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South Sydney Community Transport

*Submission to The Productivity
Commission Inquiry:
Caring for Older Australians 2010*

Community Transport

Linking older people to their communities





SOUTH SYDNEY COMMUNITY TRANSPORT (SSCT) is a not-for-profit service based in Redfern, NSW. It is primarily funded by the Home and Community Care program (HACC) to provide group transport services to the residents in the City of Sydney and individual transport services to the residents of Botany and the City of Sydney. Please visit www.ssct.org.au to access a short video demonstrating the range of transport services provided.

This submission focuses on issues relating to the provision of transport services to the aged and provides possible solutions that will provide a more equitable access to an essential service.

The table below provides a brief outline of the issues we have addressed in this paper.

	Questions raised from the Inquiries terms of reference	SSCT Comment & Recommendations
1	<p>How well does the current aged care system interface with the wider health and social services sector?</p> <p>Is the current system equipped, or can it adapt, to meet future challenges?</p>	<p>Community Transport is an excellent example of a HACC service type that interfaces across all health and welfare sectors.</p> <p>The infrastructure and expertise already exists in NSW and Community Transport's role should be expanded to help meet the current and future challenges.</p>
2	<p>Are there gaps that result in a loss of continuity of care?</p> <p>Comments ...on the current system and proposed alternative arrangements...</p>	<p>a) Remove the barriers to the continuity of care between HACC services and the lack of interface with CACP and residential care services. This leads to confusion for clients, carers and other services providers.</p> <p>b) The new proposed funding structure that splits the provision of aged services from disability services has the potential to create a gap in transport service provision for younger people with disabilities.</p> <p>State and Federal government should continue to fund Community Transport to provide services to both age groups.</p>
3	<p>There are risks when developing common system entry points?</p>	<p>The system needs a mix of entry points including those based in the local community.</p> <p>We risk that people will not ask for help until they have become too frail for HACC model of care - a wellness model that has proven that it promotes and maintains independence over the past 25 years.</p>

Recommendation 1:

That Community Transport continue to be funded as a separate service type which can focus on the needs of all people who are transport disadvantaged due to age, disability or chronic ill health.

While Community Transport is funded primarily through HACC, it currently, has the flexibility to meet a wider range transport disadvantage in the community through its other transport funding. In this case it provides support and a natural interface with the wider health and social services sector. The agencies are highly visible members of the community and they are committed to solving the unique needs of their own communities. The benefit of funding transport at this very local community level enables each transport agency to operate at grass roots and maximise its combined resources. For example, a Community Transport vehicle travelling to hospital may be carrying 2 HACC funded clients, a passenger funded by the NSW Community Transport Project and one funded by NSW Health in any one trip.

Access to transport is essential. It enables people to maintain their independence and be able to play an active role in community life. As people age, the lack of public transport or access to a private car increasingly impacts on **every** aspect of daily life. This is compounded by the way in which our cities are designed with shopping malls, work places and medical facilities located in central locations away from residential areas.

Access to transport is largely taken for granted until an accident or illness occurs that prevents people from driving their car or using public transport. It is only then that the challenge arises of how to get to the shops for food or to the hospital appointment. People find that their friends are working, families have moved away and a taxi is just too expensive to use as a regular mode of transport.

This is the plight of the aged and mobility impaired Australian both in our cities and regional areas.

Access to a good public transport system also has implications for the aged care work force in terms of workers getting access to their clients and agencies. For example, a home care provider who was having difficulty in finding field staff in the affluent eastern suburbs resorted to providing a shuttle bus from central railway station to bus in a work force from the western suburbs.

Current status of Public Transport

The Public Transport bus fleet is on target to become fully accessible to people with disabilities by 2021 (the kneeling bus so that people with mobility issues can get up the steps and the spaces provided for wheel chair access) but this alone does not solve the access problem.

More aged Australians (65 to 75 years) could use public transport if:

- The bus route went directly to the amenity they needed to access e.g. they didn't have to change buses and then walk the rest of the distance.

- They did not have to vie with other more mobile passengers for a seat. While it is perceived that older people like or should travel off peak this is not the case. Peak travel time for our clients occurs at the same time as regular commuters 6:30 am to 9:30 am and 1:00pm to 5:30pm.
- There was time in the bus schedule to allow for older passengers to sit down before the bus takes off.
- There was someone to give the passengers a hand into and off the bus when carrying their shopping. (This also applies to a parent travelling on their own with young children.)
- The frequency of off peak services was increased to reduce wait time at the bus stop.

