

Community Transport Snapshot Project



An overview of community transport in Victoria

July 2008

Victorian Council of Social Service



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Executive Summary

Community transport services provided by community sector organisations and local government are a significant, but largely invisible, 'third tier' of transport services in Victoria.

The Community Transport Snapshot Project attempts to define the scope and scale of services provided by this sector, as well as current and future challenges to service sustainability, through case studies and interviews with community transport providers.

Community transport is not-for-profit transport and mobility support which is developed to meet the needs of transport disadvantaged people in the local community.

Community transport providers offer a range of services including:

- supported door-to-door transport;
- coordination and liaison with service providers;
- transport information, 'travel training' and emergency relief; and
- community vehicle sharing and cost recovery hire to community organisations.

The six services taking part in the Snapshot Project represent only a small percentage of organisations involved in the provision of community transport services in Victoria yet between them in 2006-07 they:

- provided over **78,000 passenger trips**;
- utilised over **13,800 volunteer hours**; and
- travelled over **778,000 kms**.

These services support vulnerable and transport disadvantaged members of the community, in particular older people and people with disabilities, to access services and participate in community life. Community transport passengers typically

- do not or cannot drive; and
- can not access public transport;
- require assistance with mobility or communication or other forms of personal support;
- need a coordinated service and consistency of drivers;
- experience financial difficulties; and/or
- lack family or social network support.

While community transport is of benefit to a range of people it is especially suited to people who:

- live in areas where public transport and taxi services are unviable due to low population density/isolation;
- require door-to-door transport but are unable to afford taxis (ie travel frequently or long distances);
- have dementia or cognitive impairments;
- speak a language other than English;
- have extremely low disposable income such as people living in Supported Residential Services (SRSs);
- have complex disabilities, especially barriers to communication or behavioural issues; or
- are very frail and require physical assistance.

Community transport services may also be required for:

- supported transport to access public transport services (eg transport to and from stations and bus stops, especially in rural areas); and
- occasional trips where passengers who would typically use public transport are temporarily unable to do so (due to illness or temporary disability) and are unable to afford taxis.

As well as providing transport, community transport services provide a range of additional benefits and services to the community including:

- opportunities for volunteerism and social connection;
- transport information, coordination and liaison with other service providers;
- loan of vehicles to community groups which supports community activities; and
- benefits to carers of frail older people and people with disabilities.

The community transport sector operates in insecure, inefficient and unsustainable funding and governance arrangements which restrict the amount and diversity of services provided.

Funding for these services is currently fragmented and ad hoc, often incorporating indirect funding from the Department of Human Services (DHS) Home and Community Care program (HACC). Services therefore tend to focus on HACC eligible client groups. Insecure funding does not support coordinated data collection or future planning and requires considerable effort to source additional funds.

Community transport services are also facing a more difficult future operating environment due to high petrol prices and growing demand for services from an aging population, especially in rural areas.

In recognition of the role of community transport as one part of the spectrum of transport services in Victoria, this report recommends that the Department of Transport (DOT) take a lead role in mapping the community transport services currently provided

and developing more sustainable and efficient funding and governance models in partnership with the Department of Human Services (DHS). Specifically as a first step in this process it is recommended that that the DOT undertake:

1. a comprehensive mapping of community transport services in Victoria to accurately assess the size of the transport task undertaken by this sector, its cost and benefits to the community; and
2. a review of comparative governance and funding models for community transport in other Australian jurisdictions as well as best practice international models.

A more sustainable governance and funding model should then be implemented to ensure that the valuable work of this sector addressing transport disadvantage is able to continue and grow to meet Victoria's future transport needs.

Background to the Community Transport Snapshot Project

Increased awareness of the role of transport in social inclusion and a desire to provide integrated and coordinated transport services has drawn attention to the role that community transport plays in Victoria's transport system. However, while there are many discussions about community transport's future, there is limited understanding of the role it currently plays and the extent of the transport task which it provides.

