

**Submission
No 64**

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

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About National Disability Services

National Disability Services is the peak body for non-government disability services. Its purpose is to promote quality service provision and life opportunities for people with disability. NDS's Australia-wide membership includes more than 1300 non-government organisations, which support people with all forms of disability. NDS provides information and networking opportunities to its members and policy advice to state, territory and federal governments.

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Transport disadvantage for people with disability does not arise from a single source, but may arise from a number of factors including poor access to the physical infrastructure; low income; geographical isolation; high costs associated with alternative transport services such as taxis and modified private vehicles; lack of confidence and poor community attitudes towards passengers with disability.¹ In this context and in the context of the NSW Government's commitment to the transition to, and ongoing operation of, the National Disability Insurance Scheme (NDIS), National Disability Services (NDS) welcomes the opportunity to provide this submission to the Legislative Assembly Committee on Community Services' Inquiry into Access to transport for seniors and disadvantaged people in rural and regional NSW.

Term of Reference ('ToR') A: Specific Issues relating to the transport needs of seniors and disadvantaged people in rural and regional NSW

Lack of adequate transport in regional and rural areas undermines the goals the NDIS is trying to achieve, in particular, greater social and economic participation of people with disability. NDS wishes to outline the specific issues that impact upon the transport needs of people with disability. They include:

Transport Affordability

Transport options for people with disability living in regional and rural areas will be further limited with the shift from block funding to individualised funding under the NDIS. Historically, many people with disability have relied on service providers funded by the NSW Department of Family and Community Services, Ageing, Disability and Home Care (ADHC) for transport to and from services. For many providers, block funding from ADHC was flexible enough to fund transport to the service or activity, whilst others would partly-subsidise transport for people with disability by charging a nominal fee for transport or other activity costs. Under ADHC funding, providers were also able to cross-subsidise transport from savings from other parts of their businesses. Compared with flexible block funding from ADHC, the calculation of the NDIS unit price does not cover the cost of providing transport which means providers can no longer afford to subsidise transport for NDIS participants.

Under the NDIS providers must operate transport services using a cost recovery model. They are required to either draw down on a participants plan funding, if available, or invoice participants for transport costs from their personal transport allowance (our members operating in the NDIS Hunter trial report charging around \$0.78 per kilometre). The transport allowance is self-managed by participants; they receive it fortnightly into their personal bank account and are assessed to receive one of the following levels: Level 1 - \$1,606 Level 2 - \$2,472 or Level 3 – \$3,456 per annum.²

¹ Transport for NSW, Disability Action Plan 2012-2017,

<http://www.transport.nsw.gov.au/content/transport-nsw-disability-action-plan-2012-2017> p8

² National Disability Insurance Agency (NDIA), Participant Transport Funding information,

<http://myplace.ndis.gov.au/ndisstorefront/document/participant-transport-funding-informati.html>

Many NDIS participants are now reluctant to separately pay providers for the same support using their transport allowance as this reduces the funds for other transport needs. The three levels of transport support funding which the NDIS has adopted results in a relatively blunt allocation tool which is not responsive to variations in participant circumstances, geographic location, transport options and related transport costs. Providers have reported that participants have inadequate allocations of transport funding that does not go a long way to covering the cost of reasonable and necessary transport.

Sometimes providers end up having to absorb the additional cost of transport; even though NDIS funding does not compensate providers for it. Alternatively, adults with disability are expected to continue to rely on parents for much of their travel needs, even where this is no longer appropriate or consistent with 'ordinary' family expectations and means that parents, in some cases, cannot sustain their own employment because of these duties. If the provider cannot afford to absorb the cost or a parent cannot provide transport, the participant must forgo the support to participate in outings or activities within the community. There are many people who would be unable to participate in community activities or programs if they had to fund their own transport. The following quote from the NDIS Public Hearing in Newcastle on 07 March 2016³ illustrates this trend:

