



**Physical Disability Council of NSW**  
Ordinary People Ordinary Lives

Australian Government  
Productivity Commission

## ***Caring for Older Australians***

### ***Public Inquiry***

Prepared by  
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## **About the Physical Disability Council of NSW**

The Physical Disability Council of NSW (PDCN) is the peak body representing people with physical disabilities across New South Wales. This includes people with a range of physical disability issues, from young children and their representatives to aged people, who are from a wide range of socio-economic circumstances and live in metropolitan, rural and regional areas of NSW. The objectives of PDCN are:

- To educate, inform and assist people with physical disabilities in NSW about the range of services, structure and programs available that enable their full participation, equality of opportunity and equality of citizenship.
- To develop the capacity of people with physical disability in NSW to identify their own goals, and the confidence to develop a pathway to achieving their goals (ie self advocate).
- To educate and inform stakeholders (ie about the needs of people with a physical disability) so they are able to achieve and maintain full participation, equality of opportunity and equality of citizenship.

## **Significance of physical disability to the ageing process**

As part of the human services framework, PDCN would like to highlight the relevance of key issues affecting people with physical disabilities as they grow older. The significance of this national enquiry has been identified in the issue paper: 'Caring for Older Australians', in that over the next 40 years, the number of Australians aged 85 and over will more than quadruple- from around 400,000 in 2010 to 1.8 million by 2050. With increasing age, the number of people with disability with high support needs is expected to rise significantly. The prevalence of severe and profound disability for older Australians between the ages of 65-69 years is 10%, rising to 58% for older people 85 years and over. Physical and sensory disabilities are the most common types of disability among older people, impacting on their ability to interact and access their community. Figure 1 illustrates the relevance of physical disability to the ageing process.

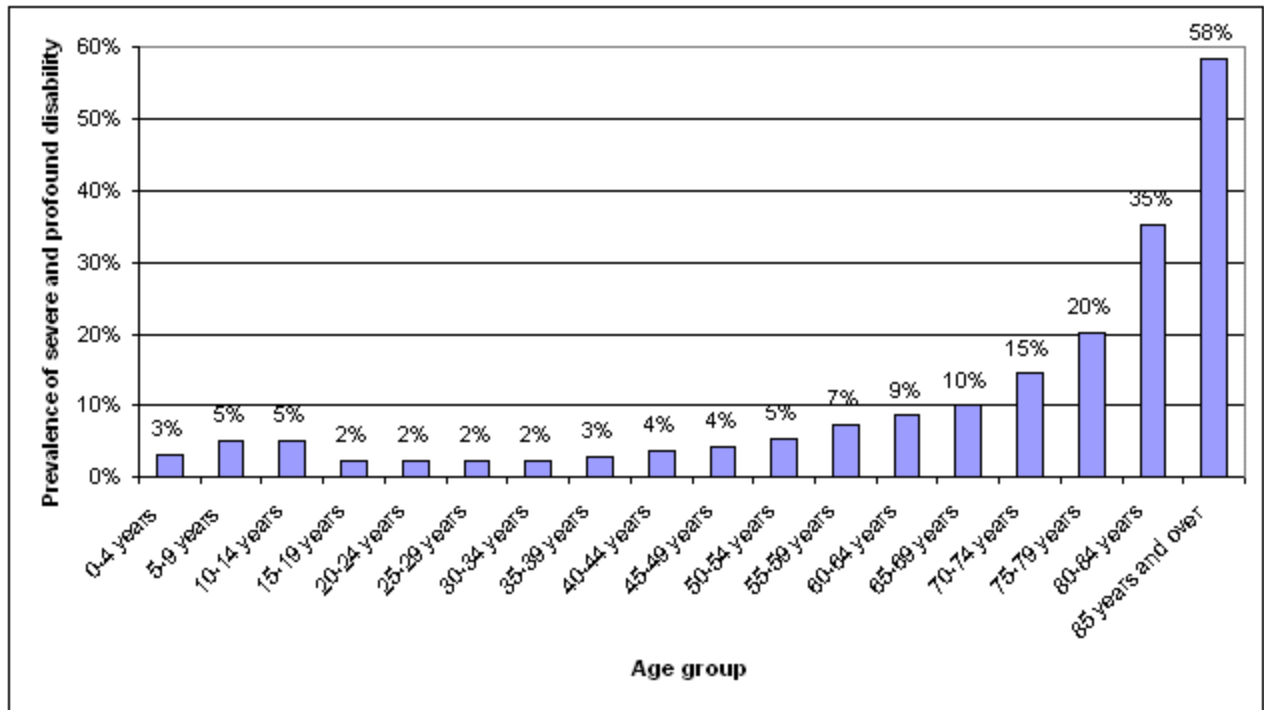


Figure 1: Prevalence of severe and profound disability in Australia by age group <sup>1</sup>

From the age of 65 years the need for assistance in the home increases, peaking at 80-84 years for older people regardless of severity of disability. Most commonly services such as domestic assistance, personal care, meal preparation and transport are sought by older people.

