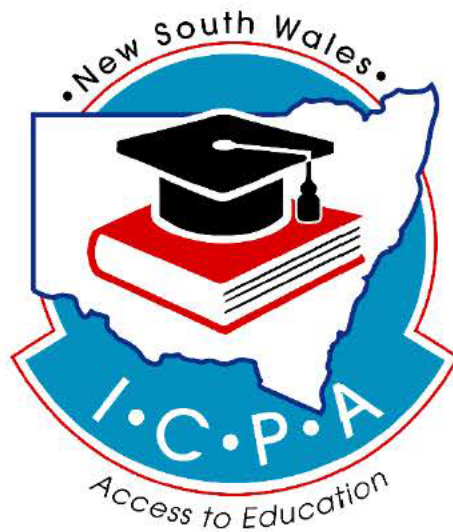


**THE IMPLEMENTATION OF PORTFOLIO COMMITTEE No. 2  
RECOMMENDATIONS RELATING TO THE DELIVERY OF SPECIFIC HEALTH  
SERVICES AND SPECIALIST CARE IN REMOTE, RURAL AND REGIONAL NSW**

**Organisation:** The Isolated Children's Parents' Association of New South Wales Inc.  
**Date Received:** 26 April 2024

**Isolated Children's Parents' Association  
of New South Wales Inc.**



**Submission to the implementation of Portfolio  
Committee No. 2 recommendations relating to the  
delivery of specific health services and specialist care  
in remote, rural, and regional NSW.**

**Prepared by State Council**

**President: Mrs Tanya Mitchell**



**Secretary: Mrs Libby McPhee**



ICPA-NSW is a voluntary non-profit advocacy group that has its roots firmly embedded in rural, remote, and regional areas across the state. ICPA-NSW believes that all students - irrespective of where they live - are entitled to equitable access to education that enables them to participate to their full potential in the social, economic, political, and cultural life of a community.

The NSW State Council of the Isolated Children's Parents' Association advocates for members who have children who:

- Attend a rural pre-school or access early childhood education through a mobile service,
- Attend a small rural or remote school,
- Study by Distance Education and School of the Air lessons
- Travel to school by bus or private vehicle (daily, weekly or at the end of term)
- Board away from home to access primary or secondary school at a boarding school, agricultural high school, hostel, private board or maintain a second home,
- Attend a Tertiary institution- University/TAFE/ College

ICPA-NSW would like to provide the following feedback to the implementation of Portfolio Committee No. 2 recommendations relating to the delivery of specific health services and specialist care in remote, rural, and regional NSW.

## **Section 2**

*Any updates or further observations relating to the progress of implementing Portfolio Committee No. 2 recommendations relating to workforce issues, workplace culture and funding issues, as per the Select Committee on Remote, Rural and Regional Health's previous inquiry.*

### **A) Maternity Services, obstetrics, and pediatrics (including Recommendations 19,20,26 and 27)**

- **Ensure that there are antenatal, postnatal, and infant early years support services available to rural and remote parents, especially the provision of services that are accessible and supportive of geographically and socially isolated families.**

#### **Explanation:**

Rural and remote parents need accessible services catering to antenatal, postnatal, and early years stages. The development of resources and services for isolated children and parents are needed to ensure equity of access to support, especially in zero to three years to ensure children start preschool without disadvantage because of where they live.

The health and wellbeing of children and their parents is vital to promote growth, establish foundational skills, knowledge and understanding to support success in preschool, school, and adulthood. Isolated parents and their children are unable to access adequate support, especially in the early childhood stages of infancy. This means families are relying on social structures, a compounding problem, as rural communities are becoming smaller and more isolated as agricultural practices become more efficient and populations change.

With decreasing populations and increasing isolation there is a need for focused and coordinated support, that is designed with isolated rural families in mind. Currently, there is not always a formal mothers' group provided to rural mothers. Online resources suggest inaccessible supports such as in home supports, clinics and localised programs would be beneficial to these communities. Targeted and tailored programs for isolated children and parents are needed to ensure equity of access to support, especially in zero to three years to ensure children start preschool without being disadvantaged because of where they live.

