

**Submission
No 30**

**ACCESS TO TRANSPORT FOR SENIORS AND
DISADVANTAGED PEOPLE IN RURAL AND
REGIONAL NSW**

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Position: General Manager
Date Received: 20 July 2016

PARLIAMENTARY COMMITTEE
INQUIRY INTO
ACCESS TO TRANSPORT FOR SENIORS
AND DISADVANTAGED PEOPLE IN
RURAL AND REGIONAL NSW

Collaborative Submission – Glen Innes Region (incorporating Guyra and Tingha)



Terms of Reference

Inquiry into access to transport for seniors and disadvantaged people in rural and regional NSW

That the Committee on Community Services inquire into and report on access to transport for seniors and disadvantaged people (including but not limited to Aboriginal persons, persons with disability, and social housing tenants) in rural and regional NSW. Matters to be considered include:

- (a) Specific issues relating to the transport needs of seniors and disadvantaged people in rural and regional NSW;
- (b) Accessibility of current public transport services in rural and regional NSW;
- (c) Potential strategies to improve access, including better alignment between different modes of transport, available routes and timetabling generally;
- (d) Support that can be provided to seniors and disadvantaged people to assist with the costs of private transport where public transport is either unavailable or unable to meet the needs of these groups; and
- (e) Any other related matters.

That the Committee provide its report on this matter on or before 30 November 2016.

Contributing Parties for this Submission

This submission has been developed through the collaborative contributions and representations from the following community stakeholders:

- Glen Industries, Kylie Hawkins, General Manager
- CareWest Community Transport, Ross Mathieson, Coordinator
- Glen Innes Severn Council, Anna Watt, Director Corporate & Community Services
- Glen Innes Severn Council, Janine Johnson, Manager Community Services
- Glenwood Gardens, Cr Graeme Quinn
- Glen Innes Community Access Committee, Kerry Sturtridge (Chair)
- Pathfinders AbilityLinks, Jason Reed, Linker
- Guyra Community Transport (Armidale Regional Council), Wendy Warner, Coordinator
- Australian Unity Home Care Services, Margaret Hoare, Service Coordinator
- Australian Unity Aboriginal Home Care; Taxi; Point to Point Transport, Elsie Newberry

In collating this submission, contributing parties also held informal discussion in respect of the Terms of Reference with service consumers as well as operational representatives from Hunter New England Area Health Service, NSW Ambulance Service, Glen Innes Family and Youth Support Service.

All members of this collaboration are motivated by their respective roles in supporting the transport needs, in the best interests, of seniors and the disadvantaged within our communities of Glen Innes, Tingha and Guyra.

Guide to Navigating the Submission

The submission focusses primarily on the Glen Innes and surrounding district, incorporating the Glen Innes Severn Local Government Area, with some collaboration with the Guyra/Tingha communities.

The format of the report is as follows:

7 Key Transport Domains, each of these are highlighted as Blue Sub Headings.

(a), (b), (c), (d), (e) refers to the 5 Terms of Reference matters to be considered for each Transport Domain, as they are relevant

i. ii. iii. Roman Numerals identify points for each of the terms of reference matters to be considered and each numeral is linked to it's corresponding numeral for each of the Terms of Reference response. For example i. under (a) identifies the issues; i. under (b) identifies accessibility points relevant for issue i. under (a); and i. under (c) makes suggestion for possible strategies for improvement for issue i. under (a) and so on.

Key Transport Domains

We have focused our submission on 7 key areas of transport within the Glen Innes community, incorporating the neighboring township of Guyra/Tingha:

- 1) **Public Transport**
- 2) **Community Transport**
- 3) **Private Transport**
- 4) **Generic Transport**
- 5) **Point To Point Transport, including Taxi Services**
- 6) **Medical Transport**
- 7) **Emergency Transport**

1) Public Transport

(a) Specific Issues Relating to the Transport needs – Public Transport

- i. Access to current public transport services within our larger rural and regional communities is limited to a Railway Bus Services/CountryLink. To attend appointments in Armidale appointments would need to be between 9am and 5pm, for Tamworth appointments would need to be between 11am and 3pm to accommodate arrival and departure times (and point to point transfers). CountryLink service departs Glen Innes 7am in the morning and returns 7pm the same night. Many individuals are unable to access this means of transport for same day travel due to timetable and scheduling of appointments not synchronising as well as the fatigue impact and practicalities for individuals with mobility barriers. For appointments in Sydney or Brisbane individuals can access bus services
- ii. There is currently no in-town public transport available to support access to community for seniors or disadvantaged people.