People with severe or profound disabilities who are currently of working age will often develop increased and complex needs as they age. In 2009 it was estimated that there were approximately 600,000 people with severe or profound disabilities, aged between of 0-64 years living in Australia, with approximately 223,000 having a severe or profound physical disability. <sup>2</sup> There is considerable documentation of earlier onset and higher incidence of Alzheimer's disease in people with Down syndrome. There are also suggestions that people with severe physical disabilities such as spinal cord injury and

<sup>1</sup> Australian Government - Department of Families, Housing, Community Services and Indigenous Affairs (2009) National Disability Insurance Scheme (1. Introduction and Background) [http://www.fahcsia.gov.au/sa/disability/pubs/policy/National\\_Disability\\_Insurance\\_Scheme/Documents/sec1.htm](http://www.fahcsia.gov.au/sa/disability/pubs/policy/National_Disability_Insurance_Scheme/Documents/sec1.htm) 28/07/2010

<sup>2</sup> Australian Government - Department of Families, Housing, Community Services and Indigenous Affairs (2009) National Disability Insurance Scheme (1. Introduction and Background) [http://www.fahcsia.gov.au/sa/disability/pubs/policy/National\\_Disability\\_Insurance\\_Scheme/Documents/sec1.htm](http://www.fahcsia.gov.au/sa/disability/pubs/policy/National_Disability_Insurance_Scheme/Documents/sec1.htm) 28/07/2010

brain injury begin ageing earlier than the general population, and that a range of health conditions worsen with increased duration of disability.<sup>3</sup>

Data from the National Disability Insurance Scheme identifies the existing prevalence of 600,000 people with severe and profound disabilities, broken down into the following disability types:

- Congenital anomalies and intellectual disability (82,000)
- Nervous system disorders (41,000)
- Injury (15,000)
- Mental illness (206,000)
- Sensory conditions (12,000)
- Physical conditions (223,000)<sup>4</sup>

## **Information that informs this submission**

People who are ageing with physical disability are a diverse group encompassing a range of ages, cultures, languages spoken, geographic locations, service needs, relationship status, living arrangements and socio-economic statuses.

Maintaining independence is a primary goal of people with disability. A common theme that arises from research involving people ageing with disability is concern about growing dependence on family, services, and the informal carers who live in the same household are the primary source of assistance for people with disability who are aged over 65.<sup>5</sup>

## **Discussion**

The five key areas that this submission focuses on are:

1. Housing

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<sup>3</sup> Australian Institute of Health and Welfare (2000) Disability and Ageing- Australian Population Patterns and Implications P. 39

<sup>4</sup> Australian Government - Department of Families, Housing, Community Services and Indigenous Affairs (2009) National Disability Insurance Scheme (3. Coverage of the NDIS)  
[http://www.fahcsia.gov.au/sa/disability/pubs/policy/National\\_Disability\\_Insurance\\_Scheme/Documents/sec3.htm](http://www.fahcsia.gov.au/sa/disability/pubs/policy/National_Disability_Insurance_Scheme/Documents/sec3.htm) 07/07/2010

<sup>5</sup> Physical Disability Council of NSW, 2008, 'Report on the impact of Ageing on the needs of people with Disability'. <http://www.pdcnsw.org.au/index.php/Publications/impact-of-ageing-on-the-needs-of-people-with-disability.html>

2. Independence (service delivery)
3. Finances
4. Access to community as a site for Social Inclusion
5. Public transport.

These areas of focus have been chosen in recognition of the following two points;

- Firstly, they are issues that are particularly important to people with physical disability.
- Secondly, they are highlighted because careful planning, policy and service responses are essential in facilitating a positive ageing experience for people with physical disability.

