

Isolated Children's Parents' Association of Australia Inc.

"Access to Education"



Submission

to the

Review of the Disability Standards for Education 2005

from the

Federal Council

of the

Isolated Children's Parents' Association of Australia Inc.

ICPA (Aust)

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The Isolated Children's Parents' Association of Australia, ICPA (Aust) welcomes the opportunity to participate in the *Review of the Disability Standards for Education 2005* and highlight the challenges that are unique to rural and remote students with disability, including from an early childhood perspective, to ensure the standards effectively support these children.

ICPA (Aust) is a voluntary, apolitical, national parent organisation, which advocates on behalf of our members for equity of access to an appropriate education for all geographically isolated children and students, from early childhood through to tertiary. The majority of member families of the Association reside in geographically isolated areas of Australia and all share a common goal of achieving equitable access to education for their children and the provision of services required to achieve this. Students whose family home is in rural and remote Australia, often live great distances from their nearest education institution and from services required to support the education of a student with disability.

All students with disability have a right to participate in education on the same basis as their peers through rigorous, meaningful, dignified, accessible and affordable learning programs and services, regardless of geographical location. In the rural and remote context, there are a variety of challenges which can impede students access and participation in education. This can be accentuated for students with disability where the availability of appropriate programs and staff to assist these students is often limited. The review of the Standards needs to consider the difficulties and disadvantages that students with disability still encounter due to geographical isolation. While the Standards outline the rights and obligations for students with disability, measures need to be taken to ensure these Standards can be implemented and complied with in geographically isolated settings.

Families in rural and remote areas deal with constant travel for health, schooling, work and socialising and this comes with a substantial cost burden. Affordability, accessibility, and provision of equitable essential services should be high on the government agenda to future proof geographically isolated students' education and health. Equity in diagnostic, travel and ongoing costs associated with learning difficulties and intervention programs requires urgent consideration.

Distance education and rural and remote schools must be afforded skilled teaching staff, teacher support and ongoing professional development in the early identification, implementation and teaching of specific learning needs education to meet the particular needs of a student with disability. A comprehensive understanding of disability by those who provide support and teaching would enable the delivery of learning programs tailored to the needs of students with disability and improve outcomes for these students.

Appendix one is a case study provided by a rural and remote family highlighting in real terms the impact which the tyranny of distance coupled with a lack of face-to-face and online services has on family wellbeing, finances along with health and educational outcomes.

This case study highlights the additional issues for rural and remote families of students with disability when accessing services away from home; vast distances to travel, the necessity for and impact of multiple face-to-face visits, disruption to the child's schooling, extensive costs of access to multidisciplinary services including fees, travel, and accommodation and family disruption including care of other children.

This type of inequity of access to healthcare is having a detrimental effect on the education of many children in rural areas and could be considered as discriminatory against those with specific health needs which affect their learning abilities.

Given the lack of available services in rural and remote locations, more consideration needs to be given as to how to make therapy and other disability support services readily available to students with disability in these settings. One solution would be to expand the availability of telehealth for rural and remote students.

While telehealth cannot be a replacement for face-to-face, on-the-ground support, it does provide increased access to otherwise unattainable or limited services for rural and remote students with disability. Telehealth in conjunction with video-conferencing with specialist disability teaching staff and education providers, including distance education tutors, would assist in a holistic support system to children and families, ensure the provision of high-quality education of a student with disability and maximise the learning opportunities for these children.

ICPA (Aust) recommendations:

- **The Review needs to ensure the Standards are being complied with in a rural and remote context from early childhood through tertiary and training students with disability**
- **Initiatives need to be put into place to improve early identification and intervention for students with disability in rural and remote contexts**
- **Expansion of and ongoing availability of telehealth to rural and remote students with disability who might otherwise have to forego treatment or assistance**
- **Initiatives are needed to support the needs of rural and remote students with disability to have access to support and assistance to ensure they have equitable education and training opportunities.**

It is imperative that rural and remote children with disability receive the necessary intervention, care, and support they require and that the tyranny of distance does not continue to be a disadvantage. ICPA (Aust) believes an inter-departmental, collaborative approach is required to better coordinate the resources and services which are available, and to highlight the services which are still lacking. This should be coupled with a vigorous utilisation of online services such as telehealth to complement face-to-face delivery in rural and remote communities.

Appendix One:

CASE STUDY

"We live in a rural area, a 1.5 hour-drive from Toowoomba, 3 hour-drive from Brisbane. Three of our four children have special needs. Our 5-year-old son requires speech therapy which I would like to access through an online service. Medicare does not cover online speech therapy at the moment. We've applied for an NDIS plan which could fund these therapies. However, this process has taken months and is still not finalised. Furthermore, my understanding is that to be eligible for an NDIS plan, the child must have multiple needs/delays. Therefore, if my son were to just need speech therapy, he would not be able to access NDIS funding for this therapy online. Neither NDIS nor patient travel schemes will cover travel and accommodation for specific education needs either. So, we are caught between a rock and a hard place. Our 10-year-old daughter is seeing a Developmental Paediatrician, in Brisbane - the closest city that offers this service. We just made an appointment to have a follow up "teleconference appointment" with the paediatrician for next week. The paediatrician's office told me that there would be a \$57 charge for the telehealth appointment that would not be covered by Medicare. Our 5-month-old daughter, diagnosed with Down syndrome, has an approved NDIS plan and has a need for occupational therapy, speech (for feeding issues) and physiotherapy. Very few therapists are able to come out to our home. Therefore, we are traveling to Toowoomba for the various therapies."