

**Senate Community Affairs
Reference Committee**

***Inquiry into Planning Options and Services for
People Ageing with a Disability***

***Joint Submission to the Inquiry by:
Council on the Ageing (NSW)
and
Physical Disability Council of NSW
May 2010***



*3/184 Glebe Point Road
Glebe 2037
Telephone (02) 9552 1606
Fax: (02) 9552 4644
Email: Admin@pdcnsw.org.au
www.pdcnsw.org.au*



*Level 6, 280 Pitt Street
Sydney 2000
Telephone: (02) 9286 3860 Ext: 206
Fax: (02) 9286 3872
Email: policy@cotansw.com.au
www.cotansw.com.au*

For enquiries regarding this submission please contact:

Jordana Goodman – Policy Officer PDCN jordana.goodman@pdcnsw.org.au

Carolyn Hodge - Policy Officer COTA NSW Carolyn.Hodge@cotansw.com.au



The Physical Disability Council of NSW (PDCN) is the peak body representing people with physical disabilities across New South Wales. This includes people with a range of physical disability issues, from young children and their representatives to aged people, who are from a wide range of socio-economic circumstances and live in metropolitan, rural and regional areas of NSW.

The objectives of PDCN are:

- To educate, inform and assist people with physical disabilities in NSW about the range of services, structure and programs available that enable their full participation, equality of opportunity and equality of citizenship.
- To develop the capacity of people with physical disability in NSW to identify their own goals, and the confidence to develop a pathway to achieving their goals (ie self advocate).
- To educate and inform stakeholders (ie about the needs of people with a physical disability) so they are able to achieve and maintain full participation, equality of opportunity and equality of citizenship.



Council on the Ageing (NSW) Inc
Estab. 1956

The Council on the Ageing NSW (COTA) is a non government organisation and the peak body representing all persons over 50 years of age in NSW. COTA NSW is a founding member of the national body, COTA National.

COTA NSW's core functions include:

- Social Policy development, representation and advocacy;
- Initiating and delivering innovative healthy ageing and ageing support community programs such as Grandparents Raising Grandchildren, Positive Ageing, Healthy Ageing Talks, Age Friendly Environments and our Peer Education Programs - Medicines and You and Beyond Maturity Blues;
- Brokering, referring, collaborating, coordinating, and networking among seniors' organisations and services to seniors;
- Informing and educating older persons and all those concerned with their welfare; and
- Representing the needs, views and aspirations of the over 50s to a range of stakeholders.

Introduction

This submission addresses the Inquiry into Planning Options and Services for People Ageing with a physical disability. From the outset the authors would like to emphasise that this submission is particularly written to highlight the experiences, needs and expectations of people with physical disability, rather than those who are providing informal or formal care. In a very real sense the submission is person centred, setting out suggestions for an environment whereby contemporary and future services are not offered within a fixed “menu” but rather a flexible approach facilitating a range of service options according to individual needs. It is envisaged therefore that a flexible approach will include access to services that sit within and outside of the traditional service system.

The process of ageing affects everyone. Research on disability acknowledges that there are disadvantages facing people with disability of all ages that may be exacerbated as part of the ageing processⁱ. These disadvantages may be financial, health related or constraints in access to services or opportunities for social interactions.

It should be noted that the terms of reference for the *Inquiry into Planning Options and Services for People Ageing with a Disability* outline a desire “to ensure ...continued quality of life as they [people with disability] and their carers age”. While such inquiries are welcomed it should be noted that quality of life cannot be assumed as a baseline that exists for people with disability prior to any particular age. In actuality it may be more useful to work from the premise that acknowledges that there are issues that are exacerbated by the ageing process which may call for higher levels or different kinds of support as people with physical disability age.

The five key areas that are focused on in this submission are housing, independence, finances, access to community and transport. These areas of focus have been chosen in recognition of two points. Firstly, they are issues that are particularly important to people with physical disability. Secondly, they are highlighted because careful planning, policy and service responses in all of these areas are essential in facilitating a positive ageing experience for people with physical disability.

Information that informs this submission

- People who are ageing with physical disability are a diverse group encompassing a range of ages, cultures, languages spoken, geographic locations, service needs, relationship status, living arrangements and socio-economic statuses.
- This submission adopts the following definition of physical disability ‘All disabling conditions and a severe or profound core activity restriction’ as outlined in the Australian Bureau of Statistics’ Survey of Disability, Ageing and Carersⁱⁱ. This group refers to people who sometimes or always need help with at least one of the core activities of daily living including mobility, self-care and communication. This approach has been used as its scope is more consistent with the definition formerly used by the Commonwealth State Territory Disability Agreement- Minimum Data Set, and hence provides greater accuracy. As many people with an acquired brain injury and strokes also have a physical disability, the needs of both people with physical disability,

acquired brain injuries, and strokes have been included and discussed in this submission, and jointly identified as 'people with physical disability'.

