ACTA

Australian Community Transport Association

Realising wellness and reablement of ageing Australians: the enabling role of community transport and ongoing need for block funding

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VTCTA VICTAS COMMUNITY TRANSPORT ASSOCIATION

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TDSA Transport Development and Solutions Alliance

National Aboriginal and Torres Strait Islander Corporation Transport and Community Services

COMMUNITY TRANSPORT ORGANISATION LTD

Introduction to ACTA

The Australian Community Transport Association (ACTA) is the National peak body for the Community Transport sector. We are a coalition of State and Territory peak bodies and alliances working together for the greater good of Community Transport users and providers.

Community Transport is a specialist service that is informed by a *human rights* understanding that all people are entitled to appropriate and accessible transport. It is an alternative to, and distinct from, other forms of public, mass and private transport options. Community Transport provides specialised transport services to those people for whom mainstream options are either inappropriate, unattainable, or otherwise inaccessible – *'reasonable and necessary'*. Provider capability is in building and maintaining ongoing relationships with service users that promote particular insights and backup support to customers' individual health, daily living and social needs, to facilitate a personalised and effective service in support of that person's goals.

As a member of the National Aged Care Alliance (NACA), ACTA is very aware of the many complexities that surround the future of an integrated care at home program and that there are differing views across the service sector on a preferred funding model for an integrated program, that is inclusive of accessible transport going forward.

The community-based, person-centric nature of our members' services are critical points of difference over other private and commercial forms of accessible transport. Specialising in working with vulnerable people who may have a variety of presenting frailty, disabilities and/or failing health and mobility issues, local booking infrastructure ensures community transport is a critical service option for vulnerable members of our community, and a valid stakeholder in the success of an integrated home care system.

Executive Summary

In the language of economics, transport is a derived demand. That is, the demand for transport derives from the demand for other things. Put simply, transport is a means to an end and not an end in itself.
As a means to an end, there are many barriers – systemic, institutional, situational, economical and personal - that block the ability to use transport to satisfy one's needs for various goods and services; in effect the person is transport disadvantaged.

Community Transport Providers (CTPs) know this, and know that for ageing persons the need for transport is so much 'more than a just a trip'.

Access to community transport provides a trip and also simultaneously, among other things:

- *keeps people connected to their community however that is defined by them – cultural, geographic, community of interest etc.*
- *facilitates continuance of the person's lifestyle and meaningful activities*
- *bridges the gap between social inclusion versus social exclusion*
- *alters the person's future need for aged care support services in terms of type, frequency and mix of support services*
- *realises the Aged Care Act objectives and CHSP's policy intent of wellness, reablement and restorative care*

Currently the Government's measure of this transport service does not take account of community transport's social outcomes or the social capital 'contribution' vested in its extensive use of volunteers. Across Australia, community transport providers as represented by ACTA deliver circa 5.5 million "trips" to 238,000 consumers annually, over 95 million kilometres of travel. Most of these providers are community not-for-profit organisations. Collectively they have approximately 2,200 paid staff and around 8,000 volunteers – most of them drivers – who provide 2.4 million hours of service. Most of this effort is directed at eligible aged consumers, placing community transport firmly into the category of Aged Care services. In delivering a transport service, providers also interact with other care providers; observing, monitoring and reporting on consumers' well-being and possible need for other supports. Recent cost/benefit analysis by the Government of alternative funding models for community transport services seem to be based on incomplete data, information and unsubstantiated assumptions about transport and transport barriers/disadvantage.

As well as lessening its contract management load, the Government suggests its proposed implementation of individual funding – that is, adding a prescribed $ amount to each person's package of support (presumably with a loading for consideration of rural and remoteness) – will provide equity of access, irrespective of location, across Australia.

ACTA contends that individual funding will result in the reverse – greater inequity of access. A transport fare is not equal (in numerous dimensions) across Australia, therefore each person's 'bang for their buck' for the same dollar as others like ageing Australians vastly differs. The current experience of the National Disability Insurance Scheme provides a living and current example of how the individual funding model can in fact generate inequity of access across Australia.

The Productivity Commission Report 'Caring for Older Australians' emphasised that consumers should receive services from the system that best meets their needs, whether disability, health (including primary health and health care homes) or aged care. This should appropriately recognise and include the value and social benefit of community transport.