(b) Accessibility Relating to the Transport needs – Public Transport

- i. Individuals with mobility barriers often face accessibility issues with available public transport options, having to resort to community, assuming eligible and available, or private transport where practical. Extended travel times on public transport presents a dignity barrier for some individuals, with regard to accessibility of facilities. Often seniors and disadvantaged people may need to be accompanied by a support person/carer.
- ii. In the absence of a public transport network in smaller villages and larger rural communities, accessibility is non-existent for vulnerable individuals.

(c) Potential Strategies for Improvement – Public Transport

- i. Strengthen opportunities for seniors and the disadvantaged to access the full range of available transport, so for individuals for whom the existing public transport services are not suitable have alternate options.
- ii. Where small villages and rural communities lack the presence of an existing public transport service for access to community, appointments, shopping etc. ensure there is funded service provision for community assets to fill the void, whether it be a weekly/fortnightly service.

(d) Support to assist with cost of Private Transport

- i. Cumbersome paperwork, uncertainty of claim process, access to forms and extent of available support to assist with out of pocket transport costs needs reform. Seniors and those disadvantaged within our community should have 'unobstructed' access to assist with the costs of private transport. The process should be accessible, streamlined and straight forward with systems in place to ensure their out of pocket transport expense is either paid at the time of travel or immediately thereafter. In instances where private transport is the only available/known option, many individuals struggle to meet the costs, an added burden. With greater support and collaboration at a regional and local level, this could be improved.

2) Community Transport

(a) Specific Issues Relating to the Transport needs – Community Transport

- i. Access to Community Transport for seniors and disadvantaged people experiences significant limitations within the Glen Innes and Guyra communities. For those residing in residential aged care facilities or patients of MPS establishments there is no access to existing community transport programs unless they are DVA clients or have access to Transport for Health. Often their access to community or medical appointments cannot be accommodated either internally or privately due to limited access to transport resulting in appointments being delayed due to the need to reschedule, which in turn could be a catalyst for increased cost to both the individual and the State, by way of delays in diagnosis/treatment or extended stays in hospital or the need to transfer/transport via ambulance or air. Some services currently undertaken by emergency transport and in hospital transport could better be suited to community transport, however the funding silos and scope limitations don't permit. There is also the limitation on Community Transport to accommodate carers/companions on every occasion.
- ii. With the tyranny of distance for rural and remote communities in assisting seniors and the disadvantaged to access out of town appointments, there is a real issue with regard to the time impact/consideration necessary for travel, the scheduling of appointments, service completion and fatigue management. In many instances these are interrelated, with individuals often designated inappropriate appointment times that are not negotiable which may necessitate an overnight stay – additional expense and impact, or the inability of their transport service provider to satisfy the individuals needs due to industrial regulations (fatigue management of drivers, start and finish times in award provisions).
- iii. The provision and coordination of transport in rural and regional NSW is often difficult as the need is not regular or systematic. Transport needs for the vulnerable members of our communities are often unplanned and sporadic, where individuals find themselves in need of medical treatment only available in major regional centres or cities. Often members of the community have appointments 'dictated' to them thereby adding additional stress when advised "take it or leave it".
- iv. Some communities have services available, however these are underutilized.
- v. For CCSP funding arrangements, the ability for people with a disability to access familiar transport services will potentially be impacted with the NDIS implementation.

