On the Road, Again

The Transport Needs of People in Residential Aged Care

Council of Social Service of NSW, ***December 2003***

CONTENTS

Executive Summary…… 1
Introduction…… 5
Acknowledgements…… 6
Methodology…… 7
Summary of Recommendations…… 9
The Current State of Play…… 13
Residential Aged Care Facilities…… 18
Aged Care Packages…… 23
Consumers…… 27
Aboriginal and Torres Strait Islander Communities…… 29
People from Culturally and Linguistically Diverse Backgrounds…… 30
Younger People in Aged Care Facilities…… 31
Community Transport…… 32
HACC Neighbour Aid…… 35
Australian Government Community Visitors Scheme…… 35
Taxis…… 36
Scooters…… 40
Mobility Management System…… 41
Residential Aged Care Transport Supplement…… 42
People with High Care versus Low Care Needs…… 44
Crisis Resolution versus Systemic Improvements…… 45
General Practitioners…… 45
Development Applications…… 45
Delivery Services…… 47
Glossary…… 48
Consumer Questions…… 49
Care Package Providers Survey…… 51
Residential Aged Care Providers Survey…… 53
Community Transport Providers Survey…… 55

1. EXECUTIVE SUMMARY

The Council of Social Service of NSW, NCOSS, the peak body for the social and community services sector in New South Wales has had an ongoing interest in transport issues and the transport needs of the community.

The vexed issue of the transport needs of people living in residential aged care has been raised many times in recent years at NCOSS consultation and forums. Encouraged and inspired by a pilot project of Mountains Community Transport, NCOSS developed a project brief in early 2003 to research the issue and develop recommendations towards resolution. In June 2003, NCOSS was able to designate some resources to implement a research strategy on a part-time basis for 5 months.

Using interviews, surveys and literature research, NCOSS began to investigate the levels and types of transport options available to residents in aged care facilities, transport funding mechanisms, governing policies, costs to consumers, consumer views and needs, locational issues and indicative need. The report gathered findings from different locations, ie. metropolitan, urban fringe and rural or country. In this way, the findings could identify locational variations and any specific emerging issues for each location type.

This project is intended to document the important problem, provide recommendations and suggest further more intensive work to address the transport needs of a very vulnerable population.

Major Findings

Survey responses were received for over 10, 239 residents, representing 21% of the people living in residential aged care in NSW. The Australian Institute of Health & Welfare reports that over half of the residents in aged care facilities are aged 85+ years, most are women and 77% residents receive Centrelink pensions.

Over 40 consumers participated in the research, all were residents, about half lived in non-metropolitan areas and most were women. Consumers identified that they would like to travel more often, that their mobility problems were an obstacle, that transport was currently too expensive, they would need assistance at least sometimes when travelling, they would like more individual transport and there is a need for flexible after hours transport.

Surveys were received from both high care providers (formerly known as nursing homes) and low care providers (formerly hostels), these classifications aligning with the Australian Government categories for daily subsidies according to assessed needs. Responses indicated that 63% of residents required high level care while 46.3% required low level care. Metropolitan providers returned 57% of responses, 31% responses came from rural or country providers and urban fringe providers returned 12% surveys.

NCOSS found there is a policy and funding vacuum surrounding the provision of transport to residents in aged care facilities. There appears to be no clearly designated policy responsibility or allocated funding to residents' transport needs. While health-related transport is the outstanding priority for travel, consumers identify shopping and personal business as critical reasons to travel and many industry and consumer respondents emphasised the importance of social interaction and activities to maintain residents' well-

being and quality of life.

There was an almost universal reliance by the residents on their family and friends as the primary source of transport support. The degree to which transport needs are met for the resident is dependent on the availability and resources of the family. With over one third of residents reporting no significant access to family and friends, the provision of transport services is a major issue in residential aged care facilities.

Residential aged care facilities indicated that a very high proportion of residents (56 to 78%) would require someone to accompany them when travelling or waiting. The provision of escorts was the second most mentioned problem across the board for providers, after the inadequacies of funding and guidelines. Where escorts were deployed aged care staff, providers complained of the time and expense involved, as well as the loss of a staff member to the facility while on escort duties. Many explained that the lack of an escort caused the resident to cancel or postpone appointments.

Respondents were asked whether about the frequency of various modes of transport ie public transport, community transport, vehicles owned by the facility, taxis, family and friends, patient transport and ambulance services. Preferred modes of travel varied across locations ie metropolitan, urban fringe and rural or country areas. In all locations, the outstanding preferred mode of travel was family and friends. In metro-politan areas, patient transport services and taxis rated next highest; urban fringe areas ranked community transport then taxis and rural areas ranked taxis then patient transport services. In all NSW areas, public transport was ranked a distant last.

The cost of transport was described as a defining consideration for residents. More than 65% of the residents identified in the survey were in receipt of pensions. More than 41% of people identified in the survey were concessional residents, ie. the provider received an additional subsidy for their care due to financial disadvantage. Almost all consumers, 95% of consumers who were canvassed, indicated that they could afford only $10 or less per week for transport.

An alarmingly low proportion of residents were registered for the Taxi Transport Subsidy Scheme (only 2 to 7%), despite the use of taxis as a major transport mode for residents. The urban fringe areas, along with the very remote rural facilities where locations were identified, seemed to be most disadvantaged in access to taxis as many rural facilities are located in regional centres. Travel from remote and urban fringe areas can therefore involve significant distances to business and economic centres. Many respondents complained of the lack of available wheelchair accessible taxis and vehicles.
Volunteers were used in many residential aged care organisations (41 to 63%) as drivers and escorts. Several providers reported using off-duty staff as volunteer drivers and escorts. Interestingly, significantly more low care providers used volunteers (64%) than high care providers (46%). Similarly, low care providers reported greater use of community transport while high care providers reported mostly using taxis. These figures were significantly lower for the use of volunteers in aged care packages.

Over half of the residential aged care facilities responding to the survey owned vehicles, which were mostly used for resident transport. Despite this, many surveys were concluded with a plea for help to provide more adequate transport for residents and people receiving aged care packages.

All community transport respondents received funding from the Home & Community Care

Program and approximately 70% also receive Community Transport Program funding. Most community transport providers indicated they receive requests for transport from residential aged care facilities. About 76% of providers did provide transport support into facilities and most charged the resident at a nominal fee while only a few charged the facility at full cost recovery.

Survey responses demonstrated that there was a clear imperative that the gaps in policy and funding to address the transport needs of people in residential aged care facilities must be urgently and deliberately determined and addressed.

Other issues emerged in the course of this research. These include younger people in residential aged care, scooters, delivery services, the nexus between the needs of people in high care compared to people in low care, crisis intervention and systemic improvement, development applications for facilities, General Practitioners, carers' needs and the role of the Commonwealth Community Visitors Scheme.

Major Recommendations

The report contains 32 recommendations covering transport access by consumers, the provision of escorts, clarification of guidelines and policy responsibilities, innovative transport systems, the participation of residential aged care facilities in transport provision, taxis and community transport. Some of the more major recommendations are described below.

NCOSS recommends the funding and implementation of specific research into the transport needs of Aboriginal and Torres Strait Islander elders and older people from culturally and linguistically diverse backgrounds.

NCOSS has made recommendations concerning the rights of the residents to know and understand their transport options upon entry to facilities or receipt of aged care packages and that this is followed up with regular updates.
It is not appropriate for younger people with disability to live in residential aged care.
It is recommended that the transport needs of younger people with disabilities now living in residential aged care, until they can be re-located, are specifically planned, resourced and addressed as for other people with disabilities living in the community.

Recommendations also covered access to the Taxi Subsidy Scheme (TTSS), with the call for expanded funding and eligibility criteria. NCOSS recommends that all people living in residential aged care facilities and in receipt of care packages should be automatically eligible to register for the TTSS after an aged care assessment.

NCOSS recommends a co-ordinated approach to the effective and efficient use of existing transport resources in the implementation of a series of pilot projects, funded by the Ministry of Transport, to trial mobility management systems in order to address the transport needs of residents.

NCOSS has developed the concept of a Residential Aged Care Transport Supplement. Funded by the Australian Government, this new supplement would mirror the other supplements contained in the Aged Care Act to provide a dedicated funding allocation towards transport support for people receiving residential aged care services. NCOSS recommends that the Australian government immediately establishes this Supplement with allocated funding based on need and uses a mobility management approach for transport

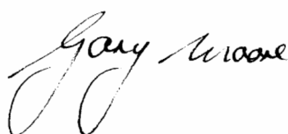
solutions.

The Next Steps

NCOSS will advocate for implementation of the recommendations. Additionally, NCOSS will encourage other groups and organisations to use the report as a support to people in residential aged care facilities and in receipt of aged care packages.

NCOSS will be working with officers of NSW Health towards estimates of actual and predicted costings for the programs and solutions developed in this report.

The full report is available for downloading on the NCOSS website at
www.ncoss.org.au/bookshelf
or contact Christine Regan, Senior Policy Officer, NCOSS on
ph: 9211 2599, fax: 02 9281 1968, email: **chris@ncoss.org.au**



Gary Moore
Director
NCOSS

2. INTRODUCTION

The Council of Social Service of NSW, NCOSS, is the peak body for the social and community services sector in New South Wales. NCOSS works with its members on behalf of disadvantaged people and communities towards achieving social justice in NSW. We bring together community service organisations with common interests but diverse functions and act as a channel for consultation and negotiation with government. We strive to ensure that the sector is well informed, articulate, strongly represented and has a high profile.

With information from members of the community, the Health and HACC Senior Policy Officers at NCOSS developed a project brief for research into the transport needs of people living in residential aged care facilities. This work also built on and incorporated the evaluation findings of the innovative Flexiride[1] pilot project run by Mountains Community Transport in 2001.

Both the NSW Aged Care Alliance and the NSW HACC Issues Forum had discussed the issue of transport provision to older people, sometimes focussing on the specific needs of people living in residential aged care. This issue emerged as an escalating problem for residents, with no clear governing policy responsibilities or designated funding allocations. It appeared that the responsibility fell to the residents' family and friends, and increasingly this situation was becoming untenable. An increasing number of residents seemed to have little or no access to nearby family. Anecdotal reports of adverse health outcomes and isolation were emerging, to the concern of the residents, their families and aged care providers.

Accordingly, the overall objective of the NCOSS project was to conduct a research study into the transport needs of residents in residential aged care facilities in order to develop recommendations on how to meet the transport needs of these residents.

The outcomes for the research project were to

- determine the level and nature of need amongst resident of residential aged care facilities in metropolitan, urban fringe and rural or country areas;
- compare the transport needs of residents receiving high level and low level care;
- investigate the transport provision, considering services and costs, of various modes of transport;
- determine the level and nature of unmet need for transport services for people living in residential aged care facilities;
- outline the relevant legislation / standards / guidelines that regulate the availability of transport to residents in residential aged care and finally,
- develop recommendations to address the need for transport by residents in residential aged care.

[1] *Low Level Care Facility Transport Case Study and Evaluation of **Flexiride** Service* prepared for Mountains Community Transport by Transport Planning & Management Consultancy 2001.

3. ACKNOWLEDGEMENTS

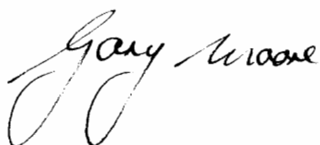
The achievements of the project have depended on the co-operation and support of industry and funding bodies. NCOSS gratefully acknowledges the generous time and energy contributed by the respondents who completed and returned the surveys, who wrote submissions, who contacted NCOSS or who submitted to in-depth interviews.

Members of the Reference Group agreed to guide and supervise the project during its development and implementation. NCOSS acknowledges the generously shared skills and expertise of Helen Walker, Brenda Bailey, Nan Bosler, Carrie Hayter, Tracey McDonald, Liz Christey, David Skidmore, Paul Sadler and Susan Gentle.

