

**Submission  
No 79**

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

**Organisation:** Combined Pensioners & Superannuants Association of NSW Inc  
**Name:** Ms Ellis Blaikie  
**Position:** Senior Policy Adviser  
**Date Received:** 29 July 2016

Submission to NSW Parliamentary Committee  
on Community Services – *Access to transport  
for seniors and disadvantaged people in rural  
and regional NSW*

July 2016

© Combined Pensioners & Superannuants Association of NSW Inc 2016

**Combined Pensioners & Superannuants Association of NSW Inc (CPSA)**

**Address:** Level 9, 28 Foveaux Street, Surry Hills NSW 2010 **ABN:** 11 244 559 772

**Phone:** (02) 9281 3588 **Country Callers:** 1800 451 488 **Facsimile:** (02) 9281 9716

**Email:** cpsa@cpsa.org.au **Website:** www.cpsa.org.au **Donations:** 1800 451 488

*CPSA is a non-profit, non-party-political membership association founded in 1931 which serves pensioners of all ages, superannuants and low-income retirees. CPSA has 117 branches and affiliated organisations with a combined membership of over 26,000 people living throughout NSW. CPSA's aim is to improve the standard of living and well-being of its members and constituents.*

CPSA welcomes the opportunity to comment on the NSW Parliamentary Committee on Community Services inquiry into access to transport for seniors and disadvantaged people in rural and regional NSW.

### Summary of Recommendations:

- **Recommendation 1:** That the NSW Government allocates significant funding to improve the drivability of roads in regional NSW.
- **Recommendation 2:** That the NSW Government dismantle the older driver licensing system in line with international and national evidence discrediting the efficacy of such systems.
- **Recommendation 3:** That regional residents who have their driver licence revoked should receive a referral to community transport if they are not eligible for community transport support through the aged care system or NDIS.
- **Recommendation 4:** That the NSW public transport network remains publically owned and operated under the direction of Transport for NSW.
- **Recommendation 5:** That the public transport subsidies available to regional NSW residents should be expanded.
- **Recommendation 6:** That alternatives to distance based pricing for NSW TrainLink services be investigated as a means of improving the affordability of public transport for rural and regional residents.
- **Recommendation 7:** That the RED ticket is made available to jobseekers, students and apprentices.
- **Recommendation 8:** That information about the accessibility of public transport infrastructure, including rail and bus stops, is made available on the NSW TrainLink website and through the customer call centre.
- **Recommendation 9:** That the NSW Government commits to ensuring the accessibility of all public transport stations across the state by 2020.
- **Recommendation 10:** That staffing levels across regional rail stations and major bus stops be increased so that assistance is available to those who require it.
- **Recommendation 11:** That the NSW Government publishes a timeline for the upgrade of the XPT fleet.
- **Recommendation 12:** That the timetabling of regional public transport services be reviewed with a goal to improving connections between regional towns.
- **Recommendation 13:** That Transport for NSW engages in a community consultation process to determine the most appropriate public transport timetables on a region-by-region basis.

- **Recommendation 14:** that the NSW Government works with community transport providers, the Community Transport Organisations peak body and service users to investigate innovative ways in which excess demand for community transport could be met.
- **Recommendation 15:** that the NSW Government increase the block funding available specifically for Community Transport providers operating in regional and rural areas.
- **Recommendation 16:** That the transport needs of patients living in rural and regional NSW be considered by the NSW Department of Health when planning health projects.
- **Recommendation 17:** That the NSW Government undertakes an information campaign to increase awareness of IPTAAS among regional NSW residents and health workers.
- **Recommendation 18:** That IPTAAS rebates be expanded to cover community transport where private or public transport services are either not available or not appropriate.
- **Recommendation 19:** That IPTAAS investigates the possibility of providing upfront payments, rather than rebates.

## Introduction

An accessible, affordable and well integrated transport system is critical in ensuring the social, physical and economic wellbeing of NSW residents. The 2015 Regional Wellbeing Survey<sup>1</sup>, administered by the Centre for Research and Action in Public Health at the University of Canberra, highlighted that the individual wellbeing of rural residents is underpinned by community liveability, meaning the ‘provision of services, infrastructure, social connections, governance and other resources that are important to the quality of life of residents’<sup>2</sup>. Improving access to transport in rural and regional NSW is likely to have a positive effect on wellbeing as access to services, resources and social supports are dependent on the mobility of individuals, as facilitated through their access to transport.

