

# NSW Community Care Issues Forum

Address for Correspondence: NCOSS, 66 Albion St, Surry Hills NSW 2010 Ph (02) 9211 2599

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## Submission: HACC Community Transport Services

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### **Introduction**

The NSW Community Care Issues Forum appreciates the opportunity to give feedback to the review of HACC funded community transport services. The following presents some ideas about how community transport services may be improved as they are transferred to the Commonwealth Home Support Program.

### **About the NSW Community Care Issues Forum**

The NSW Community Care Issues Forum brings together a range of non-government stakeholder representatives working in community and sector development involved with in-home and community based supports for older people, people with disability and their carers in NSW. Members include regional HACC Development Officers, other statewide policy and development officers, statewide local government organisations, non-government industry bodies, and statewide consumer peaks. The Community Care Issues Forum meets six times per year to consider program-wide policy, planning, access issues, and developments. The Council of Social Service of NSW (NCOSS) provides secretariat support to the NSW Community Care Issues Forum.

### **Summary of recommendations**

1. That the Department of Social Services, Department of Health, and relevant State and Territory government agencies collaborate on an agreement to increase provision of transport for health and medical purposes.
2. That transport under the Commonwealth Home Support Program is supported to be more responsive to urgent issues, including through better use of mainstream services, including taxis.
3. That the Commonwealth Home Support Program targets taxi operators to build their capacity to work with frail older people.
4. That resource allocation models recognise the reduced availability of taxis, and greater risk of isolation, in regional and remote areas.
5. That an improved approach to transport co-ordination is included in the implementation of the Home Support Program.
6. That travel training programs and other links to mainstream transport as part of a comprehensive approach focusing on Wellness and strengths in the Commonwealth Home Support Program.
7. That the Commonwealth investigates models of escorting and support before and after journeys in the Home Support Program.
8. That the Commonwealth Home Support Program provides block funding for vehicles.
9. That the Commonwealth Home Support Program provides a variety of self-directed support arrangements for transport, including individualised funding.
10. That the Commonwealth Home Support Program delivers funding through locally responsive mechanisms.
11. That the Commonwealth Home Support Program requires, and is resourced for, face-to-face assessment.
12. That the Commonwealth Home Support Program fee policy accounts for health, rent and utility expenses in means-testing.

## ***Purpose of HACC-funded transport***

Transport is a key enabling service. It not only allows a person to benefit from other HACC services, but can also provide access to mainstream activities, and enable people to stay connected to their communities. Barriers to accessing transport can often be a major contributor to social isolation for older people, particularly those who no longer drive, and people living in regional and remote areas. Community transport services are of vital importance to promoting social inclusion for frail older people.

### **Keeping culture strong**

Every fortnight an Aboriginal Elders Choir meets to sing old favourite songs and Gumbanggi language songs in a church hall in Nambucca. Older Aboriginal people travel to sing and perform their songs from the surrounding areas of Macksville, Nambucca and Bowraville. This is a time of healing, part of the process of reconciliation and an important social support for this group of older Aboriginal people. Without transport this choir could not continue.

### **Connecting people to the community**

One service in southern NSW transports an 84 year old frail woman from her home to the centre of town, where she has lunch, does her shopping and then volunteers for the Red Cross, selling raffle tickets. Without transport she would be house-bound and isolated.

The NSW Community Care Issues Forum agrees with the National Aged Care Alliance's notional 'service streams', which places community transport among other services whose aim is social participation and access.<sup>1</sup> Transport also contributes to health and wellness outcomes, as well as carer support outcomes. For this reason, transport is important as a standalone service, which can be delivered flexibly to best facilitate outcomes for a variety of clients' needs.

## **Reversing the shift to health related transport**

Community transport can serve a range of purposes, enabling people to undertake a range of activities – such as shopping, going to the hairdresser, visiting the doctor, or going on outings – from which they would otherwise be excluded.

Increasingly, however, community transport providers are experiencing growth in demand for (non-emergency) health-related trips.<sup>2</sup> Due to the urgency and time-limited nature of health appointments, these trips are often prioritised, and clients who require transport for other purposes are missing out.

### **Lack of transport risks social isolation**

A Social Support service reported that visits by older people to loved ones in nursing homes require Transport and promote social inclusion, but is usually low in Transport priority list (compared to health-related transport).

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<sup>1</sup> National Aged Care Alliance, *Commonwealth Home Support Design Paper*, October 2013, available at: [http://www.naca.asn.au/Publications/CHSP\\_Design\\_Paper.pdf](http://www.naca.asn.au/Publications/CHSP_Design_Paper.pdf).