- People with a disability are under-represented at many levels of the education system. According to ABS statisticsⁱⁱⁱ on the education of those with a physical disability, only 30% of participants had completed year 12 and only 13% had completed a bachelor degree or higher. This is compared to 49% and 20% for people without a disability. Whilst the reasons for this disparity are not discussed in the report it is clear that those with a physical disability are not achieving at a comparable rate to those without a disability.
- Maintaining independence is a primary goal of people with disability. A common theme that arises from research involving people ageing with disability is concern about growing dependence on family, carers and services^{iv}.
- Informal carers who live in the same household are the primary source of assistance for people with disability who are aged over 65^v.
- The need for almost all types of assistance increases from the age of 65 up peaking at 80-84 years^{vi} for older people regardless of disability status. Therefore where co-resident informal carers are also ageing there may be issues around whether these arrangements are sustainable.
- Between the years of 1998-2003, more than 50 000 people aged over 65 with a "severe or profound limitation" and an established need for self care assistance were unable to access any service of this kind^{vii}.

1. Housing

Why is it important for all members of the community?

The World Health Organisation recognises the link between appropriate housing and access to community and social services in facilitating the independence and quality of life of older people.^{viii} When considering the provision of appropriate housing it is necessary to consider the following issues:

- Affordability
- Access to essential services
- Accessibility in design
- Ability to modify and maintain

Household wealth refers to the balance of assets and liabilities held by members of a household including investments, housing equity and debt. The proportion of older households with savings invested in the home is high—overall 82.1 per cent of older households are owner occupiers. The rate amongst older couples was 90.4 per cent and for older singles was 74.5 per cent. Though there are significant regional and market variations, the average home and contents value is around \$409,900 ^{ix}

As the population is rapidly ageing strategies need to be implemented that ensure the availability accessible housing whilst ensuring the provision of community care and

support services. Internationally innovative policies and programs in universal design have been developed in a number of countries, including Japan, Canada and the United States^x. In Australia currently most universal housing initiatives are piecemeal, limited in availability, restricted to people with disabilities or older people and of an inconsistent standard.

Accommodation models available to older people include:

- Conventional residential housing in the community
- Independent living including retirement villas, senior apartment and co-housing. Retirement villages are the most recognised form of alternative housing for older people in Australia. Lifestyle villages and home shared programs also fall within this category
- Aged Care Facilities - Low Care (formally known as hostels)
- Aged Care Facilities - High Care (formally known as nursing homes)

Home modification and maintenance schemes provide affordable and cost effective modifications and maintenance work for people with a physical disability who live in their own home or in private rental accommodation. These services allow people to live safely and independently in their own homes and reduce the need for admission to residential care facilities.

What are the additional considerations for people with physical disability?

People with physical disability often have limited or no savings, household assets or superannuation due to their limited earning capacity, and subsequently do not have equity to reinvest, unlike older people who may have had the capacity to earn a wage.

The adoption of universal housing standards would ensure that new housing developments were designed and built to a standard where the majority of people of whatever age could be housed, and further reduce the costly need of modifying existing housing. Well designed homes decrease environmental demands on people with mobility restrictions, reducing a person's reliance on assistance in the home. ^{xi}

In a study conducted by the Department of Families, Housing, Community Services and Indigenous Australians (FAHCSIA) to determine the most desirable models of care for young people living in nursing homes, there was strong support for the need to provide individual and person centered practices, with the flexibility to take into account changing needs of individuals. Additionally it was suggested that individual funding plans need to be targeted and well structured, particularly for people with progressive conditions.

'Residents are supported to live as independently as possible with continuing community access and choice and control over decisions as long as they are able to do so.'

'Accommodation should be safe, secure and supportive.' ^{xii}

Findings of this study highlighted the emerging need for allied health professionals to be familiar with issues concerning, the early onset of ageing on a person already with a disability and how the ordinary ageing process can impact on a person who already has

a disability. Additionally this report identified the lack of consistency of ACAT (Aged Care Assessment Team) policy and service delivery for residents of CSTDA supported accommodation. ^{xiii}

Approximately 12% of people of all ages with a severe to profound disability living in cared accommodation (Hospitals, homes for the aged such as nursing homes and aged care hostels, cared components of retirement villages, and other 'homes' such as children's homes.) were people with physical disability. ^{xiv} Aged care settings are currently not an appropriate option for younger people with disabilities, though they are often the only option available to young people with high or complex support needs, such as acquired brain injury.