The NCOSS staff have been tireless and patient in their support of the project. Congratulations to Dinesh Wadiwel and Samantha Edmonds for developing the project brief and proposing the project for implementation. Francis Duffy, a social work student on placement at NCOSS, proved to be invaluable at the data collection and collation stages of the project. Francis' intensive work enabled the project to reach further than originally planned, enriching the findings of this research. Much appreciation also goes to Michelle Burrell, Deputy Director, Policy, for her policy advice and suggestions around editing and structure of the report.

Several local workers were particularly vigorous in contributing time and energy towards the project outcomes. NCOSS gratefully acknowledges the work of Helen Walker, Julie Yeung, Joan Gennery, Robyn Frost as well as the interest and support of Caroline Mason, Penelope Hood and Simon Olsen.

I would like to especially thank Christine Regan, the NCOSS Senior Policy Officer, who researched and managed this project. The quality of this report and constructive recommendations arising from it are significantly due to Christine's expertise and commitment.



Gary Moore
Director
NCOSS

4. METHODOLOGY

The research was overseen by a Reference Group comprising industry and consumer representatives, who met to supervise and guide the development of the research plan, research process and overall findings. The research plan contained a combination of written surveys, individual and group interviews and appointments with identified key industry and provider contacts and representatives. Consumer interviews were conducted by phone and in person using, but not limited to, a series of pre-determined survey questions. Several rural aged care facilities requested that the questions be sent directly to their residents.

NCOSS was able to gather project resources to provide a dedicated senior policy officer for three days per week for approximately five months. At the crucial time of collecting the survey forms and conducting the consumer interviews, a social work student was able to work on collating the raw data for 4 weeks.

Limited project resources did not support the development and distribution of a comprehensive and scientific survey of all residential aged care providers across NSW. A two page survey form was developed which could be easily distributed, and completed within a short period with the existing knowledge of the provider. There were five variations of this survey form to cover the different targets (see attachments): consumers, residential aged care providers, care package providers, community transport providers, neighbour aid providers.

In order to gather data to support comparisons of indicative need, the surveys were used in three sample areas each representing a locational target, ie one metropolitan, one urban fringe and one rural area. In each of these sample areas, all residential aged care providers were canvassed. NCOSS enlisted the support of local workers to contact providers and either promote and/or actually conduct the survey in the sample areas. Respondents were asked to respond anonymously but to identify their location: Metropolitan indicating Sydney, Newcastle, Wollongong; Urban Fringe indicating outlying areas of Sydney, Newcastle, Wollongong; Rural or Country indicating all other areas of the state.

The members of the Aged & Community Services Association ACT & NSW and the Australian Nursing Homes & Extended Care Association NSW make up about 95% of the entire residential aged care industry. Both organisations distributed the survey to their members. Interviews were also conducted with one major private and one major charitable residential aged care provider to add detail to the findings.

The Ministry of Transport supported the research by printing, preparing and posting the transport survey forms, with reply paid envelopes, to all of its funded community transport operators. Additionally, key contact interviews were conducted with industry representatives of a variety of transport modes and providers. The NSW Neighbour Aid Association of NSW electronically distributed the survey through its organisational networks.

The major government funding bodies relevant to the research were also interviewed, including the NSW Department of Ageing, Disability and Home Care; the NSW Ministry of Transport; NSW Health; Australian Department of Health & Ageing and the Australian Department of Veterans Affairs.

Other sources of information were exploited including industry experts, contacts in neighbouring states, the NSW HACC Issues Forum and the NSW Aged Care Alliance.

Carers NSW has advised that the families and carers of people living in residential aged care are often also heavily disadvantaged in accessing transport to the aged care facility or in providing transport support to their loved one. Family members themselves may no longer drive, have access to a private vehicle, have the financial resources to purchase transport support or may even simply be too distant to be within reach. Due to the limitations of available resources to this project, this important issue was not researched.

5. SUMMARY OF RECOMMENDATIONS

RESIDENTIAL AGED CARE FACILITIES & AGED CARE PACKAGES

See Sections 7 & 8

Recommendation 1:
That residential aged care facilities and package providers assist their residents to access the Taxi Transport Subsidy Scheme.

Recommendation 2:
That residential aged care facilities and CACP/EACH package providers recognise the value and health benefits of maintaining regular contacts outside their services, the importance of choice for the residents/clients and their need and want for increased social and family outings.

Recommendation 3:
That the Australian government provides funding for the transport needs of people living in residential aged care facilities and CACP/EACH clients. The resident /client, their family and the organisation should identify these needs jointly.

Recommendation 4:
That the transport policies of residential aged care facilities and CACP/EACH package providers reflect the recognition of need, hierarchy of transport access and facilitate usage of transport according to the needs and choices of the resident.

Recommendation 5:
That residents/clients and families be fully informed of transport options, any costs and limitations at the time of entry to services and regularly thereafter.

Recommendation 6:
That the provision of escorts be funded to respond to a range of residents' and clients' needs.

Recommendation 7:
That residential aged care facilities and CACP/EACH package providers participate in a mobility management system making best use of transport options at the most reasonable cost to enable choice and certainty.

Recommendation 8:
That the Australian Government Community Visitors Scheme be extended to people on CACPs & EACH packages.

CONSUMERS

See Section 9

Recommendation 9:
That consumers are informed of their transport options on admission and regularly thereafter.

Recommendation 10:
That consumers are encouraged to maintain contacts outside the facilities, by choice as well as when required.

Recommendation 11:
That residential aged care providers actively encourage consumers to articulate their transport needs and wants, regardless of whether those needs can be immediately met.

ABORIGINAL and TORRES STRAIT ISLANDER COMMUNITIES

See Section 10

Recommendation 12:
That further investigation is undertaken into the transport needs of Aboriginal and Torres Strait Islander older people and culturally appropriate solutions and resources to address these needs. NCOSS recommends that NSW Health conducts research into health-related transport in conjunction with the Ministry of Transport investigating the social and personal business needs of indigenous older people.

PEOPLE from CULTURALLY and LINGUISTICALLY DIVERSE BACKGROUNDS

See Section 11

Recommendation 13:
That further investigation is undertaken into the transport needs of older People from culturally and linguistically diverse backgrounds and culturally appropriate solutions and resources to address these needs. NCOSS recommends that NSW Health conducts research into health-related transport in conjunction with the Ministry of Transport investigating the social and personal business needs of older people form diverse backgrounds

YOUNGER PEOPLE IN AGED CARE

See Section 12

Recommendation 14:
It is not appropriate for younger people with disability to live in residential aged care. Until younger people with disability now living in residential aged care can be more appropriately re-located, NCOSS recommends that the transport needs of younger people with disability must be individually assessed and addressed, and planned, resourced and arranged as for other people with disability living in the community.

COMMUNITY TRANSPORT

See Section 13

Recommendation 15:
That the Community Transport Program (CTP) of the Ministry of Transport, is reviewed in light of these research findings and receives enhancement funding to respond to the needs of people in residential aged care facilities and those receiving CACP / EACH packages.

Recommendation 16:
That the CTP guidelines are clarified to enable funded community transport groups, where possible, to respond to people in residential aged care facilities.

Recommendation 17:
That the responsibility for health-related transport for people in residential aged care facilities is clearly identified between state and Australian government agencies.

Recommendation 18:
If HACC is expected to pick up the transport needs of people on CACP and EACH packages at any stage, that funding to the HACC community transport program is enhanced by at least the projected expenditure.

TAXIS

See Section 16

Recommendation 19:
That the Taxi Transport Subsidy Scheme be expanded to allow **automatic** eligibility for all people assessed by the Aged Care Assessment Teams who live in residential aged care facilities, ie hostels and nursing homes, or receive a CACP or EACH package.

Recommendation 20:
That the Taxi Industry considers participation in a mobility management scheme whereby taxis can be best utilised especially during non-peak times at reduced costs to travellers.

Recommendation 21:
That disability access taxis are always primarily available for use by people requiring modified transport and accept general fares only when not booked or unoccupied by a mobility impaired passenger.

Recommendation 22:
That when a taxi has accepted a booked fare to a mobility impaired passenger, that taxi accepts no other fares until that trip is completed.

Recommendation 23:
That the Taxi Industry takes steps to improve the reliability and availability of taxis to frail older people, especially from residential aged care facilities.

Recommendation 24:
That the taxi company informs passengers if there will be a longer than usual wait or if a problem has arisen for the arrival of the taxi.

Recommendation 25:
That doctors are encouraged to suggest that appropriate patients with mobility problems register for the Taxi Transport Subsidy Scheme. This information and education initiative could be a collaborative on-going project by the Taxi Council, Divisions of General Practice and peak consumer organisations.

Recommendation 26:
That the state governments develop agreements regarding the eligibility for and use of taxi transport subsidy vouchers for people who travel across borders to access health and other services.

SCOOTERS

See Section 17

Recommendation 27:
The State government does more work on the use of Scooters, including traffic, user rights, safety education, kerbing and street design, other infrastructure issues, maintenance, insurance issues etc.

MOBILITY MANAGEMENT SYSTEM

See Section 18

Recommendation 28:
That a Mobility Management approach is implemented for people who live in residential aged care facilities. This approach should involve available transport providers and the local Transport Development Officer (where possible) and the Ministry of Transport.

Recommendation 29:
That a series of 3 pilot projects are initiated in metropolitan, urban fringe and rural areas as a trial of mobility management systems to address the transport needs of people in residential aged care facilities.

RESIDENTIAL AGED CARE TRANSPORT SUPPLEMENT

See Section 19

Recommendation 30:
That the Australian government acknowledges the health related transport needs and recognise the importance of social and family interactions of people in residential aged care facilities.

Recommendation 31:
That the Australian government provides appropriate additional funding towards recognising and meeting the transport needs of people living in residential aged care facilities and people receiving CACP and EACH packages.

Recommendation 32:
That the Australian government implements the Residential Aged Care Transport Supplement RACTS as a mechanism for funding flexible, appropriate and responsive transport to people in residential aged care facilities.

6. THE CURRENT STATE OF PLAY

This section describes the current legislation, guidelines, standards and programs affecting the provision of transport services to people in residential aged care facilities and people receiving aged care packages.

6.1 Aged Care Act 1997 and Standards

The Australian Government implemented this legislation which governs all aspects of the provision of residential aged care, flexible care and CACPs throughout Australia. Many facets of care are identified within the Act and accompanying Aged Care Standards which also covers the planning of services, the approval of service providers and care recipients, payment of subsidies, and service provider responsibilities. The Act itself sets out through Sect 2-1, (1) *objects* clear objects and standards for quality of care, access to appropriate care by the recipient, choice and independence of recipients and carers. The Act Sect 25-2 *Classification* refers to the care recipient's activities of daily living.

The Residential Care Manual Standards Section 2.6 *Other Health & Related Services* provides for residents' "access to other services not provided by the residential care service". Standards Section 3.5 *Independence* provides for "strategies to maximise community involvement…" Also Standards Section 3.7 *Leisure Interests and Activities* provides "that programs of activities, both internal and community-based and catering for diverse tastes and interests, are planned and implemented…", "services are provided in a manner that promotes integration with the community and community events", "the facilitation of community and family involvement in activities". Transport, however, is not explicitly mentioned in the Act, the Standards or the Guidelines, therefore leading to a policy vacuum.

Comment

It is clear, from interviews and survey responses, that residential aged care providers are keen to ensure their residents' access to appropriate and comprehensive transport services but there are several obstacles. It is very unclear, from a policy viewpoint, where the policy responsibility for providing transport to residents and care recipients lies. Is there a blanket responsibility? Does the responsibility change according to the type of transport required? How can commensurate funding be attached to implementation within a policy vacuum, while many aged care providers are in an inadequate "make do" situation for transport?