## **1. Housing**

### **Why is safe, secure housing important for all members of the community?**

The World Health Organisation recognises the link between appropriate housing and access to community and social services in facilitating the independence and quality of life of older people. <sup>6</sup> When considering the provision of appropriate housing it is necessary to consider the following issues:

- Affordability
- Access to essential services
- Accessibility in design
- Ability to modify and maintain residence

Household wealth refers to the balance of assets and liabilities held by members of a household including investments, housing equity and debt. The proportion of older households with savings invested in the home is high. Overall 82.1 per cent of older households are owner occupiers. The rate amongst older couples was 90.4 per cent and for older singles was 74.5 per cent. Though there are significant regional and market variations, the average home and contents value is around \$409,900. <sup>7</sup>

As the population is rapidly ageing, strategies need to be implemented that ensure the availability of accessible housing whilst ensuring the provision of community care and support services. Internationally innovative policies and programs in accessible housing standards have been developed in a number of countries, such as Japan, Canada and

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<sup>6</sup> World Health Organisation 2007, 'Checklist of Essential Features of Age Friendly Cities'

<sup>7</sup> Australian Government-Department of Families, Housing, Community Services and Indigenous Australians, 2008 'Occasional Paper 21'

the United States.<sup>8</sup> In Australia currently most universal housing design initiatives have been piecemeal, limited in availability, restricted to people with disabilities or older people and of an inconsistent design standard.

Accommodation models available to older people include:

- Conventional residential housing in the community
- Independent living including retirement villas, senior apartment and co- housing. Retirement villages are the most recognised form of alternative housing for older people in Australia. Lifestyle villages and home shared programs also fall within this category
- Aged Care Facilities - Low Care (formally known as hostels)
- Aged Care Facilities - High Care (formally known as nursing homes)

Home modification and maintenance schemes provide affordable, cost effective modifications and maintenance work for people within the HACC target group for people living in their own home or in private rental accommodation. These services allow people to live safely and independently in their own homes and reduce the need for premature admission to residential care facilities.

### **When considering housing what are the additional considerations for people with physical disability?**

People with disability often have limited or minimal savings, household assets or superannuation due to their limited earning capacity, and subsequently do not have equity to reinvest, unlike older people who may have had the capacity to earn a wage throughout their working life. Consequently people with disabilities will not necessarily have the capacity to pay fees and charges for low and high aged care facilities.

The adoption of universal accessible housing standards would ensure that all new housing developments were designed and built to a standard where the majority of people of whatever age could be housed and further reduces the costly need of modifying existing housing. Well designed homes decrease environmental demands on people with mobility restrictions, reducing a person's reliance on acquiring support services to provide assistance in the home.<sup>9</sup>

In a study conducted by the Department of Families, Housing, Community Services and Indigenous Australians (FAHCSIA), to determine the most desirable models of care for young people currently living in nursing homes, there was strong support for the need to provide individual and person centered practices, with the flexibility to take into account changing needs of individuals. Additionally it was suggested that individual funding plans

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<sup>8</sup> The Winston Churchill Memorial Trust of Australia, 2003, 'Churchill Fellowship – A. Starr'

<sup>9</sup> Australian Institute of Health and Welfare, 2007, 'Australia's Welfare' p. 86.

needed to be targeted and well structured, particularly for people with progressive conditions as reflected in the following statements:

*'Residents are supported to live as independently as possible with continuing community access and choice and control over decisions as long as they are able to do so.'*

*'Accommodation should be safe, secure and supportive.'*<sup>10</sup>

Younger people with disabilities with early signs of ageing are often unable to access the services of the Aged Care Assessment Team (ACAT) due to a lack of clarity within the Community Care guidelines.<sup>11</sup> With proposed reforms to the provision of health care where only people 65 years or older will be eligible for aged services, it will become even more unclear about the most appropriate service to seek for advice when the person has premature ageing, is less than 65 years and has a disability.<sup>12</sup>

Approximately 12% of people living in cared accommodation (hospitals, homes for the aged including nursing homes and aged care hostels, cared components of retirement villages, and children's homes.) were people with physical disabilities.<sup>13</sup> Aged care residential facilities are not an appropriate option for younger people with disabilities, though they are often the only option available to young people with high or complex support needs, such as people with acquired brain injury.

Data below<sup>14</sup> highlights the importance of providing access to well designed accessible class 2a buildings, as more than a quarter of Australians live in units, flats or apartments. People with disabilities often prefer living in this type of accommodation because individual landlords or tenants are generally not responsible for outside repairs and maintenance.