Unique to the community transport services is that individual user requirements can be aggregated to create a logical share-ride that can take account of each individual's particular needs (in their broadest sense). It is the share-ride feature of community transport that is critical to delivering its social outcomes and realising CHSP's policy goals. Individual funding gives no incentive to any mainstream transport provider or the ageing person to seek to maximise their transport dollars. In contrast, community transport has a business incentive to maximise its block funding focus on how it can support more trips from the block funded dollars.

The foreseeable risks of individualised transport funding include, but are not limited to:

- a lack of quality controls on transport provider/s to a cohort that is increasingly vulnerable, requiring increased support from already burdened carers or family to negotiate and advocate with mainstream transport providers who don't have any Departmental aged care obligations for quality service placed on them.
- "making a profit" becoming the single guiding principle of service provision.
- an increase in 'cherry-picking clients/trips' as currently occurs in the taxi industry e.g. won't transport people who want short trips, won't take people in wheelchairs due to extra effort required and 'loading' fee not charged in every Australian state.
- a reduction in the number of CTPs with the ripple effect of further reducing an ageing person's choice in terms of transport provider.
- a reduction in the number of wellness/reablement activities the person can do because the ability to afford a taxi fare to whichever activity will become the determinant of what activities the person undertakes.
- a consequential reduction in an ageing person's wellness and reablement evidenced in due course by increases in cost-shifted markers as 'did not attends', greater Medicare spend, increased hospitalisations and potentially higher demand for other aged care services (both in terms of the mix and the number of aged care service types).
- creating a transport supply marketplace that is unequal in terms of competition and access to transport support services.
- Mainstream providers are able to access Commonwealth funding directly as an approved provider (if they so decided), CTPs cannot access other Government transport subsidies - due predominantly to multiple State Government market regulation mechanisms.
- a severe reduction in the ability of CTPs to efficiently manage assets invested in its vehicle fleet. Block funding enables income certainty which facilitates forward planning their fleet to a 3-5 year horizon for vehicles ensuring a higher quality of vehicle.
- removal of funding certainty not only reduces this long-term efficient asset management it also creates the potential for a rise in the purchase of second-hand vehicles with shorter life span and a higher risk to the safety of vulnerable ageing Australians.

Transport Definition

Community transport typically operates door-to-door, for frail elderly and younger people with disabilities, to enable them to attend medical and other appointments, visit shops, attend social engagements and generally remain connected in their community.

CHSP defines transport services as "the provision of a structure or network that delivers accessible transport to eligible clients" which can take two forms:

- direct transport services i.e. trips provided by a worker or a volunteer (in either a CTP vehicle or the volunteer's own vehicle); and/or
- indirect transport services i.e. trips provided through vouchers (for transport to be provided by some other agency e.g. taxi, share-ride or another community agency).

The goal is to assist ageing Australians to continue with their desired life/lifestyle activities enabling them to remain in their own homes and keep active and socially engaged.[1]

CHSP funding for transport must be used for non-assisted/assisted transport and planned (group) and on-demand services. There is no imposed requirement for the transport service to be provided using only paid personnel. CHSP social support (individual as it is now) is modelled on a worker picking-up/returning the client – the transport element is the embedded component of this service and has never been unpacked/quantified. The focus is on the 'social' element in totality as the worker stays with the individual, whether paid or volunteer.

ACTA recognises that it is acceptable for an ageing person with eligibility for other state or territory administered schemes (e.g. Taxi Subsidy Scheme) to use these schemes' funding to reduce the trip cost funded by the Australian Government – in effect double-dipping and jurisdictional cost-shifting. This accepted practice creates unequal and inequitable access, because state or territory schemes' eligibility does not apply equally (universally) to all ageing Australians, irrespective of location.

Agencies for which transport is their core business and not embedded in other CHSP service types such as Social Support-Individual, refer to their organisations as Community Transport Providers (CTPs) and the transport support they provide, community transport.

The fares charged by CTPs are determined and set by each agency, mindful of the Australian Government's requirement in regard to hardship waiver and the rule of thumb that CTPs should recover from the client at least 15% of the true trip cost. The ability of providers to determine a 'fair fare; and its price structure is a major strength of the current approach.