In 1999, the *Victorian Directory of Community Transport* identified 156 community transport services across Victoria noting that:

not all transport services are available in this Directory, but most local service providers are aware of other service providers operating within their region.¹

In 2008, there is no updated or comprehensive register of community transport providers in Victoria. A survey of Victorian local governments conducted by the Royal Automobile Club of Victoria (RACV) in 2004 found that:

all local government areas conduct some forms of community transport, however, the nature, level and commitment to the services operated varied enormously throughout Victoria.²

In response to the lack of information about community transport, the Victorian Council of Social Service (VCOSS) has attempted to provide a brief snapshot of community transport services in Victoria. This project attempts to use case study data from a range of community transport providers in order to:

- identify the core characteristics of community transport and if/why this type of transport is the best suited to meeting the needs of particular sections of the community;
- provide a snapshot of the 'transport task' currently undertaken by community transport in Victoria;
- identify issues which result from current funding and governance models at the State Government level;
- capture the level of unmet need for this community transport; and
- provide recommendations about further research and changes to current governance and funding models.

Participating organisations were asked to provide a 'snapshot' summary of their community transport service for the 2006/7 financial year including:

- when the service was established and why;
- area covered;

- type of services provided;
- funding sources;
- number of paid staff; and
- number of volunteer hours.

Six community transport services - three from metropolitan Melbourne and three from rural Victoria – took part in this project though providing data and case studies. These organisations are:

- UnitingCare Ballarat, Aged and Disability Services;
- Hamilton Community Transport, Western District Health Service (WDHS);
- Wimmera Volunteers;
- Moonee Valley City Council;
- Brimbank City Council; and
- TransAccess, Bentleigh Bayside Community Health Service.

In addition, representatives from the following organisations participated in telephone interviews:

- UnitingCare Ballarat, Aged and Disability Services;
- South West Community Transport Program, WDHS;
- Wimmera Volunteers;
- TransAccess, Bentleigh Bayside Community Health Service;
- Greater Dandenong City Council, Community Social Support;
- LINK Community Transport; and
- Sunassist Volunteer Helpers Inc., Mildura.

These services represent a cross section of larger community transport services in Victoria. Smaller providers typically have less capacity to participate in additional activities as they often have very limited staff time available. An example of the diversity and volume of smaller community transport providers operating in one Victorian region is provided by the South West Community Transport Directory, available online at <http://www.wdhs.net/swct/Directory%202008.pdf>.

Community Transport Services in Victoria

Community transport in Victoria has a critical role in filling gaps in transport service provision of taxis and public transport for people experiencing transport disadvantage. Community transport is provided by a wide range of community sector organisations including community health services, dedicated community transport services, aged and disability services, other not-for-profit organisations such as the Red Cross, and local government

What is community transport?

In July 2007 VCOSS, in partnership with the Victorian Community Transport Association (VCTA), convened a community transport roundtable to discuss current issues for the community transport sector including:

- where community transport fits in an integrated transport system - which groups' transport needs are best met by community transport and why;
- preferred funding models for community transport;
- the role of regulation;
- where responsibility for community transport should sit within government; and
- the role of community transport organisations in assessing the transport needs of communities.

A principle outcome of this roundtable was to pin down the defining common features of community transport services.

The features seen to define community transport and distinguish it from other forms of transport included:

- not-for-profit – allowing greater flexibility in requiring payment from financially disadvantaged passengers;
- flexibility – including offering door-to-door services and personal assistance;
- ability to adapt to the level of service required by passengers on the day of travel; and
- passenger focussed – 'clients come first'.

These aspects of community transport were seen to match the particular additional needs of the passenger groups which typically access community transport services. Most community transport passengers are frail older people and people with a disability. The defining characteristics of community transport passengers were also defined at the roundtable. These included:

- they do not or cannot drive; and
- can not access public transport (public transport is unavailable, inaccessible,

operates at inappropriate times or does not go to the destination required by the passenger);

- require assistance with mobility or communication or other forms of personal support;
- need a coordinated service and consistency of drivers;
- “don’t have the wherewithal to negotiate” with transport service providers;
- experience financial difficulties; and/or
- lack family support or their family structure does not support their mobility needs – i.e. older people in rural areas whose families do not live in the area.