Preferred residential type:

- Class 1a buildings- Separate residential dwellings – 77%
- Class 2a buildings- Self contained dwellings including flats, units or apartments, or semi-detached row or terrace houses or townhouse – 21%
- Classes 3a and 9a buildings- Institutional settings such as hostels, boarding houses, residential colleges, staff quarters, prisons, corrective and detention centers – 2%<sup>15</sup>

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<sup>10</sup> Australian Government Department of Families, Housing, Community Services and Indigenous Australians 2006 'Helping Younger People with Disability in Residential Aged Care'

<sup>11</sup> Alt Beatty Consulting (2005) Eligibility to Community Care

<sup>12</sup> Council for Australian Governments (2010) National Health and Hospitals Network Agreement

<sup>13</sup> Australian Institute of Health and Welfare, 2003, Disability Series – Disability Trends and Prevalence'

<sup>14</sup> Australian Bureau of Statistics, 1301.0 Year Book Australia 2008 – Types of Dwellings

<sup>15</sup> Australian Bureau of Statistics, 1301.0 Year Book Australia 2008 - Types of Dwellings

## **Housing- Recommendations for the future:**

**1.1** Increase understanding and awareness of allied health professionals of issues regarding the early onset of ageing on a person already with a disability regardless of age of onset.

**1.2** Support existing COAG reforms aimed at relocating existing residents with disabilities younger than 65 years from aged care residential facilities into community based accommodation with appropriate supports. Additionally developing strategies aimed at preventing the premature admission of young people, below the age of 65 years into cared accommodation.

**1.3** Adoption of an Australian Access to Premises Standard (2010) by all levels of government.

**1.4** Introduction of Universal Accessible Housing Standards that accommodates all residential types, including access to private residential domains and to common areas.

**1.5** Promote partnerships between Local Councils and developers to provide affordable accommodation that includes universal access.

## **2 Independence (service delivery)**

### **What services are important for members of the community as we age?**

The Programs listed below, aim to support older people to be more independent at home and in the community, and reduce the potential for the inappropriate need for admission to residential care facilities. Some services target only older people whereas other programs target both older people and people with disabilities.

- Community Aged Care Packages (CACPs) provide low level aged care in the home for people needing personal care, domestic assistance and similar services.
- Extended Aged Care at Home Packages (EACH) provide high-level care to people who need more help than a Community Aged Care Package can provide.
- Extended Aged Care at Home Dementia (EACHD) packages provide high-level care to people at the highest end of the community care continuum who experience difficulties in their daily life because of behavioural and psychological symptoms associated with dementia.
- Currently the Home and Community Care (HACC) Program is jointly funded by the Australian, State and Territory Governments, with the Australian Government providing around 60 percent of the funding, including the following types of service types:
  - Nursing care
  - Allied health care



- Meals and other food services
- Domestic assistance
- Personal care
- Home modification and maintenance
- Transport
- Linen service
- Respite care
- Counseling, support, information and advocacy
- Assistance with Care and Housing for the Aged (ACHA) Case management program aimed at targeting older people who maybe homeless by accessing HACC services and State Dept Housing departments.
- Transition Care 12 week program following discharge to determine whether community based residential care is still appropriate
- Attendant Care Program is available to people living in the community, older than 65 years as long as assessment was done prior to their 65th birthday.

A number of other programs aim to provide a break to the carer including:

- Support for Carers - The Australian Government recognises the significance of carers, and offers them a break from caring.
- Commonwealth Carelink Centres provide information about community, residential and aged care services in local regions throughout Australia.

### **What additional services and programs are relevant to people with physical disabilities?**

The Program of Appliances for Disabled People (PADP) provides equipment, aids and appliances to eligible people with life- long or long- term disabilities living in NSW, to assist them to live and participate in the community. Equipment items provided through PADP include showering and toileting aids, wheelchairs, seating support systems, lifting equipment, continence aids, communication devices, environmental control units and breast prosthesis.

Previous reviews of the PADP program highlight that demand for aids and equipment has increased significantly due to the ageing population, resulting in unmet needs and excessive wait lists. In NSW priority is based on a 4 tiered classification based on individual need and assets. Failure to provide aids and equipment in a timely manner can result in exacerbating existing health conditions or the opportunity to participate in activities of daily living, such as going to work, studying or participating in community activities.

People using PADP need to pay a one- off annual payment of \$100 before acquiring aids and equipment. As many people with physical disability receive government benefits or limited incomes, this further limits their capacity to acquire household assets, adding to existing financial strain.<sup>16</sup>

When considering the annual PADP budget for the NSW Department of Health, the co-payment accounts for a minute amount of income. In 2007 these co- payments made up approximately 0.2% of the NSW Department of Health income, and consequently PDCN believes that this charge is unnecessary should be abolished.