<sup>2</sup> David Denmark, Anne Hurni & Brian Cooper for NCOSS, Cancer Council & CTO, *No Transport No Treatment: Community transport to health services in NSW*, 2007, available at: <http://www.ncoss.org.au/resources/120123-No-Transport-No-Treatment.pdf>

### **Intensity of health-related transport**

Blacktown CT is “completely consumed” by the intensiveness of health-related transport. 40% of their trips could be health-related, but it is consuming about 70% of their resources because of the nature of one-on-one appointments. They have had to turn away people needing chronic care, e.g. an older man receiving cancer treatment 5 days a week for 6 weeks, because CT has no resources for such a commitment. The person is now using hospital’s patient transport service, leaving at 7 am and returned to his home at 10 pm three times per week. This is a common scenario.

Likewise, there are many people who are not eligible for HACC services who require support for health related transport, whose needs are currently not being adequately met.

### **Eligibility gaps**

The Health Transport Units in the Local Health District on the Mid North Coast provide funding to Community Transport for patient transport, but excludes cancer and renal patients from this funding. Some cancer patients are required to travel long distances, e.g. from Taree to Newcastle, or Port Macquarie to visit specialists or to have treatments that are not available at the Taree oncology unit. Treatments often are prescribed daily for weeks at a time and people who are transport disadvantaged often have to go through a long and arduous process (often supported by hospital staff who really don’t have the time to do this) to find a means of transport that is affordable. At times, people have opted out of treatment because they could not find transport.

### **A long drive to dialysis**

A young Aboriginal woman on dialysis drove herself from Brewarrina to Dubbo (a 4 hour drive) when a problem with her last dialysis treatment could not be fixed in Brewarrina or Bourke. The young woman had to leave her young children with their Grandmother in Brewarrina while she stayed overnight in Dubbo with her brother’s family. The Grandmother suggested her daughter move to Dubbo to be closer to medical treatment, but the woman has been told the public housing waiting list is too long.

As the population ages, demand for health-related transport will continue to grow. Yet the current system is fragmented, with funding and policy responsibility split between a range of government agencies, resulting in a lack of leadership for solutions to issues of health transport. HACC services have thus filled the service gap, and the social needs of HACC consumers have been sacrificed in order to do so.

The Community Care Issues Forum considers this state of affairs unacceptable. An intergovernmental solution to increase the availability of health related transport must be reached to ensure it does not continue to limit the ability for community transport providers to meet a broader range of social inclusion transport needs.

### **The NSW Community Care Issues Forum recommends:**

1. That the Department of Social Services, Department of Health, and relevant State and Territory government agencies collaborate on an agreement to increase provision of transport for health and medical purposes.

The Community Care Issues Forum suggests that there may be a range of possible solutions which could combine to enhance health transport availability, including introducing an income support supplement specifically for transport purposes (with wider eligibility criteria than the Mobility Allowance), increasing taxi subsidy schemes, as well as increasing health and medically related community transport provision.

### **Taking a more person-centred approach to transport**

The Community Care Issues Forum acknowledges the variety in transport service provision within the HACC Program. The variety and diversity of service provision is at times a barrier to co-ordination, but is also the springboard for responsiveness and innovation. The NSW Community Care Issues Forum recommends against homogenisation of HACC community transport services.

HACC funded transport varies in its flexibility. However, most HACC funded community transport is not resourced to operate on weekends or after-hours, and usually requires booking at least 48 hours in advance. This has resulted in people missing out on transport services.

#### **A last-minute solution**

BCS Wisemans Ferry had a client booked to stay overnight at a hospital, which is 1.5 hours away. BCS organised for transport to get her there. The hospital rang the service at 5 pm to say there was no bed available and someone had to pick up the client. It was after hours, so the service coordinator asked if they could send her home in a taxi as no CT worker was available at that time. The hospital responded that the client just had anaesthesia and someone had to pick her up. The service co-ordinator had no choice but to pick up client after hours and return home by 11 pm. The co-ordinator estimated that she subsidised the cost of the service from her own pocket.

#### **The NSW Community Care Issues Forum recommends:**

2. That transport under the Commonwealth Home Support Program is supported to be more responsive to urgent issues, including through better use of mainstream services, including taxis.

The Community Care Issues Forum has heard reports that increased availability of Wheelchair Accessible Taxis is working well in some areas. Some CT providers have formed successful partnerships with taxi companies and individual operators for the provision of transport to fill gaps, paid for by CT providers, including early mornings, nights and weekends. This is also occurring in isolated areas where community transport has difficulty finding volunteers. However, training for taxi drivers in working with frail persons is needed.