It is for these reasons that community transport passengers are often restricted in their ability to access public transport or taxi services, as they are currently operated, for all their mobility needs.

Barriers to accessing other forms of transport

Community transport services have often developed organically to fill gaps in access to public and private transport for vulnerable groups in the community. Where the barriers to using public transport and taxis experienced by these groups are poorly understood, this can cause conflict with public transport and taxi operators.

Public transport is an affordable transport option. However, approximately one third of people with a disability in Victoria – around 300,000 people state wide - report difficulty in using public transport.³ In addition, public transport may be physically difficult to use for frail older people and people with temporary physical impairments (such as people recovering from surgery). While the Victorian government is investing in increasing the accessibility of public transport infrastructure and vehicles in order to comply with the *Disability Standards for Accessible Public Transport (DSAPT)*, the level of accessibility varies substantially across the state. Even where the DSAPT are technically met, public transport can still be difficult for people with different types of disability to use. This is documented in VCOSS’ *Accessible Public Transport Watch Project* report which presents the findings of surveys undertaken by 130 people with disabilities attempting to use the Victorian public transport system. In particular ‘whole of journey’ accessibility, where “people with a disability are able to move between public transport infrastructure and conveyances and between modes of transport as required to complete their journey”, is still limited, especially outside inner city Melbourne.⁴ Difficulties in using accessible public transport are compounded by lack of integration of accessible infrastructure such as footpaths and bus stops with accessible vehicles, as well as lack of readily available information about accessible services.

Some rural areas still lack public transport services – and many other areas have services which do not operate at appropriate times or to destinations which meet community travel needs. For example, to access a medical appointment in Ballarat or Melbourne by public transport from Hamilton, passengers have to leave Hamilton at

7:00am and return at 10:15pm. This leaves a long wait in either Ballarat or Melbourne. While this is inconvenient for most people, it is impossible for others such as frail older people or people who are unwell.

The current lack of support for people with additional needs on public transport also creates barriers to its use. People with mobility difficulties for example, even if they are able to get to the bus stop, may have difficulty waiting for extended periods (especially if there is no bus shelter and seat) or may be afraid of falling on the vehicle or not being able to get a seat. Lack of assistance from public transport drivers can also act as a barrier to public transport use.

While taxis offer flexibility, door-to-door services and a degree of personal support (especially in country areas) they are expensive for longer trips. In addition, taxis in metropolitan areas are often unreliable for picking up short trips, especially in areas of poor service coverage or during peak periods. Wheelchair accessible taxis (WATs) are not available in some rural areas and long wait times and poor service standards can make WATs unreliable.⁵

The Multi Purpose Taxi Program (MPTP) provides a concession to some transport disadvantaged taxi users who have a severe and permanent disability. The program has around 178, 000 members and subsidised around 4.5 million trips in the 2006-07 financial year.⁶ However, this concession program does not fully compensate for the additional transport expenses people who are unable to use public transport face. People dependent on taxis to meet their mobility needs face significantly higher transport costs than people who are able to access public transport. This is noted by the Victorian Equal Opportunity and Human Rights Commission (VEOHRC) who state that “the current provision of taxi services does not provide the economic accessibility which is available to bus, tram and train travellers”.⁷ This is due to:

- the high cost of taxi travel compared to public transport fares;
- restrictions on the amount of concession per trip (50 per cent concession up to a total of \$30).
- restrictions on the annual amount of concession travel available through the MPTP;
- the application of this restriction to people with certain types of disabilities and not others; and
- the complexity of the application process for the program.