The Terms of Reference guiding the Committee refers to access to transport for seniors and disadvantaged people in rural and regional NSW. It should be noted from the outset that people living in rural and regional areas generally have lower incomes, reduced access to health, education and transport services, fewer employment opportunities and experience increased social and physical isolation relative to city-dwellers<sup>3</sup>. On top of this, there are many older people, people with disability, Aboriginal and Torres Strait Islander peoples, unemployed and underemployed people, LGBTI and culturally and linguistically diverse (CALD) people living in regional NSW who face additional barriers to accessing services due to their specific needs.

---

<sup>1</sup> Schrimmer, J. Yabsley, B. Mylek, M. Peel, D. (2016) ‘Wellbeing, resilience and liveability in regional Australia: The 2015 Regional Wellbeing Survey’. University of Canberra, Canberra. Available: <https://www.canberra.edu.au/research/faculty-research-centres/ceraph/regional-wellbeing>

<sup>2</sup>P209: Schrimmer, J. Yabsley, B. Mylek, M. Peel, D. (2016) ‘Wellbeing, resilience and liveability in regional Australia: The 2015 Regional Wellbeing Survey’. University of Canberra, Canberra. Available: <https://www.canberra.edu.au/research/faculty-research-centres/ceraph/regional-wellbeing>

<sup>3</sup> National Rural Health Alliance, ACOSS (2013) ‘A snapshot of poverty in rural and regional Australia’ Joint Report. Available: <https://docs.google.com/viewerng/viewer?url=http://ruralhealth.org.au/sites/default/files/documents/nrha-policy-document/policy-development/rural-poverty-snapshot-11-october-final.pdf>

# Transport infrastructure and private transport

## *The state of regional roads*

People living in regional areas are significantly more reliant on private car-based transport than their metropolitan counterparts due to a lack of alternatives in the form of public or community transport. At the same time, roads in regional NSW tend to vary in quality with a greater prevalence of unsealed and dirt roads, as well as hazardous roads and roadsides. Regional NSW residents are more likely to have to drive long distances, which increases the risk of driver fatigue. As a result, people living outside major cities are twice as likely to experience a serious road-related injury compared to city-dwellers<sup>4</sup>. Regional residents are at least three times more likely to die as the result of a transport accident<sup>5</sup>. On top of this, low income regional residents are more likely to be driving an older model car and less likely to prioritise repairs and maintenance, further increasing their risk of an accident<sup>6</sup>.

The significantly higher prevalence of injury and death on regional roads warrants immediate intervention from the NSW Government. In 2010, the Australian Rural Roads Group made a number of recommendations for cost-effective investments in rural road infrastructure that have been proven to improve safety outcomes for regional drivers:

- 'Treatments for roadside hazards in rural settings have been found to reduce pole and other fixed roadside casualty crashes by 68%
- 'Clearer road markings (which 'channel' vehicles safely at rural intersections) have been found to reduce casualty crash frequency by 36%
- 'Crash rates can be reduced by 20% for every one metre increase in bitumen seal width ('shoulder sealing') of an existing road
- 'Roundabouts at rural intersections can reduce casualty crash risks at intersections by 70-80%; when such crashes occur, the roundabout reduces the cost of accidents by around 90%.'<sup>7</sup>

---

<sup>4</sup> P24: Henley, G. Harrison, J. (2012) 'Trends in serious injury due to land transport accidents, Australia 2000-01 to 2008-09' Injury research and statistics series no. 66. Cat. No. INJCAT 142. Canberra: AIHW. Available:

<http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737421990>

<sup>5</sup> ABS (2011) 'Health outside major cities' Catalogue number 4102.0. Available:

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4102.0Main+Features30Mar+2011>

<sup>6</sup> National Rural Health Alliance (2015) 'Submission to the Rural and Regional Affairs and Transport References Committee Inquiry into Aspects of Road Safety in Australia' Available:

<http://www.ruralhealth.org.au/document/submission-rural-and-regional-affairs-and-transport-references-committee-inquiry-aspects>

<sup>7</sup> P16: Australian Rural Roads Group (2010) 'Going Nowhere: the rural local road crisis, its national significance and proposed reforms' Prepared by Juturna Consulting on behalf of Australian Rural Roads Group. Available:

[http://infrastructureaustralia.gov.au/policy-publications/publications/files/Australian\\_Rural\\_Roads\\_Group\\_Report.pdf](http://infrastructureaustralia.gov.au/policy-publications/publications/files/Australian_Rural_Roads_Group_Report.pdf)

As regional drivers rely on private car-based transport, CPSA welcomes the NSW Government's 2016-17 Budget allocation of \$50 million towards the Fixing Country Roads project and allocations for upgrades to major regional highways. CPSA calls on the NSW Government to continue this work through the allocation of funding in upcoming budgets.