⋮ *“Before the NDIS I was able to do everything I wanted when I wanted. I had a wonderful life accessing the community. I have been with the NDIS for two years. Now I spend 90 per cent of my time at home. I have gone backwards because of the cost of transport. It is astronomical. I cannot understand how anyone can have a life of their own with the NDIS. It is a very, very degrading lifestyle.”*⁴

Further examples from the public hearing on this issue are troubling:

⋮ *“I used to be able to spend my funding really flexibly to use taxis. Now I only get \$75 per fortnight. I spend that just getting to the shops on a Monday and then I am out of pocket for the rest of the fortnight. I just cannot afford to go anywhere. The NDIS was supposed to cover any additional disability related expenses and we are just not seeing that happen. My service provider is now charging 78c per kilometre for me to get anywhere. I just cannot afford to do all the things I need to do. Only my mobility allowance has been replaced but what happened to the funding that ADHC used to give service providers to subsidise travel for me? We did not expect the NDIS to take this funding bucket for transport off people with disability.”*⁵

In some situations participants may choose to flexibly 'bundle' their core supports in their NDIS plan for transport i.e. elect to use some of their core support budget⁶ to meet their transport needs. For example, a participant could draw down on their core category funding to attend a medical appointment or to do their grocery shopping as long as the transport support is required because of the functional impact of their disability. However, if participants choose to draw down on this funding as such, it means cutting into hours of

³ Commonwealth of Australia, Official Committee Hansard, Joint Standing Committee on the National Disability Insurance Scheme, Monday 7 March, 2016, Newcastle; http://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/Public_Hearings

⁴ Commonwealth of Australia, above n 3, p 6

⁵ Ibid

⁶ NDIA, NDIA Price Guide VIC/ NSW/ TAS/ QLD <https://myplace.ndis.gov.au/ndisstorefront/html/sites/default/files/VICNSWTASQLD-PriceGuide2015.pdf> p5-6

support intended to support them participate in the community or to support them to travel to social activities. When people with disability are restricted from accessing their local area, their ability to participate fully in the community and live independently is also restricted, which is at odds with the aims of the NDIS.

Lack of clarity around responsibilities of the NDIS and mainstream service systems: A case study of Health-related transport

i) Transport related to a person's disability and functional impairment

NDS has attempted to capture the increasingly limited capacity that the disability service sector has to play to meet the full suite of transport needs of people with disability. This section emphasises the shared role of the NDIS and other service systems in response to the transport needs of people with disability. The Council for Australian Governments (COAG) have also reinforced and clarified the obligations of the NDIS and other service systems in a set of applied principles⁷ to assist governments to further define funding responsibilities during the launch of the scheme.

Responsibility largely rests with State Governments to ensure that people have access to transport; the National Disability Insurance Agency (NDIA) has clearly stated that it is only where the need for transport arises because of “impact of a person's impairment/s on their functional capacity and their ability to undertake activities of daily living” that the NDIS will be responsible for funding.⁸

For example, under the NDIS, transport to an oncology unit arises out a person's need for a health-related diagnosis or treatment and not because of the functional impact of their disability. In this instance it would be deemed the responsibility of NSW Health and the participant should not use their NDIS funding. However, if the person requires a doctor's visit for an issue directly related to maintaining or managing their functional capacity including occupational therapy, speech pathology, physiotherapy, podiatry, and specialist behaviour interventions⁹, then participants could draw down on their core funding for this transport purpose by negotiating with their service provider.

Given the challenges of travel in regional and rural areas, providers of disability services have traditionally provided a range of medical transport options that go beyond the NDIS responsibilities laid out in the applied principles document. Travel to health care in regional and rural areas often means very long distances, which were often covered by disability service providers or community transport rather than NSW Health services. For example, NDS talked to an NDIS provider based in Maitland whose service users are required to travel to the John Hunter Hospital in Newcastle for most specialist treatments. A trip with Community Transport costs them \$90 for a round trip and is usually paid for from their travel allowance, leaving little for transport to participate in the community. Overlapping responsibilities in this area requires the disability transport and the health systems to work together at the local level to plan and coordinate streamlined care and transport for individuals requiring both health and disability services.