These arrangements work well in areas with taxi services, however a number of regional and remote areas do not have taxi operators. The distances involved also mean that people may need to find overnight accommodation to gain the benefit of social participation. For these areas, resourcing needs to reflect these challenges.

**The NSW Community Care Issues Forum recommends:**

3. That the Commonwealth Home Support Program targets taxi operators to build their capacity to work with frail older people.
4. That the resource allocation mechanisms in the Home Support Program recognise the reduced availability of taxis, and greater risk of social isolation, in regional and remote areas.

Improved co-ordination across transport modes, programs and services can help to address these issues. There are examples of roles in the community sector that promote community transport services, and link people to the services that would best meet their needs. Expanding and supporting these roles would improve access for disadvantaged population groups, and enable better targeting of available services.

**Transport co-ordination delivers better support to Aboriginal and Torres Strait Islander people**

The Eurobodalla region has an Aboriginal Transport Access Officer role, funded by the Commonwealth, through Transport for NSW. The Transport Access Officer consulted the community and developed specific ways of informing local Aboriginal communities. The registration, and, in turn, the use of community transport by Aboriginal and Torres Strait Islander people in the Eurobodalla increased from 17 to approximately 170 over 12 months.

The NSW Community Care Issues Forum supports a strengths-based/Enabling/Wellness approach where people who have the capacity to do so are supported to access mainstream transport services rather than using specialist services. The travel training programs and other support offered by CT providers are often more effective and efficient than promoting reliance on community transport. The Home Support Program could also provide better links to available mainstream and specialist transport services.

Spare capacity for transport could be better utilised through use of transport 'corridors' that link several area-specific services together along common routes. Some approaches to co-ordination that use information technology solutions can also improve utilisation of current capacity, in some cases returning savings.<sup>3</sup>

**The NSW Community Care Issues Forum recommends**

5. That an improved approach to transport co-ordination is included in the implementation of the Home Support Program.
6. That travel training programs and other links to mainstream transport as part of a comprehensive approach focusing on Wellness and strengths in the Commonwealth Home Support Program.

Many people who require community transport services also require assistance before and after a journey. Transport services are funded for only limited support post-journey. There is a variety of need in the community for post-journey support, e.g. outpatient appointments in

<sup>3</sup> See NCOSS, *Provided there's Transport: Transport as a barrier to accessing health care in NSW*, November 2012, available at: <http://www.ncoss.org.au/resources/121206health-transport-report.pdf>, pp. 11-12, particularly the text box example on p. 12.

hospital clinics where a frail older person requires basic support but their carer is unable to assist them because they need to park their car.

### **Transport and social support working together**

Baptist Community Services (BCS) Wisemans Ferry, which delivers a number of other community care services, also provides social support so they are able to stay with clients in medical appointments. Social support in shopping trips is also needed as many older people need help carrying shopping. The service finds that this combination of support works well.

### **The NSW Community Care Issues Forum recommends:**

7. That the Commonwealth investigates models of escorting and support before and after journeys in the Home Support Program.

### **Gaps and unmet need**

There is currently a gap in transport availability for people in residential aged care. In 2003, NCOSS surveyed residential aged care providers, community care providers, older people living in residential aged care facilities, and community transport providers regarding provision of transport services for people living in residential aged care.<sup>4</sup> NCOSS found that funding or policy responsibility for provision of transport to residents of aged care facilities was not clear, and so these services were being provided either by family members of the person, or community transport providers who would utilise spare capacity to support people in residential aged care.

Since the report was published, there has not been a change in policy or funding to address this gap. Increasingly, as community transport providers' spare capacity has reduced, NCOSS is hearing reports that these services are no longer being provided to people living in residential aged care, who are going without access to the community.<sup>5</sup>

### **Resourcing**

The NSW Community Care Issues Forum supports greater consumer direction and person centred approaches in community care, including transport provision, while recognising that some costs may need to remain block funded.

Vehicles represent particular fixed costs which cannot easily be planned for under fluctuating market conditions. Costs such as vehicle maintenance and requirements that community transport providers have wheelchair accessible vehicles are not adequately resourced currently.

Furthermore, as discussed above, localised support is a particular strength of the HACC Program. Retaining and facilitating flexibility is important to ensure that the Home Support Program continues to remain relevant and responsive to the wide variety of needs across Australia. Funding and policy approaches need to facilitate this flexibility.

<sup>4</sup> NCOSS, *On the Road, Again: The Transport Needs of People in Residential Aged Care*, 2003, available at: [http://www.ncoss.org.au/bookshelf/agedcare/submissions/0312\\_on\\_the\\_road\\_again.pdf](http://www.ncoss.org.au/bookshelf/agedcare/submissions/0312_on_the_road_again.pdf).