A trip could be just a few kilometres; for example, to the local GP, or to the local shop and return with groceries; or more substantial, for example to visit family or friends in another town, or attendance at a day clinic at a hospital. It also supports eligible clients to connect with providers that service other care needs. Price structures take into account variables such as distance to be travelled, local competitors, costs of transport supplies especially fuel which varies greatly between cities to remote locations etc.

Unique selling points

Community transport has several distinguishing features compared with other mainstream transport modes (especially the taxi industry as the closest 'like' mode to community transport). The most distinctive feature of community transport is the highly personalised nature of the services provided, compared with any other mainstream transport mode.

A highly personalised service is a product of the reduced independence and mobility of the client group itself which gives rise in turn to the high level of personal assistance required to be provided by either the volunteer escorts who accompany many services and/or the drivers, who themselves are often volunteers.

Other notable key features include:

- the widespread – (but not exclusive) use of wheelchair accessible vehicles
- escorted or assisted services;
- pre-booked, flexible services that are often door to door

- aggregation of individual transport destinations and times of travel into a 'logical and efficient' pick-up/drop-off schedule plus transportation of groups to their activities – all using vehicle types most suited to each passenger's needs (physical, gender, cultural, emotional, finances, can only sit in the front seat etc.);
- services provided at low cost or at no cost if experiencing financial disadvantage;
- users of volunteer labour in a diverse range of roles;

Heavy in terms of depreciable assets, of particular impact to 'bottom line' since 2013 when the Government ceased separate funding for vehicle replacement;.
The quantification of community transport's workforce size is also hinted at in a 2014 national review of community transport for the Department of Health by Verso (which did not involve all CTPs in Australia). It identified a large paid workforce and more importantly significant social capital vested in volunteers:

- 1,367 full-time paid administration/coordination staff and drivers
- 4,905 part-time paid administration/coordination staff and drivers
- 9,819 volunteer administration/coordination staff and drivers

This can also be an under-estimation of the true workforce and social capital picture, as the review's author notes, due to the participating organisations only counting those involved in service delivery and not their entire organisation staff (paid or volunteer). [2]

A Qld Department of Transport review of community transport in 2001 noted this transport mode also performed "an unfunded social planning and/or community development role in addition to providing targeted, specialised transport services …. simply as a product of the nature of the sector and its preferred way of doing business. In the sector's view, funded community transport is as much about building better communities as it is about providing better transport". [3]

This unfunded work by CTPs is aimed at overcoming or reducing their clients' barriers to transport, access and mobility at the local community level, which research literature defines as 'transport disadvantage'. Transport disadvantage, or more accurately the condition of being transport–disadvantaged, refers to people who have frequent mobility or access problems. [4]

Important how

The ways in which transportation and quality of life intersect is an area of a growing body of research. Existing research is often framed from the negative (i.e. the impact of it not being available / present) and/or from a physical health perspective predominantly. [5]

An ageing person's being able to get out and about underpins their ability to access ALL services and programs, unless the focus is on how provider or agency personnel can get to this person's home. Research indicates that transport plays a positive tole in the life of ageing persons and their physical, emotional, psycho-social health, personal worth and more

The consequence of an ageing person *not* being able to access their needed goods and services have flow-on impacts on that person in a diverse range of ways. For example, poor nutrition, more 'did not attends' at GP/allied health/hospital appointments, increased hospitalisations, increasing social isolation, early need for respite or residential placement plus added length of stays if hospitalised.

These consequential impacts are not confined to the ageing person. With currently 2.6 million unpaid family carers in Australia (of whom 500,000 are primary carers) they too bear the burden of not having access to transport. Their physical health, psycho-social health, connectedness to their community (however community is defined), family employment, housing and employability etc. are just some of areas impacted. Given the replacement value of this unpaid care provided as at 2015 was calculated at $60.3 billion, growth in investment in community transport to facilitate their caring via easier access to transport should be a higher priority by the Department. [6]

Community transport has the capacity to dramatically change each person's future aged care support service needs, affecting it in terms of the type of services accessed; mix and number of services required; the frequency of support (e.g. intermittent versus ongoing); and in so doing helps realise the Aged Care Act's objects and CHSP program goals.