Data below highlights the importance of providing access to well designed class 2a buildings, as more than a quarter of Australians live in these types of facilities. People with disabilities often prefer living in units, flats or apartments because individual residents are generally not responsible for outside repairs and maintenance.

- Class 1a buildings- Separate residential dwellings – 77%
- Class 2a buildings– Self contained dwellings including flats, units or apartments, or semi-detached row or terrace houses or townhouse – 21%
- Classes 3a and 9a buildings – Institutional settings such as hostels, boarding houses, residential colleges, staff quarters, prisons, corrective and detention centers – 2%

Recommendations for the future

- 1.1** Increase understanding and awareness of allied health professionals of issues regarding the early onset of ageing for a person already with a disability, and issues regarding the impact of the ordinary ageing process on a person already with a disability.
- 1.2** Support existing COAG reforms aimed relocating existing residents with disabilities younger than 65 years in cared accommodation into community based accommodation with appropriate supports. Additionally developing strategies aimed at preventing the admission of young people, below the age of 65 years into cared accommodation.
- 1.3** Adoption of an Australian Universal Standard by State/ Territory and Local Governments.
- 1.4** Introduction of an Australian Universal Standard that accommodates all residential types, including access to private residential domains and to common areas.
- 1.5** Develop partnerships between Local Councils and developers to provide affordable accommodation that includes universal access.

2. Independence (service delivery)

Why is it important for all members of the community?

The Programs listed below, aim to support older people to be more independent at home and in the community, and reduce the potential or inappropriate need for admission to a residential care facility. Some services target only older people where as other target both older people and people with disabilities.

- Community Aged Care Packages (CACPs) provide low level aged care in the home for people needing personal care, domestic assistance and similar services.
- Extended Aged Care at Home Packages (EACH) provide high-level care to people who need more help than a Community Aged Care Package can provide.
- Extended Aged Care at Home Dementia (EACHD) packages provide high-level care to people at the highest end of the community care continuum who experience difficulties in their daily life because of behavioural and psychological symptoms associated with dementia.
- Home and Community Care (HACC) Program is jointly funded by the Australian, State and Territory Governments, with the Australian Government providing around 60 percent of the funding, including the following types of service types:
 - Nursing care
 - Allied health care
 - Meals and other food services
 - Domestic assistance
 - Personal care
 - Home modification and maintenance
 - Transport
 - Linen service
 - Respite care
 - Counselling, support, information and advocacy
- Assistance with Care and Housing for the Aged (ACHA) Case management program aimed at targeting older people who maybe homeless by accessing HACC services and State Dept Housing departments.
- Transition Care 12 week program following discharge to determine whether community based residential care is still appropriate
- The Attendant Care Program is available to people living in the community, older than 65 years as long as assessment was done prior to their 65th birthday.

A number of other programs aim to provide a break to the carer including:

- Support for Carers: The Australian Government recognises how much difference carers make to the lives of older Australians, including many who would otherwise have moved to an aged care home.
- Respite Care offers support to older people, people with a disability and their carers who may need a break or need some extra care for a short period.

What are the additional considerations for people with physical disability?

The Program of Appliances for Disabled People (PADP) provides equipment, aids and appliances to eligible people with life- long or long- term disabilities living in NSW, to assist them to live and participate in the community. Equipment items provided through PADP include showering and toileting aids, wheelchairs, seating support systems, lifting equipment, continence aids, communication devices, environmental control units and breast prosthesis.

Previous reviews of the PADP program highlight that demand for aids and equipment has increased recently due to the ageing population, resulting in unmet needs and excessive wait lists. In NSW priority is based on a 4 tiered classification based on individual need and assets. Failure to provide aids and equipment in a timely manner can result in not being able to participate in activities of daily living, such as going to work, studying or participating in community activities.

People using PADP need to pay a one off payment of \$100 annually before acquiring aids and equipment. As many people with physical disability receive only government benefits or limited incomes, this limits their capacity to acquire household assets, adding to existing financial strain.

When considering this source of income for the NSW Department of Health budget, it accounts for a minute portion of the total budget. In 2007 approximately 0.2% of the NSW Department of Health budget came from this source, and subsequently it is felt that this fee should be abolished.

Whilst the value of carers cannot be denied, it is felt that the needs of the person with a disability needs to be considered of primary importance. Services often consider the needs of the carer with little regard for the person with the disability. To ensure quality service, service providers need to apply the following five principles when ever delivery a service:

1. Person-centred and enable each consumer to explore individual strengths and goals and work towards achieving the outcomes they desire, with security of support for those who need it.
2. Culturally-appropriate, socially inclusive and sensitive to individual circumstances, social context and relationships, enabling the consumer to continue with what is important to them.
3. Flexible and responsive to the range of changing needs, interests and choice of consumers.