Community services often consider the needs of the carer with little regard for the person with the disability. To ensure quality service, service providers need respect all members of the family unit, and to apply the following five principles when ever providing a service:

- 1 Provision of person-centred services that enable each consumer to explore individual strengths and goals and work towards achieving the outcomes they desire, with security of support for those who need it.
- 2 Culturally-appropriate, socially inclusive and sensitive to individual circumstances, social context and relationships, enabling the consumer to continue with what is important to them.
- 3 Flexibility and responsiveness to the range of changing needs, interests and choice of consumers.
- 4 Support that enables the positive relationship between consumers and carers to prosper.
- 5 Recognition as a fundamental and valued part of society that grows and develops to meet the changing expectations of consumers, carers, funders and the workforce.

Nationally there is approximately 140 day therapy centres, with most located in or near aged care homes. These centres may provide a wide range of therapy services such as physiotherapy, occupational and speech therapy, podiatry and other therapies. Fees are charged at some Day Therapy Centres. Over the past thirty years many large disability service providers have stopped providing centre- based adult day care programs, and consequently the need for aged- care day therapy centres has increased. The eligibility criteria for day therapy centres needs to be clarified to ensure access for younger people with disabilities, in a similar way to the provision of ACAT services.

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<sup>16</sup> NSW State Government- Legislative Council General Purpose Standing Committee 2 (2008) The Program of Appliances for Disabled People

## **Independence (Service delivery): Recommendations for the future**

**2.1** Provide services that are person-centred that enable each consumer to explore individual strengths and goals and work towards achieving the outcomes they desire, with security of support for those who need it.

**2.2** Abolish the annual \$100 PADP co- payment with the purchase of goods and equipment through NSW Department of Health.

**2.3** Review eligibility criteria for day therapy centres and increase staff awareness and understanding of issues regarding the early onset of ageing for a person already with a disability, and issues regarding the impact of the ordinary ageing process on a person already with a disability.

## **3 Finances**

### **Why is it important for all members of the community?**

Currently approximately 78% of older people receive the Age Pension, or a similar payment from the Department of Veterans Affairs. Following review of the Age Pension, the qualifying age for both men and women will increase to 67 years by 2023. Over 2 million older people receive a full or part pension, with more than half receiving a full-rate pension. Currently around 58% of pension recipients are women, and more women than men receive a full pension.

Both recipients of the Age Pension and Disability Support Pension receive the following amounts for fortnight: singles - \$644.20, and couples - \$485.00. Age Pension recipients have relatively modest levels of assessable assets and income in comparison to people receiving the Disability Support Pension. The average value of assessable assets was just over \$32,000 for people receiving the full pension and approximately \$133,000 for those not receiving the full pension.<sup>17</sup>

### **What are the additional considerations for people with physical disability?**

People with physical disability often rely on government benefits such as the Disability Support Pension as their sole or partial means of income with the following benefits:

- Mobility Allowance
- Health initiatives including:
  - Continence Aids Assistance Scheme
  - Pharmaceuticals

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<sup>17</sup> Australian Institute of Health and Welfare (2008) Disability in Australia: trends in prevalence, education, employment and community living

- State Government aids and equipment programs
- National Disability Agreement programs such as the Attendant Care Program

People receiving the Disability Support Pension (DSP) or the Age Pension are provided with a transport allowance, but receipts receiving the DSP receive a non-means tested cash payment of \$80.50 fortnightly, whereas people receiving the Age Pension receive a travel concession. As this travel concession can only be used on public transport providers that provide physical accessibility, the travel concession provided with the Age Pension has limited application for people with physical disability that need physical access.

Labour force data shows stark differences in unemployment and labour force participation rates between people with a disability and people without, showing that people with physical disability are more than twice as likely to work part time. Consequently many people with a disability rely on income support payments as their sole or supplementary source of income. As a consequence of reduced household income with the need to pay many additional costs associated with having a physical disability, careful budgeting is required.

Often fees and charges are required to access services and programs provided by government bodies. People with disabilities who earn an income may choose to purchase goods to avoid long wait-lists, but often for items that can't be deducted as a taxable item. Such items include:

- Personal care services
- Travel expenses
- Aids and Equipment costs.
- Home modifications

The introduction of Special Disability Trusts in 2006 provided families with the opportunities to make private financial provision for the current and future care and accommodation needs of family member with a severe/ profound disability. More recently the Commonwealth Government has introduced a number of reforms to assist families by removing the following barriers:

- Allowing beneficiaries to work up to seven hours a week and still qualify for a Special Disability Trust,
- Providing greater scope in the way trust funds can be used, and
- Allowing the trust to undertake a level of discretionary spending that is not directly related to the care and accommodation needs of the beneficiary.