Demand /need

Consultations between ACTA and then-Minister for Aged Care, Ken Wyatt, in May of 2018, generally agreed that the need for community transport is likely to grow into the future, not only in terms of numbers of people wanting transport but also in how it might be delivered in response to changes in the passenger profile and individual needs. ACTA predicts that these will include (but are not limited to):

- increasing prevalence and impact of dementia.
- current aged care policy focus on wellness-related activities has exponentially expanded the need for transport support.
- increased ageing cohort diversity also increases the complexity of response required of their transport provider, both in terms of travel arrangements and time or day of travel.
- For example, women from some Islamic cultures can't travel with males or unrelated male others, people from one culture may not travel with people from another cultures, gender preferences in terms of both driver/escort and other passengers, escorts for people with challenging behaviours etc.;
- projected increase of Australians living longer – another 20 years for men and 22 years for women. [7] A longer lifespan will result in a rapidly increasing population of very old people (i.e. 85+ years), with an anticipated proportionally higher demand for health services, which in turn requires an associated (and often more frequent) transport task;
- change in family dynamics with consequential impact on their availability to assist with transport due to:

➢ the aged person's children becoming the 'sandwich' generation – trying to juggle caring for both their parents and their grandchildren; and/or

➢ continued growth of the phenomenon of grey nomads and more frequent high-seas cruisers.

Measuring transport

There needs to be a value on, and a measure of the social outcomes delivered through community transport from:

- the client's perspective;
- his/her carer/family's perspective;
- aged care policy objects, aims and philosophical tenets.; and
- how these outcomes support the new Aged Care Standards and Charter of Rights.

The Department of Health's 2014 national review of transport conducted by Verso found there was insufficient data available to reasonably determine the model/options that will best meet the needs/requirements of clients, providers and Government within CHSP Transport. [8]

- It should be noted that, of the six measures Verso considered fundamental and requiring action, only one shows action – "Consider funding issues such as block funding arrangements, how capital items are funded, and whether there is scope to introduce a different basis of unit pricing in CHSP Transport" [9]

Social outcomes

Measuring social outcomes (Social Return on Investment - SROI), while promoted for many years by the Australian Government, is not being implemented across all Departments; as indicated earlier in relation to the Department of Health and its measuring transport outcomes solely by numerical outputs.

Overall, community transport social outcomes vest in what CTPs refer to as their 'value-adds', compared with other mainstream transport modes, including (but not limited to):

- ➢ providing a door-through-door service which results in CTP drivers also delivering other services resulting in 'joined-up' aged care support, through informal observations and reporting practices allowing for provider/agency follow-up.
- ➢ linking each person to other Government subsidy schemes and local free or low-cost courtesy services based on the person's unique circumstances and their likely eligibility.
- ➢ personal connectedness. Often all manner of information / advice is exchanged between passengers, especially if 'regulars' are riding in the same vehicle.

- It is common for new social connections to also be formed between 'regulars' in the same car. Anecdotal evidence indicates these new friends tend to catch up at some other time (face to face or via phone) and even go to community events together.
- community development aimed at overcoming/reducing local barriers to transport. For example, working with other services to reshape their embedded transport to more cost-efficient ways, advocating and working with local councils to create new transport solutions
- significant levels of social capital vested in Australian CTPs use of volunteers in a diverse range of roles. As an example, 1 large CTP in the 2018/19 year:

    - *Has a total of 400 + volunteers*
    - *Total volunteer hours were 110,000*
    - *Volunteers provided 170,000 trips*
    - *The Australian Bureau of Statistics (2018) has assigned a monetary value to volunteer labour at a notional base rate of $41.72 per hour.*

Therefore, if just this one CTP saves the Australian Government $4,589,200 from having to find more money should community transport have to be delivered via a paid workforce, the cost saving from all Australian CTPs is very significant. The Government has the potential to loose multi-millions of dollars per annum vested in one key feature of community transport – a significant volunteer labour, if it abandons block funding.

A ripple effect of volunteerism is the 'value' to the volunteer of doing meaningful activity. The loss of this role impacts on his/her own wellness, sense of value, contributing to their local community and connectedness. Potentially, speeding up the volunteer's own entry into aged care support services.

As a model, community transport schemes are seen by the World Health Organisation as particularly effective in settings where other sources of mainstream transport are not reliable e.g. regional, rural and remote locations, unreliable and inconsistent service delivery etc.