⁷ Council of Australian Governments, NDIS - Principles to Determine the Responsibilities of the NDIS and Other Service Systems <http://www.coag.gov.au/sites/default/files/NDIS%20-%20Principles%20to%20Determine%20Responsibilities%20NDIS%20and%20Other%20Service%20Systems%20-%20Revised%2027%20Nov%202015.pdf>

⁸ Ibid, above n7, p 3

⁹ Ibid, above n7, p 4

Therefore in cases where it is the responsibility of NSW health to provide transport programs, such as Non-Emergency Patient Transport (NEPT)¹⁰, which includes NSW Ambulance 'green fleet' and NEPT fleets managed by Local Health Districts, need to expand to meet the needs of people with disability previously covered by disability providers in regional and rural areas. NDS strongly recommends that the Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS)¹¹ also expand to further support the health needs of people with disability in regional and rural NSW.

Historically, some individuals with disability have lived in institutions solely because of the lack of transportation to medical appointments.¹² With the move towards the closure of large institutions and with the greater individualisation of support, the transport needs of people with disability living in regional and rural areas will only become more pronounced. The NDIA has made clear that the NDIS will not fund supports that are more appropriately funded by other systems. Therefore, mainstream systems have a continuing obligation to support people with disability to exercise their rights to health care, education and employment as these are inextricably linked to and dependent on transport.

Transport to education and employment are areas where other systems can also play a greater role. The NDIS provides some funding for transport required to get a participant to school, an educational facility or employment where there is no other transport available for use and where this relates to the functional impact of their disability.¹³ NDS anticipates overlap and confusion arising from the NSW Private Vehicle Conveyance subsidy (PVC) since the introduction of NDIS funding.¹⁴ The PVC subsidy is also available to NSW residents where there is no public transport (government or private operators) available to transport an eligible student for all or part of the journey to school because of medical reasons. It is unclear whether this subsidy can also be used to include disability. Therefore, further work needs to be done to clarify and inform parties affected by these areas of interface in order for there to be streamlined pathways to transport for people with disability.

i) Community transport (CT) for health-related purposes

Some CT providers have also reported concern about the prospect of a revised definition of Community Transport as a service type in the broader Community Home Support Program (CHSP) framework. If some or most medical/health related purposes fall outside any re-definition of community transport, this would impact the many regional and remote area users of the transport service type and the capacity of many CT Service Providers to achieve their organisational objectives of assisting the transport disadvantaged.

¹⁰ NSW Health, Non-emergency patient transport, <http://www.health.nsw.gov.au/transport/Pages/default.aspx>

¹¹ NSW Health, Isolated Patients Travel and Accommodation Assistance Scheme (IPTAAS), <http://www.health.nsw.gov.au/transport/Pages/default.aspx>

¹² Graham Currie and Joan Allen, No way to go: Transport Disadvantage and social disadvantage in Australian Communities, Monash University Publishing, <http://books.publishing.monash.edu/apps/bookworm/view/No+Way+To+Go%3A+Transport+and+Social+Disadvantage+in+Australian+Communities/133/xhtml/chapter07.html>

¹³ NDIA, above n6, p20

¹⁴ Department of Education, Private Vehicle Conveyance subsidy (PVC), <http://www.transport.nsw.gov.au/customers/ssts/students-parents-and-guardians/pvc>

The question arises because, for reasons detailed in the 2014 Review¹⁵, transport supports have evolved in a particularly fragmented way. One result of this is the significant quantum of transport provided to people for health and medical-related purposes. As mentioned, State health departments operate their own non-emergency medical transport schemes and funding is allocated in state budgets for this purpose. However that funding is reportedly inadequate to meet demand. As a matter of policy, community transport schemes should not provide transport for medical or health-related purposes for which separate funding has been allocated elsewhere; in reality they have done so in a policy grey zone where the necessity was tacitly acknowledged and accommodated in order to secure outcomes that would otherwise have been unachievable.

