can attend daily.  
 Provide a statement from the chief executive of the state or territory government education authority, or their delegate, confirming:  
• the reason for the removal of the student  
• the family and the school have attempted, without success, to resolve the problem, and  
• there is no suitable local school that the student can attend daily.

SY099 2307

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<https://guides.dss.gov.au/sites/default/files/documents/2025-12/1196-december-2025-aic-0.pdf>

And believe them to be the best source of information to access the AIC if your children needs to be educated at home through a distance ed program or attend boarding school to be close by a medical professional. The above website has examples of medical conditions that would be deemed suitable to qualify for the AIC. Many of our rural children choose boarding for access to medical treatment and care along with specific education programs that can be offered in a different location. Some of our member families have had success in applying for this AIC allowance, with submission of the below (SY099) medical form that can be completed by a doctor. Please contact your schools Specific Education Unit to discuss further also, as they can provide supportive documentation to assist.

**Your Voice, our kids, our stories.**

*Examples of case studies that we use in our advocacy to give an accurate picture of what it really feels like to live and be educated in a rural environment in WA. Your voice matters and your stories*

### **Parent, child (year 6) with multiple medical conditions. Transition from small town primary school, to large town high school, 70minutes travel by bus morning and night.**

"The current Education Act is designed to provide a framework for supporting students with a range of educational needs. However, its provisions often fall short when addressing the specific requirements of children with multiple small ailments, such as Type 1 diabetes coupled with other conditions like ADHD. This report explores how the Act's limitations impact these students, particularly beyond the primary years, and proposes considerations for improvement.

#### **\*\*Current Provisions of the Education Act\*\***

Under the existing Education Act, additional support is typically available for children with significant medical or educational needs, such as severe disabilities or complex health conditions. For instance, children with Type 1 diabetes receive support in managing their condition primarily during the early years of schooling. However, the Act does not consistently extend this support beyond Year 3 (age 8-9), despite the ongoing needs of these children as they advance through their education.

#### **\*\*Case Study: Type 1 Diabetes and ADHD\*\***

Type 1 diabetes requires meticulous management to maintain stable blood glucose levels. This management often includes regular monitoring, insulin administration, and dietary adjustments. When a child also has ADHD, which affects attention and impulse control, these tasks can become even more challenging. For example, a child with both Type 1 diabetes and ADHD may struggle with remembering to check blood glucose levels or managing their diet in a classroom setting, which can lead to both health and academic difficulties.

Despite these challenges, the current Education Act does not provide specific provisions for extending additional support beyond Year 3 for children with Type 1 diabetes. This gap means that as these children progress into higher year groups, they may lack the necessary support to manage their health effectively, especially if their ADHD exacerbates their difficulties.

#### **\*\*Impact on Affected Children\*\***

The lack of tailored support for children with multiple conditions can have several adverse effects:

1. **\*\*Health Risks:\*\*** Inadequate support for managing Type 1 diabetes can lead to serious health issues, including frequent hospitalizations or severe hypoglycemic episodes.
2. **\*\*Academic Performance:\*\*** The combined effects of ADHD and diabetes can impact cognitive functioning and concentration, leading to potential academic underachievement.
3. **\*\*Emotional Well-being:\*\*** Constantly struggling with unmanaged health conditions and learning difficulties can affect a child's self-esteem and overall emotional well-being.

#### **\*\*Recommendations\*\***

To better support children with multiple small ailments, the following recommendations are proposed:

1. **\*\*Extended Support Provisions:\*\*** Amend the Education Act to include specific provisions for children with chronic health conditions and additional needs beyond Year 3, ensuring they receive continued support throughout their schooling.

*are powerful in effecting change.*

**Age 15 female, living in a rural farming community 600kms from Perth, attending a boarding school in Perth.**

I'm in year 10 at a private girl's school around 1000 students. We have 110 boarders at our school. I went to the nicest little tiny school in my farming community, our community is really nice.

I have a phobia to dogs and go into flight response when they come near me. I also have trouble eating lots of different food and prefer plain and fresh food. I want to be able to help myself to some better food options, but in boarding school they don't get some of the foods I like, such as fresh berries or somewhere to make smoothies myself.

I have an autism diagnosis, and I have known about it for a very long time. I have seen paediatricians, OTs, speech therapists and physios my whole life. I might also have ADHD; I feel like I might. I read about this stuff and try to understand so I can help myself. I have anxiety and when I was in year 7 I tried some medication to help for the first time ever, boarding was and still is really hard to cope with. In all, my Doctor tried 3 different types of medication that year, some of the side effects were so bad my Mum had to come all the way to Perth and take me to the children's hospital to get checked and find out what to do. I have trouble sleeping at night too. The nurses at our school like to get my Mum to sort things out, that means since I was 13 I have been going to appointments by myself with my Mum on the phone for support, the school staff say they can't take me. I broke my foot in year 7 in the boarding house, because everyone thinks I carry on too much, they didn't take me to get it checked. It was broken in 7 places.

Everyone wants me to go off campus in year 11 to do a cert, no one at school wants me to do ATAR. I want to stay at school, and I DO NOT want to go off campus, catching public transport to go to a tafe by myself. I have been on public transport, people don't always behave well and I'm scared. I want to do ATAR, I want to be a teacher, I want to go to Uni. I like Curtin the best, it has aIGA with a frozen yogurt machine. I like kids and I like working with them.

We went to 4 schools to look at in year 5, to try to find a good school and boarding house. I was a lot younger then, but my Mum now tells me that 2 of them told us they wouldn't take me as a student because I have Autism, and we can't cater for that in the boarding house. When this school did accept my enrolment, we were very happy. In year 7, the head of Learning Adjustment left, and our year 7 school co-ordinator, as well as our year 7 boarding Mother. This has kept on happening, and it makes it tricky to know who to talk to.

I like sport, I have to get up at 5am to leave the boarding house and go outside to the bus on the street. I do this all by myself, staff are not awake and downstairs at that time. It makes me very scared to go outside by myself, sometimes I forget my water bottle and I cannot get back in. Once the bus didn't turn up.

I wish everyone could have good opportunities, not just the really smart people. I'm good at things too. I like Human Biology, art, cooking, sports and I'm really good at computer designing. I want to feel like what I'm saying will be heard, and I want to feel like I can do anything, without people saying no, because I have a disability."