Based on legal opinion a Special Disability Trust is only useful in limited circumstances such as;

- For parents who would leave significantly more than \$500,000 for their beneficiary, a Special Disability Trust maybe beneficial.
- For parents who would leave less than the assets test limits (approx. less than \$240,000) for their beneficiary, a Special Disability Trust would probably not be beneficial.
- For parents leaving funds between \$240,000- \$500,000, a Special Disability Trust maybe beneficial.<sup>18</sup>

Individualised self directed funding is the provision of public funding that is allocated to the individual based on his/her unique strengths and needs, and placed under the control of the individual to enable them to live in the community as a full citizen.

Reform to the delivery of disability services is needed urgently. A scheme that promotes individual self- directed funding would facilitate greater equity of service delivery, address unmet need, and provide greater reassurance about the future, whilst increasing the economic and social participation of people with a disability and meeting national and international human rights legislation.<sup>19</sup>

Due to differences in age, gender, culture, household wealth, and living circumstances, individuals with disabilities have diverse and unlike needs. To effectively provide for these different needs, PDCN believes that the provision of the individualised self-directed funding is the most efficient and cost effective way of servicing the large variety of needs. A program providing individualised self- directed funding needs to be based on the following principles:

1. Independent Living - Individuals can get the support needed to live independently.
2. Individual Budget – Individuals are aware of how much money they use their support.
3. Self-Determination - Individuals have the support where necessary to make personal decisions.
4. Accessibility – Individuals understand the rules and systems and can easy access assistance where required.
5. Flexible Funding - Individuals use funding as flexibly and creatively as needed.
6. Accountability – Individuals are aware of how much funding they use, and prepared to provide peer- support whenever needed

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<sup>18</sup> Coleman and Greig- Solicitors and Notaries, 2008, 'A Plain English Guide to Special Disability Trusts', <http://www.colemanandgreig.com.au/Disability.pdf>

<sup>19</sup> Australian Government- Department of Families, Housing, Community Services, and Indigenous Affairs (2009) PricewaterhouseCoopers- National Disability Insurance Scheme

7. Capacity – An individual's capacity is not doubted and information and support can be accessed as needed.

### **Finances: Recommendations for the future**

**3.1** Provide ageing people with physical disability over 65 years with the option of receiving either the Mobility Allowance or Travel Allowance, as a financial payment rather than a benefit that can only be used on accessible public transport.

**3.2** Introduction of Individualised Self- Directed Funding.

## **4 Access to the Community as a Site of Social Inclusion**

### **Why is social inclusion important for all members of the community?**

Social participation is recognised globally as a key element of healthy ageing.<sup>20</sup> The World Health Organisation advocates for a framework called Active Ageing, a concept they explain as;

*'The process of optimising opportunities for health, participation and security in order to enhance quality of life as people age.'*<sup>21</sup>

Facilitating active ageing requires acknowledgement of some common dynamics faced by people as they age. Lifestyle changes such as retiring from full time work, losing a partner and/or reduced levels of mobility can impact on a person's opportunities to participate in community. Older people facing economic, physical and social barriers to community can experience increased levels of depression and loneliness<sup>22</sup> coupled with reduced access to services and other avenues of support.

The built environment can play a large part in promoting or inhibiting social inclusion. The World Health Organisation's Checklist of Essential Features of Age Friendly Cities highlights age friendly approaches to the built environment. The list advocates a range of inclusions that if utilised produce a built environment in which barriers to access are minimised. These include outdoor spaces that provide adequate illumination, non slip surfaces, wheelchair clearance, kerb ramps, safe, regular pedestrian crossings, ample public seating and accessible public toilets. The checklist also calls for buildings that are equipped with accessible toilets, signage and continuous pathways of travel.

The recently launched *Disability (Access to Premises – Buildings) Standards* will clarify how designers, developers, managers and building certifiers can meet their

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<sup>20</sup> Joint submission- Council on the Ageing and the Physical Disability Council of NSW (2010) Inquiry into Planning Options and Services for People Ageing with a Disability

<sup>21</sup> World Health Organisation, 2002, 'Active Ageing: A Policy Framework'

<sup>22</sup> Australian Institute of Health and Welfare, 2009, 'Australia's Welfare- Chapter Three Ageing and Aged Care'.

responsibilities under discrimination law to ensure buildings safer and more accessible for everyone.