Any restriction of access to transport services for health-related purposes without a replacement of the funding from another source would defeat the policy objective of governments to maximise the number of older people and people with disability living independently in the community. It would also be enormously disruptive to the operating model of most CT which are currently shaped around reasonably predictable levels of demand for access to the identified medical services. However the issue is likely to remain unresolved until the federal government sees what happens in NSW with both the NDIS and CTABS (the new, computerised transport management system currently being trialled across the sector).

Lack of choice of transport for people with disability in regional and rural areas

NDS is concerned about the withdrawal of some transport support options from the market, where many disability service providers are considering reducing or selling their fleets.¹⁶ These fleets often provided a pick-up and drop-off service to various community venues and activities. Under block funding, service providers were able to subsidise travel costs for people with disability accessing their fleet services. Providers operating in the NDIS environment are now finding it difficult to find the funds to maintain their fleet services leading to a withdrawal of transport options from the market. One case study of an NDS member outlines the costs of running a fleet of 14 (including two accessible vans) to be \$101,500 per annum.¹⁷ These vans assisted people who lived in 5 group homes, situated in outlying areas of town when home transport is unavailable (because other residents are sick or the group home staff are busy).

Most of these fleets provide transport to people with severe and profound disabilities, including a significant amount of wheelchair transport. With service providers withdrawing their fleets, the need for accessible public transport in regional and rural areas will become increasingly important. Our members report that many regional towns have only a handful of accessible taxis which are often heavily used during peak hours, weekends and school-pick up and drop off times. Addressing accessibility issues for people with disability living in these areas is paramount as their transport options are already limited.

¹⁵ Verso Consulting, National Review of Community transport under the Commonwealth HACC program: final report <http://www.cto.org.au/Sites/cto/CMS/Docs/VERSO%20REPORT%20-%20HACC%20Transport%20Review%20-%20Final%20Report%2027%20March%202014.pdf>

¹⁶ NDS, Participant transport and worker travel in the NDIS, <https://www.nds.org.au/item/participant-transport-and-worker-travel-in-the-ndis> p.2

¹⁷ These costs were made up of expenses such as: registration and third part insurance, fuel, maintenance and repairs, motor vehicle insurance, lease payments and transport costs.

Physical and Psychological Barriers

Alongside the barriers such as a lack of funding, affordability and choice outlined above, the issue of transport availability and physical access also persist. This will be discussed at length in reference to ToR B, however, NDS wishes to highlight some of the broad ranging access requirements of people with disability. People using mobility aids require wheelchair access to stations and bus stops, ramp access to vehicles, allocated spaces on vehicles and often require assistance to board vehicles. People with sensory impairments require audio or visual signage. People with cognitive disability may need other travel supports to aid with perception, comprehension, learning memory, and concentration.¹⁸

Our members have reported that many train stations in regional locations are unmanned so there is no one there to provide reassurance or assistance. Physical barriers and infrastructure are the main barriers but there are social and psychological barriers resulting in transport disadvantage for people with disability, and indeed other members of the public. For many people with disability, one negative experience can cause a person to lose confidence in the transport system.¹⁹

ToR B: Accessibility of current public transport in rural and regional NSW

Accessible public transport has the potential to facilitate greater independence for many people with disability. It minimises a person's reliance on their family and carers to support them in accessing the community. According to data from the Australian Bureau of Statistics (ABS), approximately 74% of people with a profound disability reported that they had difficulty in using public transport.²⁰ A further 57% of people with severe core activity limitation had difficulty using public transport.²¹