Funding Model

Community transport is widely regarded by governments as being "funded transport" and therefore not part of the public transport system. Ongoing transport reviews are based around the two major providers, public transport and taxis, with Community Transport regarded or seen as not part of the solution. In general, Government departments have little understanding of the capacity, capabilities, resources and standard of the Community Transport industry.

The key purpose of transport use for the aged is for health and medical needs, and transport is required to be provided in a timely manner. Delays of several hours are often identified for taxis that compromise safety and put aged clients at high risk when they have contentious medical issues.

Community transport provides the additional care required to transport aged and special needs clients, yet are severely underfunded. Vehicles are modified at additional cost to assist clients accessing the vehicles and use highly trained staff that not only provide door to door service, as opposed to taxi kerb to kerb service, but are trained to manage medical emergencies as they arise.

Through to 2022, the CHSP transport service funding model will remain as a block funding model. However, the Government has signalled it is considering a move to an individualised funding model. Current thinking about how to individually fund transport support is simplistic, but might seem attractive as it does have the advantage of potentially lessening Departments' contract management load.

The fare price of a taxi, share-ride service, public bus, ferry, rail and community transport differs in every Australian state; and it can also vary in response to variables such as whether in a city or regional or rural town, day or night and even day of week.

There are two important considerations to bear in mind when planning future funding for transport:

1. each person has different resources (in its broadest meaning, not just $) available to them to 'contribute' to solving their transport barrier/needs. For example, people living with family may have the potential access to family transporting them whereas a person on their own is less likely to have this support. One person can confidently drive locally but not long distances or in the city – in another person's case, perhaps their husband who was the driver has died or become incapable.

Likewise each of their wellness/reablement activities has differing transport needs, of which only 1 of the 4 activities, for example, creates a barrier to the person getting there and back home.

Without CTPs unfunded travel planning to help each person:

a) leverage the resources they can contribute to solving their unmet transport needs; and
b) maximise their limited income sometimes through reshuffling current spend differently to find a solution; and
c) link them into various other transport subsidy schemes or other low-cost transport services provided by the mainstream (e.g. taxi subsidy schemes, disabled parking permits, local council cab trips to local shopping, local business courtesy buses) etc.
d) there would be more demand for transport from the Department.

2. The transport task for multiple individuals can be aggregated. Multiple individuals' needs to travel to disparate physical locations can be grouped in such a way that results in a logical and efficient pick-up/drop-off schedule that becomes the driver's run sheet. Aggregating individual trip requests ensures greater cost-efficient utilisation of block funding and is another unique feature of community transport.

   Mainstream providers don't perform this function at all, rather they dispatch individual jobs. They ensure the use of persuasive wording in their marketing but the reality is that all of these operators run at an average of 1.3 pax per trip. Some of community transport providers' best-run aggregation systems, on the other hand, allow service levels in the high 2s to mid 3s in pax per trip per vehicle. Government in this case is getting a far better return for its funds.

ACTA remains deeply concerned that, for community transport services, a switch to consumer-directed/individual funding could have some or all of the following undesirable effects:

- a dramatic rise of 1 person travelling in a taxi (for example) because there is no business imperative for mainstream operators (taxis, uber) to find more cost-efficient means to respond that would save the Government money;
- greater exposure of an increasingly ageing and vulnerable cohort to mainstream transport providers that transport research indicates ageing persons don't feel safe using for a diverse range of reasons (e.g. "taxi drivers know where you live", drivers don't offer assistance etc.);
- systemic and subtle channelling of this vulnerable cohort to transport operators that 'cherry-pick' the transport jobs they want to do e.g. taxis don't like short trips which is often the type of trip many ageing people make, wheelchair accessible taxis make themselves unavailable to take wheelchair jobs,
- a lessening of the quality of transport support currently experienced by the ageing cohort from CTPs. Quality of service markers such as significantly greater on-time pickups, driver aids the customer to their door, consistency in who the driver is where people are 'regulars' or people with advancing dementia etc.; and
- Increase in 1-person-in-a-car travel which sends mixed messages by the Department with respect of other Australian Government policy goals, for example, reduction of carbon emissions through fewer cars on the road or maximising the number of people travelling in the one vehicle.
- Consumers insufficiently funded to cover their transport needs – as already identified and occurring in some levels of individual HCP's.
- Deterioration of service quality due to insecurity of income
- Increased pressure demand on residential care facilities as consumers are unable to access other needed services from home
- Reduction in the number of volunteers involved in this crucial community service
- Unintended consequences of further social isolation
- Clients are not able to access additional funds for unexpected needs and as a result, do not seek needed medical attention when funds are expired/at capacity – insufficient access and or funding for community health/care programs
- Increased confusion in understanding and navigating the service system

