

## **ACTA submission to the Senate inquiry into the transition of the Commonwealth Home Support Program to the Support at Home Program**

### **About ACTA**

The Australian Community Transport Association (ACTA) is the national peak body representing community transport providers across Australia. Established in 2011, ACTA unites organisations from every state and territory, QLD, NSW, TAS, SA, VIC, ACT, NT, and WA, giving the sector a strong, coordinated national voice. As a not-for-profit company limited by guarantee, ACTA is dedicated to advancing equitable, sustainable, and accessible community transport services nationwide.

ACTA has a proven track record of leading national large-scale, complex, solution-based co-design and cutting-edge projects that impact at state and federal levels. As the key architect behind the development and national trial of the National Community Transport Pricing Model (NCTPM), the project gathered data on more than 150,000 community transport trips delivered under Commonwealth Home Support Programme (CHSP) funding across Australia between 2023 and 2024. Delivered in the first phase in partnership with the Department of Health, Disability and Ageing, UniSA, and 31 pilot organisations, ACTA has demonstrated capability in sector-wide engagement, governance, and system change. The NCTPM project involved transitioning organisations to mainstream data platforms, developing a national cost-based pricing model, implementing a policy evaluation framework, and facilitating some of the most effective sector–department collaborations seen in recent years. This project has delivered a blueprint to support the sustainability of community transport services funded through aged care programs, including the Commonwealth Home Support Programme (CHSP), while also addressing pricing and policy arrangements under the newly introduced Support at Home Program (SAH).

## Introduction

<sup>1</sup>In late 2019, during the Royal Commission into Aged Care Quality and Safety, the Australian Government announced it would move toward a single, unified in-home aged care program to replace both the Commonwealth Home Support Programme (CHSP) and Home Care Packages. After delays to the broader reform timetable and the design of **Support at Home (SAH)**, the Government later decided to **defer the integration of CHSP** into the new program.

As the national peak body for community transport, **ACTA** has led consultations across **2024 and 2025** to understand what it would mean for older people and providers if CHSP is wound down and current CHSP recipients transition into Support at Home.

Official aged care data shows how significant CHSP is to the system. <sup>2</sup>In **2023–24**, around **1.5 million** people received some form of aged care, and **around 835,000 people (56%)** received home support through **CHSP**. Of those using CHSP, **transport was one of the top five most commonly used services**, with **around 20% of recipients** using transport.

In aged care, this transport is widely known as **community transport**. It supports wellness and reablement by helping older people stay independent and connected to their communities. It can reduce avoidable pressure on hospitals by enabling access to appointments and everyday activities. A complete outline of what community transport is and its benefits are available in Appendix A

Given the scale of demand and reliance on CHSP-funded transport, ACTA is concerned about the following issues if the Government proceeds with integrating CHSP into Support at Home:

1. Support at Home merger risks applying the wrong funding model to community transport.
2. Reform uncertainty is driving workforce, participant and governance chaos.
3. No formal definition of community transport in aged care.
4. CHSP transition risks removing entry-level, reablement and preventive services for senior Australians.
5. Waiting lists are driving avoidable health deterioration among senior Australians and higher long-term costs for the aged care system.
6. Unspent CHSP growth funds are being reprioritised despite long waiting lists.
7. Shifting away from block funding risks undermining safety and service viability, particularly in 'thin' markets.

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<sup>1</sup> Parliamentary Library, Parliament of Australia. (2024). *Title of document: Subtitle if any* (Research Paper No. 7847713). [https://parlinfo.aph.gov.au/parlInfo/download/library/prspub/7847713/upload\\_binary/7847713.pdf](https://parlinfo.aph.gov.au/parlInfo/download/library/prspub/7847713/upload_binary/7847713.pdf)

<sup>2</sup> Ageing Australia. (2025). *CHSP Summit 2025 pre-reading pack* (September 2025). <https://ageingaustralia.asn.au>

8. The viability of the provision of this service is highlighted in the National Community Transport Price Model (NCTPM) study conducted by the University of South Australia.

The Australian Community Transport Association (**ACTA**) has prepared this submission to the **Senate inquiry into the transition of the Commonwealth Home Support Programme (CHSP) to the Support at Home Program**. The submission draws on **ACTA member input, sector-wide consultations, and research findings and data** developed through the **National Community Transport Pricing Model (NCTPM)**.

The NCTPM is available on ACTA's website under **Resources – National Community Transport Pricing Model (NCTPM)** and includes the full suite of supporting materials, including a **summary report** and a **pricing and policy arrangements guide** to support both government and providers in implementing sustainable funding and policy arrangements for community transport delivered under aged care programs. URL: [Resources - Australian Community Transport Association](#)

The NCTPM is grounded in:

- **Real service delivery data**, used to derive fair pricing and fit-for-purpose policy guidance; and
- **Extensive sector consultation and co-design**, involving government, consumer and provider peak bodies, and stakeholders across the aged care and disability sectors.

**Key benefits of the NCTPM include:**

- Improved **service sustainability**;
- A model that is **practical and easy to use** for providers and participants; and
- Applicability to other **unit-costed community services** beyond transport.
- Accountable and drives efficiency if the proper support is provided to services.