There is a greater need for accessible public transport in regional and rural areas of NSW given the limited transport options for people with disability. The availability of accessible public transport in regional and rural areas of NSW is proportionately lower than the availability of accessible public transport in metropolitan areas. To give an example, approximately 70% of private buses in the Sydney metropolitan area are accessible. A further 52% of buses in the outer metropolitan area are also accessible.²² This is significantly higher than the percentage of private buses in regional and rural areas of NSW, where only 17% are reported to be wheelchair accessible.²³

¹⁸ NDS, Sector Development Fund Community Inclusion Community of Practice Topic 5: Transport, https://webcache.googleusercontent.com/search?q=cache:HDuqA2g6ldcJ:https://www.nds.org.au/images/resources/resource-files/SDF_CII_CoP_Topic_1_-_Accessible.docx+&cd=1&hl=en&ct=clnk&gl=au p2

¹⁹ NDS, 2012 Review of the Disability Standards for Accessible Public Transport 2002, <https://www.nds.org.au/item/nds-submission-disability-standards-for-accessible-public-transport> p.5

²⁰ ABS, Disability Australia, 2009

<http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4446.0main+features122009>

²¹ Ibid

²² Transport for NSW, above n1, p17

²³ Transport for NSW, above n1, p.18

It is clear that the NSW Government is committed to enhancing compliance with the Disability Standards for Accessible Public Transport 2002²⁴. Although Transport for NSW has outlined the actions that will be taken to improve transport accessibility in their Disability Action Plan 2012-2017²⁵, implementation of the actions is slow. Furthermore, many of the projects currently underway to improve the accessibility of transport are limited to metropolitan areas.²⁶ Although full implementation of the standards requires significant time and investment, additional consideration and resources should be given to support the transport needs of people with disability. Only 27 out of 67 train stations in regional and rural areas in NSW are wheelchair accessible.²⁷ Due to the limited availability of public transport in regional and rural areas, it is essential that barriers to accessing transport for people with disability are reduced.

A significant challenge in the implementation of the Disability Standards for Accessible Public Transport 2002 is around the interface between different systems. Bus stops and roadside infrastructure fall under the responsibility of local councils. The accessibility of buses, including no step flooring and allocated spaces for wheelchairs, fall under the responsibility of bus operators. Therefore, people with disability using mobility aids may experience difficulties boarding a bus, or getting to a bus stop, if the surrounding infrastructure is not accessible. This challenge, along with proposed actions to address the issue, has been identified in the NSW Long Term Transport Master Plan.²⁸ NDS supports these actions, however regular monitoring and reporting on progress is needed to ensure actions are implemented in a timely manner.

NDS welcomes recent initiatives of the NSW Government around the provision of wheelchair accessible taxis. Increasing the taxi subsidy scheme cap from \$30 to \$60²⁹ for people with disability will provide some much need financial support for many people. Incentive payments for Wheelchair Accessible Taxi (WAT) drivers³⁰ may contribute to improvements in the availability of WAT. However, people with disability living in regional and rural areas of NSW cannot rely on taxis alone, especially when fewer WAT operate in these areas. As an example, only one WAT is available in the Lake Macquarie region.³¹

The Point to Point Transport Taskforce recommended that subsidies and incentives for services for people with disability be reviewed with a view to moving to a service-provider neutral transport subsidy scheme. The Government accepted this recommendation and a review will take place now that the legislative framework is in place under the Point to Point Transport (Taxis and Hire Vehicles) Act 2016.³² NDS supports these recommendations and the broader reforms which have led to taxi vehicles specifications and requirements being relaxed, as they will potentially increase the number of accessible vehicles available in regional and rural areas by reducing red tape and costs for taxi and ride-sharing services alike.

²⁴ Australian Government, Disability Standards for Accessible Public Transport 2002,

<https://www.legislation.gov.au/Details/F2011C00213>

²⁵ Transport for NSW, above n1

²⁶ Transport for NSW, Transport Access Program, <http://www.transport.nsw.gov.au/projects-tap>

²⁷ Transport for NSW, above n1, p.14.