- **Recommendation 1:** That the NSW Government allocates significant funding to improve the drivability of roads in regional NSW.

### *Older drivers*

Older drivers are needlessly discriminated against through mandatory on-road tests. As regional residents are largely car-dependent due to a shortage of alternative transport options, NSW's older driver licensing system constitutes a significant barrier to accessing transport. This system must be dismantled. NSW is one of the few jurisdictions worldwide that has a mandatory test for older drivers. A practical driving test must be undertaken every two years from 85 onwards in order to retain an unrestricted license, with annual medical testing beginning from the age of 75. If a practical driving test is not undertaken a restricted or modified license is issued in which older NSW drivers are confined to driving within their local area. This typically imposes a 10 kilometre radius restriction from the driver's home. However, there is little to no evidence that more restrictive licensing policies have any impact on older driver crash involvement or casualty outcomes<sup>8</sup>. Following formal reviews, Queensland, Tasmania, Victoria and Western Australia have dismantled age-based licence restrictions, recognising that older drivers do not pose a major road safety threat and that compulsory testing does not improve road safety.

NSW's older driver licensing system is inherently contradictory. Medical testing from age 75 assumes that a medical diagnosis will detect unacceptable loss of driving ability, but that from age 85, when typically a person's health is less than when they were 75, the medical diagnosis apparently loses some of its power and needs to be supplemented with a road test. This is clearly not logical, with the kindest interpretation being that the road test serves as a proxy medical test for cognitive disease, notably dementia. However, based on strong anecdotal evidence this approach appears to be testimony to the undying and deeply seated prejudice that people over 85 have no business driving cars<sup>9</sup>.

---

<sup>8</sup>Please see: Koppel, S. (2013) 'Effectiveness of age-based mandatory licensing assessments in reducing older driver crash risk' Available: <http://www.abc.net.au/cm/lb/5137342/data/effectiveness-of-age-based-mandatory-licensing-assessments-in-r-data.pdf>

<sup>9</sup> O'Rourke, J. 'Top traffic cop urges seniors to get off the roads' The Daily Telegraph [Sydney] 6 January 2016. Available: <http://www.dailytelegraph.com.au/news/nsw/top-traffic-cop-urges-seniors-to-get-off-the-roads/news-story/5f0fec7239a965732b612aea76f9fd8f> [Accessed 21/07/2016]



The NSW Government justifies retaining the older driver licencing system on the basis that older people are disproportionately represented in crash statistics. However, this is a shallow interpretation of crash statistics, which does not account for the role of frailty bias. Langford and Koppel state 'older adults' biomechanical tolerances to injury are lower than those of younger persons [...], primarily due to reductions in bone strength and fracture tolerance'<sup>10</sup>. This means that age-related frailty increases the chance of serious injury or death following a car accident.

Older drivers tend to drive less annual kilometres compared with other age groups as they increasingly self-regulate<sup>11</sup>. Self-regulation involves the gradual reduction in driving distances, limiting driving at night, sticking to familiar routes and driving more slowly. Further, international research has shown that older driver crash involvement is primarily restricted to certain subgroups of older people (those with dementia, epilepsy or insulin treated diabetes, for example) rather than encompassing all older drivers<sup>12</sup>. This evidence suggests that health/medical-based assessments of driving capacity are likely to be more effective in reducing accidents than age-based assessments, as a person's health has a more tangible and direct impact on their driving skills.

With the proportion of the population over the age of 85 being projected to increase by 60% between 2010 and 2030, the number of older drivers is growing significantly. Thanks in large part to developments in medical science and public health policy, this new generation of older drivers is healthier, more active and more mobile than previous generations. Nonetheless, NSW's changing demography will have a significant effect on the cost of administering the older driver licensing system, which is yet to be proven effective. Accordingly, CPSA calls on the NSW Government to immediately dismantle this unfair and ineffective system.