> *There is an issue around the lack of accessible and affordable transport options available to people in residential aged care. The availability of accessible transport is essential for people with mobility difficulties to enjoy relative independence………it is clear that current funding levels do not adequately cover the costs involved in providing residents with accessible transport options. This situation is exacerbated in the case of people who require transport to health related destinations - particularly those residing in low care facilities (formerly hostels) when the demands of frequent travel to medical appointments can take its toll on both consumers and providers……It is clearly unsatisfactory that already financially disadvantaged older people should be asked to meet the high cost of transport to necessary health related appointments."*
>
> NSW Aged Care Alliance Submission to the Review of Pricing Arrangements in Residential Aged Care

6.2 Ambulance Service of NSW

The Ambulance Service of NSW provides 24 hour pre-hospital emergency care, medical retrieval and health-related transport system. The Service estimates that a disproportionately large number of emergency transport involve residential aged care facilities. In fact, of the total number of emergency transports[2] undertaken in 2001/02, more than 56% carried people aged 60 years and older.

Comment

The Ambulance Service suggested that minor medical conditions of residents should more regularly be treated on-site within the facilities.

6.3 Area Assistance Scheme AAS

The AAS is a State-funded program that is administered by the Department of Infrastructure, Planning and Natural Resources (DIPNR). The AAS facilitates and supports community development and the integrated provision of services in regions undergoing rapid urban growth or change. It provides grants to local organisations for projects that improve community infrastructure and how communities function. The scheme focuses on areas that are experiencing significant social and economic stress and change. It currently operates in Western Sydney, Macarthur, Hunter, Central Coast, Illawarra and North Coast regions of New South Wales. Organisations seeking funding under AAP should contact DIPNR in the first instance. After the initial funding period of two years under the AAS, funded community transport projects are jointly evaluated by the Ministry of Transport and DIPNR. If the evaluation is favourable, funding for AAS community transport projects is transferred to the Ministry of Transport.

6.4 Community Aged Care Packages CACP

Community Aged Care Packages are planned and coordinated packages of care to help older people remain living in their own homes. The Commonwealth Government provides Community Aged Care Package providers with a subsidy per package per day to supply and coordinate care services for older people.
Community Aged Care Packages are flexible and designed to help with individual care needs. The types of services that may be provided as part of a package include help with bathing, showering, or personal hygiene; social support; **transport**; laundry; meal preparation; and gardening. The services provided can change as care needs change.

6.5 Community Transport Program CTP

The program is funded by the NSW Government and aims to address transport disadvantage at the local level by primarily facilitating efficient use of transport resources that exist within the community. It is aimed at people who are "transport disadvantaged". Transport disadvantage is defined as "a circumstance or set of circumstances that leaves those who are affected by it in a situation where they have limited or no access to private transport and they have difficulty in gaining access to conventional transport services and systems." The Ministry of Transport then applies mobility, isolation and age based criteria to define eligibility more concretely. It is the acceptance of temporary conditions, isolation criteria and younger people (in specific circumstances) that sets CTP apart from HACC transport. However, the great bulk of CTP clients are older people and due to this crossover, there is often considerable resource sharing between funded programs, to the advantage of both. The CTP program can provide either individual and group community transport. For example, this program may assist isolated families with transport to regional

[2] Ambulance Service of NSW Annual Report 2001/02 pg. 6.

centres, while other transport disadvantaged people may receive assistance to travel to play groups, after school care, youth groups and senior citizens' centres.

Comment
Some Community Transport providers have used this funding program to provide services to residential aged care facilities but others do not. It should be noted that this funding program has received no additional funding to address increased demands for several years. The adequacy of the funding to this program is very concerning for many of the Community Transport providers who are grappling with increasing costs, diminished community infrastructure in country areas and increasing demands within transport disadvantaged communities.

6.6 Department of Veterans Affairs DVA Programs
A range of programs provides veterans and war widows/widowers with a variety of support services. These include transport to approved destinations for health care. This subidised transport can be by car, community transport or hire car and is reimbursed at standard rates. The approved destinations do not include alternative health treatments or personal business and shopping, visiting family and friends or social activities. While eligible veterans and war widows/widowers have access to a designated and funded scheme for health related transport, there is no affordable access to low cost flexible transport for their non-treatment transport needs, the same gap exists for other residents.

6.7 Extended Aged Care at Home Packages EACHs
The EACH package aims to provide services to help an aged person stay at home when they would otherwise have to go into a nursing home to get the level of care they require. The providers will work together with the care recipient, carers, family, friends and neighbours to give the needed support and assistance. They can also provide support, advice and information to carers. EACH packages can provide a wide and flexible range of services, including bathing, dressing, preparation of meals, household tasks, personal laundry, home maintenance and modification, nursing, necessary equipment, social activities, emotional support and advocacy. The Australian Government funds the packages and the funding will equal the same amount as is currently spent on residential care. This means that every EACH package provided replaces a high care residential place (in a nursing home).

6.8 Home and Community Care HACC - Community Transport Sub-program
The HACC program provides community care services to frail aged people and younger people with disabilities, and their carers. The aim of the HACC program is to maintain the independence of people in these groups and avoid their premature or inappropriate admission to long term residential care. HACC is a national program, with the costs shared between the Australian Government (60%) and State Government (40%).
Within NSW, the Ministry of Transport administers the community transport component of the HACC program on a day to day basis, working directly with service providers, and undertakes the planning and policy development of the HACC Community Transport sub-program.

People eligible to receive a HACC service are frail older people, people with disabilities, including children, and their carers. Within this overall population a number of special needs groups are identified:

- Aboriginal and Torres Strait Islanders
- people from non-English speaking backgrounds
- people with dementia

- financially disadvantaged persons
- those in rural and remote areas.

An assessment is completed when people ask or are referred for HACC services. The people who are most in need are given priority of access to services.

As the HACC Community Transport sub-program is intended to assist people to avoid inappropriate admission to long-term residential care, organisations using HACC funding cannot ordinarily provide services to people living in nursing homes and hostels. The HACC program will allow service provision only if there is spare capacity at the time of service and the organisation charges on a full cost recovery basis.

Other HACC services also provide some transport services including

- Neighbour Aid Program which can provide trained volunteers to support people at home and on local trips and for people with complex needs,
- the Community Options Program also can provide some transport assistance in specific cases.

Again, these are for people to remain in their own home and are not intended for use by people in residential aged care facilities.

6.9 Isolated Patients' Travel and Accommodation Assistance Scheme IPTAAS

The NSW Isolated Patients' Travel and Accommodation Assistance Scheme (IPTAAS) is designed to improve access to specialist medical treatment and oral surgical health care if people need to travel more than 200km (one way) from where they usually live to obtain specialist medical treatment not available locally. Funded through NSW Health, IPTAAS will provide some financial assistance towards travel and accommodation costs for people living in isolated and remote communities in NSW. People will be asked to make a contribution towards costs depending on the person's circumstances.

6.10 Patient Transport Service PTS

Operated as part of the Ambulance Service of NSW, the Patient Transport Service PTS is designed to handle routine transports eg. discharges, inter-facility transfers, patients requiring dialysis, radiotherapy and other treatments. This service operates several shifts per weekday and one shift on Saturdays with 32 patient transport vehicles staffed by 80 Patient Transport Officers throughout the Sydney metropolitan area. There are no wheelchair accessible vehicles and the service generally handles people using stretchers. The PTS representative estimates that 50 - 60% of transports are to or from residential aged care facilities and that at least 50% of their transports to/from dialysis involve residential aged care facilities.

6.11 Taxi Transport Subsidy Scheme TTSS

The NSW Ministry of Transport administers the Taxi Transport Subsidy Scheme, also known as TTSS. The scheme was introduced in 1981 to assist residents of NSW who are unable to use public transport because of a qualifying severe and permanent disability. The scheme subsidises the travel cost of TTSS participants, allowing them to travel by taxi at half fare. The maximum subsidy that can be claimed is $30.00 per trip. The scheme is not means tested but there are very strict eligibility criteria for registration. Receipt of an aged, invalid, blind or any other pension will not confer automatic eligibility. The subsidy is not available to people with temporary conditions receiving treatment or undergoing rehabilitation. To qualify for the subsidy, an applicant's disability must be permanent. To be eligible, a person must have a permanent and severe disability or mobility limitation and must fall strictly within one of the following categories: severe and permanent ambulatory problems; severe permanent vision limitations; severe and uncontrolled epilepsy;

intellectual disabilities resulting in socially unacceptable behaviour and/or requiring the constant assistance of another person for travel on public transport (including taxis); severe and permanent communication difficulties which render the person incapable of travelling on public transport without the constant assistance of another person.

6.12 Transport for Health

Initiated in December 2002, NSW Health provided $2.5m funding under the Transport for Health program for rural Area Health Services to assist patients to travel to and from hospital and outpatients appointments. Separate from emergency transport services, the Transport for Health program is intended to provide an additional 20,000 passenger trips per year to access health services. Rural Area Health Services plan locally for the funding, which may be used to expand existing area patient transport services, support local community transport providers or the non-emergency Ambulance transport services, purchase services from private transport operators or to provide taxi vouchers.

7. RESIDENTIAL AGED CARE FACILITIES

7.1 Characteristics of Residents

According to the Australian Institute of Health & Welfare[3], as at 30 June 2002, there were 874, 581 people aged 65+ years in New South Wales, including people 632,015 aged 70+ years. In this state, there were approximately 48, 962 people in operational places in residential aged care, over half of whom were aged 85+ years. Notably 4% of all residents were younger than 65 years. About 72% of residents were women and of these, 56% were aged 85+ years while 37% of male residents were aged 85+ years. Approximately 77% of permanent residents received Centrelink pensions and 13% received pensions from the Department of Veterans Affairs.

The dependency levels of people in residential aged care services has been increasing, as people choose to stay longer in their own homes and therefore, enter facilities with increasingly higher needs. In NSW, approximately 66% of people receiving residential aged care services were classified as high care, ie. RCS categories 1-4, while approximately 32% were classified as low care places with less than 2% being identified as category 8 and receiving no Commonwealth RCS funding. Nationally, the ratio of high care places has increased from 58% in 1998 to 64% in 2002.

The Aged & Community Services Assoc NSW & ACT currently estimates that around 80% people in high level care are affected by dementia; 82% of new aged care assessments are for people with dementia; 30% of people in low level care are not affected by dementia. It is a fallacy to assume that a person affected by dementia does not need or want to travel outside the facility; this depends purely on the needs of the individual.

In New South Wales, 56% permanent residents of aged care services reported being widowed, 21.4% were married or in a de facto relationship, 11.5% were single, 6.6% were divorced or separated and 0.4% did not report. In June 2002, New South Wales reported providing 81 residential aged care places per 1,000 people aged 70+ years.

NSW averages 55 places per service organisation and the turnover of places per year is about one third. The length of stay for permanent people in NSW residential aged care facilities was 7.9% for less than 3 months (national average 19%), 18% for 3 months to 1 year (national average 20%), 49.6% for 1 - 5 years (national average 43%) and 24.6% for more than 5 years (national average 19%). The average length of stay in residential aged care respite in NSW was 3.5 weeks.

[3] *Residential Aged Care in Australia 2001-2002, A Statistical Overview*, Australian Institute of Health & Welfare 2003

7.2 Survey Findings

Response Rates
Approximately 95% of the 900 residential aged care providers in NSW are members of either the Aged & Community Services Assoc ACT & NSW or Australian Nursing Home and Extended Care Assoc NSW, through whom the surveys were distributed. Of these, over 180 responses were received, comprising more than 21% response rate and representing at least 10,239 residents.