(b) Accessibility Relating to the Transport needs – Community Transport

- i. Individuals with mobility barriers often face accessibility issues with unable available public transport options, having to resort to community, assuming eligible and available, or private transport where practical. Extended travel times on public transport presents a dignity barrier for some individuals, with regard to accessibility of facilities. Often seniors and disadvantaged people may need to be accompanied by a support person/carer.
- ii. There have been numerous instances where opportunity for return transport has not been accessible when needed, leaving vulnerable, and often unwell people from our communities stranded with added private expense.
- iii. Often limitations on scope of service mean community transport is unable to assist people with transport to regional centres or cities, they have capacity but not scope. There are also limitations in that community transport do not all have accessible vehicles to meet the presenting needs of seniors or the disadvantaged.
- iv. With regard to underutilization of available services, for example this may be contributed by existing funded service provider lacking a connection to culture, or reluctance to accommodate companion travelers, which stifles accessibility for some people.

- v. Once a person with a disability transitions to the NDIS and assuming they are eligible for transport funding in their individualized plan, there is uncertainty as to whether they will be able to continue to access community transport. Community Transport arrangements have been effective transport solutions for people with a disability in rural communities in the absence of mainstream services.

(c) Potential Strategies for Improvement – Community Transport

- i. We believe planning reform is necessary to break down the silos of service delivery/implementation for transport in rural and regional NSW, ensuring a more inclusive approach to ensuring timely and affordable access for those most vulnerable. A review of the scope of service for each service delivery model to evaluate the limitations and ascertain the opportunities to better meet the need for senior and disadvantaged people in rural and regional communities. Community Transport Service Providers in both Glen Innes and Guyra have the resources, namely vehicles and staff/volunteers, within the respective communities and work collaboratively to meet some of the underserved need, however scope doesn't allow them to undertake certain transport, be it a geographic limitation on funding or specific transport protocols. Ensure scope of practice for funded transport services is relevant and realistic for regional and rural communities.
- ii. Greater collaboration or coordination at a regional level, such as a hub for coordination of the range of transport services available and appropriate for seniors or disadvantaged people, would streamline accessibility - a 'one-stop-shop'.
- iii. A review of industry practice on the scheduling of appointments for individuals travelling in excess of 100km. Consultation with health professionals, bodies and associations across specific regions with the aim of establishing a best practice policy with regard to scheduling of rural and remote consultations, extending this to align with available transport options. Some practitioners actively engage in this space, offering appointments to rural and remote clients on the 2nd and 4th Wednesdays of each month, for instance, with appointment times taking into consideration the return travel time.
- iii. An integrated approach which facilitates the departmental/office led funding model to be better directed by regional transport management plans, where local strategy stimulates regional policy and service delivery.
- iv. A central hub of coordination to provide additional support to current transport services would facilitate opportunity to be more responsive to arising need at both a local and regional level for rural communities. It could incorporate community based transport assets that could act as an effective stop-gap solution. For instance, NGO's, service providers local and state Government agencies with underutilized transport capacity, be it asset or resources and coordinate a link between service need and management plans, incorporating culture and accessibility.
- v. Facilitate opportunity for transport providers to be registered either under the NDIS or centralised local (Hub) to enable them to service the needs of people with a disability under their individualized funding, whilst not distracting from the transport providers capacity to meet the needs of those individuals who are not NDIS eligible.

(d) Support to assist with cost of Private Transport – Community Transport

There is no provision for overlap of Community Transport with support to assist with the cost of Private Transport. However, out of necessity, we are aware of situations where the charitable contributions of volunteer members of the community have extended their support individuals by driving the clients' private vehicle to out of town appointments where they have not been eligible or able to access funded transport. This raises numerous concerns with respect for liability and risk.

3) Private Transport

(a) Specific Issues Relating to the Transport needs – Private Transport

- i. For senior and disadvantaged people in rural and remote NSW accessing/using private transport is often impacted by their own capacity – capacity to drive long distances, capacity to maintain their own private transport.
- ii. The sometimes overwhelming process with regard to claiming travel assistance reimbursement, and the out of pocket burden for seniors and disadvantaged people whom use private transport for medical appointments, treatment or procedures.
- iii. The range of issues with regard to the existing fuel voucher system for indigenous people. This includes, questions over effectiveness of the scheme, potential for scheme administration to go unqualified, integrity of the scheme.

