

Long waitlist and long travel days: The gap in regional disability services

Equal and equitable have two different meanings. NDIS was designed to provide Australians with disabilities equal funding for access support services. However, people in regional and rural areas do not have equitable access to the services, due to limited availability from providers within their region.



Melinda (left) and Victoria (right) Stephan NDIS participant

In 2013, the National Disability Insurance Scheme (NDIS) was launched. Designed to give Australians who suffer from a disability or disabilities support for independence and funding to access disability services. However, many Australians who live in regional communities are struggling to access these support services. This is due to allied health

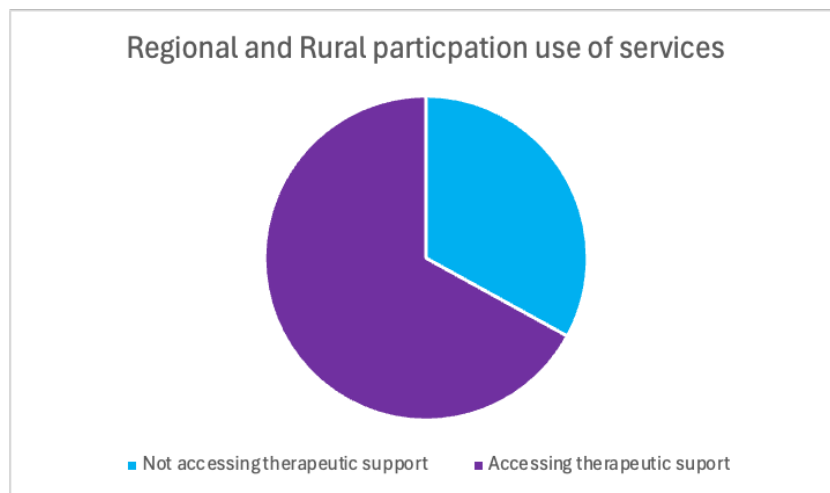
shortages within country communities, long distances to travel to services and long waitlists to access services.

“Sometimes kids that actually need occupational therapy are getting held in that speech space, rather than getting that real specific intervention.” - Lisa Steel, San Remo Speech Pathologist.

Lisa Steel is a speech pathologist in San Remo, a town an hour and thirty-five minutes away from Melbourne. Steel works at her clinic, schools, kindergartens and occasionally makes home visits to clients who need more help. With an immense client load Steel has a long waitlist for patients, due to high demand far exceeding supply within the area.

The lack of allied health services within regional areas is heavily affecting these participants. A report from the [Centre for Excellence in Child Family Welfare](#) published in February 2024, found that 33% of participants in small to medium rural towns were not accessing any therapeutic support despite having the funding for it.

A contributing factor to this is the limited availability of services within these areas. With low numbers of allied health professionals, participants are going without these support services or getting a worse quality service to receive some form of the service. This only highlights the gap of access to support services between regional and metropolitan areas of Australia.



Pie chart representing the amount of people going without services made with microsoft excel.

One South Gippsland family knows this narrative all too well with only having two options. Travel long hours for appointments or pay large travel fees.

South Gippsland support worker Jess Sadler often transports her clients to and from appointments or social activities. Sadler says that the limited services available within her area makes accessing specialized support harder.

“Less services around (regional areas) can make it harder to gain access as we might not have clinics specified for their condition.” - Jess Sadler, support worker.

The Stephan family were connected to the NDIS when it first started in South Gippsland. Victoria (NDIS participant) and Melinda were interviewed by the Local area coordinator from the National Disability Agency (NDIA), to be accepted for the NDIS.

Victoria’s disability stems from her chronic illness, Hereditary Sensory and Autonomic Neuropathy Type 2 (HSAN2). [HSAN2](#) is an inherited disorder that gradually impairs the peripheral nervous system. This condition means that Victoria is unable to feel pain, temperature and touch, which can cause harm to Victoria’s physical wellbeing.



Victoria (left) and Melinda (right) on her mobility scooters

Victoria needs a daily support person. Whether for personal hygiene, medication administration and to prepare her food and water to be administered through her peg. Victoria’s support person and family play a key role in transporting Victoria to and from

appointments, with her only independent mode of transportation being her scooter or wheelchair.

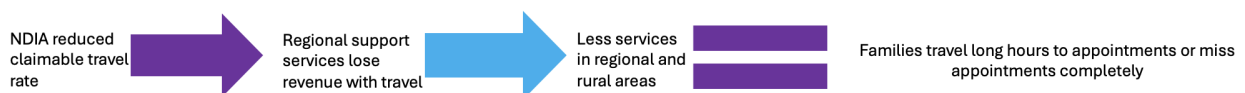
“There are not enough speech therapists or OTs in South Gippsland.”- Melinda Stephan, mother of NDIS participant.

Along with support workers, Victoria also needs a support coordinator, physiotherapist, speech pathologist, therapeutic social worker, occupational therapist and respite. Most of these services the family has struggled to find appropriate clinicians to provide Victoria the support she needs. The family tried a Melbourne organization which Melinda said charged “\$500 for a one-hour physio session.” Now Victoria has found a local physiotherapist.

“Victoria receives some money from her plan to pay for travel, but it is never enough.” - Melinda Stephan.

Last July the [NDIA reduced the claimable rate](#) for travel for a provider by 50%. This heavily affected clinicians that often travel in nonmetropolitan areas to reach clients, making their service unviable with the inability to claim long distances.

These changes were intended to create an initiative for providers to efficiently schedule and preserve clients funding. Whilst this can work for metropolitan areas that are close in proximity to one another, these cuts do not reflect distance covered that clinicians who work in regional and rural areas cover.



Flow chart of the effects of the reduced travel claimable rate for regional and rural participants

July will signify 13 years of the NDIS which changed the lives for so many Australians living with a disability. Whilst the NDIS provides equal support, accessing support service remains a challenge for regional Australians living with a disability. With the inability to use their funds for what they are prescribed for due to a lack of availability – this impedes on the progress for NDIS participants.