

# NSW Community Transport Organisation

## These comments were prepared by:

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## A presentation will be given to the hearings on 29<sup>th</sup> March by:

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## BACKGROUND

The Community Transport Organisation ([www.cto.org.au](http://www.cto.org.au)) is the peak body for over 130 Community Transport providers in NSW. It was established to increase the understanding and knowledge of Community Transport issues in the State through research and education; the provision of advocacy, information and membership support to Community Transport providers across NSW.

Community Transport is primarily a HACC funded service providing transport to the frail aged, people with a disability and their carers. In 2009-10 it is estimated that 35 million kilometres of service was driven providing nearly 3 million trips to around 200,000 clients across NSW. Community Transport employs an estimated 1,000 drivers but uses around 3,000 volunteers to deliver this service. About 1,000 vehicles are owned by the Community Transport services but many more volunteer's vehicles are used.

The CTO welcomes the opportunity to comment on the Productivity Commission's Draft Report, *Caring for Older Australians*, January, 2011. Our comments draw on consultation with our membership.

These comments are made in the context of our concerns regarding the impact of Australia's ageing population on Community Transport and the ability of Community Transport to deliver services; and social justice issues for Community Transport clients, especially in rural and remote communities.

We acknowledge that Australia is currently facing an aged care crisis and welcome the Productivity Commission's Inquiry and recommendations for reform of the system.

Ageing is too often seen as a problem because of the economic pressures it places on a society and the potential burden on government and tax payers. However, there are great opportunities for reform across the sector, such as integration of service streams, care innovation and reform of funding arrangements.

Dignity and respect must be the core principles of all aged care across Australia.

Community Transport is an essential service for the promotion of wellness in ageing.

Our core recommendations are to ensure:

- The continuation of block funding for Community Transport,
- The roll out of Community Transport programs across Australia to establish equitable and accessible levels of transport for all Australians, especially those in rural and remote communities, and
- The integration of Community Transport into the broader transport model operating in Australia.

In particular, we wish to comment on the following aspects of the Draft Report:

1. Funding for Community Transport Services,
2. The role of Community Transport as a specialised transport service
3. The "Gateway" to aged care services and its implications for Community Transport.

***There will always be people for whom public transport is not an option, and will never be an option due to frailty, disability or other special care needs. These people constitute the core target group of HACC funded transport services and remain the priority for funded services.***

***HACC Program Transport Guidelines 2010  
NSW Ageing Disability and Home Care***

## COMMENTS

### 1. FUNDING

Community Transport acknowledges and appreciates the recognition given in the Productivity Commission's Report to the need to continue block funding for Community

Transport services. This is essential to support the level of investment in infrastructure, namely vehicles; that are essential to maintain services to our client group.

However there are still a number of issues which need to be addressed around the funding arrangements.

### **(i) Inconsistencies in Funding Allocation**

There are no standard funding levels and there are gross inconsistencies in funding levels to Community Transport organisations across the State. Whereas, other funding streams have efficient and accountable benchmarks, this is not the case for Home and Community Care (HACC) funding. This creates major problems in delivering standardised Community Transport across Australia.

Funding inconsistencies between organisations and regions generates service unfairness across geographic areas and demographic groups. The current ad hoc funding mechanisms do not account for the tyranny of distance or the diversity of service provision.

### **(ii) Increasing demand**

Due to the increasing number of people requiring services, Community Transport providers are now triaging passengers, rationing trip usage and have to “say no” to an increasing number of requests every year. Meeting future demand generated by an ageing population, will be even more problematic as many organisations are now at capacity, with little if any room to accept new clients.

Example: Clarence Community Transport based in Maclean on the north coast of New South Wales regularly provides volunteer driven health related transport to Brisbane and Sydney in privately owned vehicles. Volunteers are reimbursed at \$0.57 per kilometre and demand is such that priority is only given to people requiring essential medical transport such as dialysis or chemotherapy.

Example: Young Community Transport in New South Wales won the Community Transport Service Provider of the year in 2010 however is unable to afford a full time manager, relies on donations, volunteers and privately owned vehicles to maintain service levels.

### **(iii) Increasing Cost Pressures**

Without sustainable growth funding Community Transport will find it increasingly difficult to meet future cost pressures such as wage increases, capital asset replacement and compliance requirements.

### **(iv) Special Needs Groups**

Special needs groups have been identified within the HACC target population as they may experience particular difficulties in gaining access to services. This is of particular relevance to Aboriginal and Torres Strait Islanders (ATSI) and people from CALD communities.

It is the responsibility of the service providers to engage in planning and identification of specific target groups within their local areas, however once identified, the issue of funding

becomes paramount. Community Transport providers, HACC Development Workers, Transport Development Workers and Aboriginal Elders have clearly identified transport issues within various communities but there is no funding to address these ongoing issues. Consequently people do not receive a service.

Example: Northern Rivers Community Transport based in Lismore provides affordable and reliable transport services to community groups and individuals from Lismore, Kyogle, Woodenbong, Muli Muli, Casino, Coraki, Box Ridge, Bonalbo, Tabulam and Nimbin in Northern NSW Australia. More funding is required to implement further services to address unmet needs in remote communities that have no transport opportunities.