Levels of Care
An analysis of the provider organisations and the spread of residents by location and care levels resulted in notable differences. Residential aged care providers which identified in the survey as high care facilities (formerly nursing homes) comprised 53.7% of respondents and low care facilities, formerly known as hostels, formed 46.3% of respondents. However, 63% of residents were classified as requiring high level care while 37% were classified requiring as low level care.

Location
Of the residential aged care providers in NSW who responded to the survey, 57% of the organisations were located in the metropolitan areas of Sydney, Newcastle and Wollongong, 31% of providers were from rural and country areas while urban fringe areas accounted for 12% of providers. However, of all residents in the survey classified as needing high level care, 74% lived in the metropolitan areas of Sydney, Newcastle and Wollongong, 16% lived in rural or country areas and 10% lived in the urban fringe areas. For residents classified as needing low level care, 47.2% lived in the metropolitan areas of Sydney, Newcastle and Wollongong, 35.5% lived in rural or country areas and 17.3% lived in the urban fringe areas.
This indicates a concentration of high care residents in metropolitan areas while the larger resident populations in rural and urban fringe areas are low care residents.

Concessional Residents
According to the available data, the number of concessional residents was 41.8% of total residents in the survey. More than 65% of the residents in the survey were in receipt of pensions. While many respondents provided no data on the number of residents using the Taxi Transport Subsidy Scheme, of the completed responses the number was alarmingly low, only between 2 and 7%.

Access to family and friends
Equally concerning is the proportion of residents who were identified as having no significant access to family and friends at 34%. Survey respondents in metropolitan areas identified 35% of their residents without significant access to family and friends, in rural and country areas the ratio was 26% but in urban fringe areas 40% of residents were reported with no significant access to family & friends.

Escorts
When asked how many of their residents required someone to accompany them when travelling or waiting for appointments, 95% of respondents completed this question. In metropolitan areas, 64.7% of residents needed someone to accompany them, 56.7% in urban fringe areas and 78.8% of people in rural or country areas required escorts. These figures reflect the extended travel and waiting times involved in many journeys in rural and urban fringe areas, the increasing fragility of residents and surprisingly also included significant numbers of people classified as

needing low level care.

Reasons for Travel
The vast majority residential aged care providers generally rated health-related transport as the most frequent reason for residents to travel, far ahead of other reasons generally including, in ranked order, shopping and personal business, visiting family and friends, regular and one-off social activities.

Modes of Transport
When asked the most frequent mode of transport used by residents, the outstanding result for all locations in NSW was family and friends. Public transport was the lowest ranking by far for all NSW locations, hardly rating a mention. Rural areas identified taxis as the second most frequent mode used, then patient transport/ambulance services, aged care facilities' vehicles, then community transport. After family and friends, urban fringe areas in the survey ranked community transport as the next most frequent mode closely followed by taxis, then patient transport/ambulance services, residential aged care facilities' vehicles. Metropolitan areas ranked family and friends clearly first, then patient transport/ambulance services, residential aged care facilities' vehicles, and then taxis followed by community transport. Low care providers reported greater use of community transport while high care providers reported mostly using taxis. The use of staff as volunteers in their own vehicles was occasionally identified for transporting residents and several people used motorised scooters as a preferred mode of transport.

Volunteers
In Metropolitan areas, 41% of respondent organisations used volunteers as drivers or escorts while travelling (often on outings) or to assist residents in other ways. Volunteers were used in 53% of organisations in urban fringe areas to undertake the same functions. This volunteer figure escalated to 62% in rural and country facilities, where volunteers are drivers and escorts. In rural areas, several respondents also identified the use of staff as volunteers and/or escorts after hours. Significantly more low care providers use volunteers (64%) than high care providers (46%).

Facility-owned vehicles
More than half (59%) of the responding residential aged care facilities owned vehicles, this proportion being generally consistent across the different locations. A small proportion of the vehicles were for the exclusive use of managers or staff or as commercial vehicles (eg laundry or maintenance), but most vehicles were cars, vans or minibuses used for residents' outings and appointments.

Transport policies
Where reported, the transport policies of residential aged care facilities consistently identified transport as the responsibility of family and friends of the resident, with the facility only assisting if or when this fails. Many facilities indicated a protocol of contacts for the various transport possibilities, loosely coinciding with the answers given to the question on modes of transport. Interestingly, several facilities had policies that residents were not permitted to travel unassisted or without signed consent forms. In many cases, the resident was responsible for the full cost of the transport and the escort, if needed.

Unmet need
Metropolitan providers generally reported unmet transport needs in the areas of day outings, individual transport and medical appointments, this being complicated by the desperate need for escorts to accompany residents. Urban Fringe and Rural providers said the unmet need was in reaching medical appointments and were concerned for people with no access to family and friends.

Problems
Many providers reported problems with reliability and availability of ambulance, patient transport and taxis. Aged care facilities also were concerned with the cost and time involved in providing escorts for people, the lack of available volunteers, costs to residents and lack of available short notice transport.

Only a handful of residential aged care facilities reported that the transport needs of their residents were addressed. Overwhelmingly, facilities identified significant, severe and even desperate unmet need for transport services and especially for escorts to accompany residents. The need was predominantly for health-related transport but the positive health outcomes of necessary social interactions were consistently reported. Many responses were concluded with a plea for help.

7.3 Arising Issues

A critical issue is the need for escorts to accompany residents while travelling, waiting for appointments, on return journeys or to provide personal assistance while away from the facility. For high care residents, paid escorts with identified skills may be required for health-related trips and social outings while trained volunteers could act as escorts for people with low care needs on social outings etc. It would be necessary to match the training and skills of the escort to the personal and transport needs of the resident. Other issues demanding consideration in the provision of escorts include Occupational Health and Safety standards, insurance requirements and professional and legal liabilities covering the tasks involved, quality and standards of service provision and funding responsibility for expenses, and after-hours escort support.

The survey demonstrated overwhelmingly the heavy reliance on the carers, ie family and friends, of people in residential aged care facilities for their transport needs and in fact for other functions to maintain quality of life for the resident. The extent to which family and friends can support the resident depends on the personal resources of the carer, often an older person who may not drive or have access to a vehicle. The carer may be a son or daughter who does not live nearby or whose employment or immediate family commitments leave limited time for weekday transport support. *Carers NSW* indicates that there is a clear imperative to investigate the transport needs of carers in accessing residential aged care facilities, the cost to carers and possible means of addressing gaps in transport services.

In light of the obvious health benefits, all reasons to travel are vitally important for older people in residential aged care facilities All providers, however, ranked the highest need by far in the areas of recurring or one-off health related transport, personal business came next followed by regular social activities and shopping, then visiting family and friends and one-off social activities.

Health is a state of complete physical, mental and social well-

being and not merely the absence of disease or infirmity.
World Health Organisation Definition of Health

Interestingly, consumers ranked the need for visiting family and friends as well as shopping much more frequently than aged care facilities. Consumers relied primarily on family and friends, then taxis and public transport. This possibly reflects that our survey reached the more active and able within the aged care facility communities. Many said they would prefer to travel more often than they do at present but 95% reported they were generally only able to pay $10 or less per week in transport costs.

Providers suggested an expansion of funding and eligibility criteria to the Taxi Transport Subsidy Scheme, an expansion of eligibility and funding to community transport, better disability access and improved access to public transport. Providers were generally agreed that additional funding must be allocated to enable better access to transport for residents.

The objective of our recommendations is that no client ever misses required travel to health-related destinations due to cost to resident or availability of transport or escorts.

See Recommendations at the end of the AGED CARE PACKAGES section.

8. AGED CARE PACKAGES

CACPs are Community Aged Care Packages and are designed to provide hostel level care in the person's own home. The EACH package is Extended Aged Care at Home and is designed to provide nursing home level care at home. Together they are generally known as aged care packages and replace residential aged care beds. These packages are funded using the proportional funding formula for residential aged care places (ie. as beds in facilities) and comprise similar support services but provided in the person's own home. Many packages are provided by residential aged care providers and a proportion are provided by community based organisations.

In New South Wales, as at 30 June 2003, the Australian Department of Health & Ageing reported[4] that NSW had 9,639 CACPs allocated and 86 allocated EACH packages of which 66 were operational in 3 services. These include packages provided by Multipurpose services and services receiving flexible funding under the Aboriginal Torres Strait Islander Aged Care Strategy. This averages to 14.7 packages per 1000 people aged 70+ years. On average, 13.9% of these packages were provided in major cities, 14.7% in inner regional areas, 13.5% in outer regional areas and 23.3% in remote or very remote areas.

The amount of funding to a package can be as limiting as the resident subsidy rates in facilities ie possibly not sufficient to address all the support needs of the person. Packages can provide personal assistance and social support, transport, laundry, meal preparation and gardening. Unfortunately, transport is sometimes considered a lower priority for package providers when determining the needs of the person. Consequently the package may not extend to cover all the person's transport requirements.

The transport needs of a person receiving one of these packages, the client, are at least the same as, if not more than, those of a person living in a residential aged care facility. The client cannot access any services incidentally provided at the facility. Many residential aged care facilities have visiting services and other on-site delivery services but these may not be available to the client on an EACH or CACP package in their own home.

8.1 Survey Findings

Response Rate

The survey was returned by 33 organisations in NSW covering 1,604 clients in total. This represents a very gratifying return rate of 16.6% for CACPs and a return rate of 45.5% for EACH packages (ie. 2 EACH providers responded covering 30 clients). Locationally, 58% of survey returns were from rural and country areas, 33% from metropolitan areas and 9% from urban fringe areas.

Respondents to the survey reported that 89% of their clients received pensions, 5.8% received a pension from the Department of Veterans Affairs. Only 4.6% of clients were registered with the Taxi Transport Subsidy Scheme.

Access to family & friends

[4] *Report on the operation of the Aged Care Act 1997*; Australian Government Department of Health & Ageing; 1 July 2002 to 30 June 2003

Respondents showed that very high numbers of CACP clients had no significant access to family and friends. In metropolitan areas, 36% CACP / EACH clients had no significant access to family and friends; in the urban fringe areas this was 67% while in rural or country areas this was 50%, averaging over 44% across NSW. As expected, in metropolitan areas, more than 80% of CACP clients would need to be accompanied when travelling or waiting; 95% of urban fringe clients and 58% clients in rural or country areas. This averaged at 73.5% across NSW.

> *CACP funding allows residents to remain in the community but not to access community [HACC] services.*
>
> Quote from a survey form.

Reasons for travel

Survey findings indicate that the need for shopping and personal business among CACP / EACH clients is a much higher priority than for residents in aged care facilities. In fact, for metro, urban fringe and rural locations, shopping was ranked as the highest priority, even above health-related transport, and personal business was ranked higher than visiting family and friends. This reflects that the person is in their own home and not in "a facility".

Modes of Transport

When asked to rank the most frequently used mode of transport, the outstanding result was the package provider vehicle, followed by family & friends, then taxis, community transport including neighbour aid with public transport as a distant last priority. Accordingly, the survey showed that 85% of package providers owned vehicles which they used for staff and client transport. These vehicles comprised cars and vans and small buses.

Charging for services

The HACC Program requires that any HACC service provided to CACP / EACH client should be provided with spare capacity on a full cost recovery basis. Findings indicate that additional services provided to clients are either free or charged only at the HACC subsidies rates. They effectively come in "under the radar." HACC transport providers have reported they face several dilemmas when charging for service to CACP / EACH clients. These include:

- not knowing that the person receives a package
- not knowing how to charge full cost recovery
- not wanting to turn away a person in need of transport when their package cannot or will not pay
- the person transfers from HACC to a CACP / EACH package and wants to retain their existing HACC services but they are not the priority for the package provider.