<sup>5</sup> Consultation held 17/12/2012, and feedback received to date.

**The NSW Community Care Issues Forum recommends:**

8. That the Commonwealth Home Support Program provides block funding for vehicles.
9. That the Commonwealth Home Support Program provides a variety of self-directed support arrangements for transport, including individualised funding.
10. That the Commonwealth Home Support Program delivers funding through locally responsive mechanisms.

**Fees**

The NSW Community Care Issues Forum acknowledges that the Commonwealth Government has committed to developing a national fee policy for the Home Support Program. The Community Care Issues Forum recommends that Principle 2 of the current Fees Policy for the HACC Program that “inability to pay cannot be used as a basis for refusing a service to people who are assessed as requiring a service” is retained. This provision is important to ensure that people with complex circumstances, including a large number of people who are part of one of the “special needs groups”, remain able to access support. Consumers need to be informed of their rights throughout fee determinations, including the right to negotiate fees.

A cost-benefit analysis of a fixed fee structure for transport services must be undertaken before it is implemented, particularly to determine whether increased fee rates could undermine the early intervention, prevention, and access priorities of the program. The Community Care Issues Forum is aware of many people who are deterred from using support because of fees. However, this often has the result of their support needs increasing, and costs to government increasing, without early intervention.

**Enabling better outcomes**

Blacktown CT had a client who weighed over 200kg. He travelled twice a week to hydrotherapy for 14 months. He lost enough weight to be able to stop using the service and get around on his own.

The Community Care Issues Forum also advises that means-testing is costly, whether implemented by government or by service providers. Means-testing can also often be inaccurate, as providers do not have the ability to compel a person to disclose their income. For means-testing to be conducted effectively, needs assessment also needs to take place face-to-face, otherwise the opportunity to assess income will otherwise not arise, and consumers will not be made aware of fee rates prior to a service commencing.

The majority of the HACC target population, and the majority of the Home Support Program target population, lives on low, fixed incomes, and has a variety of other recurring expenses. In particular, medication and health expenses can be significant for many frail older people. Furthermore, for many older people, utility expenses may be higher due to their pattern of usage. For many older people, needs for showering, heating and cooling increase because as people age they are not able to regulate their body temperatures as effectively as previously. For older people who are renting in the private market or from a government housing authority, a significant proportion of their income is expended on rent. These costs must be taken into account when determining capacity to pay.

### **Unaffordable parking fees and road tolls a barrier to transport**

An outer metropolitan service had a client who needed transport to the city to see a compensation doctor. The provider had to deny the service because client could not afford to pay city parking fee (\$34 for 2-3 hrs) and toll fees (\$25 one way). These fees are not budgeted in their program cost and the service could not afford to cover these expenses.

### **The NSW Community Care Issues Forum recommends:**

11. That the Commonwealth Home Support Program requires, and is resourced for, face-to-face assessment.
12. That the Commonwealth Home Support Program fee policy accounts for health, rent and utility expenses in means-testing.

### ***People with complex needs***

The NSW Community Care Issues Forum is particularly concerned about how arrangements under the Home Support Program will affect people with complex needs. Not all people in complex circumstances, with a greater than average need for support, can be identified as being part of a “special needs group” as identified in the *Commonwealth HACC Program Manual*.

### **Bariatric needs**

Community Wheels finds the number of bariatric clients (people who are very heavy) increasing. They use 14-seater bus with steps that can take no more than 110 kg. Their wheelchair can hold up to 115 kg. Some clients’ wheelchairs don’t fit into vehicles – e.g. they need to be reclining, or are too wide (bariatric case) or too long.

The Community Care Issues Forum includes the chapter, *Aboriginal Transport*, from the NSW Aboriginal Community Care Gathering Committee’s policy document *Challenge Change and Choice*<sup>6</sup>, as an appendix to this submission. The chapter makes specific recommendations about changes needed to make community transport services more accessible to Aboriginal and Torres Strait Islander people.

### ***Conclusion***

The NSW Community Care Issues Forum appreciates the opportunity to make comment on the review of the Commonwealth HACC Program Service Type 7 (Transport). The Forum looks forward to the release of the final report of the review and opportunities for further input.

For further information please contact Rashmi Kumar, NCOSS Senior Policy Officer (older people, carers, community care) at [Rashmi@ncoss.org.au](mailto:Rashmi@ncoss.org.au) or at (02) 9211 2599, extension 108.

<sup>6</sup> Policy position revised 2011, published 2012. Available at: <http://ncoss.org.au/resources/120704-challenge-change-choice.pdf>