²⁸ Transport for NSW 2012, NSW Long Term Transport Master Plan,

<http://www.transport.nsw.gov.au/content/nsw-long-term-transport-master-plan> p.324

²⁹ Transport for NSW, Wheelchair Accessible Taxis,

<http://www.transport.nsw.gov.au/operators/taxis/wheelchair-accessible-taxis>

³⁰ Ibid

³¹ Commonwealth of Australia, above n3, p7

³² Transport for NSW, Point to Point Customers,

<http://www.transport.nsw.gov.au/pointtopoint/customers>

ToR C: Potential strategies to improve access, including better alignment between different modes of transport

AND

ToR D: Support that can be provided to seniors and disadvantaged people where public transport is either unavailable or unable to meet the need of these groups

RECOMMENDATION 1: Transport Interfaces

Disability, health and education systems should work together to clarify and streamline transport access for people with disability as part of a shared responsibility. Expansion of the NEPT and the IPTAAS programs to further support the health needs of people with disability in regional and rural NSW is required. Access to the PVC and NDIS subsidies relating to transport needs to be monitored and clearly defined. As discussed, any restriction of access to transport services for health-related purposes should receive replacement funding from another source.

RECOMMENDATION 2: Accessibility improvements

The Disability Standards for Accessible Public Transport 2002³³ are currently only partially implemented. A sense of urgency is needed for faster implementation in regional and rural areas of NSW, where transport options for people with disability are already limited. It will require an investment in resources to improve the accessibility of bus services and resources for local councils so that the surrounding infrastructure is improved. At a National level, NDS is advocating for support for providers to maintain their fleets to the NDIA. However, with many providers reporting that they are considering reducing or removing their fleets, accessible public transport in regional and rural areas is needed to respond to increased demand.

RECOMMENDATION 3: Increased co-ordination of available transport modes

The NDIS is projected to provide support-coordination funding in around 30-40% of NDIS plans.³⁴ The funded support co-ordinator provides assistance to strengthen participant's abilities to coordinate and implement supports and participate more fully in the community. It can include initial assistance with linking participants with the right support and coordinating a range of supports both funded and mainstream.³⁵ This includes

³³ Australian Government, above n 24

³⁴ NDIA, Update on the NDIS, National Disability Summit

<http://www.slideshare.net/informaaz/suzanne-punshon-ndis> Slide 9

³⁵ NDIA, Co-ordination of Supports, <https://www.aasw.asn.au/document/item/8572>

assisting participant to source transport from provided by health and education departments, taxis and/or disability service providers where appropriate. The remaining 60-70% of NDIS participants will be supported less intensively by NDIS Local Area Co-ordinators (LACs) to implement their plans.³⁶

Whilst this is valuable in supporting people with disability to ensure the right support is in place it does not address the transport affordability or availability issues created by the NDIS. Shared transport or better transport co-ordination may be a solution to these issues, particularly in regional areas. This requires complex coordination across participants, support providers, transport providers and other community groups and that does not happen without investment.

Some providers have developed innovative ideas to make better use of transport assets in local communities, however, co-ordination is potentially a cross-sector funding dilemma where an initiative could benefit various sectors (including aged-care, transport for children with disability, health and education) but no one sector will take responsibility. NDS would like to see efforts to find a solution to this problem.

There has been difficulty establishing responsibility for transport amongst providers as well. Organisation A ('A') partnered with Organisation B ('B') to provide shared transport. However, in one instance a client of A injured a worker from B, making A liable for those injuries. Since then the partnership has been rescinded. Organisation A reported their board members were unlikely to take on such a risk in the future without MoUs in place and emphasised the administration involved in setting up such a partnership.