(b) Accessibility Relating to the Transport needs – Private Transport

- i. Individual capacity has a major impact on the accessibility to private transport as a viable option, as outlined in the above issue.
- ii. Accessibility to online forms to apply for reimbursement of private transport needs is a barrier for many senior and disadvantaged people in rural and remote NSW. The ability to go into an office and speak with someone is also restricted as these are generally located in major regional communities. Information about accessing some subsidy if using private transport is not always effectively communicated or understood by the demographic. Out of pocket expense can create added burden.
- iii. Fuel Voucher Scheme is available through select service providers to assist Aboriginal clients with private fuel costs. This is not accessible to non-indigenous seniors or disadvantaged people.

(c) Potential Strategies for Improvement – Private Transport

- i. A coordinated hub for all transport inquiries and bookings may assist those most vulnerable to identify and access appropriate transport to meet their needs, thus removing any disadvantage from not having capacity or access to private transport
- ii. Ensure information regarding process and eligibility for seeking subsidy reimbursement is accessible to seniors and disadvantaged people at time most relevant to their needs. Finding out they should have taken a form with them when visiting a specialist and using private transport needs to be available and accessible well before the appointment.
- iii. Centralise the administration of the Fuel Voucher Scheme with an existing service hub, such as Centrelink, and make this accessible for all disadvantaged people with clear guidelines on eligibility.

(d) Support to assist with cost of Private Transport – Private Transport

As mentioned above, we are aware of situations where the charitable contributions of volunteer members of the community have extended support individuals by driving the clients private vehicle to out of town appointments where they have not been eligible or able to access funded transport. This raises numerous concerns with respect for liability and risk.

4) Generic Transport

(a) Specific Issues Relating to the Transport needs – Generic Transport

- i. Outer lying villages experience significant disadvantage for senior and disadvantaged people requiring transport as there currently is restricted or no provision of service. For example, an individual living in Ebor undergoing oncology treatment has had no access to support for transport, as such a family member has seen no option but to resign from their employment, relocate to Ebor to facilitate transport for their loved one for treatment.
- ii. Disadvantaged youth and employment support transport needs – services are seeing an increase in requests from over 18 year olds seeking transport assistance from smaller villages and communities to larger towns for the purposes of work placement, Centrelink appointments, job seeking and TAFE/Training, presenting a need for access to transport more frequently than once per week. With regard for communities such as Guyra and Tingha, and potentially Deepwater, Emmaville, Pinkett, as they are within 100km radius they are not eligible to access community transport services. These services are not currently within the scope of any funded service provision for local service providers.
- iii. Family Crisis situations, such as domestic violence, present a significant transport issue as often the need to transport is out of town as a matter of urgency, which could occur any time of the day or night. Disadvantaged people in such situations often do not have access to their own private transport. If by chance service providers are able to arrange transport out of town, often another issue presents in returning people back to their communities once the risk has been managed.
- iv. Individuals whom identify with a disability experience disadvantage in rural and regional communities due the lack of accessible and available public or community transport, this is exacerbated if they reside in the outer lying villages. This has a major impact on their ability to access community and some supports.

(b) Accessibility Relating to the Transport needs – Generic Transport

- i. Rural and remote communities such as Ebor, currently are unable to access community transport, due to scope restrictions on funding. For other communities, the co-contribution required to access community transport options is cost prohibitive on a personal level, as this demographic represent some of the most vulnerable in our communities.
- ii. Some communities have a weekly service to neighboring centres, however this provides no opportunity for individuals to advance their position with regard to skill development and employment, which generally beckon greater frequency of attendance. The option to relocate the larger centres is potentially unachievable for individuals.
- iii. The need for family crisis transport is neither programmed nor predictable and when situations ignite the need for transport is urgent and immediate, often to assist in providing a safe place and refuge in the short term. For individuals and families in this crisis knowing who to turn to in their most urgent time of need is often dependent upon the assistance of emergency services. Accessibility to transport to meet their needs can be an influential factor in their equation.
- iv. Many of the rural communities/towns are limited to one or two at most accessible taxis, with some service providers having their own accessible bus. For people with a disability, many are dependent upon support for transport to assist them to attend work/supported employment, medical appointments, undertake shopping, participate in their community. If an individual engages the communities only accessible transport for an out of town appointment, then accessibility for the remainder of the disability community is inhibited.