The following sections outline **ACTA members' key concerns** and provider insights, informed by our consultation and submission process. These are structured in direct response to the **Terms of Reference** for the Senate inquiry, as published on the Parliament of Australia website: [The Transition of the Commonwealth Home Support Program to the Support at Home Program – Parliament of Australia](#)

## Summary of Recommendations

<b>R1</b>	<p>The Commonwealth Government <b>transition CHSP to an independent model as soon as possible</b> (ready to commence by June 2027) to allow planning, certainty, and quick access to services for older Australians. An additional delay will be unlikely to achieve anything further.</p> <p>ACTA recommends <b>adopting the NCTPM Pricing and Policy Arrangements Guide</b> to provide a nationally consistent change-management and pricing framework for the community transport sector if the merger of CHSP into SAH occurs.</p>
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<b>R2</b>	<p><b>Maintain CHSP as a distinct, block-funded program to deliver entry-level, preventive and reablement services</b>, while Support at Home addresses higher and more complex care needs. CHSP has demonstrated strong value for money, supporting around 60% of aged care clients with only 9.7% of Commonwealth funding and plays a critical role in delaying escalation to higher-cost care and premature entry to residential aged care.</p>
<b>R3</b>	<p><b>Redirect unspent CHSP funding to immediately expand provider capacity, reduce service waiting lists, and maintain access to early intervention supports.</b></p> <p>Unspent allocations should be treated as a signal of implementation constraints, not reduced demand, particularly while <b>more than 200,000 older Australians</b> remain waiting for assessment or home care, driving avoidable health deterioration and long-term cost pressures for the aged care sector.</p>
<b>R4</b>	<p><b>Adopt the National Community Transport Pricing Model (NCTPM) to establish transparent unit prices and determine fair contract values between providers and the Department, while preserving CHSP capacity to meet low and entry-level support needs</b> consistently and provide quick access across all states and territories.</p>
<b>R5</b>	<p><b>ACTA recommends that the Government apply targeted commissioning and pricing adjustments for community transport in low-density population markets ('thin markets').</b></p> <p>Pricing and commissioning decisions should be informed <b>by the National Community Transport Pricing Model (NCTPM)</b> to ensure funding reflects real costs and supports service viability in thin markets for community transport services.</p>
<b>R6</b>	<p><b>ACTA recommends that the Government formally adopt clear, nationally consistent definitions of commissioning and low-density population (thin market) conditions for community transport grant and contracting arrangements.</b> These definitions should be informed by the National Community Transport Pricing Model (NCTPM)</p>
<b>R7</b>	<p><b>Following the Royal Commission's recommended approach, explicitly treat community transport as part of the Social Supports category and fund it through a blended model:</b></p> <ul style="list-style-type: none"><li>block funding that translates into activity-based payments for trips/episodes of service, with pricing and parameters informed by the National Community Transport Pricing Model (NCTPM) cost evidence to reflect the true cost base and sustain access nationally.</li><li><b>In low-density populations</b>, the block funding should not transform into an activity-based model, as infrastructure costs require core funding, no matter how many outcomes (trips) are achieved. There are clear ways, such as waiting list times, that can provide accountability under this arrangement.</li></ul>

<b>R8</b>	If CHSP transitions into Support at Home, <b>the Government should formally define community transport (separate to mainstream transport) using nationally consistent terminology, drawing on the NCTPM definitions</b> , and align Support at Home pricing and funding arrangements to the full scope and benefits of the service to ensure ongoing availability and financial sustainability for older Australians.
<b>R9</b>	<b>Maintain CHSP as a separate, block-funded program operating alongside Support at Home, so older people can :</b> <ul style="list-style-type: none"><li>• Get quick access</li><li>• No need to 'trade off' visits to the doctor against other types of services.</li><li>• Have limited time access, if they return to health and no longer require the service.</li></ul> While preserving reablement and preventive pathways and reducing unnecessary escalation to higher-cost programs.
<b>R10</b>	<b>Peak bodies with in-depth knowledge and key relationships within the sector should be involved in the co-design of new models.</b> They should also be used to support transitions to new models, ensuring efficiency and sustainable gains.

## Addressing the Terms of Reference

- a) **the timeline for the transition of the Commonwealth Home Support Program to the Support at Home Program after 1 July 2027;**  
and
- c) **aged care provider readiness for the transition, including their workforce;**

Reform uncertainty is driving workforce and governance chaos. ACTA members report that ongoing uncertainty about aged care reforms is contributing to staff burnout, higher attrition, and reduced capacity for boards and executives to plan, invest and implement sustainable strategies. Members also report inconsistent program guidance and consumer confusion, particularly regarding pricing changes, and a 'backwards pathways to access CHSP services' under Support at Home and changes to service lists/eligibility. This is expected to intensify over the next two years as more older people enter the system, limiting providers' ability to adopt reforms and increasing the risk that transition timelines will compound sector stress. Providers feel they're "*finally getting back on their feet, and the goalposts keep shifting.*" **Recommendation 1 and 10.**

**Lived experience case study: "Joan"** (name changed), provided by Community Transport Provider in Victoria.

Joan moved onto a Home Care Package (known now as Support at Home) mid-2025, believing she could keep using her trusted community transport provider to attend a weekly community group and two fortnightly appointments. The package provider initially refused to

contract the community transport provider at full cost recovery, creating immediate confusion and disruption for Joan and her family.

Instead, the provider proposed using its own worker to drive Joan and wait outside for the full two-hour session, meaning Joan's package would be charged at least three hours of paid support plus kilometres for a single outing. This meant that Joan had to trade off her social outings with other important services because her transport cost had been multiplied and was costing significantly more.

Joan's case shows how unclear rules and shifting settings between CHSP-style supports and packages drive consumer confusion, inefficient spending, and avoidable administration rework, exactly the kind of system stress that will escalate as the sector approaches 1 July 2027 without a clear, stable transition pathway. Peeks, services and participants need to be involved in any new models/transitions in a meaningful manner.