4. Supportive and enable the positive relationship between consumers and carers.
5. Recognised as a fundamental and valued part of society that grows and develops to meet the changing expectations of consumers, carers, funders and the workforce.

Nationally there is approximately 140 day therapy centres, with most located in or near aged care homes. These centres may provide a wide range of therapy services such as physiotherapy, occupational and speech therapy, podiatry and other therapies. There may be a fee for services provided by Day Therapy Centres. Following the move to community based services, large disability service providers that provided day programs for people with profound disabilities, are no longer providing this service, and subsequently an increasing number of people with disabilities are needing services provided through day therapy centres. To ensure the availability of day therapy centres, staff will need to acquire a greater understanding of the needs of people with disabilities.

Recommendations for the future

- 2.1** Provide services that are person-centred and enable each consumer to explore individual strengths and goals and work towards achieving the outcomes they desire, with security of support for those who need it.
- 2.2** Abolish the annual \$100 co- payment with the purchase of goods and equipment through PADP.
- 2.3** Increase understanding and awareness of staff employed by day therapy centres on issues regarding the early onset of ageing for a person already with a disability, and issues regarding the impact of the ordinary ageing process on a person already with a disability.

3. Finances

Why is it important for all members of the community?

Currently approximately 78% of older people receive the Age Pension, or a similar payment from the Department of Veterans' Affairs. Following review of the Age Pension, the qualifying age for both men and women will increase to 67 years by 2023. Over 2 million older people receive a full or part pension, with more than half receiving a full-rate pension. Currently around 58% of pension recipients are women, and more women than men receive a full pension.

Both recipients of the Age Pension and Disability Support Pension receive the following amounts for fortnight: singles - \$644.20, and couples - \$485.00. Age Pension recipients have relatively modest levels of assessable assets and income in comparison to people receiving the Disability Support Pension. The average value of assessable assets was just over \$32,000 for people receiving the full pension and approximately \$133,000 for those not receiving the full pension.

What are the additional considerations for people with physical disability?

People with physical disability often rely on government benefits as their sole or partial means of income such as the Disability Support Pension including the benefits most relevant to recipients with physical disability:

- Mobility Allowance
- Health initiatives including:
 - Confinence Aids Assistance Scheme
 - Pharmaceuticals
 - State Government aids and equipment programs
- National Disability Agreement programs such as the Attendant Care Program

For people of a working age with a disability, recipients of the Disability Support Pension (DSP) and the Age Pension, a transport allowance is provided, but recipients receiving the DSP and those of a working age with a disability, receive a non-means tested cash payment of \$80.50 fortnightly, whereas people receiving the Age Pension receive a travel concession. As this travel concession can only be used on public transport providers that provide access, the travel concession available with the Age Pension has limited application for people with physical disability.

Labour force data identifies stark differences in unemployment and labour force participation rates between people with a disability and people without, showing that people with physical disability are more than twice as likely to work part time. Subsequently many people with a disability rely on income support payments as their sole, main or supplementary source of income.

Due to already having a reduced household income with the need to pay many additional costs associated with having a physical disability careful budgeting is required. Partial payment may still be required for programs provided by government bodies or to avoid long waitlists, for payment of the following items that can't be deduced as a taxable item:

- Personal care services
- Travel expenses
- Aids and Equipment costs.
- Home modifications

The introduction of Special Disability Trusts in 2006 provided families with the opportunities to make private financial provision for the current and future care and accommodation needs of family member with a severe/ profound disability. More recently the Commonwealth Government has introduced a number of reforms to assist families by removing the following barriers:

- Allowing beneficiaries to work up to seven hours a week and still qualify for a Special Disability Trust,
- Providing greater scope in the way trust funds can be used, and

- Allowing the trust to undertake a level of discretionary spending that is not directly related to the care and accommodation needs of the beneficiary.

Based on legal opinion a Special Disability Trust is only useful in limited circumstances such as;

- For parents who would leave significantly more than \$500,000 for their beneficiary, a Special Disability Trust maybe beneficial.
- For parents who would leave less than the assets test limits (approx. less than \$240,000) for their beneficiary, a Special Disability Trust would probably not be beneficial.
- For parents leaving funds between \$240,000- \$500,000, a Special Disability Trust maybe beneficial.^{xv}

Individualised self directed funding is the provision of 'public funding that is allocated to the individual based on his/her unique strengths and needs, and placed under the control of the individual to enable them to live in the community as a full citizen.'^{xvi}

Reform to the delivery of disability services is needed urgently. A scheme that promotes individual self- directed funding would facilitate greater equity of service delivery, address unmet need, provide greater reassurance about the future, whilst increasing the economic and social participation of people with a disability and meeting national and international human rights legislation.