Volunteers
Interestingly, only 18% of metropolitan package providers engaged the services of volunteers. In urban fringe areas, this figure rose to 33% while in rural and country areas 37% providers engaged volunteers. Where engaged, volunteers were primarily used as escorts and only occasionally as drivers.

Transport Policies
The transport policies of the package providers showed a marked difference from that of residential aged care facilities. It is clearly the responsibility of the package provider to arrange and provide as much transport as possible within a client's package. In an emergency, staff would be called on to use their own cars to transport clients. The family would be encouraged but not obliged to participate in the client's transport support.

Problems
CACP / EACH providers identified a myriad of problems in providing transport to clients. In rural areas, the high cost of transporting clients when frequent treatment was necessary or when people needed medical visits out-of-area. CACP funding was reported to be inadequate to cover longer distance travel. Lack of wheelchair accessible vehicles was identified as a problem and many providers lamented that community transport was either not available to their clients or was too expensive at full cost recovery rates. Other problems in rural areas included: Occupational Health and Safety requirements for staff in lifting and transferring clients can mean transport is costly and difficult to arrange; doctors appointments that do not consider difficult transport arrangements with costly escorts; cost of transport to medical appointments can often mean the client must forgo very necessary social interaction and contacts; health providers should cover the cost of transporting patients to health-related treatments etc.

Unmet need
Aged Care Package Providers identified the need for

- more funding for transport,
- greater access to community transport at subsidised rates
- greater access to health-provided patient transport
- more appropriate equipment and transport for people who cannot sit or remain sitting for long periods.
- more vehicles with wheelchair places

> *[We need] the availability of a transport system that would meet the needs of the client and would not discriminate if the client was funded by the Commonwealth or the state government.*
> Quote from a survey form.

The objective of our recommendations is that no client ever misses required travel to health-related destinations due to cost to resident or availability of transport or escorts.

RESIDENTIAL AGED CARE FACILITIES & AGED CARE PACKAGES

Recommendation 1:
That residential aged care facilities and package providers assist their residents to access the Taxi Transport Subsidy Scheme.

Recommendation 2:
That residential aged care facilities and CACP/EACH package providers recognise the value and health benefits of maintaining regular contacts outside their services, the importance of choice for the residents/clients and their need and want for increased social and family outings.

Recommendation 3:
That the Australian government provides funding for the transport needs of people living in residential aged care facilities and CACP/EACH clients. The resident /client, their family and the organisation should identify these needs jointly.

Recommendation 4:
That the transport policies of residential aged care facilities and CACP/EACH package providers reflect the recognition of need, hierarchy of transport access and facilitate usage of transport according to the needs and choices of the resident.

Recommendation 5:
That residents/clients and families be fully informed of transport options, any costs and limitations at the time of entry to services and regularly thereafter.

Recommendation 6:
That the provision of escorts be funded to respond to a range of residents' and clients' needs.

Recommendation 7:
That residential aged care facilities and CACP/EACH package providers participate in a mobility management system making best use of transport options at the most reasonable cost to enable choice and certainty.

Recommendation 8:
That the Australian Government Community Visitors Scheme be extended to people on CACPs & EACH packages.

9. CONSUMERS

9.1 Findings

Response rate
More than 40 consumers were interviewed or surveyed for this project, all were residents of residential aged care facilities. About 25% of consumer respondents were people receiving high level care and at least 2 people were younger people with disabilities, about 50% were from non-metropolitan areas. Approximately 30% were male.

A worrying facet of the process of the interviews was the initial hesitancy of many of the older residents to articulate their needs, wants and choices. When it was explained that the project sought their views, people became very generous with their time, opinions and personal information.

Reasons for travel
Interestingly, consumers ranked the need for visiting family and friends as well as shopping much more frequently than aged care facilities. Their first priority, however, was recurring health related appointments. The order of ranking after shopping was personal business, regular social activities, one-off health-related appointments, and then one-off social activities.

Modes of Transport
Regarding the most frequently used mode of transport, consumers relied primarily on family and friends, then taxis and public transport. This possibly reflects that our survey reached the more active and able people within the aged care facility communities. Final priority rankings for mode of transport were patient transport and ambulance, aged care facility vehicle, and community transport last. Some people identified that their preferred mode of transport was their motorised scooter or their own car.

Cost and Choice
Many consumers said they would prefer to travel more often than they do at present. All but two people said they were able to pay only $10 or less per week in transport costs. Several interviewees did not feel they had a right to ask for transport as the “staff were busy”. One consumer felt she could not travel, unless the doctor required her to, as she was in a wheelchair and needed an escort. Several said they had no need to travel outside the facility.

Escorts
The majority of consumers interviewed identified that they would need an escort at least sometimes. Some were worried they had no nearby family and friends to rely upon.

Problems
Several consumers said that transport was too expensive and that their personal mobility problems were an obstacle. There were many complaints of unreliability and/or unavailability of taxi and ambulance transport, causing people to miss or be late for appointments.

Benefits
The benefits of adequate available transport to people in residential aged care facilities were enthusiastically identified by consumers as: getting out more, not missing

appointments, allowing greater independence, visiting family and friends, more shopping, greater mobility.

> *We need transport, not treatment.*
>
> Quote from a survey interview.

Unmet needs
Several consumers identified the need for escorts, as well as personal/individual transport and flexible after hours transport.

Recommendation 9:
That consumers are informed of their transport options on admission and regularly thereafter.

Recommendation 10:
That consumers are encouraged to maintain contacts outside the facilities, by choice as well as when required.

Recommendation 11:
That residential aged care providers actively encourage consumers to articulate their transport needs and wants, regardless of whether those needs can be immediately met.

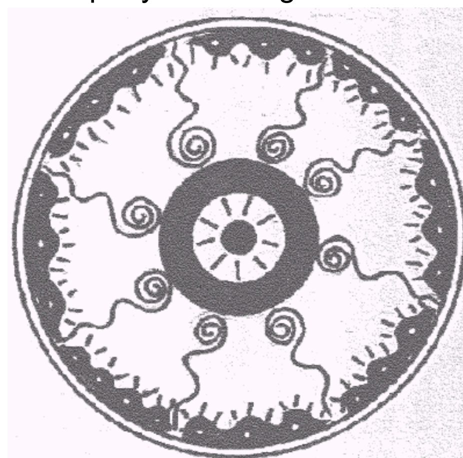
10. ABORIGINAL and TORRES STRAIT ISLANDER COMMUNITIES

Due to a reduced life expectancy and often poor health status, Aboriginal and Torres Strait Islander people tend to require support from aged care services at an earlier age[5]. Therefore the allocation of aged care places for indigenous people is calculated using the number of people aged 50+ years, not 70+years for non-indigenous people. The National Aboriginal and Torres Strait Islander Aged Care Strategy provided 480 flexibly funded aged care places nationally in 2003. Most of the 700 aged care places available to indigenous people across Australia are provided in Aboriginal & Torres Strait Islander specific services.

The national average[6] of permanent residential aged care places to indigenous people is 6% with a higher representation of residential respite at 0.9% than permanent places. NSW reports only 0.1% indigenous people in permanent residential aged care places.

NCOSS conducted several long interviews with key community contacts in a particular rural area to investigate the needs of indigenous people in residential aged care facilities and those receiving care packages. Many of the same conditions and issues applied to Aboriginal residents as to Anglo-Australian residents. There were several additional issues affecting Aboriginal communities. Service providers reported that transport is a very expensive and problematic issue. Residents and clients have little available money after other costs for necessary transport. Health-related transport was sited as the most urgent transport need, as for Anglo-Australians. Travel to cultural events, funerals, family and elders gatherings is essential to the well-being and so the health of the Aboriginal older person. Many older people rely on their families to organise and pay for transport. Families from Aboriginal and Torres Strait Islander backgrounds, however, often have access to reduced resources to support the transport of their older loved one. Also, the service providers indicated that it is not unusual for more than one family member to be needed to accompany an Aboriginal older person on a medical trip, especially over longer distances.

Aboriginal Community Care providers identified transport as a major issue at the 2003 HACC Aboriginal Gathering[7], *Focus for the Future: Moving Forward,* held in Coffs Harbour in July 2003. Transport problems discussed at the Gathering included: elders needing to attend regular dialysis, needing to be accompanied by Aboriginal escorts, problems where people have to cross state borders, lack of Aboriginal representation on Transport Advisory committees, working parties and reference groups, specific problems with transport in particular regions.



Recommendation 12:

That further investigation is undertaken into the transport needs of Aboriginal and Torres Strait Islander older people and culturally appropriate solutions and resources to address these needs. NCOSS recommends that NSW Health conducts research into health-related transport in conjunction with the Ministry of Transport investigating the social and personal business needs of indigenous older people.

11. PEOPLE from CULTURALLY and LINGUISTICALLY DIVERSE BACKGROUNDS

[5] *Report on the Operation of the Aged Care Aged 1997*, Australian Government Dept. Health & Ageing 1 July 2002 to 30 June 2003

[6] *Residential Aged Care in Australia 2001-2002, A Statistical Overview*; Australian Institute of Health & Welfare 2003

[7] Report 2003 HACC Aboriginal Gathering *Focus for the Future: Moving Forward,* NCOSS July 2003

The Partners in Culturally Appropriate Care and the Ethnic Aged Services Grants Programs[8] aim to improve partnerships between aged care providers and culturally and linguistically diverse communities, as well as identifying and addressing issues in the delivery of culturally appropriate aged care. As at June 2003, there were 930 residential aged care places and 151 CACPs available nationally, specifically for the care of people from culturally or linguistically diverse backgrounds.

The national average[9] of permanent residents in residential aged care who were born overseas was 26% and NSW reported having 24.2%. The proportion of residents whose preferred language was not English was 7.6% in NSW.

The Australian Institute of Health & Welfare (AIHW) reports[10] that there were 4,424 people from non-English backgrounds in receipt of CACPs as at 30 June 2002. This represented 21% of clients who report their country of birth. The AIHW calculated that the proportion of people from culturally and linguistically diverse backgrounds who would be in receipt of CACPs as at 30 June 2003 was 17.5 people per 1,000 people aged 73 – 84 years and 39.9 per 1,000 people aged 85+ years.

Findings

Several of the surveys were received from providers with predominantly multicultural residents. These showed a lower than average access rate to the Taxi Transport Subsidy Scheme (around only 2%) and unwillingness to engage other community services.

There was a heavy reliance on the family or facility to meet transport requirements and the providers identified that 100% of their residents/clients required an escort while travelling or waiting.   It would be necessary to match the personal attributes, background, training and skills of the escort to the personal and transport needs of the resident, especially considering cultural implications for the older person.

Recommendation 13:

That further investigation is undertaken into the transport needs of older People from culturally and linguistically diverse backgrounds and culturally appropriate solutions and resources to address these needs. NCOSS recommends that NSW Health conducts research into health-related transport in conjunction with the Ministry of Transport investigating the social and personal business needs of older people form diverse backgrounds.

[8] *Report on the Operation of the Aged Care Aged 1997*, Australian Government Dept. Health & Ageing 1 July 2002 to 30 June 2003

[9] *Residential Aged Care in Australia 2001-2002, A Statistical Overview*; Australian Institute of Health & Welfare 2003

[10] *Community Aged Care Packages in Australia 2001-02, A statistical Overview*, Australian Institute of Health & Welfare (2003)

12. YOUNGER PEOPLE in AGED CARE FACILITIES

There are approximately 1,800 people[11] aged under 65 years living in residential aged care facilities in NSW. NCOSS believes that younger people with disability should only reside in community settings regardless of their support needs. Younger people with disability should not be admitted to or reside in residential aged care facilities. NCOSS is part of an active campaign to obtain alternative accommodation and supports for younger people with very high support needs.

