**ISOLATED CHILDREN’S PARENTS’ ASSOCIATION OF AUSTRALIA**



**2020 Federal Conference**

**Specific Education Needs Portfolio Motions**

***Specific Education Needs***

**A17. Northern Territory State Council (NT) CARRIED**

“That ICPA (Aust) urges the Minister for Health and other relevant Ministers to extend and expand the Allied Health Services delivered by telehealth and covered by the Medicare rebate to include all child health related services, including speech pathology, speech-language pathology, swallowing disorders and autism spectrum disorder, and indeed any service necessary for normal educational development of geographically isolated children.”

**Explanation:**

Families living in geographically isolated regions face significant challenges in accessing diagnosis and treatment of children with learning needs due to a medical problem. Challenges include length of waiting lists to see a specialist for assessment and diagnosis, difficulty in accessing allied health professionals due to availability and the distance and expense to travel to centres and the inordinate expense of these services. One NT family is paying $8,000/year for speech therapy telehealth sessions, delivered with the assistance of a School of the Air.

During the recent COVID-19 crisis, the Federal Government expedited the inclusion of certain Allied Health Services covered by the Medicare rebate. These have focused to a large degree on mental health services and some autism services. Further there has been an expansion of telehealth in general. ICPA NT State Council would like to thank the Minister for Health for this expansion and request that telehealth be extended past the crisis and expanded to include vital Allied Health Services required for positive educational outcomes of geographically isolated children.

The highly positive correlation between health and education has been well documented in numerous literatures (Grossman and Kaestner (1997). “Health is assumed to affect academic performance. The probability for an individual to pass or fail a grade depends not only on his academic ability but also on his health. (Estimating Interdependence between Health and Education in a Dynamic Model - Li Gan and Guan Gong∗ March 2010)1.

Internationally there is strong support for a population approach to child health and development. The landmark Canadian Early Years Study states that:

**“Societies and governments have an obligation to the future to devise systems that ensure effective parenting, support good early child development [32].”2**

“When health services are available to all children and families in the population (that is, are universal) the range of developmental outcomes narrows and more children approximate the average, that is, more children attain normal development. In contrast, the targeting of additional services and supports for children at or below the vulnerability threshold for normal development leads to a decrease in the number of children not attaining normal development.

**Targeted services focus** on children and families or communities who have *additional needs* or increased likelihood of poor health or *developmental outcomes* limiting opportunities to reach their full potential.

**Specialist or intensive tertiary services** and supports are individually tailored responses to a *particular child* and family situation that often requires high levels of expertise. For example, *specialist allied health and* medical services, paediatric care, mental health, drug and alcohol treatment services or child protection support including adoption and fostering (Adapted from [23, p.19]). “2

Further, better health results in more education; healthier students may be more efficient in studying (Perri 1984, Currie and Hyson 1999)

**The introduction of telehealth services (not already covered) covered by the Medicare rebate for Allied Health Services can not only assist individuals with special learning needs but will allow them to reach their highest academic potential and hence independence and productivity in their lives.**

1. <http://people.tamu.edu/~ganli/academic/interdependence-032010.pdf>

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1. <https://www1.health.gov.au/internet/publications/publishing.nsf/Content/nat-fram-ucfhs-html~background~australia-child>

**A18. Yaraka/Isisford (Qld) CARRIED**

“That ICPA (Aust) lobbies the Minister for Health and Federal Treasurer, to continue the Medicare rebate that has been introduced during COVID-19 to include rural and remote patients wishing to access speech pathology appointments through telehealth deliveries after the temporary exceptions end on 30th September 2020.”

**Explanation:**

During the COVID-19 pandemic the Australian Government added several new telehealth services to the Medicare Rebate, this included Speech Pathology to allow people to continue to have access to this service from their own home, allowing them to isolate. This has been great for families who access this service in rural and remote Australia who are already isolated, but as of October this rebate will end.

We would love this rebate to continue after the temporary date ends, so families in rural and remote Australia can continue to receive this service at an affordable rate.

We need to ensure that our children are not being disadvantaged because of where they live.

**Case Study:**

We live approximately 65km from the nearest town and our children are educated through School of the Air. Currently my son and daughter require Speech pathology, we have been using a telehealth service. We have an hour and a 45-minute appointment weekly with their therapist, which we have been able to tailor into their School of the Air program.

Having access to telehealth has meant that we have not missed any school time or had to drive lengthy distances to ensure our children are getting the help they need.

But it comes at a cost! We do get some rebate from Private health insurance, but this runs out quickly when you are doing this weekly. Our son’s lessons cost $185 per hour and our daughter’s $155 (45 minutes).

We have only just applied for the Medicare Rebate during the COVID-19 and due to having to take into Medicare, we are unsure of what the rebate will be off the total weekly bill.

**A19. Queensland State Council (Qld)** **CARRIED**

“That ICPA (Aust) lobbies relevant Federal government departments to permanently extend the COVID-19 Temporary MBS Telehealth Services for rural and remote children to include all telehealth sessions with specialised health services including, but not limited to, Speech Pathologists, Physiotherapists and Occupational Therapists.”

**Explanation:**

Rural and remote families have always faced the barrier of distance to access specialist medical services, but the introduction of telehealth services has made access to specialists much easier for rural families as well as allowing for more frequent and consistent sessions. Unfortunately, telehealth services did not attract the Medicare rebate that face-to-face sessions did, further widening the gap between rural and metropolitan families’ access to affordable health services.