### **What are the additional considerations for people ageing with physical disability when considering social inclusion?**

As with many areas covered by this submission it should be pointed out that people with physical disability face many of the challenges to social inclusion and community access encountered by older people generally. However there are additional considerations. A paper produced by National Disability Services of Western Australia notes that;

*at a systems level people with a disability are more likely to experience poor health outcomes, social isolation and poverty when entering the ageing life stage.*<sup>23</sup>

Low levels of workforce participation can result in constrained opportunities for developing social relationships and accumulating the funds needed to engage in social pursuits. Apart from social and economic barriers, people ageing with disability face physical barriers of access that impede their ability to remain socially connected in their communities. Participants involved in a study of ageing with disability conducted by the Physical Disability Council of NSW (PDCN)<sup>24</sup> told how community gatherings that traditionally target older people are not always located at sites that are accessible. Similarly, community group outings can be designed around the capabilities of people who are mobile- therefore excluding people with physical disabilities. These are important points as community participation in retirement is thought to assist people with disability maintain their skills and competencies for longer periods.

The progressive nature of some physical disabilities and the impact of age related health conditions can see people ageing with physical disability face a heightened the risk of social isolation. For this reason it is especially important that the physical environment pose no barriers for them to socialise or complete even the most mundane day to day tasks. This means that urban planners, legislators, local government agents, builders, designers and developers all have a role to provide optimum levels of access for people with disability.

The natural topography of some areas will present barriers to accessibility that cannot be easily overcome. However, if as a society we commit to eradicating the barriers that can be overcome a more inclusive and welcoming community environment can be realised.

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<sup>23</sup> Joint submission- Council on the Ageing and the Physical Disability Council of NSW (2010) Inquiry into Planning Options and Services for People Ageing with a Disability

<sup>24</sup> Physical Disability Council of NSW, 2008, 'Report on the impact of Ageing on the needs of people with Disability'. <http://www.pdcnsw.org.au/index.php/Publications/impact-of-ageing-on-the-needs-of-people-with-disability.html>

Community spaces inhabited by users of all ages and physical capabilities would also contribute to attitudes of acceptance and understanding.

Planning for a future in which our population is ageing requires not only individual action and service planning but also commitment, direction and action to eradicate the physical barriers that produce inactive, isolated and therefore unhealthy ageing processes.

### **Access to the Community as a Site of Social Inclusion: Recommendations for the future**

**4.1** Implementation of the *Disability (Access to Premises – Buildings) Standards*<sup>25</sup>.

**4.2** The promotion of recreational and community programs must include substantial information about the accessibility of the venue, parking facilities and transport options. Information about any possible barriers to access should also be available.

**4.3** State and Federal Governments to provide funding to Local Governments to facilitate links between residential areas and local transport options, providing continuous accessible paths of travel.

## **5 Transport**

### **Why is transport important for all members of the community?**

The World Health Organisation considers transport to be one of the key elements in enabling access for all members of the community. Transport links people with health care, essential commodities, services, the workplace, family, support networks and recreational activities. Without these links the ability to remain active and socially connected is greatly impaired.<sup>26</sup>

To empower older people's ability to participate in society and remain connected to services and social networks, transport options must not only exist but they must be accessible, regular, safe and affordable. Ensuring an active and healthy experience for all people as they age also requires that transport options are equitably distributed across Australia. Accessible and affordable public transportation services are needed in both rural and urban areas so that people of all ages can fully participate in family and community life.<sup>27</sup>

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<sup>25</sup> Australian Government- Attorney General's Department (2010) *Disability (Access to Premises – Buildings) Standards*

<sup>26</sup> As outlined in the WHO, 2007, '*Checklist of Essential Features of Age Friendly Cities*'.

<sup>27</sup> World Health Organisation, 2002, '*Active Ageing: A Policy Framework*', p.27.



## **What are the additional considerations for people ageing with physical disability?**

Physical disability adds another dimension to the importance of transport because it is such an integral part of remaining mobile and independent. Research carried out by the Physical Disability Council (PDCN) of NSW into people ageing with disability noted driving as the most common form of transport utilised by the people involved in this survey. Affording a motor vehicle in retirement or on a limited income, such as a Disability Support Pension, is difficult for many people.

*“When I retire, mobility aids and car may be unaffordable” - (Margaret – older person with early onset disability) <sup>28</sup>*

As people age they are faced with more tests to retain their driver’s license. It is common for older people to be concerned about giving up or losing a driver’s license as driving contributes to independence. For older people with physical disability this loss is more keenly felt because other accessible transport options are not always available or affordable.