It should also be noted that the NSW driver licensing authority has two mechanisms at its disposal to temporarily or permanently revoke a person's driver licence regardless of age. The first mechanism is based on the authority being notified by a qualified medical professional of a person's unfitness to drive due to a proscribed medical condition, including cognitive disease. The second mechanism is based on demerit points.

---

<sup>10</sup> P358: Langford, J. Koppel, S. (2006) 'The case for and against mandatory age-based assessment of older drivers' *Transportation Research Part F: Traffic Psychology and Behaviour*, 9(5), pp353-362

<sup>11</sup> Molnar, L. Eby, D. (2006) 'The Relationship between Self-Regulation and Driving-Related Abilities in Older Drivers: An Exploratory Study' *Traffic Injury Prevention*, 9(4), pp314-319

Wong, I (2014) 'Sustaining safety and mobility amongst older adults: The Multilevel Older Person's Transportation and Road Safety Model' PhD thesis. Available: <https://eprints.gut.edu.au/70007/> [accessed 6 July 2016]

<sup>12</sup> Howell 1997 'Forward, perspectives and prospectives' in *Handbook of the human factors and the older adult* pp. 1-6, San Diego; Janke 1994 *Age-related disabilities that may impair driving and their assessment: Literature Review*, Sacramento

Finally, driver licence revocation is a deeply traumatic experience for older drivers and is associated with a loss of independence and a diminished sense of identity<sup>13</sup>. As a result, the OECD has strongly recommended against age-based mandatory assessment programs such as that used in NSW citing that these programs have no demonstrable road safety benefits and contribute directly to a range of mobility, public health, and economic disadvantages<sup>14</sup>.

- **Recommendation 2:** That the NSW Government dismantle the older driver licensing system in line with international and national evidence discrediting the efficacy of such systems.

CPSA was recently contacted by a constituent living in a semi-rural area, with no public transport, whose licence was suspended on medical grounds. As this particular constituent regularly takes care of the grandkids, the revocation of their license has been particularly stressful for the whole family. This person was not offered any support in the way of community transport or a comparable service. Given they are 63, the person will not be eligible for a Home Care Package for another two years. They are also not eligible for the National Disability Insurance Scheme (NDIS), leaving them completely unsupported to deal with the significant fallout of having their licence revoked. As residents living in regional areas are particularly car-dependent, they must be offered support if their driver licence is revoked on medical grounds. People in situations such as this should automatically receive priority access to community transport.

- **Recommendation 3:** That regional residents who have their driver licence revoked should receive a referral to community transport if they are not eligible for community transport support through the aged care system or NDIS.

---

<sup>13</sup> Whitehead, B. Howie, L. Lovell, R. (2006) 'Older people's experience of driver license cancellation: a phenomenological study'. Australian Occupational Therapy Journal, 53(3), pp173-180

<sup>14</sup> OECD (2001) 'Ageing and Transport: Mobility Needs and Safety Issues'. Available at [http://www.oecd-ilibrary.org/transport/ageing-and-transport\\_9789264195851-en](http://www.oecd-ilibrary.org/transport/ageing-and-transport_9789264195851-en) [accessed 11/07/2016]

## Public transport and accessibility

Public transport plays a key role in supporting the physical and mental health and wellbeing of individuals, enabling people to access essential services and to remain active and engaged with their communities. This becomes increasingly important for people as they age, particularly for those who have ceased driving. Without a reliable, accessible and affordable transport system, such people are left isolated and unable to independently go about their daily lives. Research has shown that socially isolated individuals generally have poorer health and wellbeing outcomes<sup>15</sup>. However, in NSW access to public transport in regional areas ranges from relatively to absolutely poor when compared to Sydney. Fewer passengers overall, plus geographical isolation leading to longer average journeys, mean that regional public transport services are almost always more expensive and less frequent. Only 21% of people surveyed for the Rural Wellbeing Survey felt they had good access to public transport<sup>16</sup>. CPSA acknowledges the NSW Governments commitment to improving regional public transport services, as embodied in the 2013 series of Regional Transport Plans and offers the following considerations to ensure that the benefits of any investments can be enjoyed by all regional NSW residents.