**b) the timeline for the transition of the Commonwealth Home Support Program to the Support at Home Program after 1 July 2027;**

**(i) waiting periods for assessment and receipt of care**

Waiting lists are driving avoidable health deterioration among senior Australians and higher long-term costs for the aged care system. Excessive delays for aged care assessments and access to funded home support are contributing to accelerated health decline in older Australians. Evidence to the Senate inquiry indicates <sup>3</sup>more than 121,000 people were waiting for an ACAT assessment, and when combined with people waiting for home care, the unmet need is around 200,000 people, pushing many into higher support needs by the time reforms fully land. This creates a compounding cost pressure over time, particularly as Commonwealth aged care payments are projected to grow more slowly than nominal GDP in the forward estimates. <sup>4</sup>The Mid-Year Economic and Fiscal Outlook 2025–26 MYEFO also confirms \$80.0 million over two years (from 2025–26) is being reprioritised from unspent CHSP growth funding to other aged care services. This raises a policy concern: unspent allocations can reflect implementation constraints rather than lack of need, especially while waiting lists remain high. <sup>5</sup>In 2023–24, CHSP supported around 60% of aged care clients while receiving only 9.7% of Commonwealth aged care funding, demonstrating it is a highly leveraged program that delays escalation to higher-cost care and premature entry to residential aged care.

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<sup>3</sup> Manfield, E. (2025, August 29). *More than 120,000 older Australians waiting to be assessed for at-home support*. ABC News. <https://www.abc.net.au/news/2025-08-29/waitlists-for-at-home-support-for-older-australians/105714918>

<sup>4</sup> Australian Government, The Treasury. (2025). *Mid-Year Economic and Fiscal Outlook 2025–26*. Commonwealth of Australia. <https://budget.gov.au/content/myefo/download/myefo-2025-26.pdf>

<sup>5</sup> Ageing Australia. (2025). *CHSP Summit 2025 pre-reading pack* (September 2025). <https://ageingaustralia.asn.au>

In addition, an easy entry programme that took all the benefits of CHSP and left behind the less useful parts of that programme could alleviate waiting queues, expenditure and provide a better service to older Australians, if well designed with peak and service providers' input.

**Recommendation 2, 3 and 4.**

(iv) thin markets with a small number of aged care service providers

Shifting away from block funding risks undermining service viability generally and absolutely in low-density populations ('thin markets'). For many communities, entry-level aged care, especially community transport, is enabling social and cultural infrastructure, not just a discrete service. Moving from CHSP-style block funding to primarily individualised pricing risks destabilising community-based providers by failing to cover essential fixed "infrastructure" costs (fleet, insurance, compliance, scheduling/dispatch, workforce/volunteer coordination, training, quality and safety). In low-density populations, regional and remote markets, ACTA members report that community transport cannot be delivered at the utilisation rates or efficiencies achievable in metropolitan areas. Demand is often irregular, trip distances are long, and providers must respond to diverse needs, including culturally safe service delivery and higher duty-of-care requirements. In these conditions, fixed "infrastructure" costs (fleet, insurance, compliance, dispatch/scheduling, workforce and volunteer coordination, training, and quality and safety) represent a larger share of total costs yet are not consistently recognised through current pricing and contracting settings.

Members highlighted that CHSP-style arrangements have historically provided a level of stability through block funding, which has supported service continuity in communities where markets have low-density populations. However, members also reported that current funding and commissioning approaches do not consistently reflect local realities in low-density communities, particularly where service viability depends on stable base funding to maintain readiness and coverage. Providers in communities such as Tennant Creek are examples of locations where distances and demand patterns create higher costs and greater operational risk.

Within this context, ACTA notes the relevance of targeted commissioning and pricing adjustments as mechanisms that can better account for low-density population markets conditions and diverse community needs. **The National Community Transport Pricing Model (NCTPM)** provides an evidence base to support such approaches by identifying unit cost drivers and the fixed and variable components of community transport delivery in aged care.

ACTA also notes that clearer, nationally consistent definitions, particularly of commissioning and low-density population conditions, would support more consistent implementation across jurisdictions and funding streams and reduce uncertainty for providers operating in thin-market environments. **Recommendation 5 and 6.**

**Lived experience: Community transport — Providers forced to exit the market.**

- Tenant Creek Transport in the Northern Territory was forced to cease operations due to financial unsustainability and funding constraints. The eventual closure of their service, which was publicly reported, underscored the fragile operating conditions faced by remote community transport providers. Learn more about this here: Adams, T. (2024, June 28). Tenant Creek Transport ceases operations, citing insurmountable challenges. Australian Rural & Regional News. [Tenant Creek Transport ceases operations, citing insurmountable challenges | Australian Rural & Regional News](#)
- Many more services in ACT, Victoria, Queensland have also discontinued their transport service offering due to sustainability and funding pressures in late 2024. This creates churn of service providers as one shuts down and a replacement opens. The result is confusion or service gaps for older Australians, as they re-negotiate the service landscape. Good model design for a replacement to CHSP, instead of integration into SoH, and paying providers the real cost for what they do would solve this challenge. Again, the NCTPM provides a clear, independent way forward in this regard.