(c) Potential Strategies for Improvement – Generic Transport

- i. A coordinated hub for all transport inquiries, needs and bookings may assist those most vulnerable to identify and access appropriate transport to meet their needs, it could also support the engagement of other underutilized community assets to address emerging needs and trends with regard to transport.
- ii. Greater due diligence, analysis and evaluation of the transport needs in rural and regional NSW communities would assist in identify the regulated constraints present in current funding arrangements and create opportunity for practical solutions to take precedent over bureaucratic controls.

(d) Support to assist with cost of Private Transport – Generic Transport

For all identified cohorts, some acknowledgment and assistance mechanism that takes into the extent of travel needed between communities through rural and regional NSW and a means to fairly assist individuals with any incumbent costs, so that this is not an inhibiting factor in their access to community, medical, education.

5) Point to Point and Taxi Transport

(a) Specific Issues Relating to the Transport needs – Point to Point and Taxi Transport

- i. Exclusivity with regard to DVA clients and open scope point to point transport funding arrangements, enabling single resource service providers to influence supply and availability. This often results in an inability to meet current demand and a process of referral to other service providers, who may not necessarily have regulatory scope to respond to the need.
- ii. Limitations on ability to share access to transport. If DVA client is accessing point to point or taxi transport for out of town appointment and other members of the community also have need for transport to the same destination there should be latitude for this to be somewhat communal.
- iii. Budgetary constraints on mainstream services prevent the discretionary issue of taxi vouchers for senior and disadvantaged people. There is a prevailing policy within local Health Services to not issue Taxi vouchers without first seeking management approval, requiring on duty nursing staff to take leave of duties to make a phone call, sometimes at the most inconvenient of hours, to senior management for authority to issue a discharging patient (from emergency) with a Taxi voucher to transport them home.
- iv. Know situations where local Taxi providers are owed substantial amounts of money from non-fare paying voucher producing customers, unable to meet their contribution.

(b) Accessibility Relating to the Transport needs – Point to Point and Taxi Transport

- i. Other service providers have capacity to meet demand and need within community however are prohibited either by virtue of the service contract resting with specific operators and/or their respective regulatory scope of service.
- ii. Opportunity for communal/shared transport resources could ensure greater accessibility that meets emerging transport needs.

(c) Potential Strategies for Improvement – Point to Point and Taxi Transport

- i. Minimise the extent of exclusivity of service provision for specific client cohorts, such as DVA, schools contracts, and review the funding imposed boundaries on regulatory scope of service providers to create greater choice and opportunity for those most vulnerable in rural communities to have equitable access to transport. Implement a priority of service model, so there is more than one operator with the ability under their respective scope and funding arrangements to step up.
- ii. Implementing a model coordination hub could facilitate the opportunity to streamline and group transport needs, based on priority, destination, duration etc.

6) Medical Transport (In Hospital)

(a) Specific Issues Relating to the Transport needs – Medical Transport

- i. Glen Innes, Guyra MPS and Tingha MPS have no current In Hospital transport service based at their facilities.
- ii. Transfer must originate from in hospital, however transport destination can be hospital, specialist, treatment, appointments, scans etc.
- iii. Regulatory requirements for both nurse and driver can impose significant disadvantage with regard to relief staff. For example, the driver must hold qualifications in stretcher care. Currently Inverell has a relief driver from Sydney for this reason, however despite advanced notice it still took 6 weeks for this placement to be appointed, which meant for that period of time this service had to be undertaken by NSW Ambulance Service, adding pressure to an already resource extended service.
- iv. Inherent lack of consideration with respect for travel time, distance, appointment scheduling and duration, fatigue management (drivers and patients). The coordination function is presently managed out of Health's Parramatta Hub.
- v. Tenterfield has an In Hospital Patient Transfer vehicle, however we understand this is only utilised every second week, sitting dormant.