Some providers have invested in NAVMAN technology for efficient route planning across a range of participants and agreements with taxi companies but there is a risk that these existing coordination arrangements will be lost under the NDIS as they are not covered in current pricing arrangements. In fact, they lower the incentive to invest in coordination arrangements with no available funding for such co-ordination.

Any such solution will require new business solutions that offer return on investment and address the health and safety for staff and passengers. State and local Government engagement is particularly important in this work around innovation. Transport for NSW has funding available to support initiatives to improve transport service delivery in rural and regional areas.³⁷ This non-recurrent funding has historically been used for mainly trial transport projects which would be useful for exploring under-utilised resources that could provide transport for people with disability. There needs to be further investment in research to better utilise transport resources in regional and rural areas of NSW, including fleets operated by specialist disability service providers and other new transport initiatives. NDS recognises the role of Transport for NSW Senior Regional Officers³⁸ role in coordinating and establishing local solutions for transport problems with community stakeholders, transport operators and other agencies. NDS recommends that Transport for NSW Senior Regional Officers collaborate with LACs and NDIS providers who deliver support co-ordination to facilitate collaboration and better co-ordination of transport to support people with disabilities.

³⁶ NDIA, above n 34

³⁷ Transport for NSW, Regional Network Funding Guidelines, <http://www.transport.nsw.gov.au/customers/community-transport/regional-transport-coordinators/funding-guidelines>

³⁸ Transport for NSW, Senior Regional Officers Role, <http://www.transport.nsw.gov.au/customers/community-transport/senior-regional-officers>

RECOMMENDATION 4: Increased local initiatives that enable independent use of public transport.

There needs to be investment in building independent travel capacity and to complement and enhance strong informal networks. In Victoria for example, the Try Before you Ride day³⁹ gives people with disability the opportunity to learn how to travel safely on trains, trams, buses and taxis without crowds or time pressures and boosts confidence.

ToR E: Any other related matters

Another matter to bring to the committee's attention is an issue relating to Community Transport. Community Transport is inadequately funded but critically important component of the transport infrastructure in regional and rural areas, particularly for older people and those experiencing transport disadvantage. Coverage is uneven and declines as distances from major centres increases. As a result of the 2012-2013 split of responsibility for Home and Community Care ('HACC') services between Commonwealth funding for aged services and state funding for people with disability, most regional Community Transport Service Providers currently receive:

- a) 10-15%** of their funding from ADHC via Transport for NSW for people under 65 with disability; and
- b) 85-90%** of their funding from the Commonwealth funded community aged care programs, principally the Commonwealth Home Support Program (formerly the HACC program) for people over 65 (or Aboriginal people over 50).

The state government also allocates funding for other people experiencing transport disadvantage via the Community Transport Program⁴⁰. This will often include many people on Disability Support Pensions whose disability-related functional impairment is not significant enough to make them eligible for Community Care Supports Program funded transport.

With the roll out of the NDIS, funding of component a) is already being withdrawn for services transitioning in the current year and will cease to exist completely in June 2018. The problem as NDS understands it, is that relatively fewer people with disability under 65 use community transport than even the low level of funding would suggest. This appears to be a function of relatively low levels of demand (as people with more profound levels of disability tend to move towards larger centres in pursuit of services) and the limited capabilities of smaller, community-based operators whose operations are overwhelmingly oriented towards the provision of aged-care services. The effect of this appears to be that NSW state government funding for people with disability may be cross-subsidising some level of community transport service for seniors. As the state government funding tapers off over the next two years, this can be expected to impact disproportionately on the operations of regional providers whose levels of service to older people may have benefited from the degree of operational latitude permitted by the current system.

³⁹ Public Transport Victoria, Try before you ride,

<http://ptv.vic.gov.au/getting-around/accessable-transport/try-before-you-ride/>

⁴⁰ Transport for NSW, Community Transport Program, <http://www.transport.nsw.gov.au/customers/community-transport/cta-programs/nsw-community-transport-program>



National Disability Services