**d) any other related matters.**

1. **Support at Home merger risks applying the wrong funding model to community transport.** If CHSP is merged into Support at Home, ACTA is concerned community transport could be funded primarily through individualised “per-service” pricing, rather than the Royal Commission’s recommended approach for a single program with five service categories, where Social Supports (including meals and transport), Respite Supports, and Assistive Technology & Home Modifications are funded through a mix of block and activity-based funding to ensure coverage and equity, while Care at Home is individually funded. This matters because community transport has unavoidable fixed “infrastructure” costs (fleet replacement, insurance, compliance, dispatch/scheduling systems, workforce/volunteer coordination, training, quality and safety, and thin-market coverage). If these fixed costs are not recognised, services become financially unsustainable and availability drops, especially in regional, remote and low-density markets. **Recommendation 7.**
2. **No formal definition of community transport in aged care.** ACTA is concerned that the Government has not formally defined community transport and is instead adopting broad “direct” and “indirect” transport categories for Support at Home. How transport is defined in aged care is critical: mainstream transport does not deliver the person-centred, duty-of-care service required under the new Aged Care Act, and aged care transport commonly includes preventative, safety and basic clinical support elements delivered alongside the trip. ACTA has addressed this gap through the National Community Transport Pricing Model (NCTPM), developed with the University of South Australia and co-designed with a working group of 31 providers, which sets out recommended standard definitions to support fit-for-purpose funding and policy settings that reflect the true scope of community transport delivered under CHSP and other aged care programs. This is crucial to ensure services are safe and offer what the participants require, which usually does not occur through indirect transport. **Recommendation 8.**

- 3. CHSP transition risks removing entry-level, reablement and preventive services for senior Australians.** ACTA is concerned that merging CHSP into Support at Home could erode quick access to entry-level, reablement and preventive care that keeps older people well at home. In 2023–24, CHSP supported around 60% of aged care clients while receiving only 9.7% of Commonwealth aged care funding, demonstrating it is a highly leveraged program that delays escalation to higher-cost care and premature entry to residential aged care. **Recommendation 9.**

## Appendix A

### What is Community Transport?

Community transport offers more than a ride; it keeps people involved and connected in their community, keeps people healthy, keeps people safe, and reduces the harmful effects of isolation. Community Transport is a specialist service that is informed by a human-rights understanding that all people are entitled to appropriate and accessible transport. This unique offering is an 'key enabler' for access to community services, maintaining health, reducing isolation and increasing mental health. Community Transport provides specialised transport services to those people for whom mainstream options are either inappropriate, unattainable, or otherwise inaccessible. Providers are largely NFP and use this ethos to build and maintain ongoing trusted relationships with service users that adds significant human capital and allows people to stay in their communities.

CT providers also interact with other care providers: observing, monitoring and reporting on consumers' well-being and the possible need for other types of support. CT providers provide a "door to door" service and have established developed risk management protocols, rather than the "kerb to kerb" service provided by most private transport operators. This means providers will walk to the door and assist the client to the vehicle. If the client is not ready at the door for the service, CT providers follow emergency risk management procedures to contact the client by phone, and if necessary, their next of kin. They then call emergency services if deemed appropriate and await their arrival. This level of care is typically limited to the community transport sector, who are driven by a culture of care for their clients rather than by revenues.

It provides many forms of service to meet consumer's needs. Figure one below shows the different extended services beyond a ride.

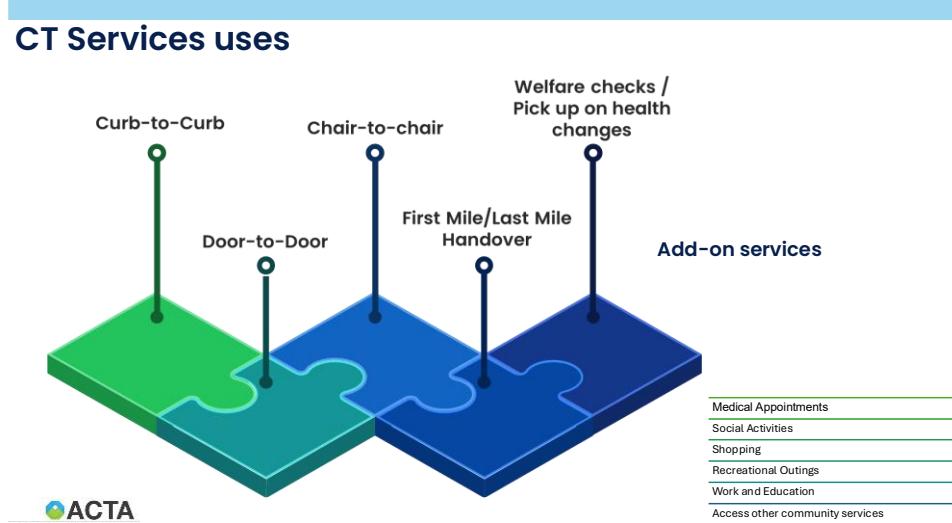


Figure one- CT Service Users

Collectively the sector in aged care has around 2,200 paid staff and 8,000 volunteers – most of them drivers – who provide 2.4 million hours of service<sup>2</sup>. To replace this donated time with paid labour, would cost the Commonwealth government about \$86M<sup>3</sup>, equivalent to increasing the Commonwealth Home Support Programme (CHSP) transport funding for 2021/22 by 45%. Most of

this effort is directed at eligible aged consumers, placing CT firmly into the category of Aged Care services. It has been hard to qualify usage in the NDIS, due to its complexity.