### *Financial barriers*

For the most part, public transport fares in regional NSW are significantly more expensive than in metropolitan areas. On the one hand, this reflects the higher cost of operating public transport services in regional areas, with limited passenger demand diminishing the opportunity for economies of scale. On the other hand, this represents a significant barrier to accessing transport for regional residents, particularly for low income earners and people in receipt of an Australian Government pension or allowance. However, as the benefits of providing subsidised public transport for low income earners are difficult to quantify in economic terms, they are often not fully considered when fares are set. Subsidised public transport has flow-on effects that benefit the entire community, over and above improving the mobility of low income individuals. The ability for people to remain active, especially if they don't have access to a car, enables them to contribute to their communities, which is particularly important for regional residents<sup>17</sup>. Likewise, affordable public transport plays a

---

<sup>15</sup> Courtin, E. Knapp, M. (2014) 'Health and wellbeing consequences of social isolation and loneliness in old age' Available at <http://sscr.nihr.ac.uk/PDF/Findings/RF59.pdf> [accessed 25 January 2016]

<sup>16</sup> P171: Schrimmer, J. Yabsley, B. Mylek, M. Peel, D. (2016) 'Wellbeing, resilience and liveability in regional Australia: The 2015 Regional Wellbeing Survey'. University of Canberra, Canberra. Available: <https://www.canberra.edu.au/research/faculty-research-centres/ceraph/regional-wellbeing>

<sup>17</sup> Schrimmer, J. Yabsley, B. Mylek, M. Peel, D. (2016) 'Wellbeing, resilience and liveability in regional Australia: The 2015 Regional Wellbeing Survey'. University of Canberra, Canberra. Available: <https://www.canberra.edu.au/research/faculty-research-centres/ceraph/regional-wellbeing>

key role countering the effects of social isolation. This can have a positive impact on keeping people out of hospital and residential aged care, which is beneficial not only to the individual but the wider community and also to the public purse. The social and economic benefits of an affordable and accessible public transport system are broad, but often not immediate. Accordingly, CPSA views it as critical that the NSW public transport system remains publically owned and operated under the direction of Transport for NSW.

- **Recommendation 4:** That the NSW public transport network remains publically owned and operated under the direction of Transport for NSW.

Currently, people in receipt of an Australian Government pension (Age Pension, Disability Support Pension and Carers Payment) are eligible to receive four free one-way NSW TrainLink trips per calendar year. Once these free trips have been used, pensioners are eligible to receive 50% off ordinary adult peak season fares. For metropolitan residents who live within the Opal network, this provision makes travel throughout the state a possibility. Many people rely on these vouchers to make annual trips to see relatives and friends or to attend events around the state. However, for regional residents, particularly those whose only public transport option is the NSW TrainLink network, four free one-way per calendar year are not sufficient in addressing the financial barriers to accessing public transport. CPSA is aware of the \$2.50 Regional Excursion Daily Ticket (RED) to pensioners and seniors card holders, but notes that these do not cover the sorts of services that many people rely on to access services. Specifically, these tickets cannot be used for train services to regional centres, or for connecting coach services that have replaced trains and community transport, which may be the only transport service available. They also are not available to jobseekers, students or apprentices. CPSA notes that for many living on a fixed low income, even the cost of a half fare ticket can be prohibitive, particularly when regular trips are necessary (for example, travel to and from a major regional town centre to receive medical treatment). The disparity between the cost of public transport for regional and metropolitan residents provides compelling evidence to support an increase in the value of public transport subsidies for people living in regional NSW.

- **Recommendation 5:** That the public transport subsidies available to regional NSW residents should be expanded.
- **Recommendation 6:** That alternatives to distance based pricing for NSW TrainLink services be investigated as a means of improving the affordability of public transport for rural and regional residents.

- **Recommendation 7:** That the RED ticket is made available to jobseekers, students and apprentices.

### *Physical/infrastructure barriers*

In 2015 CPSA surveyed members about their transport habits, with 59% of respondents living in a rural area or a major regional town and 72% reporting the Age Pension as their primary source of income<sup>18</sup>. 71% of respondents indicated that they would like to use more public transport, but cited significant physical barriers to doing so, including the accessibility of stations and public infrastructure surrounding stations plus the infrequency of services and timetable coordination. The Transport for NSW Disability Action Plan 2012-2017 indicates that in 2012, around 40% of TrainLink stations were wheelchair accessible, with a further 45% of stations providing assisted access<sup>19</sup>. However, it is difficult to find more detailed station-specific information. The accessibility of rural and regional bus stops is harder to gauge as proper accessibility depends on road and kerbside treatments, which come under the jurisdiction of local councils. Not only do accessible public transport stations support people with disability to use public transport, but also older people, parents with prams, and people with luggage or shopping bags. It is critical that public transport users are able to access information about the accessibility of public transport infrastructure so that they can plan their journeys.