Conclusion

Local communities around the country have developed trusted relationships with community transport services for over 30 years given our unique offerings and 'key enabler' status for access to community. The Commonwealth has similarly reinforced in various forums that it recognises that the provision of community services across the broad spectrum of services, intrinsically rely on our 'key enabler' services. Most recently

As the population ages, we all want to look forward to a comfortable and safe life in our later years. Even with the trend of self-funded retirees, there will always be a large percentage of the population that requires assistance from government as they age.

This cost to government increases over time and efficiencies are necessary to ensure the health and wellbeing of the aged is catered for. These efficiencies are not provided by government, but by specialist providers who strive to provide increased services with a decreased cost of service.

The current block funding arrangements for the aged provides these services through Community Transport in specific areas. These opportunities that transport provides needs to be extended to all of the vulnerable aged with increased frequency. Government funding needs to provide appropriate funding for the services using all available resources.

Community transport that is block funded, will continue to deliver for the Department and realise the Aged Care Act objects by providing services that:

- ✓ are of high quality and caring of each person and his/her carer or family
- ✓ are individually responsive to each ageing person's circumstances and needs (physical, cultural, religious, gender, financial, emotional) in various dimensions e.g. vehicle type, level of staff assistance, timeliness etc.
- ✓ provide an entry-level, low-cost-to-government early intervention service that can dramatically change/alter each person's need for aged care support services, both in quantity terms and support service mix
- ✓ are affordable and easy to use to enable each ageing person to access their desired goods, services and life/wellness activities
- ✓ are an appropriate solution to the transport barrier or disadvantage they are experiencing either for a short time or for the long term, but also within the context of the resources available to that person to address or overcome their barrier/s
- ✓ are sophisticated in terms of their business operations and analysis of their return on investment of Government funding in terms of both outputs and outcomes
- ✓ ensure targeting of government funding to those people with no other options for a variety of reasons

Movement to an individual funding model would not give greater equity of access. It fails to recognise two fundamental truths in regard to transport – not everyone gets the same 'bang for the buck' due to a variety of factors and individual demand for a trip cannot be aggregated into more cost-efficient share-rides.

Fundamentally, the nature of support required by many ageing persons is simply not the trip viewed by mainstream transport modes as 'worthwhile'; they actively try to avoid providing the sort of add-on support that securely funded CTPs deliver as a matter of course.

Recommendations

1) Block funding arrangement be retained for provision of community transport services, which are a vital component of aged care provisions.

2) A clear decision on this issue be made as a matter of some urgency, and Community Transport providers be reassured that the block-funding model will continue when the current CHSP funding period ends in June 2022;

3) That the current tenure of contract length be extended to allow reasonable business continuity due to the heavy asset deployment / lease requirements required to maintain current service provision.

4) The Government continues to work with ACTA to:
   a. determine a set of national social outcome measures relevant to community transport; and
   b. strengthen it's understanding of the complexities that continue to be ever present, in determining a future funding position that will support the community transport needs of all older Australians.

References

1. Department of Health, "*Commonwealth Home Support Programme Program Manual 2018–2020*", Australian Government
2. Department of Health by Verso, "*National Review of Community Transport under the Commonwealth HACC Program: Final Report*", 2014, pg 5
3. Mobility Management Unit, "*Safe mobility for all for life in an ageing society*", Qld Transport, 2001, pg 14
4. Watters S, "Going Places", Qld Council of Social Services, 1998
5. "*Transportation planning and quality of life: Where do they intersect?",* Journal Transport Policy, Volume 48, 2016
6. Carer's Australia, "Carer snapshot", 2019
7. Department of Health, "*Commonwealth Home Support Programme Program Manual 2018–2020*", Australian Government
8. Department of Health by Verso, "*National Review of Community Transport under the Commonwealth HACC Program: Final Report*", 2014, pg 5
9. Department of Health by Verso, "*National Review of Community Transport under the Commonwealth HACC Program: Final Report*", 2014, pg 5
10. Jill Lang, "Women and transport", QCOSS, 1992