

## SUBMISSION ON PRODUCTIVITY COMMISSION DRAFT REPORT

### *CARING FOR OLDER AUSTRALIANS*

It was pleasing to read the Commission's Draft Report, *Caring for Older Australians*, and to review the many draft recommendations to the Australian Government.

We at GREAT Community Transport Inc. wish to provide some additional comments on the community transport proposals on the Report, based on our 24 years' experience in this area of essential service provision. Our comments focus especially on Recommendation 8.4:

*'The Australian, state and territory governments, should only continue directly to block fund programs where there is a demonstrated need to do so based on a detailed consideration of scale economies, generic service need and community involvement'* and Recommendation 11.5:

*'The proposed Australian Aged Care Regulation Commission (Draft recommendation 12.1) in assessing and recommending scheduled care prices, should take into account the costs associated with:*

- \*volunteer administration and regulatory costs*
- \*appropriate training and support for volunteers*
- \*reimbursement of out-of-pocket expenses for those volunteers who are at risk of not participating because of these expenses.'*

Some of our comments will also relate to the formation and activity of the proposed Australian Seniors' Gateway Recommendation 8.1.

### **ACCESS**

\*Many, perhaps even most, of our clients, make their first use of a HACC service by way of transport. This often occurs prior to any requirement for other in-home service and sometimes many years before that type of service is needed.

\*Transport needs typically arise due to:

Sudden disability of the client who, due to a fall, sudden illness or other event, is no longer able to access public transport or alternatively make private arrangements for transport to a necessary appointment;

\*Unavailability of a driver, often a spouse or family member, due to illness, death or loss of a driver's licence.

Whilst more accessible public transport is gradually being made available in most densely settled areas, there are still large gaps, especially in the outer suburban areas of our operations. Additionally there is the difficulty of moving from the home to the access point or in moving from the set-down point to the destination of the doctor, hospital, shop or whatever. This distance to and from transport is often the real issue when combined with the client's disability.

\*Home transport needs arise due to the distance to be travelled to the hospital, specialist's etc appointments. We have many clients who commonly need trips of 50-80 kms for this purpose. Whilst clients may be able to move about their local area

independently, time taken and parking represent a real barrier for some. Our average distance for trips is 8.2 kms from Penrith, and 11kms in the Blue Mountains, with this average masking the huge variations in both time and distance.

\*Transport is often needed urgently. We commonly get 1 to 2 days' notice of a sudden hospital appointment or urgent referral to a specialist. It is a real challenge to meet these needs and to conduct the necessary client assessment quickly to enable the client to meet their needs. In the twelve month period 2009 to 2010 new client assessments were 694, with 806 reassessments also being carried out. It is not possible to put people needing immediate transport assistance on a "waiting list" or into a Gateway system that requires a long lead in time.

\*Demand for transport can be typically episodic. Clients often need several or a considerable number of trips occasioned by illness or temporary disability, followed then by large gaps, possibly even years, before their next service request. Gradually, with age, health deterioration or other events, requests become more regular, and at the latter stages in-home care becomes involved more fully.

#### \*Conclusion.

In the light of the above we have real reservations about new or repeat clients needing to be referred via the proposed Australian Seniors' Gateway. We question whether the centralised access points will be able to be responsive enough, and whether they could be as effective as a localised community-based service which caters for transport needs.

There is also a question as to whether the provision of all transport referrals would be the most effective and efficient use of resources of the proposed Gateway service. This applies particularly when transport is the only service accessed, and in view of its often temporary nature.

The centralised provision of a 'one stop shop' for the provision of information, advice and referral from the Gateway to a localised community transport or other service does seem a useful supplement to current service and will meet a need for many families considering aged care for a loved one.

## **FUNDING**

\*Current budgets are inadequate to meet all the needs currently presenting, especially in the health-related area. Whilst hospital and medical appointments may not be the primary focus of HACC, it is the area of most pressure and growth in our service. Current NSW Department of Health funding in this area is grossly inadequate. In our case, we made 15,467 trips for hospital and 16,545 trips for medical appointments in the 2009/2010 year.

\*It could be more efficient and effective overall if all government funding for HACC type clients were to be provided from one source. Provision of the funding from HACC would, we submit, make for easier management across the total service and easier accountability to government for total operations.

\*Our current service levels would need to be drastically cut if we did not have our current level of volunteer support. This is commented on below, and in our case we believe is equivalent to a market value in the range of \$550,000-\$700,000 pa which

represents an extraordinary subsidy to current total government grants of approximately \$1,200,000pa.

\*Conclusion

We consider that block funding for transport service is appropriate and desirable, as it enables certainty of service provision and overcomes some of the potential difficulties of a centralised assessment and referral service for our type of client. The total level of funding does need to be kept under constant review and to reflect the level of demand emerging from an ageing population.

**VOLUNTEERS**

We were pleased to see the recognition of the very valuable part which volunteers play in their many roles in the aged care area. This resource probably does represent all that is best in our community, and provides very substantial assistance to those in need as well as a large supplement to government funding. Some additional information on our use of volunteers is provided below. Their continued support is essential for our service.

\*GREAT Community Transport Inc currently has 132 volunteers undertaking a wide variety of roles. All our initial telephone and receptionist duties, much office work, and many volunteer drivers and carers are used on a daily basis. These volunteers number approximately

58 drivers

38 carers

26 office-related duties

10 Board of Management members

\*To manage and support these volunteers we employ a part-time volunteer support worker and supplement this role with other occasional resources especially at management level.

\*Our own fundraising efforts and non-recurrent government funding has resulted in 7 cars being made available solely for use by volunteer drivers. In a typical year each of these vehicles averages 16,000 kms, and these trips are mainly for hospital and medical appointments. Volunteer trips average approximately 14km from Penrith and 20km in the Blue Mountains with this reflecting our use of volunteers for many longer trips.

\*Use of volunteer drivers for longer trips means that paid driver/carers and wheelchair accessible vans are available to meet the higher need client, more local demands and the essential group shopping and social trips. We also maintain a daily shuttle service from Penrith to Westmead Hospital by van and paid driver/carer.

\*We find that the increasing concentration of both hospital and medical specialists is gradually requiring longer distance trips and longer waiting times. These are a heavy burden on the service, which is alleviated by the use of volunteer drivers and our own cars.

\*Provision of our own vehicles for volunteer use has given us many more volunteer drivers who appreciate the provision of a modern, fully maintained vehicle in preference to using their own vehicle.