People living in Melbourne who are able to use public transport pay a daily concession ticket of between \$2.60 (Zone 1) and \$5.30 (Zone 1 and 2). An average taxi trip in Melbourne costs \$18.80, which would reduce to \$9.40 for members of the Multipurpose Taxi Program.⁸ A typical return trip by taxi would therefore cost \$18.80 with the currently available concession. At this rate, the capped MPTP subsidy covers half of the cost of a single return taxi trip a week. Passengers in rural areas needing to travel long distances to access increasingly centralised services face even higher taxi fares.

The capping of MPTP subsidies at \$30 per trip, in conjunction with an annual subsidy cap, discriminates against passengers in rural and regional areas who have very limited access to public transport. This is reflected in the draft recommendations of the Essential Services Commission *Taxi Fare Review* that the individual trip subsidy cap be lifted to \$50 and a “several fold increase” be applied to annual subsidy cap.⁹

The ability of frail older people, people with chronic illness or disability to travel on public transport or in taxis may vary considerably from day to day depending on their health and the tasks which they are undertaking. For example, returning from shopping with heavy bags or returning from medical treatment is more difficult to accomplish on public transport.

Types of services provided by community transport in Victoria

Community transport providers in Victoria provide a number of different services and types of transport to people experiencing transport disadvantage in response to some of the difficulties with public transport and taxi services outlined above. These services utilise a range of different transport modes including: cars, minibuses, brokered taxis or a combination of these and public transport. These services can be categorised as follows:

- **Assisted transport** – door-to-door transport provided to people who require assistance with mobility, for example: transport for shopping, medical appointments, visiting family and friends, attending functions and community events or transport to specific activities. This type of transport may involve some attendant care such as assisting people with shopping or accompanying them to medical appointments as well as providing transport.
- **Program transport** – door-to-door transport provided by organisations to their clients to support access to their services.
- **Flexible transport** – affordable transport services provided to people whether or not they require assistance with their mobility to fill gaps in public transport provision such as in small rural communities.
- **Community group transport and vehicle sharing/vehicle hire** – destination based group travel using a community vehicle for example: participants in youth groups, seniors groups, disability groups or sporting teams travelling together to particular activities. This type of transport can be provided by community transport vehicles being lent out to community groups including outside operational hours. Some community transport providers, such as TransAccess, have developed vehicle sharing registers which facilitate cooperative use of community vehicles.
- **Coordination, advice and referral** – this includes: provision of information about transport options, liaison and advocacy to service providers (such as health services) to organize appropriate appointment times, reminder calls to

clients, coordination between transport providers, referral to support services, mobility assessments and travel training. Some community transport providers also administer a limited amount of transport brokerage and emergency relief such as Metcards, other public transport tickets, taxi vouchers and funds for equipment or vehicle modification.

This diversity of functions, combined with the lack of formal recognition of the sector and the range of organisations involved in its delivery, has made the community transport sector a difficult entity to define. Many organisations which provide community transport do not define themselves as community transport operators but rather as health or aged care providers who feel that they need to provide transport assistance to their clients. Others are highly organised and have a strong focus on transport provision with well established training, maintenance and transport coordination procedures as well as significant expertise in the transport needs of their community.

Community Transport Snapshot : Organisational Case Studies

The following organisational case studies provide a snapshot overview of the types of community transport services currently operating in rural and metropolitan Victoria. All data has been provided by the organisations providing community transport and reflects the amount and style of data collection undertaken at the agency level.

UnitingCare Ballarat, Aged and Disability Services

Background to the service

UnitingCare Ballarat began operating a community transport service in 1997 to meet the needs of the frail aged, people with disabilities and their carers in the community. Services are provided within Ballarat and surroundings areas (within approximately 30kms of Ballarat's central business district) as well as long haul trips to Melbourne, Geelong and Bendigo as required. Door-to-door transport is provided typically to access medical appointments as well as day programs and social activities.

Case study: Ballarat

An elderly female client lives in her own home, but her husband has recently moved into supported accommodation on account of health issues. They have been married for over 50 years and had never been apart before.

The client is unable to access a bus and was using taxis to visit her husband daily. Her only source of income is the aged pension.