*“My car is my leg, without it I would be totally confined in my own home” - (PDCN Member) <sup>29</sup>*

Where accessible transport options do exist, the distance between accessible options pose issues of affordability for people with physical disabilities travelling on public transport.

*Lisa uses a motorized wheelchair and lives in the NSW Blue Mountains’ township of Hazelbrook 1km from the railway station. Hazelbrook Station is not wheelchair accessible. Lisa has the choice of two accessible stations: Katoomba is 16km away and Springwood is 14.4km away. Lisa could catch a wheelchair accessible taxi to Katoomba at an approximate cost of \$40 each way. There are no wheelchair accessible taxis in Springwood therefore if Lisa is travelling home from the city she has to go past her stop by four stations (23minutes) and catch a taxi back down the mountain at a cost of (\$40). Wheelchair accessible bus services between to Katoomba and Hazelbrook only run between 12.44pm and 4.30pm (3 each way per day Mon-Fri; one on Saturday and none on Sundays or Public Holidays).*

*Lisa could catch a wheelchair accessible bus from Springwood station to Hazelbrook but only if she was travelling at 9.35am or 10.27am between Monday to Friday- there is one wheelchair accessible bus on Saturday and none on Sundays or Public*

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<sup>28</sup> Physical Disability Council of NSW, 2008, ‘Report on the impact of Ageing on the needs of people with Disability’. <http://www.pdcnsw.org.au/index.php/Publications/impact-of-ageing-on-the-needs-of-people-with-disability.html>

<sup>29</sup> Physical Disability Council of NSW, 2008, ‘Report on the impact of Ageing on the needs of people with Disability’. <http://www.pdcnsw.org.au/index.php/Publications/impact-of-ageing-on-the-needs-of-people-with-disability.html>

*Holidays. If Lisa wanted to travel by wheelchair accessible bus to Springwood station her only options would be 9.05am or 11.15pm (Mon-Fri).<sup>30</sup>*

Government programs such as the Taxi Transport Subsidy Scheme are available to assist people with the cost of taxis; however the maximum subsidy per fare is 50% of the fare, capped at \$30. Similarly, to be eligible a person must be unable to use public transport. Financial status and/or remoteness are not considered in assessing inability to use public transport.

When considering the complications, time constraints and costs outlined in the case study above it is fair to say that driving is the only practical option available to someone like Lisa. Keeping a car on the road is an expense that many people on low incomes find difficult. As has already been noted, many people with physical disability face long term economic disadvantages that only increase as they age. For people ageing, the affordability of a motor vehicle is not the only concern. There are also concerns about how they will remain mobile should cognitive or progressive physical issues force them to give up their licenses in the future.

*—Without a car, license and money for petrol, insurance, etc. we would be isolated.  
(Kevin- an older person with late onset disability)<sup>31</sup>*

Ensuring quality of life for people ageing with disability must include a greater commitment from all levels of government to bring about an environment in which people ageing with disability can access a range of transport options. Without immediate action we are facing a future in which many older people will be isolated in their homes. The availability of more comprehensively available, accessible transport options could also realistically reduce the demand for certain in home services.

## **Transport: Recommendations for the future**

**5.1** Review of compliance to the Transport Standards under the *Commonwealth Disability Discrimination Act* should consider the full range of accessible transport options available in a geographic area to establish whether there is an equitable provision of services for people with disability. Timetables should be included in this review to ascertain access to return journeys.

**5.2** Additional and targeted funding should be made available to Community Transport so they can expand their services in areas that are found to have low levels of accessible transport options.

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<sup>30</sup> Joint submission- Council on the Ageing and the Physical Disability Council of NSW (2010) Inquiry into Planning Options and Services for People Ageing with a Disability

<sup>31</sup> Physical Disability Council of NSW, 2008, 'Report on the impact of Ageing on the needs of people with Disability'. <http://www.pdcnsw.org.au/index.php/Publications/impact-of-ageing-on-the-needs-of-people-with-disability.html>

**5.3** No Interest Loans should be available to people with physical disability for the purpose of purchasing a new vehicle and/ or vehicle modification.

**5.4** The five year review of the effectiveness of the Commonwealth *Disability Standards for Accessible Public Transport* (the Transport Standards)<sup>32</sup> should be released for public information and comment within a year of its completion.

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<sup>32</sup> Australian Government- Attorney General's Department (2007) 5 yearly Review of the Commonwealth Disability Standards for Accessible Public Transport