Public transport in Sydney is increasingly structured to towards supporting the transport needs of the workforce and students. For example, four new high frequency Metrobus services have been implemented departing every 10 minutes during peak hour and every 15-20 minutes off-peak. The operators use the large low floor articulated vehicles, which run along primary corridors providing direct cross-city and cross-harbor links. They have found that people are prepared to walk the extra distance to the bus stop on the central corridor if it allows for a faster run to and from their work place.

This is market driven and a positive move to encourage the general public out of their cars. However, if this resources shift continues it will become increasingly important that the Community Transport model that exists in NSW continues to support future local transport challenges especially for people who cannot access buses on a central corridor and become a model to be replicated in the other States.

Recommendation 2a
SSCT recommends that the interface between the HACC services, Community Aged Care packages and Residential Aged Care facilities be improved.

SSCT hopes that the barriers created by the current funding arrangements to the continuum of aged care services will be erased. This would reduce confusion for people, their carers and other service providers trying to access transport.

Aged people on a CACP or living in residential aged care are not eligible for HACC transport unless the HACC provider has spare capacity and the CACP or residential aged care provider can pay the transport agency the full cost recovery for the transport provision.

- SSCT receives many calls from families of people in nursing homes requesting that their relatives are taken out by bus or car to access the wider community. This week an eighty year old lady called our office. She goes to the nursing home every day of the week to visit her husband who has had a stroke. She says “the poor nursing staff are so very busy that they haven’t got time to sit with my husband for an hour and feed him, I need to make sure that he eats something”. She requests that we provide transport for her and her husband to

go out once a week to a local café. Under our HACC guidelines we can take her to visit her husband (once a week) but we do not have the resources to provide him with transport.

- Hostels operators in general don't see transport as part of their core support duties. – The best that many offer is to assist their resident to call a taxi. *Please see NCOSS report 2003 "On The Road, Again" The transport needs of people in residential aged Care for detailed information on this issue.*
- Recipients of a CACP service need to have a much better access to transport services. Like HACC clients they live at home and need to access to their community on a daily basis. A person in receipt of a CACP package is extremely disadvantaged when they transfer from a HACC provider to a CACP provider. The level of service provision decreases to six hours a week and they lose contact with their HACC services, especially transport and social support services, because the six hours is predominately taken up by domestic assistance and personal care.

There are no 6-hour caps in the HACC system; people who are able to navigate the system can live a life that is full and rich with a wide range of services and service providers meeting their needs.

Recommendation 2b

SSCT is also concerned that the split of aged services from disability services will create a new barrier to a continuum of care.

Many people in the age range of 55 to 65 could potentially miss out on transport services. These are people who are in receipt of the disability pension but don't fit the tradition vision of a person with a disability including people who have mental health issues, HIV and other chronic health conditions.

There will also be a loss of a valuable economy of scale and a further segregation of the aged from the younger members of society.

Recommendation 3

There needs to be a multitude of access points to the aged care services.

Transport is the primary first access point to the network of HACC services. We have found that while the ageing person may struggle to try and keep up with the housework or cooking when transport to the shops or the doctor becomes an issue they will ask for help. There is no shame attached to looking for accessible affordable transport, it is something that affects all people but admitting that you can no longer do your housework or maintain your personal hygiene is a sensitive issue. Once the transport needs have been addressed and a level of trust established between client and service provider a transport agency will then ask if there is anything else they

are finding an issue in their daily lives and promote the other services in the HACC network.

While there may appear to be opportunities to be gained by having one central access point, to aged services there are as many disadvantages.

- A central 1800 number is not user friendly and the access to the services is only as good as the operator on the end of the telephone line.
- Access to services for people who speak little or no English will be further disadvantaged.
- Slow reaction time. For transport fast assessment and access to service is essential. A client is referred by a doctor to access transport in the same week to have a brain scan, oncology treatment or to access food will not be able and should not have to wait six weeks for an assessment.

We currently work with 3 agencies that use a central intake number. One has been established for over 5 years and the other two have started this year. In all 3 cases we often resort to calling the person we know is in charge of coordinating the direct service delivery in order to ensure the client gets a service in a timely manner.

This comes down to lack of skilled workers on the intake phone to have the ability to recognize a priority case, to understand the services that their agency provides and is up to date with the new services that the organization has been allocated.

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