Even though she has access to the MPTP, she was spending up to 75 per cent of her pension per week in taxi fares to visit her husband. The UnitingCare community transport service gave her the opportunity to visit whenever she wished and reduced her stress regarding how she would afford to eat and maintain her home.

Amount of transport provided

The service operates three vehicles, five days a week, using volunteer drivers.

Over the 2006/7 financial year the UnitingCare community transport service provided 8,347 trips to approximately 400 clients.

This represents a total of approximately 160,000 kms travelled for the year (around 53,000 kms per vehicle).

Characteristics of client group and transport needs

Passengers of the service must fulfil the Department of Human Service's (DHS) Home and Community Care (HACC) criteria - frail older people and people with disabilities and their carers. There is no restriction on the purpose of the trip - 'as long as it's legal'.

Funding and cost of service provision

In addition to staffing, the service costs around \$21,000 each year to run, varying with the cost of fuel and vehicle maintenance. Fuel comprises approximately 86 per cent of running costs.

UnitingCare receives funding for volunteer coordination through the HACC program. No funding is provided for fuel or maintenance costs. These additional costs are made up through funding from UnitingCare raised through community donations.

Staff and volunteers

The service is funded for 1.2 effective full-time (EFT) paid staff who coordinate and support 22 volunteers. In total, 3,504 volunteer hours were contributed to the service in 2006/7.

Unmet transport needs

Currently 10 – 12 clients are refused service each week, often because they do not meet the HACC criteria or all vehicles are being used at the time requested for travel. Meeting the transport needs of people required to travel to Melbourne for medical appointments is particularly difficult as this requires significant volunteer and vehicle resources.

Hamilton Community Transport, Western District Health Service (WDHS)

Background to the service

South West Community Transport Program was established in 2000. Its primary role is to provide information, coordination advice and referral for service providers and the general community. It has been successful in gaining funding for to develop several community transport services in south west Victoria, one of these is Hamilton Community Transport. Hamilton Community Transport was developed in response to a growing need for transport for older people to attend medical appointments out of town. There was a large increase in demand for transport when the local eye surgeon moved away from Hamilton and all patients had to go to Warrnambool and Mt Gambier. The local Red Cross branch had tried to get a transport service in the town but had been unsuccessful. There was no wheelchair accessible taxi and little public transport available. The service has a dedicated community transport car and access to other vehicles in the Western District Health Service (WDHS) fleet when available.

The majority of passengers are from Hamilton and the surrounding district but the service will also provide transport for people from outside the area including Cavendish (30km away) Casterton (65km away) and Heywood (65km away).

Amount of transport provided

Usage of the Hamilton Community Transport program is growing. In the 2006-07 financial year the service provided 1820 trips with a total of 73,198kms, an increase of 34 and 55 per cent respectively on the previous year.

	No. of trips	Kilometres	Volunteer hours		No. of trips	Kilometres	Volunteer hours
Jul-06	176	6685	157	Jul-05	113	3036	77.8
Aug	180	6530	159.9	Aug	90	4391	88.5
Sept	119	5671	130.7	Sept	153	6783	175
Oct	175	6308	142.1	Oct	76	2868	68
Nov	186	5428	154.4	Nov	141	3898	93.1
Dec	106	4758	129.4	Dec	160	4859	121
Jan-07	114	5845	132.3	Jan-06	51	3252	82.3
Feb	168	6371	157.2	Feb	125	3006	81.3
Mar	179	6979	192.2	Mar	98	3666	87.7
Apr	99	4892	122.3	Apr	105	2515	68.5
May	169	6513	171.3	May	173	5173	141.5
Jun	149	7218	164.3	Jun	77	3750	83
Total	1820	73198	1813.1		1362	47197	1167.7

Figure 1: Comparison of service levels between 2005-06 and 2006-07.