Due to differences in age, gender, culture, household wealth, and living circumstances, individuals with disabilities may have diverse and unlike needs. To effectively provide for these different needs, PDCN believes that the provision of the individualised self- directed funding is the most cost effective way of servicing the large variety of needs.

A program providing individualised self- directed funding needs to be based on the following principles:

1. Independent Living - Individuals can get the support needed to live independently.
2. Individual Budget – Individuals are aware of how much money they use their support.
3. Self-Determination - Individuals have the support where necessary to make personal decisions.
4. Accessibility – Individuals understand the rules and systems and can easy access assistance where required.
5. Flexible Funding - Individuals use funding as flexibly and creatively as needed.
6. Accountability – Individuals are aware of how much funding they use, and prepared to provide peer- support whenever needed
7. Capacity – An individual's capacity is not doubted and information and support can be accessed as needed.

Recommendations for the future

3.1 Provide ageing people with physical disability over 65 years with the option of receiving either the Mobility Allowance or Travel Allowance, when receiving the Age Pension, to ensure that all recipients receiving government pensions can utilise all entitlements, regardless of functional needs.

3.2 Introduction of Individualised Self- Directed Funding.

4. Access to the Community as a Site of Social Inclusion

Why is it important for all members of the community?

Social participation is recognised globally as a key element of healthy ageing^{xvii}. The World Health Organisation advocates for a framework called Active Ageing, a concept they explain as;

“the process of optimizing opportunities for health, participation and security in order to enhance quality of life as people age^{xviii}.”

Facilitating active ageing requires acknowledgement of some common dynamics faced by people as they age. Lifestyle changes such as retiring from full time work, losing a partner and/or reduced levels of mobility can impact on a person's opportunities to participate in community. Older people facing economic, physical and social barriers to community can experience increased levels of depression and loneliness^{xix} coupled with reduced access to services and other avenues of support.

The built environment can play a large part in promoting or inhibiting social inclusion. The World Health Organisation's Checklist of Essential Features of Age Friendly Cities^{xx} can be relied upon to highlight age friendly approaches to the built environment. The list advocates a range of inclusions that if utilised produce a built environment in which barriers to access are minimised. These include outdoor spaces that are suitably lit, non slip footpaths that are well maintained, unobstructed and wide enough for wheelchairs, curb ramps, regular pedestrian crossings with 'visual and audio cues', traffic lights timed to allow safe crossing, ample public seating and accessible public toilets. The checklist also calls for buildings that are 'well signed inside and out', and equipped with toilets, ramps and lifts that are accessible. Though this list is developed with cities in mind it is clear that these inclusions would be welcome in small towns, regional hubs and rural centres.

What are the additional considerations for people ageing with physical disability?

As with many areas covered by this submission it should be pointed out that people with physical disability face many of the challenges to social inclusion and community access encountered by older people generally. However there are additional considerations. A paper produced by National Disability Services of Western Australia notes that;

“at a systems level people with a disability are more likely to experience poor health outcomes, social isolation and poverty when entering the ageing life stage”^{xxi}

Low levels of workforce participation can result in constrained opportunities for developing social relationships and accumulating the funds needed to engage in social pursuits. Apart from social and economic barriers, people ageing with disability face physical barriers of access that impede their ability to remain socially connected in their communities. Participants involved in a study of ageing with disability executed by the Physical Disability Council of NSW (PDCN) told how community gatherings that traditionally target older people are not always located at sites that are accessible. Similarly, community group outings can be designed around the capabilities of people who are mobile- therefore excluding people with physical disabilities. These are important points as community participation in retirement is thought to assist people with disability maintain their ‘skills and competencies’ for longer periods^{xxii}.

The progressive nature of some physical disabilities and the impact of age related health conditions can see people ageing with physical disability face a heightened the risk of social isolation. For this reason it is especially important that the physical environment pose no barriers for them to socialise or complete even the most mundane day to day tasks. This means that urban planners, legislators, local government agents, builders, designers and developers all have a role to provide optimum levels of access for people with disability. Information highlighting inclusions that would maximise levels of accessibility in community settings and common barriers that need to be addressed is included in Appendix A.

It is true that the natural topography of some areas will present barriers to accessibility that cannot be easily overcome. However, if as a society we commit to eradicating the barriers that can be overcome a more inclusive and welcoming community environment can be realised. Community spaces inhabited by users of all ages and physical capabilities would also contribute to attitudes of acceptance and understanding.