- **Recommendation 8:** That information about the accessibility of public transport infrastructure, including rail and bus stops, is made available on the NSW TrainLink website and through the customer call centre.

Accessibility is often centred on the needs of wheelchair users and people with limited physical mobility. However, it is critical that the needs of people with vision and/or hearing impairment as well as those people with intellectual disability or limited cognitive function are also considered. Measures that assure the accessibility of public transport stations to these groups of people include tactile indicators, simplified signage, audio and visual information, and hearing augmentation. Other measures that improve the general accessibility of stations include adequate seating for customers while they wait, and toilet facilities<sup>20</sup>. The NSW Government must ensure that these provisions are rolled out to every public transport station in NSW as a matter of urgent priority. Wheelchair accessibility alone is not sufficient. The

---

<sup>18</sup> CPSA (2015) 'Transport Survey 2015' Available: [http://www.cpsa.org.au/files/Transport\\_Survey\\_2015.pdf](http://www.cpsa.org.au/files/Transport_Survey_2015.pdf)

<sup>19</sup> Transport for NSW 'Disability Action Plan 2012-2017' Available: <http://www.transport.nsw.gov.au/content/transport-nsw-disability-action-plan-2012-2017> [accessed 15 July 2016]

<sup>20</sup> 24% of respondents to CPSA's 2015 Transport survey cited lack of toilet facilities and/or insufficient seating as significant barriers to using public transport, while 55% said more seating and toilet facilities would make it easier for them to use public transport.

infrastructure surrounding stations must also be considered, with particular reference to the quality of footpaths, the presence of stairs and the geographical terrain surrounding stations/stops, as these factors also contribute to the accessibility of a station, particularly for people with limited mobility or those who use mobility aids.

- **Recommendation 9:** That the NSW Government commits to ensuring the accessibility of all public transport stations across the state by 2020.

Beyond station infrastructure, the accessibility of the public transport system depends on the support provided by frontline staff at stations, ticket offices and on board. Transport staff provide invaluable support to those who require assistance with getting on and off the train or bus, understanding timetables and purchasing tickets. The presence of station staff also ensures that people feel safe and secure while using public transport services. The recent push to cut staff at regional rail stations across NSW, which would have seen major stations such as Griffith become unstaffed, has caused much concern among CPSA constituents. NSW TrainLink claimed that the staff cuts were justified given the growing number of people booking tickets online. However, there will always be a substantial group of customers who are either not online or require the assistance of station staff in order to use public transport. Accordingly, CPSA views the removal of station staff as akin to creating an additional barrier which limits access to public transport for disadvantaged groups of people. Further, internet coverage in rural and regional areas tends to be less reliable, meaning that even those who are tech-savvy, able to purchase tickets and obtain transport information online and have access to the internet are likely to require the services of station staff on some occasion. CPSA seeks assurance from NSW TrainLink that staff cuts to regional stations will not go ahead in recognition of the role staff play in ensuring the accessibility of TrainLink services.

- **Recommendation 10:** That staffing levels across regional rail stations and major bus stops be increased so that assistance is available to those who require it.

CPSA also notes that the push to replace many regional rail services with coaches creates accessibility issues. 49% of surveyed CPSA members who use NSW TrainLink services indicated they preferred trains over coaches. Respondents indicated that coaches are less comfortable, take longer and are harder to get on and off. If there are toilets on board the coach, they are difficult for people with limited mobility to use safely and few are accessible to wheelchair users. Further, food is not available on board and this, in combination with limited toilet facilities, means passengers must alight at rest spots which can be particularly challenging. Members are concerned that train services are being gradually replaced with coach services. This is exacerbated by NSW TrainLink's ageing rail fleet, which is over 30 years old and lags well behind the international standard for long distance journeys. This

fleet urgently needs to be upgraded. The NSW Government must recognise that train travel is more accessible than bus travel for regional residents and ensure that this is reflected through investment in regional public transport services, specifically through the replacement of the XPT fleet. The latest NSW Budget includes a \$35m allocation over four years 'to continue planning for the replacement of the XPT rail fleet'<sup>21</sup>. CPSA would like to see greater urgency and increased transparency around the project and the status of current plans given the significance of this upgrade to regional NSW residents.