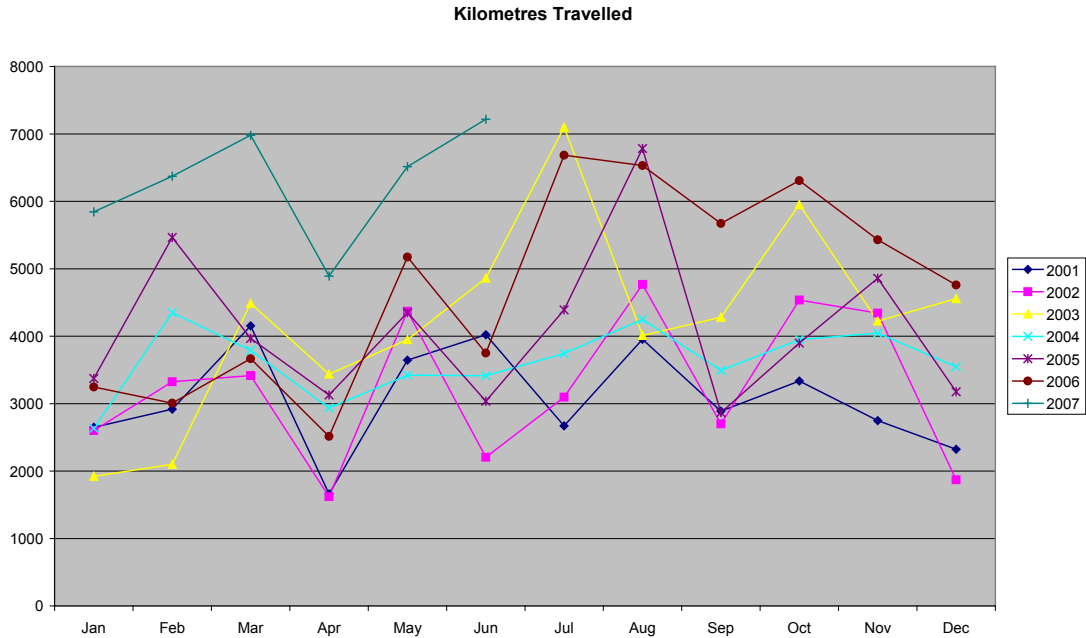


Figure 2: Comparison of kilometres travelled per month 2001 - 2007

Approximately 80 per cent of the kilometres travelled are to provide transport to specialist medical appointments in larger rural towns such as Warrnambool, Ballarat, Geelong and Melbourne. Transport for social activities, recreation and shopping is also provided where possible. Since the service began, the focus has changed from predominantly local trips to more long distance travel. This is likely to be due to the local taxi service acquiring a wheelchair accessible vehicle and development of a local demand responsive service for HACC eligible clients.

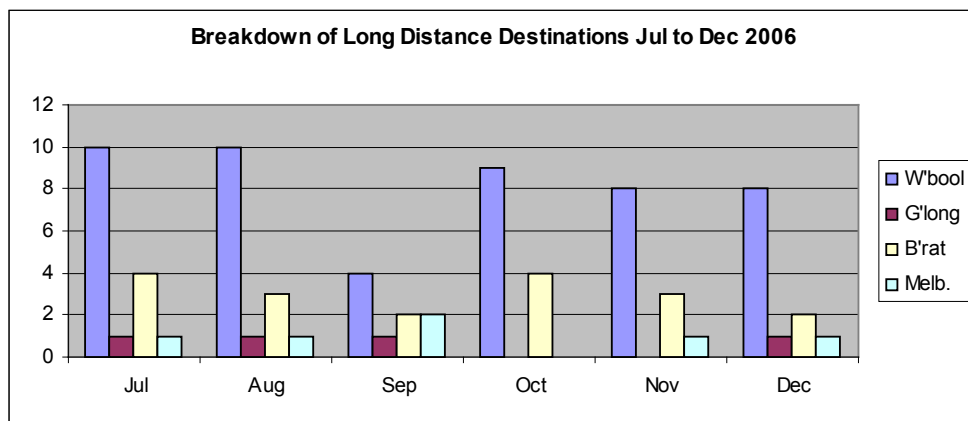


Figure 3: Breakdown of destinations for long distance trips in 2006.