## The Value of Community Transport

### Key takeaways

- The demand for community transport services have tripled in the past ten years, with demand continuing to grow.
- Older adults in particular are extremely satisfied with community transport and value the safety and support it provides.
- Contributes to social capital by supporting clients to maintain social bonds and connections, and facilitates rapport, trust, and goodwill between clients, drivers, and volunteers.
- Supports client sense of control to independently access and attend services they require, thereby providing peace of mind for family members about the welfare of loved ones.
- Helps to increase access to education and employment, and is a provider of employment for people, allowing them to give back to the community and develop new skills.
- A valuable service that offers coordinated, flexible, and efficient services that respond to the specific needs of clients, such as providing door-to-door and chair-to-chair services.
- Provides important benefits for mental health and wellbeing by reducing social isolation and loneliness, particularly among older adults and people with a disability.
- Is an important preventative health and early intervention mechanism, where providers can detect health risks and provide more immediate assistance and care.
- Prioritises client safety and security by ensuring staff are appropriately trained and screened, which promotes trust among clients, and a strong perception of safety of community transport.

## Background

### The characteristics of community transport clients

Community transport is an essential service that helps meet the needs of a diverse range of individuals in the community. The research indicates that there are specific population subgroups that benefit particularly from community transport [1, 2], these include;

- Older adults (typically +65 of age)
- People with a disability
- People living remotely and outside of major cities
- People who require non-emergency transport to access healthcare
- People who experience economic disadvantage
- Higher portion of women
- People with health conditions and special needs including:
  - Visual and hearing impairments
  - Mobility impairments
  - Chronic health conditions or illnesses

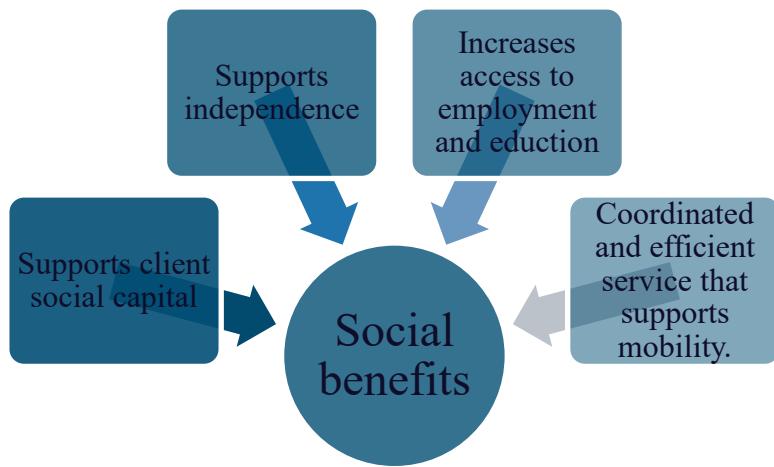
### Why community transport is important

Community transport is a critical part of transport services, supporting approximately 238,000 clients and delivering 5.5 million trips annually [3]. Older adults in particular rely on community transport, as evidenced by the significant growth in usage among this population subgroup. For instance, usage has tripled over the last ten years, with demand continuing to grow. Data indicates that 92% of older adults rate personal mobility as critical to health, social well-being, and independence; therefore, community transport is a valuable service in supporting the day-to-day needs of individuals [1]. The Productivity Commission found that the use of community transport increases with age [4]. For every 1000 people aged between 65-74 years, 16% used transport associated with formal aged care services. This percentage grew substantially to 50% among those aged between 75-84 years, and further to approximately 82% for those aged over 85 years. Evidence shows that this population subgroup in particular are strongly satisfied with community transport services. Data from a Transport for New South Wales survey of 536 older adults, found that 99% of clients were satisfied with community transport,

with approximately 96% of these individuals highlighting safety as a key value of community transport [5].

#### The social value of community transport

Community transport has an important social role in the lives of clients who utilise this service. It supports people to reach the social destinations that are most meaningful to them, where they can establish and keep connections with their networks, and feel a sense of belonging to their community. This is particularly important for people in our communities who may experience social isolation and loneliness due to rural or remote living, or have a restricted capacity to reach social venues in their community, due to a physical impairment, disability, or socio-economic hardship [6, 7]. Figure 1 highlights key factors in the social value of community transport, and these are described in more detail in the following section.



*Figure 1: key social value factors of community transport*

#### Community transport in improving people's social capital

Social capital is a concept that has been used to understand the social outcomes associated with community transport. Social capital relates the benefits individuals and broader society experience to their social wellbeing, through the positive social interactions and connections they have with each other [8]. Studies show that community transport plays an important role in social capital because it extends beyond being a transport service, by playing a dual role in the community [9]. For example,

community transport also has an important social role because it enables clients to travel to and access leisure and recreational spaces where their friends and networks attend [6]. This means that clients are able to maintain social bonds and connections with their friends and networks, thereby supporting their social capital.

Social capital is also formed through building rapport, trust, and goodwill [8]. As highlighted in the caption below, community transport is not just about connecting people with the places they need to go, it is also a social space where rapport, trust, and goodwill are exchanged between clients, and community transport drivers and volunteers [10]. This enhances the value of community transport, as the building of rapport between clients, drivers and volunteers enhances social skills, and drivers and volunteers can increase their knowledge and awareness about how to more effectively assist and support clients with specific needs and challenges [7]. While other evidence shows that the establishment of rapport between clients and community transport providers means that drivers and volunteers are a trusted source to provide valuable emotional support for clients who are experiencing a stressful situation [3].

*'They're not just driving, they are talking to passengers, they are lightening them up, they're asking them how they're getting on, they, they get to know them and you.'* (Community transport organisation, rural)

#### Community transport as a valuable tool to support independence

Increasing people's independence is important for their locus of control. This concept relates to a person's belief about the degree of control over the decisions they make or what happens to them [11]. One method to enhance a person's locus of control is to increase their access to services that support their ability to act or make decisions, or otherwise, manage their independence. Community transport is one such service that is described as a lifeline that supports the independence of clients [3], thereby allowing them to have greater control over their life. It does this by providing people with more immediate and timely access to places, services, and people, that may otherwise not be accessible [9, 12]. The availability of community transport allows those most vulnerable in our community in

particular, to manage their independence and attend the services and amenities that they require and rely upon, as illustrated in the caption below [13].