NCOSS has found that this principle is supported by the residential aged care facilities, who are eager to ensure that younger people with disability are more appropriately supported in the community. Several of the returned consumer surveys and consumer interviews involved younger people with disability. Younger people in residential aged care facilities are likely to have some differing transport needs compared to older residents, they may want after hours transport to social activities and regular access to community facilities.

> *One younger man with disability who lives in a nursing home wanted to attend the local TAFE for a computer course. After much deliberation, he was unable to go just because of the lack of appropriate transport.*
>
> Story from a survey interview.

Until younger people with disability can be more appropriately supported in community accommodation, their transport needs are critical to their socialisation, avoiding personal isolation, the maintenance of connections with the community and opportunities for individual growth and development. As for older residents, transport can be the linchpin towards active integration with other people and into the community. As for older people, the transport needs of younger people with disability must be individually assessed and addressed, and planned and arranged as for other people with disability living in the community.

Recommendation 14:
It is not appropriate for younger people with disability to live in residential aged care. Until younger people with disability now living in residential aged care can be more appropriately re-located, NCOSS recommends that the transport needs of younger people with disability must be individually assessed and addressed, and planned, resourced and arranged as for other people with disability living in the community.

[11] *Younger People Out of Nursing Homes, 2002*; Discussion Paper of the state-wide community working group.

13. COMMUNITY TRANSPORT

Survey Findings

Response Rate

The Ministry of Transport forwarded the survey to all funded community transport organisations in NSW. From a possible 130 funded organisations, 69 responses were received, a return rate of more than 53%. Rural and country areas delivered 68.1% of the responses, 21.7% were from metropolitan areas with the remaining 10.2% from the urban fringe areas. Four in-depth written submissions were also received form rural community transport providers.

> *Transport for the aged in rural areas has become a community service sector responsibility and due to rigid funding guidelines, it has become a welfare service rather than a general service*
>
> Quote from a submission to the research project.

Sources of Funding

All respondents received Home & Community Care funding and many also received funding from other sources. One survey was completed and returned by a private commercial operator, results from which will be separately identified where appropriate. Community Transport Program funding was provided to 70% of the respondents, of these 70% were in rural and country areas. NSW Health funding went to 43% of respondents, of these 73% were in rural and country areas. Department of Veterans Affairs contracted to 39% of respondents, again mainly in rural areas. Other sources of funding to community transport providers included Area Assistance Schemes, local councils, Aboriginal Health and special education.

Requests for transport

Almost all community transport providers reported that they received requests each month for transport services to residents in aged care facilities. Those not receiving requests explained that the facilities were aware they could provide no transport service due to the limitations of the HACC guidelines. However, 74% of community transport providers delivered transport services to people in residential aged care facilities. In 18% of responses, providers reported that they refused all requests from residential aged care facilities because the HACC guidelines prohibited such service.

Providers were asked what kinds of transport service were delivered to residential aged care facilities. Of those providing transport services, 78% of community transport providers delivered service on an individual basis, 51% as part of another service and 29% provided a special bus for the facility, sometimes as part of a special arrangement.

Reasons for travel

When asked to rank what they perceived to be the residents' most frequent reason for travel, community transport providers again identified health-related transport as the outstanding priority. Shopping and personal business were the next priorities followed by regular social activities, visiting family and friends and one-off social activities. The commercial transport operator identified shopping as the lowest priority.

Escorts

The commercial transport operator reported that every resident from a residential aged care facility required an escort and that they were always able provide this service. For

the community transport providers, 63% reported that they were requested to provide an escort with residents in fewer than one-in-five cases; 26% said they were asked for escorts between 20-50% of the time while 11% were asked more than 50% of the time. Of these requests, 32% could never provide escorts, 19% were always able to provide escorts, and 49% could at times provide an escort.

Modified Vehicles
Community transport providers were asked how often they were requested to provide transport in a modified vehicle. 58% of providers reported they were asked for a modified vehicle in fewer than one-in-five cases; 12% were asked 20-50% of the time; 12% were 50-75% of the time; while 18% reported requests in more than 75% of cases. Approximately 30% could always assist, 35% could never meet this request while 35% of community transport operators could at times provide a modified vehicle.

Charging for Services
Over three quarters of community transport providers (78%) charge the resident for transport services either by donation or according to distance or flat fee. Despite the very clear HACC guidelines, only 22% charge at full cost recovery to facilities.

Problems
Many community transport providers expressed grave concerns that residents were relying solely on family and friends for their transport requirements. Providers believed, as was reported by facilities themselves, that residents missed essential appointments because there was no access to transport services. Occupational Health and Safety standards were often sited as limiting the capacity of Community transport providers to respond to residents with high care needs.

The resident is often too fragile to handle safely.
The facility doesn't notify of the complex needs of the resident.
Quotes from survey forms.

Sometimes even low care residents became relatively high need when long distances and/or extended waiting times were involved.

Other limiting factors for community transport included:

- being unable to provide short notice transport
- lack of volunteers for intensive transport support
- lack of modified vehicles
- lack of spare capacity to respond to the residential aged care facility

Survey responses demonstrated there was a clear imperative that the gaps in policy and funding to address the transport needs of people in residential aged care facilities must be urgently and deliberately determined and addressed.

Recommendation 15:
That the Community Transport Program (CTP) of the Ministry of Transport, is reviewed in light of these research findings and receives enhancement funding to respond to the

needs of people in residential aged care facilities and those receiving CACP / EACH packages.

Recommendation 16:
That the CTP guidelines are clarified to enable funded community transport groups, where possible, to respond to people in residential aged care facilities.

Recommendation 17:
That the responsibility for health-related transport for people in residential aged care facilities is clearly identified between state and Australian government agencies.

Recommendation 18:
If HACC is expected to pick up the transport needs of people on CACP and EACH packages at any stage, that the HACC community transport program funding is enhanced by at least the projected expenditure.

14. HACC NEIGHBOUR AID

HACC Neighbour Aid services provide volunteer visiting services for people in their own homes. This service might involve companionship, small domestic tasks or support while shopping or on local trips. Neighbour Aid can provide individual transport[12] to appointments with volunteers or paid workers and one-on-one support to attend a social activity of the older person's choice. There are almost 150 HACC Neighbour Aid Services in NSW. As a HACC service, Neighbour Aid is intended to support people living in their own homes.

The NSW Neighbour Aid Association distributed a survey electronically through its organisational networks. While this issue was not immediately relevant to most Neighbour Aid providers, 6 surveys were returned. Interestingly, several Neighbour Aid organisations provided services to residential aged care facilities, especially to residents who had been former Neighbour Aid clients. One provider reported that Neighbour Aid will sometimes refer people to Community Options (a HACC case management/brokerage service for people with complex needs who are living at home) in preference to CACPs so that the client can continue to receive Neighbour Aid services with accompanying volunteers.

The Neighbour Aid Association is concerned that CACP guidelines do not provide for clients who have transferred from HACC Neighbour Aid services to continue to receive transport with volunteers / escorts, despite the clients' expressed needs.

15. AUSTRALIAN GOVERNMENT COMMUNITY VISITORS SCHEME

This is a federally funded program, established to promote links between people living in an aged care home and the wider community. People can volunteer to make regular visits to identified residents to enrich their quality of life and to reduce isolation. The volunteer visitor spends time with the resident, chatting, working on a hobby, taking a walk or going on an outing.

While this scheme was intended to encourage companionship, very few of the visitors go on outings with their residents and this scheme was never intended to provide supplementary transport.

[12] Department of Ageing Disability and Home Care, Social Support specifications.

16. TAXIS

There are currently 160 Wheelchair Accessible Taxis[13] (WATs) in New South Wales. The Ministry of Transport has just released another 400 WAT licences in order to redress the fact that NSW had the lowest proportion of WATs of any of the Australian states and territories.

In 1999, Mr. Thomas Parry, in his initial report into the pricing and regulation of the taxi industry, said:

> *One of the NSW Government's stated objectives is to provide persons with disabilities with an affordable, timely, and easily accessible transport service. These services are provided by various transport means, but taxis have an especially important role, given their flexibility and door-to-door service.*
>
> Mr Thomas Parry
> Independent Pricing and Regulatory Tribunal
> August 1999

The surveys from consumers, residential aged care facilities and community transport providers all identified taxis as an important mode of transport for older people in residential aged care. All generally ranked taxis as the next most frequently used form of transport after family and friends, with consumers closely ranking taxis near family and friends as their most frequently used mode of transport.

While taxis were very highly utilised, there were consistent comments in the surveys, especially from consumers and low care residential aged care providers. Many respondents commented that taxi trips were expensive, taxis were often not available, there were not enough wheelchair accessible taxis, lack of flexibility in taxi services, booked taxis were often unreliable, there were not enough taxis in the area.

Interestingly, the metropolitan and rural / country centres made better use of taxis while the urban fringe areas seemed at a disadvantage. Many residential aged care facilities in rural and country areas are located near a commercial, business or retail centre. Anecdotally but consistently, the use of taxis was problematic in urban fringe areas (like the more remote country areas) due to the large distances involved and the comparatively fewer available taxis in comparison to country centres or metropolitan areas.

16.1 Taxi Transport Subsidy Scheme TTSS

The Taxi Transport Subsidy Scheme is administered by the NSW Ministry of Transport and enables some people with disability and permanent and severe impairments to pay half the metered taxi fare up to a maximum of $30 per trip. Transport under this Scheme

[13] The Access Foundation, 25 November 2003

can be provided in conventional taxis or in modified vehicles. There are 38,933 people[14] registered for the Taxi Transport Subsidy Scheme in NSW, of which 10,943 are wheelchair users and 60% are in the Sydney area. NSW spends approximately $14.1m per annum on the Scheme while Victoria currently spends about $38m per annum on its taxi subsidy scheme.

Survey respondents reported alarmingly poor access to the Taxi Transport Subsidy Scheme for residents in aged care facilities. This figure was around 2 to 7% only for residents, translating into fewer than 715 people from the 10,239 residents covered in the surveys. In some facilities, a few people were eligible; some facilities responded that none of their residents were eligible while a rare few organisations had registered most of their residents. In analysing the data, there seemed to be no discernible link between eligibility for Taxi Transport Subsidy Scheme and the assessed care level. In one of the pilot areas, the specifically multicultural facility showed particularly low usage of the Scheme, illustrating the double disadvantage of their residents.

Concerns surrounding the eligibility to the Scheme of people with dementia, who may be physically capable but for whom public transport may be clearly inappropriate were also noted. Consequently, public transport becomes inaccessible for some people with dementia. Several of the consumer and key contact interviews, when focussing on taxis, shared stories of unscrupulous operators / drivers where vouchers were used for unintended purposes or against the wishes of the passenger. Equally, NCOSS received some stories of fraudulent or frivolous use of vouchers by passengers. While NCOSS believes these stories are in the very small minority of general usage, a recommendation for more efficient regulation and monitoring of the Taxi Transport Subsidy Scheme is warranted. Clearly also, there should be an expansion of the eligibility criteria to automatically include all persons admitted into residential aged care facilities or onto a care package following an Aged Care Assessment.

Respondents in areas which share borders with other states, ie. ACT, Queensland and Victoria, suggested that the taxi voucher schemes should be co-ordinated because many residents who need to travel interstate for treatment face problems with access to taxi subsidies due to the differing operational guidelines of the different schemes. This puts some people in border areas at a disadvantage when trying to access services using taxis, even for relatively short trips.

Consumers in the survey consistently identified that they could only afford to spend $10 or less per week on transport. As transport can be essential for medical treatment or social interaction, this is an alarmingly low amount, probably equating to one one-way trip in a metropolitan area if using the Taxi Transport Subsidy Scheme.