The Royal Flying Doctor Service (RFDS) and Royal Far West (RFW) are both trusted organisations

providing health services in rural and remote areas. The RFDS does not currently receive any funding from the NSW Government. ICPA-NSW believes that RFDS footprint could be expanded with further funding and could assist with filling the gaps. It is the same for Royal Far West as an iconic charity with proposals in place to achieve better outcomes, both organisations specialise in rural and remote communities.

- **Extend the “Brighter Beginnings” to include developmental screeners, closely reflective of the Royal Far West Healthy Kids Bus Stop, for 3-year-olds in rural and remote areas.**

**Explanation:**

The Brighter Beginnings program, while welcomed, does not adequately address the Early Intervention identification needs of children in rural and remote areas. The Royal Far West Healthy Kids Bus Stop Program was tailored to each communities’ needs, and in Bourke, this included a collaboration between Royal Far West and local health service providers for a detailed health and developmental screener, including Occupational Therapy, Speech Pathology, Psychology, Dental, Hearing, Child and Family Health Nurse, Community Nurse, Aboriginal Health Service to be accessed by all these disciplines. It is important that families for these children are able to create a child centered approach to care, and pathways to NDIS Early Intervention if required for three-year-olds before they start school.

Providing a full developmental screener for three-year-olds enables families and preschools to work together through this process to develop strong partnerships with health providers into and through primary school to meet the needs of the states most vulnerable children.

*B) Patient Transport and Paramedicine (including recommendations 3,28 and 29)*

*Support for Rural Patients 2.38 – Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)*

- **Travel and accommodation assistance should be made available for rural and remote families travelling to access in person specialist Allied Health services not covered by Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS) for geographically isolated and ‘at risk’ children.**

**OR**

- **Include the travelling expenses for consultations with Allied Health Professionals in the Isolated Patient Travel and Accommodation Assistance Scheme (IPTAAS) for children to access these professional services which supports their educational development.**

**Explanation:**

Children with specific educational needs and developmental delays require access to appropriate specialist Allied Health services which often require in person consultations. Adequate and uniform assistance should be available to assist geographically isolated, vulnerable, and at-risk children accessing in personal specialist sessions with expenses such as travel and accommodation when extensive travel is required to attend these consultations. In NSW there are only a couple of services in Metropolitan Sydney that can be claimed for and are inaccessible for the majority of rural and remote families.

For the parent of a child with special needs, there are numerous trips to Allied Health (as well as general health and specialists). Allied Health is usually delivered in blocks of ongoing therapy. For patients living some distance from a regional Centre, this can be a huge travelling expense. If the therapies are listed on the patient’s primary health care plan, or their mental health care plan and supports their continuous educational development, this expense should be covered by IPTAAS if this is the closest Allied Health Service.

For children, the Allied Health team can be quite specialised and it may not visit every little outlying town in NSW.

CASE STUDY: An ICPA family has travelled 250 km round trip every week for the last 14 years to access

Allied Health and ICPA-NSW is aware of many other families in this situation. Not all small towns have access to Allied Health professionals, and not all Allied Health Services can be delivered via internet.

*D) Mental Health Services, and drug and alcohol services*

- **Invest in the availability of on the ground youth, adolescent Mental Health and sexual assault health services in rural schools and communities, furthermore, provide incentives for these specialists to remain in our communities.**

**AND**

- **Support youth education programs running in NSW.**

**Explanation:**

While there is some access to services, supply in many rural areas does not meet demand, to the point of failing to refer and lack of disclosure. If these services are not available locally, the expenses and continued trauma associated with travelling to access services are prohibitive for many families.

By not providing incentives for specialists to remain in our communities it creates a fly in fly out mentality, a perception of a lack of care and a continuation of a lack of referrals and disclosure. The shame associated with sexual assault is debilitating for anyone let alone a child in a small community. This in turn has a carry-on effect throughout their entire life.

ICPA-NSW believes that funding for the Royal Flying Doctor Service could help facilitate this service.