**Millie** was having difficulty walking to and from the bus stop due to her asthma. Now, she uses the TransitCare service to take her to and from medical appointments and to pick up groceries. "TransitCare comes right to my door and the drivers always offer to carry my groceries inside and put them on the kitchen bench," Millie said. "Everything is so easy now; I can get from A to Z and I don't have to rely on other people." "If I haven't called for a pick-up for a few days, Anna will call me and check to see if I'm ok or if I need to go anywhere."

As a result, this has positive implications for the family members of community transport clients. For instance, as community transport supports the independence of clients and gives them greater control over their life, this helps to reduce the reliance of family members to provide transport assistance to meet the needs of their loved ones [7]. This in turn reduces stress and anxiety of family members about the welfare of their loved ones.

#### *Community transport supports access to employment and education*

Community transport is also an important service that provides people with better access to employment and education [7]. For example, studies have highlighted that community transport allowed clients to consider employment and education opportunities that they otherwise would not, due to the ability and reliability of community transport to provide access to these opportunities for people [6]. As illustrated in the caption below, community transport is particularly important for people who experience particular barriers to access employment and education needs, such as refugees and migrants [13]. Moreover, community transport provides employment opportunities for people, where they can give back to their community, build social skills such as speaking and listening, and develop practical skills that can enhance future employability [7].

**Tony**, a recently arrived refugee from east Africa struggled to get to his English language course at TAFE. His accommodation was a reasonable walk from the main road and as his course started outside of peak travel times, the bus service timetable did not align with him arriving on time for class. He either arrived too early or too late. When he was referred for community transport, an interpreter was organised to assist with intake and an explanation of booking process etc. This client has six children, and his wife lives with severe asthma and some mental health issues caused by isolation. The client advised that he could walk to the bus and arrive early for his class, but this would mean his wife would have more time on her own. We now pick up the client 20 mins before his start time, giving him an extra hour with his family in the morning. Our service also transports his wife to a Sudanese support group weekly.

#### Community transports' value in supporting client mobility

Community transport supports people's mobility, offering a coordinated and efficient service. For example, it provides door-to-door transport options, by picking up and returning clients to the location of their choosing, and chair-to-chair service for people with a mobility aid or device, by helping clients to transfer safely from their door step to the transport service vehicle, and from the vehicle to their door step [9]. This in turn also reduces the reliance on other high-cost transport services, that may not support mobility, such as taxis, which have fewer vehicles that support clients with a mobility aid or device [13].

Community transport also supports client mobility by offering flexible services. For instance, community transport operators may choose to have few formal rules for the provision of services, thereby providing flexibility in driving routes. This can result in detours to be made that respond to the needs of clients with specific mobility and health conditions, including assisting individuals in completing errands that may require multiple stops [8]. This is illustrated in the caption below [7]. Moreover, community transport can be integrated with mainstream transport services to support clients to reach their destination, whereby community transport can deliver clients to a public transport system, allowing them to complete the journey to their destination using a public transport service.

### Margaret– Dial-A-Lift User

I am 80 years old and suffer from osteoporosis and my husband is 87 and he is blind. We live in Castlerock and before we knew of this Dial-A-Lift Service we felt isolated due to the lack of suitable transport. We could only rely on family and friends to get to doctors appointments, shopping etc. as taxi fares were too expensive for pensioners to afford. Relying on family gave us little independence as we could only travel when a family member was available.

The service caters for all our needs and has given us confidence to travel more independently, we don't feel isolated anymore and look forward to our weekly outings.

Now we go shopping in Coleraine town together, visit Marks & Spencer's, visit friends and family and we truly believe the service has given us a better quality of life.

We just pick up the phone now to book transport whenever we wish to go anywhere, we have got to know the drivers and staff over the years and they make booking so easy, they are all so kind and understanding of our needs, we would use the transport three days a week and being able to use our Smartpasses on the service means we don't have to worry about the financial side of getting about now.

Our social life was non-existent before we knew of Dial-A-Lift service and our only outings were to doctors' appointments. Now we go shopping in Coleraine town together, visit Marks & Spencer's, visit friends and family and we truly believe the service has given us a better quality of life.

Furthermore, real time data collection through digital platforms, has enabled providers to identify trends and efficiencies in community transport usage, that in turn, have supported the coordination of services for clients. For example, one study found that real time collection of data led to more efficient scheduling and routing, by aggregating trips [13]. This contributed to a reduction in the number of vehicles used, resulting in less distance travelled and driving time.

### Key findings

- Community transport fosters social capital for clients, drivers, and volunteers.
- Community transport builds social capital through rapport, trust, and goodwill.
- Community transport improves client's sense of control to independently access places and services most important to them and lessens the anxiety of family members about the welfare of loved ones.
- Community transport increases people's access to education and employment, while also being an important mechanism for employment.

- Community transport provides coordinated and efficient door-to-door and chair-to-chair services that support the mobility of clients.