(b) Accessibility Relating to the Transport needs – Medical Transport

- i. For Glen Innes patients requiring In Hospital Patient Transfer they are reliant upon the availability of the Inverell dispatch unit. NSW Ambulance is the only alternate transport option. For Guyra/Tingha MPS as an acute care patient they are reliant on the NSW Ambulance and patient transport service, for an elderly resident of the aged care sections, staff personally transport with the assistance of volunteers and the residents family.
- ii. There are Glen Innes community members, both from private residences and aged care facilities, who attend Inverell Hospital 3 days per week for 6 hours per day for renal dialysis treatment. Their point of origin for transport is therefore not In Hospital so this is not accessible to them, despite the fact they are attending Inverell Hospital for treatment.
- iii. Accessibility for individual transport in times of poor staff management, for absences and relief, is halted. Patients in these situations have had no alternative but to await ambulance transfer, which for an already stretched service could mean a much longer wait for in hospital transfers as emergencies take priority.

(c) Potential Strategies for Improvement – Medical Transport

- i. Accessibility for individual transport in times of poor staff management, for absences and relief, is halted. Patients in these situations have had no alternative but to await ambulance transfer, which for an already stretched service could mean a much longer wait for in hospital transfer to take effect as emergencies take priority.
- ii. Broaden the scope of In Hospital Patient Transport to accommodate hospital as point of destination. Integrate with other transport service programs through the implementation of a regional coordination hub for transport. Review and evaluate regulatory guidelines to break down silos of service provision and permit greater integration.
- iii. Ensure adequate work force management practices are implemented to ensure continuity of service.

7) Emergency Transport (NSW Ambulance)

(c) Specific Issues Relating to the Transport needs – Emergency Transport

- i. Glen Innes renal dialysis patients transferred to Inverell Monday, Wednesday and Friday every way are transported via NSW Ambulance Service – Emergency Service Vehicle. This system was established in response to the need of an individual patient who has since passed away, with no trigger to review the shared transport arrangements despite existing patients not requiring paramedic assistance for their transport. There are frightful risks associated with emergency vehicles being out of town and unable to respond to emergencies for up to 5 hours per day 3 days per week, if the Ambulance is dispatched from Glen Innes or Inverell, or up to 8 hours per day 3 days per week if the Ashford vehicle is dispatched (which occurs regularly). With rural and regional Ambulance resources already stretched this exacerbates the implications of overtime stand-downs and the capacity of the service to respond in emergency situations.
- ii. There have been numerous occasions where communities have been left without responding local Ambulance vehicles due to renal transport commitments, where emergency patients have had to wait for vehicles to travel from other neighboring stations to respond, like Warialda resulting in 45 minute delays at best.
- iii. Glen Innes renal patients, on occasion, have had to be admitted to Inverell Hospital post their renal care as Ambulance transport is not available for return transport. This creates increased cost and burden on the health system, staff and resources as well as impacting for patient (specialist medication for overnight stay, comforts of personal care items etc.). There have been frequent occasions where return Ambulance transfer has been unavailable and renal patients' family have been called upon to privately transport them back to Glen Innes.
- iv. No uncommon for patients to experience delays in transfer to Inverell due to emergency priority situations impacting availability of an Ambulance. This frequently results in patient receiving significantly less treatment time, sometimes only receiving 2hrs treatment, not meeting their full health need of 6 hours.

Summation of Emergent Issues

- Current inhibiting factors emanating from restrictions and regulatory limitations for existing services, imposed by governing scopes of practice/operation and associated funding limitations
- Expanse of community transport assets that are underutilized, whilst others or over extended
- Ineffective and inefficient use of existing transport domains
- Unrealistic and inconsistent timeframes for medical appointments creating conflict between transport and medical staff

Summation of Trending Strategies for Improvement

- Planning and funding reform - Review and evaluation of silos of service delivery and scope of practice for existing funded transport supports in consideration of rural and regional influences and need
- Streamline access to range of transport supports for seniors and disadvantaged people
- Coordinated regional hub for access and brokerage