- **Recommendation 11:** That the NSW Government publishes a timeline for the upgrade of the XPT fleet.

### *Timetabling and coordination of services*

The most significant barrier CPSA members face when accessing public transport in regional NSW is that services are not available when they need them. The regional public transport network is criticised by CPSA members as being overly Sydney-centric. The assumption underlying timetabling and the coordination of services seems to be that customers are either travelling to or from Sydney. While there is no doubt that many people living in regional NSW will use the public transport system to get to and from Sydney, this is not the most common reason for travel for most. Regional NSW residents are more likely to use public transport to get to and from the closest major regional town centre on a day-to-day basis. For those living in relatively more rural or remote areas, major regional town centres provide access to essential services, infrastructure and resources. Thus it is critical that access to these major centres is prioritised. This will only become more important moving forward given the trend towards health, support, education, banking and postal services in smaller regional towns being consolidated and moved to larger regional town centres.

As a starting point, timetabling should permit customers to make day trips to and from regional town centres without the need to stay overnight as a priority. Where it is geographically possible, timetabling should also permit customers to make a day trip to Sydney<sup>22</sup>. Given that transport needs vary significantly from region to region, CPSA would like to see greater community consultation regarding timetabling and service coordination, in order to maximise the effectiveness of limited services. Many CPSA branches have specific, low-cost suggestions for how public transport could be better coordinated in their area.

---

<sup>21</sup>P5: NSW Treasury (2016) 'NSW Budget 2016-17: Regional Overview' NSW Government, Sydney. Available: [http://www.budget.nsw.gov.au/\\_data/assets/pdf\\_file/0011/128558/NSW\\_2016-17\\_Regional\\_Overview\\_-\\_full\\_report.pdf](http://www.budget.nsw.gov.au/_data/assets/pdf_file/0011/128558/NSW_2016-17_Regional_Overview_-_full_report.pdf)

<sup>22</sup>CPSA notes the success of the Bathurst Bullet in providing a daily connection to and from Sydney.

- **Recommendation 12:** That the timetabling of regional public transport services be reviewed with a goal to improving connections between regional towns.
- **Recommendation 13:** That Transport for NSW engages in a community consultation process to determine the most appropriate public transport timetables on a region-by-region basis.



## Community transport

Community transport fills a vital gap in regional NSW, particularly for those who are not able to drive and do not have access to public transport. In many regional areas where public transport is not available, community transport provides the only alternative to private car based transport. Accordingly, community transport constitutes a particularly important service facilitating the mobility of regional NSW residents. However, demand for community transport is high, services tend to be over-subscribed and require pre-booking, and providers are limited in who they can assist. Further, services tend to be limited to weekdays during business hours. These factors mean that community transport users must plan and book their trips well in advance which can be difficult particularly if a person requires urgent assistance to get to a doctor's appointment, for example. On the flip side, CPSA members have reported that people requiring transport to and from appointments receive priority access, as they should. However, this means that when services are overloaded it can be very difficult to access community transport for the purposes of social events and outings or to do the shopping. Given that participation in these sorts of activities is critical to ensuring the wellbeing and social inclusion of regional NSW residents, the capacity of regional community transport providers must be increased.

The community transport sector is facing significant change following the rollout of the NDIS and the shift to consumer directed aged care. Community transport providers now receive the majority of their funding from the Australian Government, with a shift away from block funding towards individualised budgets. This has impacted the viability of many regional community transport providers as it has restricted the eligibility criteria for accessing community transport. Those who are not eligible for support through the NDIS or aged care system may not be eligible for the NSW Community Transport Program. Community transport providers are keen to expand their services and increase the transport assistance available to older people and people with disability, but the legislative and funding environment in which they operate undermines their capacity to do so.

- **Recommendation 14:** that the NSW Government works with community transport providers, the Community Transport Organisations peak body and service users to investigate innovative ways in which excess demand for community transport could be met.
- **Recommendation 15:** that the NSW Government increase the block funding available specifically for Community Transport providers operating in regional and rural areas.