### The benefits for health of community transport

Community transport contributes to a range of health benefits for clients, as illustrated in Figure 2 below. It can be described as not just part of the transport model, but part of the health model, because it provides client centric care that supports the health and wellbeing of service users [3, 10]. This is because community transport contributes to direct health benefits for individuals, and more equitable access to healthcare, by providing a means for people to access health and social infrastructure, that would otherwise be restricted without community transport [6]. This is particularly the case for people who experience social isolation and loneliness, or have barriers to access healthcare and social infrastructure due to a physical impairment or disability [14]. The following section provides evidence about key individual and community health benefits of community transport.

Mental health	Physical health	Safety	Supports healthcare access
<ul style="list-style-type: none"> <li>Reduces anxiety</li> <li>Reduces depression</li> <li>Reduces social isolation</li> <li>Reduces cognitive decline</li> </ul>	<ul style="list-style-type: none"> <li>Reduces cardiovascular disease</li> <li>Premature death</li> <li>Poor health behaviours</li> <li>Risk for injury</li> </ul>	<ul style="list-style-type: none"> <li>Personal and physical safety</li> <li>Less contact with environmental risks</li> <li>Reduces potential for road accidents</li> </ul>	<ul style="list-style-type: none"> <li>Direct access to appointments</li> <li>Flexibility to access healthcare</li> <li>Longer visits to healthcare</li> <li>Access to health information</li> </ul>

Figure 2: factors highlighting the health benefits of community transport

### Community transport supports mental health and wellbeing

Studies highlight that social isolation and loneliness is a serious issue for older adults and people with a disability [15, 17]. Social isolation and loneliness have detrimental impacts on mental and emotional health and wellbeing, which in turn, increases the risk for negative physical health outcomes such as cardiovascular disease, premature death, and poor health behaviours [18]. Community transport is particularly crucial for older adults and people with a disability, who are at risk for social isolation and

loneliness [13, 16]. Community transport helps to mitigate some of the profound impacts of social isolation and loneliness, by improving the ability of those most vulnerable in our community to connect with their social networks and community, as highlighted in the caption below [14]. This contributes to a range of positive social and individual outcomes for clients, that have important implications for mental health and wellbeing. Insights from the perspective of community transport users, have highlighted a greater ability for social interactions and a sense of community belonging, and increased self-esteem and perception of control to independently manage key aspects of their life [3, 7]. These social and individual benefits from community transport, have positive implications for mental health and wellbeing, by reducing the risk for anxiety, depression, and cognitive decline, that in turn, help to mitigate negative physical health outcomes [18, 19].

**CASE STUDY:**

Sisters Brenda and Hayley are widowed and over 75 years old and report being both lonely and isolated. Living in a rural area, they are not on local public transport routes and lack the confidence to drive independently. They feel they have become a burden to their families and do not like to rely on them to go out. Their CT in Dorset has given them a new lease of life.

"It's really helped us overcome our loneliness. We have made lots of new friends during our shopping trips and outings to the theatre. The service has also allowed us to get in touch with old school pals who we meet for lunch or at the theatre. Seeing our old friends has brought back so many memories and it makes us very happy to be in touch with them again.

Our grandchildren are also allowed on the bus. We see them so much more often now and they sometimes join us on shopping outings. On the return trip of a day out the driver often takes us on a route that he knows will keep us chatting and alert. The nap can wait for when we get home!"

The mental health and well-being benefits associated with community transport also extend to providers and volunteers. Research from Volunteering Australia (2021) found that community transport volunteers valued and felt rewarded by the ability to give back to the community through community transport [20]. As a result, this contributed positively to their mental health and wellbeing, by enhancing their emotional states, reducing stress and providing meaningful social roles, as highlighted in the caption below [3]. These findings are supported by other studies, which have found that community transport enhances the mental health and wellbeing of providers and volunteers, by providing these

individuals with meaningful employment that helps to enhance their physical wellbeing, self-esteem, and acquisition of new social and practical skills [7].

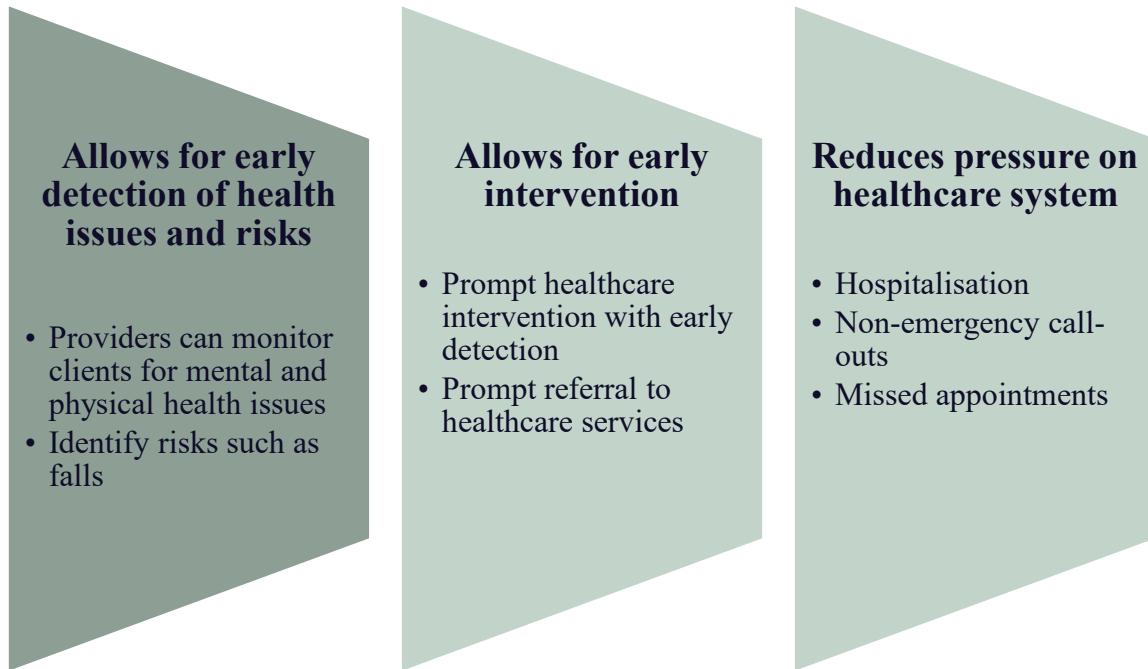
*“I think for our volunteers, it’s definitely something that contributes towards their mental health as well. That sense of giving back a sense of community, and for them it’s really rewarding, being able to help people.” (community transport provider)*