The Taxi Council said there were huge discrepancies in passenger eligibility to the Scheme and that doctors should encourage more eligible people to register for the Scheme. NCOSS proposes that this information and education initiative could be a collaborative on-going project involving the Taxi Council, Divisions of General Practice and peak consumer organisations.

16.2 Wheelchair Accessible Taxis

[14] *Review of Fares for Taxis in NSW in 2003: Report to the NSW Minister For Transport Services,* Independent Pricing & Regulatory Tribunal of NSW August 2003.

> *The greatest cause for complaint by wheelchair users about wheelchair accessible taxi services is late arrivals or delays. It is common for PDCN to be told by wheelchair users that their taxi was between 45 minutes and 1 hour late for a booked appointment.*
>
> Mr Dougie Herd
> Physical Disability Council of NSW Submission
> Independent Pricing and Regulatory Tribunal
> August 1999

The surveys contained many comments about taxis not arriving when booked because the taxi was carrying non-disabled passengers. Some comments explained that during school travel times, taxis favour school transport despite having accepted disability access bookings. Many surveys described missed medical appointments due to delayed or no-show taxis. NCOSS supports the call for performance conditions to be attached to the sale of Disability Access licence plates in WATs.

Such conditions should at least provide:

- that disability passengers are always a priority for bookings for WATs
- that taxi drivers are appropriately trained in equipment access techniques, personal handling and disability awareness as a performance condition of their licence
- appropriate and regulated use of the TTSS vouchers
- a regulatory and monitoring system to demonstrate compliance

Further, the Taxi Council was very interested in the concept of a co-ordinated approach to efficient and effective transport for residents in aged care facilities. Known as Mobility Management, this co-ordinated approach could involve several different modes of transport, including taxis which might be contracted to respond at non-peak periods when taxis are often idle. Such a contract could engage a taxi operator at reduced fares during non-peak times for transporting residents from aged care facilities. This system would not be suitable for medically unstable clients or those requiring specialist training but for many others, a co-ordinated approach could benefit both the potential resident passenger as well as the transport provider.

Recommendation 19:
That the Taxi Transport Subsidy Scheme be expanded to allow **automatic** eligibility for all people assessed by the Aged Care Assessment Teams who live in residential aged care facilities, ie hostels and nursing homes, or receive a CACP or EACH package.

Recommendation 20:
That the Taxi Industry considers participation in a mobility management scheme whereby taxis can be best utilised especially during non-peak times at reduced costs to travellers.

Recommendation 21:
That disability access taxis are always primarily available for use by people requiring modified transport and accept general fares only when not booked or unoccupied by a mobility impaired passenger.

Recommendation 22:
That when a taxi has accepted a booked fare to a mobility impaired passenger, that taxi accepts no other fares until that trip is completed.

Recommendation 23:
That the Taxi Industry takes steps to improve the reliability and availability of taxis to frail older people, especially from residential aged care facilities .

Recommendation 24:
That the taxi company informs passengers if there will be a longer than usual wait or if a problem has arisen for the arrival of the taxi.

Recommendation 25:
That doctors are encouraged to suggest that appropriate patients with mobility problems register for the Taxi Transport Subsidy Scheme. This information and education initiative could be a collaborative on-going project by the Taxi Council, Divisions of General Practice and peak consumer organisations.

Recommendation 26:
That the state governments develop agreements regarding the eligibility for and use of taxi transport subsidy vouchers for people who travel across borders to access health and other services.

17. SCOOTERS

Several respondents indicated that there would be an increasing use of step-through Scooters. The Ministry of Transport and the Roads & Transport Authority have indicated this is a particular area of interest.

Scooters are generally considered to be modified motorcycles and, as such, hold little or none of the stigma associated with wheelchairs, even though the wheelchairs are often more manipulable in small spaces. Many people consider the use of scooters as a means of maintaining precious independence in the community. Several residential aged care providers and indeed community transport providers mentioned scooters as a growing mode of transport.

This specific transport mode, however, comes with inherent related problems. The layout and design of the residential aged care facility and surrounding community infrastructure, eg flat continuous paths, accessible kerbing etc. could be a determining factor in the usefulness of scooters. If the facility is not easy to negotiate, scooters may equally be ineffective, nor if there are steep hills or expressways etc. If local bus and other transport services were more easily available and accessible, would people prefer to use scooters or make better use of existing transport provision? Clearly, the use of a scooter can resolve some of the transport problems for an individual. If the local transport services were more easily available and accessible, perhaps the problems of more than one person could be resolved.

Recommendation 27:
The State government does more work on the use of Scooters, including traffic, user rights, safety education, kerbing and street design, other infrastructure issues, maintenance, insurance issues etc.

18. MOBILITY MANAGEMENT SYSTEM

Many key contacts and survey respondents identified the need for a co-ordinated approach to efficient and effective transport services to particular groups of people, particularly those with specific, complex or additional needs. Such a co-ordinated approach, involving a variety of transport providers, is generally contained in the concept of mobility management.

There are several systems which could be implemented around mobility management. Mobility Management seeks to provide the best transportation for clients in the most efficient ways. Mobility Management is aimed at passengers who have inadequate transport services either because they have special needs or are transport disadvantaged due to distance or cost. Mobility Management does not involve competition for clients but implements a co-operative approach to the provision of transport to meet the needs of disadvantaged people.

Essentially, mobility management is a means to promote the efficient and effective use of all forms of available transport ie public transport, health transport, community and courtesy transport and facilities' transport where possible.

A Mobility Management system for residents of aged care facilities and CACP / EACH clients could involve synchronising transports to particular specialists or clinics on specific days using grouped transport ie. accessing appropriate public transport, taxis, cars or small buses. This Mobility Management approach may also involve taxis at non-peak times at contracted lower fares. Mobility Management Systems may involve co-ordination of existing transport modes, co-ordination of trips, known and regular destinations etc.

While this system will be effective for many people, there remains a group of people for whom additional planning is necessary. Some people may be unable to travel unescorted, may be unable to wait extended periods of time or may have technical aids which negate sharing transport with other people. Mobility Management systems are not intended to replace existing appropriate transport provision eg medically unstable clients should continue to use the ambulance and patient transport services.

The feasibility of mobility management systems can be assessed through a series of pilot projects, funded by the Ministry of Transport, and managed in conjunction with transport development workers (wherever possible). NCOSS recommends at least one in each different location, metropolitan, urban fringe and rural or country areas.

Recommendation 28:
That a Mobility Management approach is implemented for people who live in residential aged care facilities. This approach should involve available transport providers and the local Transport Development Officer (where possible) and the Ministry of Transport.

Recommendation 29:
That a series of 3 pilot projects are initiated in metropolitan, urban fringe and rural areas as a trial of mobility management systems to address the transport needs of people in residential aged care facilities.

19. RESIDENTIAL AGED CARE TRANSPORT SUPPLEMENT

The issue of policy coverage and funding to address the transport needs of residents in aged care facilities requires deliberate attention by the Australian government. The Aged Care Act 1997 already provides additional funding under certain circumstances, eg. the Hardship Supplement designed to compensate for financial disadvantage of residents, and the Viability Supplement designed to ensure the viability of some facilities, especially smaller services and those in isolated areas.

Accordingly, NCOSS proposes a funding allocation by the Australian government specifically for the transport of residents and care package recipients, to be known as the Residential Aged Care Transport Supplement RACTS. Similar to the Viability and Hardship Supplements, the RACTS would have the following features:

- Pooled funding for transport use by clients according to need and choice
- The size of funding pool to be calculated according to levels of support needed and numbers of people accommodated by organisations within a region
- The supplement funding levels must take distance into account
- Using the example of the Carer Respite Centres for residential respite, the pool could be managed externally by a regional organisation with transport expertise, eg. a regional community transport agency
- This management mechanism would enable the managing organisation to broker residential aged care transport services to the most appropriate transport provider using a mobility management system which includes co-operative partnerships with all forms of public transport, health transport, community and courtesy transport available in a particular area.

In providing funding through the RACTS, the older person would be able to access appropriate transport when and as needed. RACTS will effectively reduce the unreasonable reliance on family and friends as transport providers. RACTS will also overcome the present additional transport disadvantage to residents and clients who are without significant access to family and friends.

The RACTS would have significant benefits for the Australian government:

- A transport allocation would enable the Australian government to separately monitor and track expenditure for this specific purpose, in support of some of the most vulnerable members of our society
- The Australian government would be able to announce specific funding towards transport support for people living in residential aged care facilities

- The funding would support people to extend and improve their health outcomes without the necessity of escalating health conditions into a crisis before receiving transport services

- The Australian government would have a mechanism to demonstrate its commitment to the importance of socialisation, especially to those people for whom many ordinary personal interaction opportunities have been lost ie. those in residential aged care facilities.

- A Mobility Management System managed by an agency with transport expertise would ensure the most efficient use of existing resources with the most effective responses to the needs of passengers.

Recommendation 30:
That the Australian government acknowledges the health related transport needs and recognise the importance of social and family interactions of people in residential aged care facilities.

Recommendation 31:
That the Australian government provides appropriate additional funding towards recognising and meeting the transport needs of people living in residential aged care facilities and people receiving CACP and EACH packages.

Recommendation 32:
That the Australian government implements the Residential Aged Care Transport Supplement RACTS as a mechanism for funding flexible, appropriate and responsive transport to people in residential aged care facilities.

20. PEOPLE with HIGH CARE versus LOW CARE NEEDS

The Resident Classification Scale (RCS), which is used to determine the level of government subsidy paid to support the resident, is currently under review and the category classifications may soon change. The term high care, when used here refers to people who have been assessed at categories 1 - 4 (formerly nursing home residents) and the term low care refers to people assessed as needing categories 5 – 8, formerly hostel residents.

Anecdotally, there is a general understanding that people needing low care support may have greater needs for transport than people with high care needs. The survey results tended to focus on the needs of the individual rather than discriminate between groups of people with high or low care needs.

In interviews and some survey returns, NCOSS was told:

- People in low level care with medical conditions requiring frequent treatment are more likely to be discharged from hospital and be expected to travel to outpatients clinics / therapies etc. while high need people in high level care are more likely to remain hospitalised or require ambulance transport.

- People in low level care are more likely to want to access off-site medical services and other services such as their choice of GP, specialists, accountants / financial activities, shopping.

- People in low level care are more likely to want to visit their family, friends and participate in other social and community activities. People in high level care, due to the level of care/support needed, may be more likely to receive visits than make them.

- People are now entering residential aged care with increasingly acute support needs than in previous times. Simultaneously, the proportion of people with dementia in residential aged care facilities is becoming greater so their reliance on support services provided both within the facility and from outside is increasing.

- Due to the Australian government policy of ***ageing in place***, residential aged care facilities over time will increasingly support a range of people requiring various levels of support. This means that facilities which once operated as hostels only for people needing low level care, will now be supporting people who choose to stay where they already are as their needs intensify. This is already putting greater pressure on providers to spread the funding to address more needs.

21. CRISIS RESOLUTION versus SYSTEMIC IMPROVEMENTS

In trying to define the framework of transport problems, the dilemma arose in focussing mainly on crisis situations as a priority for transport and the consequent danger of not improving systemic transport solutions for people in residential aged care.

While health-related transport has been found to be a major priority towards transport solutions, it is vitally important to address non-urgent and discretionary transport needs of residents. Interestingly, the consumer surveys did not rate health-related transport as the highest priority, but rather identified shopping and personal business first, followed by health transport, then social and family activities.

22. GENERAL PRACTITIONERS

Anecdotally, providers explained that it is becoming more and more difficult to entice GPs to attend people in residential aged care facilities. The transport issue here is twofold. First, the resident's choice of GP, especially where the person enters residential care away from their established familiar area can present transport problems for the family and facility. Secondly, for people with generally low residential care needs, visits to the GP may be more likely than on-site GP visits but short-notice transport is very difficult to arrange.