Planning for a future in which our population is ageing requires not only individual action and service planning but also commitment, direction and action to eradicate the physical barriers that produce inactive, isolated and therefore unhealthy ageing processes.

Recommendations for the future

- 4.1** Recreational and community programs must be located in accessible buildings that are linked to a range of accessible transport options.
- 4.2** The promotion of recreational and community programs must include substantial information about the accessibility of the venue, parking facilities and transport options. Information about any possible barriers to access should also be available.
- 4.3** State and Federal Government provide funding to Local Governments and Shires to facilitate links between residential areas and local transport options, especially focusing on unobstructed, non slip continuous footpaths and transport infrastructure, such as bus stops.

4.4 As part of the commitment to the future health and social inclusion of people ageing, the Federal Government fund Local Governments and Shires to establish public spaces that are accessible to all members of the community.

5. Transport

Why is it important for all members of the community?

The World Health Organisation^{xxiii} considers transport to be one of the key elements in enabling access for all members of the community. Transport links people with health care, essential commodities, services, the workplace, family, support networks and recreational activities. Without these links the ability to remain active and socially connected is greatly impaired.

To empower older people's ability to participate in society and remain connected to services and social networks, transport options must not only exist but they must be accessible, regular, safe and affordable. Ensuring an active and healthy experience for all people as they age also requires that transport options are equitably distributed across Australia.

“Accessible and affordable public transportation services are needed in both rural and urban areas so that people of all ages can fully participate in family and community life.”

(World Health Organisation^{xxiv})

What are the additional considerations for people ageing with physical disability?

Physical disability adds another dimension to the importance of transport because it is such an integral part of remaining mobile and independent. Research carried out by the Physical Disability Council (PDCN) of NSW into people ageing with disability noted driving as the most common form of transport utilised by the people surveyed^{xxv}. Affording a motor vehicle in retirement or on a limited income, such as a Disability Support Pension, is difficult for many people.

“When I retire, mobility aids and car may be unaffordable”

(Margaret – older person with early onset disability)^{xxvi}

As people age they are faced with more tests to retain their driver's license. It is common for older people to be concerned about giving up or losing a driver's license as driving contributes to independence. For older people with physical disability this loss is more keenly felt because other accessible transport options are not always available or affordable.

“My car is my leg, without it I would be totally confined in my own home”

(PDCN Member)^{xxvii}

Accessible transport options are not available to all members of the community in NSW, particularly outside of the Sydney Metropolitan area^{xxviii}. (A list of NSW accessible transport options is included in Appendix B). Where accessible transport options do exist,

the distance between accessible options pose issues of affordability for people with physical disabilities travelling on public transport.

Lisa^{xxxix} uses a motorized wheelchair and lives in the NSW Blue Mountains' township of Hazelbrook 1km from the railway station. Hazelbrook Station is not wheelchair accessible. Lisa has the choice of two accessible stations: Katoomba is 16km away and Springwood is 14.4km away.

Lisa could catch a wheelchair accessible taxi to Katoomba at an approximate cost of \$40 each way. There are no wheelchair accessible taxis in Springwood therefore if Lisa is travelling home from the city she has to go past her stop by four stations (23minutes) and catch a taxi back down the mountain at a cost of (\$40). Wheelchair accessible bus services between to Katoomba and Hazelbrook only run between 12.44pm and 4.30pm (3 each way per day Mon-Fri; one on Saturday and none on Sundays or Public Holidays^{xxx}).

Lisa could catch a wheelchair accessible bus from Springwood station to Hazelbrook but only if she was travelling at 9.35am or 10.27am between Monday to Friday- there is one wheelchair accessible bus on Saturday and none on Sundays or Public Holidays^{xxxi}. If Lisa wanted to travel by wheelchair accessible bus to Springwood station her only options would be 9.05am or 11.15pm (Mon-Fri).

Schemes such as the Taxi Transport Subsidy Scheme^{xxxii} are available to assist people with the cost of taxis; however the maximum subsidy per fare is 50% of the fare, capped at \$30. Similarly, to be eligible a person must be unable to use public transport. Financial status and/or remoteness are not considered in assessing inability to use public transport.

In light of the complications, time constraints and costs outlined in the case study above it is fair to say that driving is the only practical option available to someone like Lisa. Keeping a car on the road is an expense that many people on low incomes find difficult. As has already been noted, many people with physical disability face long term economic disadvantages that only increase as they age. For people ageing, the affordability of a motor vehicle is not the only concern. There are also concerns about how they will remain mobile should cognitive or progressive physical issues force them to give up their licenses in the future.

"Without a car, license and money for petrol, insurance, etc. we would be isolated".