#### The value of community transport in preventative health and early intervention

Community transport provides some important benefits for preventative health and early intervention (see Figure 3). Community transport has an important role in preventative health, because they are the first touch point between the client and the provider, and have regular contact with clients and this allows them to become familiar with the routines and behaviours of individuals [3]. This means that providers are uniquely placed to engage in early intervention, through the ability to identify specific situations and scenarios that may indicate health risks for clients, including;

- Signs of mental and physical health deterioration.
- Risk of injury such as a fall.
- Absence of a client when they are otherwise scheduled to utilise the service.
- Provide information to clients about any health and safety issues that have arisen.

The provision of early detection and intervention may then enable reduced pressure on the healthcare system and associated costs. For example, evidence from the perspective of community transport providers, highlight that early detection have helped to decrease hospitalisation and admissions, reduce ambulance call-outs for non-emergencies, and allow for the scheduling of appointments to non-emergency health services such as GP clinics [3, 13].



*Figure 3: The benefits of early detection and intervention*

#### Community transport in facilitating safety, security, and wellbeing

Research perspectives from providers and clients of community transport have identified safety and security as important factors for the wellbeing of clients [3, 5]. Community transport providers aim to ensure client safety and security through recruiting and retaining good quality and skilled staff [10]. This commitment aligns with recommendations from the Royal Commission into Aged Care Quality and Safety, which highlighted that staff employed in services associated with aged care, must be provided with appropriate induction and skills training to ensure that they can support client safety and security [21]. Within community transport, staff are provided with training and induction programmes such as safe driving practices, first aid, and passenger assistant training, and staff are screened and checked to ensure that they do not present risks to clients [7, 10].

Community transport is also important for the safety and security of population subgroups such as people with a disability. The Royal Commission into Violence, Abuse, Neglect and Exploitation of People with Disability, detailed the violence and abusive treatment people with a disability had experienced in accessing public transport [22]. However, community transport places an emphasis on building a strong rapport between clients and providers based on mutual respect and trust [3, 9]. These factors have been

essential in building confidence and perceptions of safety and security among clients that community transport can assist in meeting their needs, as highlighted in the caption below [7]. Community transport is therefore a valuable service for people with a disability because it means that they can access the places and services they require with significantly less risk to their safety and security.

**Confidence & feeling safe:**

"The driver is very calm and sure, I feel so safe getting collected and being left at my door"

"Without the service, I would have to walk one mile to get to the main road, I am so much safer with the service"

Finally, some evidence suggests that community transport provides an alternative safe form of transport that removes the need for vulnerable individuals to utilise their own vehicles. In a report by Community Transport Network Northern Ireland (2016), data from 11 community transport services indicated that 40% of older adults in rural areas discontinued the use of their own vehicle in favour of community transport [7]. The implication of this data suggested that among older adults who lived in rural areas, the switch to using community transport helped to the reduce risk of road accidents involved older adults.

## Key findings

- Community transport reduces social isolation and loneliness in vulnerable individuals, thereby resulting in positive impacts on mental health.
- Supports the mental health and well-being of providers and volunteers by providing them with a meaningful way to give back to the community and form new social and practical skills.
- Provides a mechanism to detect signs of mental and physical health, thereby allowing for early intervention and subsequent potential for reduced pressure on the health system.

- Promotes the safety and security of clients by ensuring that staff receive appropriate induction, training, and are screened, as well as placing an emphasis on building a strong rapport with clients based on respect and trust.
- Provides an alternative form of transport that may help to reduce road accidents for older adults in rural areas.

Next steps to understand the social and health value of community transport

- While this report has provided insights about the social and health values of community transport, research about the value of community transport is still an under-researched area, particularly academically. Therefore, more research is warranted to understand other factors associated with the social and health value of community transport.
- This report highlights some direct social and health benefits of community transport for clients, drivers, and volunteers, however, there is an opportunity to measure some of the wider health, economic, and environmental system impacts of these benefits.
- While there is some survey data about the level of satisfaction for community transport among older adults, similar data is also warranted from other population subgroups, such as Aboriginal and Torres Strait Islander people and Culturally and Linguistically Diverse (CALD) communities, as well as factors that encompass satisfaction levels.

## Conclusion

Community transport is a valuable service for vulnerable population subgroups in our society. This report has highlighted the positive demand and satisfaction associated with community transport, and key benefits it provides for health and social wellbeing. For example, there are important social implications for clients, volunteers and employees, such as improving their social capital, enhancing client independence and control over their life, and supporting client mobility to access places, services, employment and education through coordinated and efficient services. The report also found that community transport positively impacts health, by reducing social isolation and loneliness for both clients and volunteers, and facilitating preventative health and early intervention. Finally, community transport offers a safe and secure service where staff are adequately trained and screened, and can be a service that reduces the need for vulnerable adults to use their own vehicles.

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