Example: South Sydney Community Transport in Redfern provides the Russian, Chinese and Turkish communities with culturally relevant HACC Transport however the service acknowledges that demand for group and individual transport far outweighs supply. Increased funding is required to address the growing need for Community Transport to emerging and established CALD communities.

#### **(v) Rural and Remote Areas**

There are areas in NSW where there is no public transport - buses, taxis or trains do not exist. The only transport that is available to some regions is Community Transport. For people in isolated areas transport is prohibitive, costly and not accessible.

Older Australians in rural and remote communities experience extreme transport disadvantage. There needs to be systemic reform of planning and service delivery in these areas with substantial increases of funding, resources and coordination to address these inequities.

#### **(vi) Contractual arrangements**

Community Transport in NSW is only a small player in the overall HACC budget, receiving around \$34 million in HACC funding a year.

Community Transport is somewhat different to other HACC services in that the funding for our services and our contracts are administered by the NSW State transport authority, Transport NSW. Under the proposed Health and Aged Care reforms it is understood that funding of services for clients over the age of 65 years will become the responsibility of the Commonwealth and we understand that the NSW Department of Disability and Aged Care will not be involved. Is this also the case for the State transport authority in NSW? If so we are anxious to understand how our funding stream will be managed.

Recommendation: That Community Transport retains block funding and that yearly increments are guaranteed to meet the increased costs associated with delivering services. There also needs to be an implementation of standardised funding benchmarks to ensure equity for all communities.

## **2. SPECIALISED TRANSPORT SERVICE**

Community Transport is much more than just driving clients. It is a complex, personalised and highly specialised service. It provides a range of service types at an individual and group level.

### **(i) Transport Expertise**

Providing transport is a specialised service requiring expertise particularly in vehicle fleet management and trip scheduling. Transport services are more efficient where patronage is highest. The ability to aggregate and organise passengers into more efficient services is only possible where a system of operators is allowed to develop at a scale large enough to achieve maximum utilisation of vehicles and resources.

One of the weaknesses of the current HACC funding system has been the disaggregation of the HACC transport market and funding allocations. Transport funding has been spread, not only to many Community Transport services, but also to other service providers who don't necessarily have transport expertise, as transport is not their core business. Consequently there is a proliferation of underutilised vehicles in the community, so that the best value for money from the funding dollar has not been realised.

Recommendation: The allocation of all funding for transport is through the Community Transport services.

### **(ii) Special Transport Needs**

As well as transport management expertise, Community Transport staff have specialised training and skills in providing transport for those who are aged and have a disability. They provide door to door service (as opposed to kerb to kerb, provided by other public transport systems) and they have a duty of care to their clients who are individually known to them.

An increasing proportion of trips made by Community Transport services are for transport to medical appointments which range from the local doctors, to specialist appointments often in regional centres, hospital admissions and discharges and regular clinical treatments such as dialysis and chemotherapy. Community Transport drivers, who are often volunteers, need to be aware of, and have knowledge of how to deal with frail, unwell clients.

As well as specially trained staff, Community Transport vehicles are also specially modified for the less mobile and people with a disability.

Only some Community Transport providers receive limited funding from the NSW Department of Health which covers only a small proportion of the cost of health related transport (HRT) that is provided. Other Community Transport services receive no health related transport funding at all. Medical transports currently account for 30% of all Community Transport trips across NSW, but this is much higher in some areas and, if the current trend continues, some areas expect that all of their HACC budget will be used by HRT by 2025.

Example: In Northern Sydney there are 5 Community Transport providers, all providing regular services for clients to the Royal North Shore Hospital. Two services receive a small amount of HRT funding, the others don't.

Example: Manly Warringah Pittwater Community Transport provides a Health Related Shuttle bus to Royal North Shore Hospital for the frail aged, people with a disability, carers and transport disadvantaged in the Manly Warringah and Pittwater LGAs, which has no funding from the Health Department. Service is subject to availability. Bookings are essential.

The issue of the role of Community Transport as a health transport provider and the role of the Health Department in funding that transport needs to be considered. Guidelines also need to be developed to draw the line between transport which it is reasonable for a Community Transport to provide and one that needs specialised medical transport. These issues were not covered in the Commission's Draft Report.

### **(iii) A Wider Transport Service?**

Under current HACC service guidelines, services are targeted at that segment of the population that are HACC eligible. The HACC eligibility criteria generate boundary issues between aged care programs and providers. Hopefully these boundaries will be removed under the Aged Care reforms, so that an aged care transport system will provide transport for all aged care clients.

However, while the majority (80%) of the transport trips provided by Community Transport are funded through the HACC program, Community Transport services also receive funding from other sources. These include:

- The State Community Transport Program (CTP funding)
- The State Health Department
- Local Councils (both cash and in-kind support)
- The Cancer Council of NSW
- Community Service Groups e.g. Rotary, RSL Clubs etc

Under these funding sources, services can generally be provided to non-HACC clients, so are free of the HACC eligibility criteria, even though there may be other criteria to meet, such as within a particular local government area, deemed to be "transport disadvantage either financially or spatially. With the addition of these other funding sources Community Transport can provide a transport service for a wider target group than just the HACC population. Thus a bigger market allows for more efficient service delivery, as discussed above.