Youth Organisations in regional and remote NSW, like Backtrack, Youth Works and LeaderLife, are doing groundbreaking work in educating some of our most marginalised youth. Not only do these organisations educate but they also work tirelessly to increase the self-esteem needed to afford these youth meaningful employment in the future. If we talk about 'Equity of Access to Education' there could be nothing more important than helping the most vulnerable in our society. The evidence of the success of these programs speaks for itself and non-profit, trusted organisations are already trusted by the community, they just need funding for their initiatives to be more impactful in more areas.

*G) Other specialist care and allied health services, as they pertain to the Portfolio Committee No.2 recommendations (including recommendations 5,10,30,42,43,44)*

- **The NSW Department of Education needs to ensure a more accessible school-based platform for assessment and diagnosis of any learning and well-being support requirements of children living in rural and remote NSW. This would enable early identification and timely interventions without the need to access consultation outside the school.**

**Explanation:**

The NSW Department of Education schools have psychologists allocated to their schools through the school counselling service however they are unable to formally diagnose conditions such as ADHD, autism, mental health conditions and specific learning disorders, for example, dyslexia.

In rural and remote areas there is often very limited access to health professionals or specialist services. These are generally also highly transient positions making it extremely difficult for patients to develop any rapport with that professional - one of the most important factors of childhood diagnostics. Accessibility of services should run absolutely parallel between young people in rural and remote areas and their metropolitan counterparts.

Specialised support can be extremely difficult to access for families who are already vulnerable and disadvantaged due to isolation. Taking into consideration the additional needs or complexities is paramount especially because multidisciplinary assessments are often required therefore further

delaying a diagnosis. The following effect delays support and early intervention and impedes a child's ability to grow and thrive.

We are not asking for additional learning support allocation and fully understand the shortage of specialised services within rural and remote areas. Utilising the current psychological health and wellbeing resources available within the NSW Department of Education would provide timelier and streamlined assessment and therefore earlier intervention processes within the schools. Growing up in a rural or remote area should never be seen as a disadvantage. There should be no barrier to accessing services, especially those that can change the trajectory of a life.

- **Ensure that rural and remote schools have access to in-person counselling sessions for students.**

**Explanation:**

There are students requiring counselling in person in rural and remote schools, however, due to the lack of services being available locally, they don't have access to an appropriate in person counselling service. Many small TP1 schools have not had access to a regular school counselling services for over five years. These schools have a significant need for regular in person counselling to support students academically and emotionally and are being disadvantaged by not having this support.

Changes to the School Counsellor allocation, taking into consideration time travelled, does not allow sufficient time for cognitive assessments to be administered in the school counsellor time allocations, nor does it allow for discussion with the staff about the next steps needed to be addressed for each of the students requiring any other services that may or may not be provided for through the Department of Education.

- **Implement an incentive program to encourage allied health professionals to come to rural and remote areas.**

**Explanation:**

Children benefit the greatest from early intervention. A speech issue is usually identified at preschool. Parents are then referred to the relevant therapist at a local allied health service, however there is an increasing gap and turnover of health professionals in towns like Balranald, therefore parents may need to travel over 300kms one way to access a speech therapist or occupational therapist.

The disadvantage of access to allied health professionals in rural health services settings was highlighted during the pandemic as health professionals and appointments were made near impossible due to border closures, covid regulations and the redistribution of health specialists in our health system. With the lack of specialists available this situation has not improved.

Telehealth was a highlighted benefit of allowing access for health specialists and their patients, but there is nothing more important than in-person appointments so that health specialists can properly perform their assessments and referrals.

- **Prioritise workforce health capacity with targeted scholarships as part of a program to incentivise employers.**

**Explanation:**

There are many vacancies in some health fields, especially for professional medical technicians like sonographers. For example, to become a sonographer an individual must complete a post-graduate course. These courses require the student to be employed as a trainee in the field before they can enroll in the university course. However, employers want qualified employees not trainees for whom they still have to pay. By offering rural students' scholarships, the employer is freed of the financial obligation and will be more inclined to accept trainees.