The issue of general access to GPs for people in residential aged care facilities is a complex one which relates to the interface between primary health and residential aged care. It should be noted that the concerns of this report are only in reference to the transport needs of older people.

23. DEVELOPMENT APPLICATIONS

The NSW State Environmental Planning Policy No 5 (SEPP5) governs the development and approval of housing for older people and people with disabilities. SEPP 5 is currently under review. The location, design and provision of support services to this specific accommodation is vitally important to the independence, community access, safety and dignity of older people and people with disability. While this project did not specifically research elements necessary to development applications for aged care facilities, it is clear that the physical location, layout and design of the aged care development must account for the future transport needs of the residents, including the use of scooters, to enable the best, most efficient and effective care and support possible.

24. DELIVERY SERVICES

In using the term delivery services, we refer to the provision of external goods and services on-site, into the residential aged care facility. While some delivery services could be convenient for residents and the facility, it is very important, as set out in the Aged Care Act 1997, that people should be able to access services off-site rather than have everything come to them. It is counterproductive to have everything delivered on-site thereby negating any personal contact or involvement in the outside community.

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25. GLOSSARY

AAS	Area Assistance Scheme
ACS	Aged & Community Services Association ACT & NSW
AHS	Area Health Service
ANHECA	Australian Nursing Homes & Extended Care Assoc. NSW
CACP	Community Aged Care Packages
CTP	NSW Community Transport Program
EACH	Extended Aged Care at Home
GP	General Practitioner
HACC	Home & Community Care Program
IPTAAS	Isolated Patient Transport and Accommodation Assistance Scheme
NCOSS	Council of Social Service of NSW
OHS	Occupational Health & Safety
PTS	Patient Transport Service
RACTS	Residential Aged Care Transport Subsidy
RCS	Resident Classification Scale
RTA	Roads & Transport Authority
TTSS	Taxi Transport Subsidy Scheme
WAT	Wheelchair Accessible Taxi

CONSUMER QUESTIONS

*These questions refer only to **residents in nursing homes and hostels**, not to residents in self-care units or retirement villages.*

About the respondent please tick:

- c Are you living in a nursing home or hostel facility?
- c Are you a carer/spouse/family member of a person living in a nursing home or hostel facility?
- c Are you an older person concerned with the needs of people in nursing homes or hostel facilities?

Are You: c over 70 years c 60 – 70 years c Under 60 years

Are You: c Male c Female

Where do you live? Please circle:

METROPOLITAN	URBAN FRINGE	RURAL or COUNTRY
ie. Sydney, Wollongong or Newcastle	ie outlying suburbs/areas of Sydney, Wollongong or Newcastle	ie. All other areas

If you are not the person living in the facility, please answer as you think they would answer:

What are your reasons for needing to travel, in order of frequency **(1 = most frequent)**

- ☐ One-off health-related appointment
- ☐ Recurring health-related appointments
- ☐ Personal Business ie visits to bank, accountant, solicitor
- ☐ Shopping
- ☐ Visiting friends & family
- ☐ Regular social activities
- ☐ One-off social activities
- ☐ Other (Please specify)____

What forms of transport do you most use? Please rank in order of the usage (1 = most used)

- c Public Transport
- c Patient Transport/Ambulance Service
- c Taxi
- c Aged Care Facility vehicle
- c Transport from Family & Friends
- c Community Transport
- c Other please specify____

Would you like to use transport more often than you do now? YES NO

How often would you like to use transport services if you had a choice? Please circle

once a month once a fortnight once a week more than once a week

Do you need someone to accompany you when travelling or waiting for appointments? Please tick

c Never c Sometimes c Often c Always

How much can you afford to spend on transport per week?

c $50 c $30 c $10 c Less than $10

Is the cost of transport stopping you from getting to any chosen destinations? YES NO

Please tell us about any problems with the cost of transport in residential aged care facilities?

Have you experienced any transport difficulties in getting to your destinations from the residential aged care facility? YES NO

If YES, what are the problems?

How would you benefit if transport was more easily available in residential aged care facilities?

Do you have any other comments?

Thank you for your time and valuable feedback.

PLEASE RETURN TO

Residential Aged Care Transport Project,
NCOSS, 66 Albion St., Surry Hills NSW 2010 or
fax 9281 1968 or email: chris@ncoss.org.au
Further Inquiries: Christine Regan NCOSS ph 9211 2599

CARE PACKAGE PROVIDERS SURVEY

*These questions refer only to **Community Aged Care Package and Extended Aged Care in the Homes Package providers**, not to other forms of funded care.*

Where are the packages mainly provided? Please circle:

METROPOLITAN	URBAN FRINGE	RURAL or COUNTRY
ie. Sydney, Wollongong or Newcastle	ie outlying suburbs/areas of Sydney, Wollongong or Newcastle	ie. All other areas

Number of CACPs? ___________________________

Number of EACHs?______________________________

Percentage of residents receiving pensions __________%

How many of your clients have transport assistance through Veterans Affairs? ________________

How many of your clients use the taxi transport subsidy scheme? _________________________

How many of your clients use family & friends to provide transport?_______________________

How many of your clients have no significant access to transport from family & friends? ________

Please rank **the following reasons your residents need to travel, in order of frequency (1 = most frequent)**

- ☐ One-off health-related appointment
- ☐ Recurring health-related appointments
- ☐ Personal Business ie visits to bank, accountant, solicitor
- ☐ Shopping
- ☐ Visiting friends & family
- ☐ Regular social activities
- ☐ One-off social activities
- ☐ Other (Please specify)____

How many of your residents would need someone to accompany them when travelling or waiting for appointments etc? ☐

In order of the frequency, please **rank** the following types of transport used by your residents (1 = most frequent)

c	Public Transport	c	Patient Transport/Ambulance Service
c	Taxi	c	Aged Care Facility vehicle
c	Transport from Family & Friends	c	Community Transport
c	Other please specify___________________________		

Does your organisation own any vehicles? YES NO

What type of vehicles?

____

Please describe what these vehicles are currently used for?

____

Does your organisation use volunteers to assist with transport provision? YES NO

If so, in what capacity?

____

____

Please describe your organisation's current policy regarding client transport:

____

____

Please describe any problems your organisation has with providing transport to clients:

____

____

Please describe any unmet need for transport among your clients:

____

____

____

How might this be met?

____

__

Any other comments?

____

__

OPTIONAL Survey completed by: Organisation: Date:

____

PLEASE RETURN TO

Residential Aged Care Transport Project, NCOSS, 66 Albion St., Surry Hills NSW 2010 or email:
chris@ncoss.org.au or **fax 9281 1968** Further inquiries: Christine Regan NCOSS ph 9211 2599

RESIDENTIAL AGED CARE PROVIDERS SURVEY

*These questions refer only to **residents in nursing homes and hostels**,
not to residents in self-care units or retirement villages.*

Where an organisation operates more than one facility, in order to get the best possible results,
this survey should be completed for each separate facility.

Where is your facility located? Please circle:

METROPOLITAN	URBAN FRINGE	RURAL or COUNTRY
ie. Sydney, Wollongong or Newcastle	ie outlying suburbs/areas of Sydney, Wollongong or Newcastle	ie. All other areas

Number of

Residents____

Number of concessional residents?

____

Percentage of residents receiving pensions __________%

How many people receive the following levels of Commonwealth subsidy?

RCS L1 – L4________________ L5 – L7 ___________

L8___________

How many of your residents have transport assistance through Veterans Affairs? _______

How many of your residents use the taxi transport subsidy scheme? __________________

How many of your residents use family & friends to provide transport? _________________

How many of your residents have **no significant** access to transport from family & friends?____

Please rank **the following reasons your residents need to travel, in order of frequency (1 = most frequent)**

- ☐ One-off health-related appointment
- ☐ Recurring health-related appointments
- ☐ Personal Business ie visits to bank, accountant, solicitor
- ☐ Shopping
- ☐ Visiting friends & family
- ☐ Regular social activities
- ☐ One-off social activities
- ☐ Other (Please specify)____

How many of your residents would need someone to accompany them when travelling or waiting for appointments etc? ☐

In order of the frequency, please **rank** the following types of transport used by your residents (1 = most frequent)

- ☐ Public Transport
- ☐ Taxi

- [ ] Transport from Family and Friends
- [ ] Patient Transport/Ambulance Service
- [ ] Aged Care Facility vehicle
- [ ] Community Transport
- [ ] Other (please specify) ____

Does the facility own any vehicles? YES NO

What type of vehicles?

____

Please describe what these vehicles are currently used for?

____

Does your facility use volunteers to assist with transport provision? YES NO

If so, in what capacity?

____

Please describe your Aged care facility's current policy regarding resident transport:

____

Please describe any problems your organisation has with providing transport to residents:

____

Please describe any unmet need for transport among your residents:

____

How might this be met?

____

Any other comments?

____

____

OPTIONAL Survey completed by: *Organisation:* *Date:*

____

Residential Aged Care Transport Project, NCOSS, 66 Albion St., Surry Hills NSW 2010 or email: chris@ncoss.org.au or **fax 9281 1968** Further inquiries: Christine Regan NCOSS ph 9211 2599

COMMUNITY TRANSPORT PROVIDERS SURVEY

*These questions refer only to **residents in nursing homes and hostels**, not to residents in self-care units or retirement villages.*

Where is your main service outlet located? Please circle:

METROPOLITAN	URBAN FRINGE	RURAL or COUNTRY
ie. Sydney, Wollongong or Newcastle	ie outlying suburbs/areas of Sydney, Wollongong or Newcastle	ie. All other areas

Please circle the sources of funding your organisation receives? Please circle:

CTP HACC DVA Area Assistance Scheme Health Other? ________________

Do you receive **requests** from residential aged care providers or residents to transport people living in residential aged care facilities? YES NO

How often do you receive these requests in one month? ____________________

How often do you refuse these requests in one month? _____________________

For what reasons do you refuse?

Do you **provide** transport to people living in residential aged care facilities? YES NO

If you provide transport to residents in residential aged care, is this transport provided:

On an individual basis	YES	NO
as part of another service (ie with spare capacity)	YES	NO
special bus service for the residential facility	YES	NO

Please rank the following reasons that residents need to travel, in order of frequency (1 = most frequent)

- ☐ One-off health-related appointment
- ☐ Recurring health-related appointments
- ☐ Personal business ie visits to bank, accountant, solicitor etc
- ☐ Shopping
- ☐ Visiting friends & family
- ☐ Regular social activities
- ☐ One-off social activities
- ☐ Other (Please specify)___________________________

For what proportion of trips are you asked to provide a person to accompany the resident while travelling or waiting for an appointment?

c more than 75% c 50% - 75% c 20% - 50% c Less than 20%

Are you able to meet this request?

c Never c Sometimes c Often c Always

For what proportion of trips are you asked to provide a modified vehicle other than standard car or bus?

c more than 75% c 50% - 75% c 20% - 50% c Less than 20%

Are you able to meet this request?

c Never c Sometimes c Often c Always

Please circle who you charge for this transport: Resident Facility
How do you charge for this transport?

- ☐ To the resident free of charge
- ☐ To the resident as a donation
- ☐ To the resident according to means testing
- ☐ To the resident according to distance travelled
- ☐ To the resident at a flat fee
- ☐ To the facility at full cost recovery
- ☐ To the facility at HACC subsidised rates
- ☐ To the facility at a flat fee?
- ☐ Other: To whom? ____
  How much? ____

If you cannot provide the requested transport, what do you think happens for the person?
____
____

Please describe any problems your organisation has providing transport to residents:
____
____

Please describe any unmet need for transport among residents in nursing homes & hostels:
____
____
______

How might this be met?
____

Any other comments?
____
____

OPTIONAL: Survey completed by: Organisation: Date:
____