(Kevin- an older person with late onset disability)^{xxxiii}

Even where available, accessible transport options do not always offer people with physical disability an equitable quality of service. As noted above, 39% of carriages on CityRail Intercity trains may be accessible however, because of narrow doorways and a lack of space, many wheelchairs can only fit in the entry/exit vestibule. This means people in wheelchairs travelling in winter on the Blue Mountains line, for example, must sit in an area of the train that is not heated. Given that average temperatures for the Upper Blue Mountains are 5 degrees Celsius^{xxxiv} and journeys from Sydney can take over two hours, this is not a journey anyone would relish.

For people in wheelchairs entering and exiting the train requires assistance from the guard. Not being able to independently alight from a train can cause difficulties. A member of the Physical Disability Council of NSW recently reported:

"I've worked out that if I stick the footplate of my wheelchair in the doorway of the train the train can't leave the station. It's one way to ensure I get helped from the train. I've heard of people being forgotten and being stuck on the train until it reaches its final destination"

Ensuring quality of life for people ageing with disability must include a greater commitment from all levels of government to bring about an environment in which people ageing with disability can access a range of transport options. Without immediate action we are facing a future in which many older people will be isolated in their homes. The availability of more comprehensively available, accessible transport options could also realistically reduce the demand for certain in home services.

Recommendations for the future

- 5.1** Review of compliance to the Transport Standards under the *Commonwealth Disability Discrimination Act* should consider the full range of accessible transport options available in a geographic area to establish whether there is an equitable provision of services for people with disability. Timetables should be included in this review to ascertain access to return journeys.
- 5.2** Additional and targeted funding should be made available to Community Transport so they can expand their services in areas that are found to have low levels of accessible transport options.
- 5.3** No Interest Loans should be available to people with physical disability for the purpose of purchasing a new vehicle and/ or vehicle modification.
- 5.4** The five year review of the effectiveness of the *Commonwealth Disability Standards for Accessible Public Transport* (the Transport Standards) should be released for public information and comment within a year of its completion.

ⁱ See Australian Institute of Health and Welfare, 2008, *Disability in Australia: Trends in prevalence, education, employment and community living.* Bulletin 61. Physical Disability Council NSW, 2008, 'Report on the Impact of Ageing on the Needs of People with Disability'.

ⁱⁱ ABS, 2003, 'Survey of Disability, Ageing and Carers 4430.0'.

ⁱⁱⁱ Australian Bureau of Statistics, 2003, *Disability, Ageing and Carers: Summary of Findings.*
<http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4430.0Main+Features12003?OpenDocument>

^{iv} Physical Disability Council NSW, 2008, 'Report on the Impact of Ageing on the Needs of People with Disability'.

^v AIHW, 2000, 'Disability and Ageing: Australian Population Patterns and Implications'. Australian Institute of Health and Welfare Cat no. DIS 19.

^{vi} ABS, 2003, 'Disability Ageing and Carers 4430.0,' p.41.

^{vii} AIHW, 2008, 'Disability in Australia: trends in prevalence, education, employment and community living'. Australian Institute of Health and Welfare

^{viii} World Health Organisation 2007, 'Checklist of Essential Features of Age Friendly Cities'.