## Health transport

Health transport in NSW is underdeveloped, with responsibility for policy development split between the NSW Department of Health and Transport for NSW. People living in regional areas experience on average poorer health outcomes than those living in metropolitan areas<sup>23</sup>. Survival rates for serious diseases, such as cancer, are lower in regional areas as a result of delayed diagnosis and commencement of treatment<sup>24</sup>. Regional NSW residents generally have to travel considerably further to attend appointments and receive treatment than people living in metropolitan areas. This is only likely to increase as smaller regional hospitals and treatment facilities are consolidated into larger hospitals with greater capacity in major regional centres across the state. The increased push for early discharge and growing prevalence of day surgery has further compounded the need for health transport in rural and regional NSW<sup>25</sup>. Accordingly, transport for medical reasons is a key issue of concern for CPSA and one that is critical to ensuring the wellbeing of regional residents. Lack of transport should never act as a barrier to accessing health care. Accordingly, the transport needs of patients must be considered by the NSW Department of Health at the planning phase. The Department should also consider the impact of a lack of affordable and accessible accommodation near major hospitals on the capacity of regional residents to access necessary health care.

- **Recommendation 16:** That the transport needs of patients living in rural and regional NSW be considered by the NSW Department of Health when planning health projects.

The Isolated Patient Transport and Accommodation Assistance Scheme (IPTAAS) provides financial assistance to cover the costs of travel for medical treatment where that treatment is not available locally. It offers fixed-rate reimbursement for the cost of accommodation and a petrol subsidy determined on a per kilometre basis. While CPSA welcomes last year's changes to the scheme which saw an increase in subsidies, further changes are necessary to ensure its effectiveness. Awareness of IPTAAS is limited, particularly among older people who are not online<sup>26</sup>. The NSW Government should undertake an information campaign to raise awareness of IPTAAS, with a focus on who is eligible and how to apply for assistance. This campaign should be targeted at regional NSW residents in contact with the health

---

<sup>23</sup>National Rural Health Alliance Inc. (2011) 'Fact Sheet 28: The Determinants of Health in Rural and Remote Australia'. Available: <http://ruralhealth.org.au/sites/default/files/publications/factsheet-determinants-health-rural-australia.pdf> [accessed 19 July 2016]

<sup>24</sup>National Rural Health Alliance Inc. (2014) 'Fact Sheet: Patient Assisted Travel Schemes'. Available: <http://ruralhealth.org.au/sites/default/files/publications/nrha-factsheet-pats.pdf> [accessed 19 July 2016]

<sup>25</sup>Denmark, D. Hurmi, A. Cooper, B. (2011) 'No Transport, No Treatment: community transport to health services in NSW' Joint Research Report commissioned by The Cancer Council of NSW, NCOSS and Community Transport Organisation (CTO). Available: [http://www.cancercouncil.com.au/wp-content/uploads/2011/10/No-Transport\\_No-Treatment.pdf](http://www.cancercouncil.com.au/wp-content/uploads/2011/10/No-Transport_No-Treatment.pdf)

<sup>26</sup>CPSA (2015) 'Transport Survey 2015' Available: [http://www.cpsa.org.au/files/Transport\\_Survey\\_2015.pdf](http://www.cpsa.org.au/files/Transport_Survey_2015.pdf)

system as well as health workers who are well placed to connect eligible patients with the scheme.

- **Recommendation 17:** That the NSW Government undertakes an information campaign to increase awareness of IPTAAS among regional NSW residents and health workers.

The IPTAAS travel rebates are limited to subsidising the cost of private car based transport and public transport. However, for many people accessing the scheme, public transport is either not suitable given their ill-health, or not available. Private transport may not be a viable alternative, particularly if the person is unable to drive as a result of the condition for which they are receiving treatment. This means that for many, particularly older people and people with disability, community transport is the only option. CPSA would like to see IPTAAS rebates extended to community transport, in recognition that this may be the only health transport option available to some people. It should be noted though that community transport may not always be an appropriate health transport option for people whose medical conditions are not stabilised as drivers are predominantly volunteers who are not trained to intervene in an emergency.

- **Recommendation 18:** That IPTAAS rebates be expanded to cover community transport where private or public transport services are either not available or not appropriate.

CPSA notes that IPTAAS works on a rebate basis with participants reimbursed for the costs of travel and accommodation after making an upfront payment out of their own pockets. Many people living on a low income simply do not have the capacity to meet this out-of-pocket expense. CPSA is very concerned that people in this situation may delay or put off medical treatment altogether and thus calls on IPTAAS to investigate the possibility of providing upfront payments.

- **Recommendation 19:** That IPTAAS investigates the possibility of providing upfront payments, rather than rebates.