Community Transport has the potential to provide transport to all people who do not have private transport and who cannot access mainstream public transport. However in doing so Community Transport is restricted by the fact that it is not an accredited transport service under the NSW Passenger Transport Act and must be careful not to contravene the conditions of that Act. To be totally effective as a transport system for the aged, people with a disability and other transport disadvantaged people in the community, Community Transport would need to be part of, or at least link with, the wider State transport systems. This could provide an all inclusive seamless transport system providing equity and access for all the community.

A more efficient transport system would be competitive and able to tender for services to other aged care service providers administering CDC packages, the Health system, Day Care Centres and other disability service providers.

There is concern that this aspect of the potential for Community Transport development is not being considered in this review of Age Care Services and that only the aged care component of the transport task is being addressed. This could result in a less than optimal solution for the community as a whole. To achieve this outcome would require a regulatory environment at the State level that supported integration with the transport system and contractual funding arrangements between the Commonwealth and the States.

Recommendation: That consideration should be given to removing the barriers to Community Transport so that it can provide services to the wider transport disadvantaged people in the community and provide an efficient, competitive specialised transport service for the aged and people with a disability.

***Transport disadvantage is defined as a circumstance or set of circumstances that leaves those that are affected by it in a situation where they have limited or no access to private transport and they have difficulty in gaining access to conventional transport systems [www.transport.nsw.gov.au](http://www.transport.nsw.gov.au)***

### **3. “GATEWAY” Entry to Aged Care System**

The Report recommends a one stop Gateway to the Aged Care system where clients are assessed for eligibility, service needs and financial ability to pay for service.

While we agree that there needs to be a streamlining of the access to aged care services to improve equity and make it easier for clients to find out about services, we are concerned about access to Community Transport via a one stop Gateway.

#### **(i) Low Need Clients**

Community Transport is often the first entry point to what are now the HACC services. It is often the first service that a client needs when they lose their driver’s licence, or are not mobile enough to walk up that hill to the bus stop and climb the stairs at the train station, or that specialist appointment is too far away to drive to.

However they just want transport and find it difficult to understand why they are being asked a lot of quite personal questions (as on the CIARR form) just to get a lift to the doctors. A transport system needs to provide a continuum of service levels and be able to provide service to those whose mobility is restricted in that they don’t have access to other transport means, but they are not in need of an aged care system. As discussed above a Community Transport system focussed solely on aged care transport would miss these people.

#### **(ii) ATSI and CALD Clients**

A one stop intake is also difficult for people from CALD communities and Aboriginal and Torres Strait Islander communities.

The work of our Community Transport services in Northern NSW has found that it “*it is very difficult to establish access for Aboriginal Communities and it has taken a lot of education for*

*non-Aboriginal people to know how to provide culturally appropriate services. We do not use the CIARR as in terms of transport there are irrelevant and intrusive questions and were Aboriginal people asked these they would not use the services. A one stop intake would not work for Aboriginal clients. We collect MDS compliant information but we have developed culturally appropriate means of doing so.”*

Similarly people from CALD communities do not understand the need to answer many questions just to get access to transport. For some communities the fear of being questioned “by the Government” prevents them from accessing services that they need.

Example: The shuttle services run by South Sydney Community Transport service which link inner city housing areas and shopping precincts are very highly patronised and provide a vital service for the people of the area. They are especially popular with the CALD communities in the area as there is no booking system, no eligibility criteria questions and no hassles. They can just get on and off the transport service as they need it.

Recommendation: If Community Transport can only be accessed through a one stop entry point common to the whole aged care system, then special consideration needs to be given to the ensuring that low need mobility restricted clients are still identified and that it is also appropriate for CALD and ATSI communities.

## Recommendations

Recommendation: That Community Transport retains block funding and that yearly increments are guaranteed to meet the increased costs associated with delivering services. There also needs to be an implementation of standardised funding benchmarks to ensure equity for all communities.

Recommendation: The allocation of all funding for transport is through the Community Transport services.

Recommendation: That consideration be given to removing the barriers to Community Transport so that it can provide services to the wider transport disadvantaged people in the community and provide an efficient, competitive specialised transport service for the aged and people with a disability.

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## Conclusion



The CTO welcomes the opportunity to comment on the Productivity Commission's Draft Report, *Caring for Older Australians*, January 2011. While the Report has made some sound recommendations on the reform of the Aged Care system, we feel that it has not addressed or identified the specific issues surrounding Community Transport.

As providers of Community Transport for over 30 years we envisage a "Community Transport system" which:

- Provides a seamless continuum of service types
- Is accessible to all people in the community who are transport disadvantaged
- Is large enough to be efficient and competitive to provide specialised transport services to other aged care, disability and health services
- Links with and compliments the State transport system
- Has professional and accredited staff
- Is an accredited transport provider
- Allows equity of access for all communities across Australia
- Above all provides an appropriate and caring level of service for clients

We urge the Commission to recommend a specific inquiry into the provision of "Community Transport services" across Australia.