ACTA CHSP WORKSHOP
WHAT WE HEARD

The views of community transport providers, in their words.

ACTA
Australian Community Transport Association

OVERALL MESSAGE

> Providers value the community-based, flexible and block-funded foundations of CHSP – but funding, access, administration and uncertainty are undermining its effectiveness.

TOP THEMES

- Fund the real cost of transport (distance, time, complexity, compliance)
- Simplify assessment and referral pathways (My Aged Care, SAS, clarity)
- Recognise the social value and preventative impact of transport
- Co-design, communicate clearly and give providers real flexibility

- 👥 100+ individual contributions captured through the workshop.
- 📋 48 workshop worksheets collected and analysed.
- ⭐ 4 key themes identified from participant feedback.

1 WHAT IS MISSING IN THE SENATE RECOMMENDATIONS THAT ACTA SHOULD ADVOCATE FOR?

- A sustainable community transport funding and pricing model that reflects the real cost of delivery
- Clear eligibility, assessment and referral pathways for community transport
- Explicit recognition of the social, preventative and community value of transport
- Stronger protection of provider flexibility and local decision-making
- A rural, regional and thin-market framework with transparent loadings
- Workforce and volunteer sustainability (recruitment, training, reimbursement, support)
- Better communication, co-design and implementation leadership
- Longer and more carefully staged reform period based on evidence and readiness

2 WHAT IS WORKING WELL IN CHSP AND SHOULD THAT BE CHANGED?

Flexibility
Ability to tailor services to individual and local needs and respond quickly.

Block funding and funding stability
Provides confidence to plan, maintain capacity and respond to demand.

Affordability
Low cost to clients and access for people who could not otherwise afford transport.

Human connection and social value
Reduces isolation, builds relationships and connects people to community.

Volunteer participation
Engaged volunteers add local knowledge, commitment and connection.

Diversity and local responsiveness
Providers understand their communities and have local capability.

MMM REMOTENESS LEVELS ARE WORKING

The use of MMM remoteness levels (MM1–MM7) provides an appropriate framework for recognising different service delivery costs.

MMM = Modified Monash Model

3 WHAT IS NOT WORKING WELL AND SHOULD NOT BE DUPLICATED?

Funding below the true cost of delivery
Unit costs don't cover distance, time, waiting, complexity, fuel, wages, vehicles or admin.

My Aged Care and SAS problems
Delays, unclear pathways, inappropriate referrals and poor information.

Excessive administration and reporting
High compliance, DEX, duplication and red tape take time away from clients.

Poor communication and policy uncertainty
Limited consultation, inconsistent guidance and short notice changes.

Failure to recognise the whole service
Waiting time, travel time, empty kms, coordination and client support ignored.

Inconsistent or burdensome regulation
Compliance not proportionate to size or risk; adds costs without outcomes.

Weak recognition of rural and regional conditions
Long distances, low volumes and higher costs not reflected.

Workforce and volunteer pressures
Recruitment challenges, burnout, retention

4 TOP 2 THINGS WORKING WELL THAT ACTA SHOULD ADVOCATE TO KEEP

1 FLEXIBLE BLOCK FUNDING WITH PROVIDER DISCRETION

- Retain CHSP as a distinct, block-funded program
- Flexible use of funding
- Provider discretion to respond to local and individual needs
- Stability and diversity of providers

2 COMMUNITY-BASED, PREVENTATIVE AND SOCIALLY CONNECTED MODEL

- Human contact and trusted relationships
- Volunteer involvement
- Social connection and reduced isolation
- Affordable access
- Supports independence and keeps people at home

KEY MESSAGE

Preserve the values and strengths of CHSP that create community impact and enable people to remain independent.

5 TOP 2 THINGS NOT WORKING WELL THAT SHOULD NOT APPEAR IN A REDESIGNED CHSP

1 CPI INDEXATION ONLY IS NOT ADEQUATE

- CPI alone does not reflect the real cost pressures of distance, time, wages, fuel, vehicles or compliance
- Undervalues rural and growth funding needs
- Risks eroding service capacity and quality

ACTA POSITION

Adopt a hybrid, fit-for-purpose inflation adjustment for aged care/community transport that reflects wages, transport costs and broader service delivery inputs.

2 COMPLEX ASSESSMENT, REFERRAL AND ADMINISTRATIVE SYSTEMS

- Confusing My Aged Care pathways
- Assessment delays and unsuitable referrals
- Poor Single Assessment Tool
- Duplicative reporting and red tape

KEY MESSAGE

Do not replicate funding, access and administrative systems that delay access, increase cost and divert providers from clients.

ACTA ADVOCACY PLATFORM: OUR 5 KEY POSITIONS

1. PRESERVE THE CHSP FOUNDATION
Retain CHSP as a separate, flexible, block-funded, preventative and community-based program.

2. FUND THE FULL COST OF COMMUNITY TRANSPORT
Transparent pricing and loadings that reflect distance, time, rurality, complexity, fleet, workforce, admin and compliance.

3. SIMPLIFY ACCESS
Clear eligibility, referral and service pathways with reasonable timeframes and a role for provider judgement and direct referrals.

4. MEASURE OUTCOMES, NOT ONLY TRIPS
Recognise independence, social connection, health access, reduced isolation and ability to remain at home.

5. CO-DESIGN IMPLEMENTATION WITH THE SECTOR
Include community transport providers, clients, volunteers and rural representatives in design, testing, implementation and review.

OVERALL TAKEAWAY

Keep what works: the community-based, flexible and preventative heart of CHSP.
Fix what doesn't: fund properly, simplify access and reporting, and partner with providers to deliver better outcomes for older Australians and their communities.