-
- ^{ix} Australian Government-Department of Families, Housing, Community Services and Indigenous Australians,2008, 'Occasional Paper 21'.
- ^x The Winston Churchill Memorial Trust of Australia, 2003, 'Churchill Fellowship – A. Starr'.
- ^{xi} Australian Institute of Health and Welfare, 2007, 'Australia's Welfare' p. 86.
- ^{xii} Australian Government Department of Families, Housing, Community Services and Indigenous Australians,2006, 'Helping Younger People with Disability in Residential Aged Care'.
- ^{xiii} Australian Government- National Disability Administrators, 2006, Short Report – 'Ageing with a Disability'.
- ^{xiv} Australian Institute of Health and Welfare, 2003, Disability Series – Disability Trends and Prevalence'
- ^{xv} Coleman and Greig- Solicitors and Notaries, 2008, 'A Plain English Guide to Special Disability Trusts', <http://www.colemanandgreig.com.au/Disability.pdf>
- ^{xvi} Dowson, S and Salisbury, B. 1999, Individualised Funding: Emerging Policy Issues Toronto: Roshier Institute
- ^{xvii} World Health Organisation, 2002, 'Active Ageing: A Policy Framework'
- ^{xviii} Ibid.
- ^{xix} Australian Institute of Health and Welfare, 2009, 'Australia's Welfare- Chapter Three Ageing and Aged Care'.
- ^{xx} World Health Organisation 2007, 'Checklist of Essential Features of Age Friendly Cities'
- ^{xxi} National Disability Services Western Australia, 2007, 'Ageing Successfully in Place: Building the Capacity of the Disability Services Sector in Western Australia to meet the changing needs of people with a disability who are ageing'.
- ^{xxii} Ibid.
- ^{xxiii} As outlined in the WHO, 2007, '*Checklist of Essential Features of Age Friendly Cities*'.
- ^{xxiv} World Health Organisation, 2002, 'Active Ageing: A Policy Framework', p.27.
- ^{xxv} Physical Disability Council of NSW, 2008, 'Report on the impact of Ageing on the needs of people with Disability'.
- ^{xxvi} Ibid.
- ^{xxvii} Ibid.
- ^{xxviii} NSW Government, Transport and Infrastructure, 2009, 'Accessible Transport Action Plan for NSW Transport, Roads and Maritime Agencies'.
- ^{xxix} This case study is not based on a real person but the information regarding bus, train, taxi times and costs are based on current timetables and quotes from taxi operators in the area.
- ^{xxx} Blue Mountains Bus Company, 2010, 'Mid Mountains Bus Timetable'.
- ^{xxxi} Ibid.
- ^{xxxii} NSW Government, 2010, 'Taxi Transport Subsidy Scheme- Application' available at: <http://www.transport.nsw.gov.au/sites/default/file/ttss/ttss-application.pdf>
- ^{xxxiii} Physical Disability Council of NSW, 2008, 'Report on the impact of Ageing on the needs of people with Disability'.
- ^{xxxiv} NSW Government, Energy Water and Climate Change, Blue Mountains National Parks Climate, webpage available at: <http://www.environment.nsw.gov.au/NationalParks/parkClimate.aspx?id=N0004>

Appendix A

The following list highlights some inclusions to maximise levels of accessibility in community settings;

- Parks, reserves, town squares and other outdoor areas that are fully accessible with continuous level access from car parks and entry points to general areas and facilities.
- Post boxes, vending machines, public telephones and automatic teller machines set at heights that allow access for wheelchair users and those with limited ranges of motion in their upper limbs.
- Sporting fields and recreational facilities with accessible playing, parking and viewing areas.
- Child care centres, pre-schools, primary schools, high schools TAFE colleges and university campuses with fully accessible class rooms, libraries, common areas and continuous accessible paths of travel to accommodate both students and visitors.
- A range of accessible tourist accommodation options to empower people with physical disability to undertake overnight stays.
- Kerb ramps, smooth continuous footpaths, and regular pedestrian crossings in retail/commercial hubs.
- Services and utilities such as Banks, Post Offices, Police Stations and Centrelink offices located in accessible buildings that have doorways wide enough to accommodate wheel chair access and counters facilitating ease of service.
- Libraries, Council Chambers, Neighbourhood and Community Centres, Fitness centres, community colleges, retail areas, restaurants and bars, food and leisure outlets to be fully accessible.

Some common barriers that need to be addressed

- Operating panels in lifts set at heights inaccessible to wheelchair users.
- Doorways that are slightly raised from footpath level, therefore blocking unassisted access to a variety of outlets.
- Cinemas/Theatres that have accessible but segregated seating for people with physical disability so they cannot sit with a group of friends.
- Partial accessibility – so that a person in wheelchair can only access some of the facilities e.g. they can enter a school hall but not the library.

Appendix B

The According to NSW Transport and Infrastructure* the following accessible transport options are available in NSW.

- 9.1% (*n*-470) of taxis are wheelchair accessible in Sydney Metro Area
- 17.5% (*n*-236) of taxis are wheelchair accessible in outer metro, rural and regional NSW-
- 41% (*n*-23/50) of commuter wharves are wheelchair accessible in the Sydney Metro Area
- 100% (*n*-2/2) of commuter wharves are wheelchair accessible in Newcastle
- 41.6% (*n*-1669) of buses are wheelchair accessible in Sydney and Outer Metro Areas. Figures for rural and regional areas not easily accessible due to difficulties obtaining reports from a diverse range of private providers.
- 36% (*n*-108/304) of CityRail Network (Sydney and Outer Metro) railway stations are wheelchair accessible
- 93% (*n*-62/67) of Country Link Network railway stations are wheelchair accessible
- 100% (*n*-1267/1267) of CityRail suburban carriages are wheelchair accessible
- 39% (*n*-133/342) of CityRail Intercity/outer-suburban carriages are wheelchair accessible
- 100% (*n*-33/33) of CityRail /Country Link regional trains are wheelchair accessible

* NSW Government, Transport and Infrastructure, 2009, 'Accessible Transport Action Plan for NSW Transport, Roads and Maritime Agencies'.