The Hamilton Community Transport Program is also used to take participants to adult day activity programs. While they are a significant contributor to the number of trips provided, they take up a small proportion of volunteer hours and kilometres.

Characteristics of client group and transport need

Eligibility for community transport is not restricted to the HACC target group but they are prioritised in access to the service. Other community members can access Hamilton Community Transport services if they have no family support and cannot use public transport.

Passengers of Hamilton Community Transport Program are primarily people with a disability who cannot use public transport and older people who:

- cannot or do not drive;
- do not feel confident to make the transfers necessary if they use public transport;
- are too frail to cope with the long return journeys associated with using public transport; and/or
- need some minor physical assistance with mobility.

Funding and cost of service provision

WDHS receives around \$23,500 to \$24,000 HACC funding for volunteer coordination. Income to the service from donations was estimated as \$10,500 in 06/07.

Costs	
Volunteer Coordinator 15hours/week	
Salary + on-costs	23,400
Admin support 3hours/week	4,000
Volunteer meal allowances	2,000
Driver training/ police checks	800
Vehicle costs 73198km @ 0.517c/km	37,843
Total	\$68,043

This means that the WDHS provides additional funding of around \$33,500 annually to cover the gap between funding provided, income and the costs of providing the service.

Staff and volunteers

The service employs a part-time volunteer coordinator. A significant proportion of this role is coordinating community transport and processing requests. The service has 39 volunteer drivers and eight 'escorts'. The escorts support residents of aged care facilities in Hamilton to attend medical appointments in the local area.

In total, 1813 volunteer hours were contributed the service in 2006/7.

Unmet transport needs

The service attempts to provide transport for as many people as possible and will sometimes try to alter appointment times to enable sharing of a vehicle to increase efficiency. Despite this, there are times when service has to be refused usually because there is no vehicle available. Nineteen requests for transport were recorded as being refused in the 2006/7 financial year.

As medical trips and shopping are prioritised, social trips such as visiting friends and family are likely to be areas of significant unrecorded and unmet need.

Wimmera Volunteers

Background to the service

Wimmera Volunteers have a number of streams to their community transport program including auspicing the Wimmera Transport Connections project. These include:

- transport provided as part of the delivery of HACC Social Support service. Volunteer drivers use the agency's vehicles to transport clients living in Horsham to specialist medical appointments out of town (for clients in all other areas of the region, volunteers use their own vehicles);
- a general community transport service to provide access to essential services which uses the same model as the HACC service but requires full cost recovery from passengers; and
- a transport information service which provides current information on public transport services available in the area for clients who are able to use public transport.

Wimmera Volunteers do not provide community transport services within town to people living in areas where there are taxi services available.

Amount of transport provided

In 2006-07 Wimmera Volunteers provided transport to 746 passengers (with some passengers taking multiple trips). This involved a total of 73,000 passenger kilometres.

Characteristics of client group

Clients of the service are required to meet eligibility criteria.

To access the HACC Social Support service transport passengers must:

- be elderly and frail, have a disability or be a carer; and
- have no access to transport or the available transport is unsuitable to meet their needs.

To access the broader community transport service passengers must:

- have no access to transport or be unable to access existing transport; and
- require transport to access an essential service (eg medical, legal).

Case study: Wimmera

A female client living on her own 25 kms from town was attending a centre that provides support to people with a mental illness. Apart from attending church on a Sunday this was her only social contact. Transport was provided by the centre and she used this opportunity to attend to other matters whilst in town.

When she turned 65, she was no longer eligible to attend the service. As she does not have funds to travel by taxi, she became totally dependent on her brother and sister-in-law providing lifts. While her sister-in-law reluctantly transported her to the doctor, she would insist on sitting in on the consultation against her wishes. The result was a family disagreement that led to transport assistance by the family being totally withdrawn. Through accessing the Wimmera Volunteers community transport service, she is able to attend a craft group once a fortnight and receives assistance to make sure she is able to attend to other activities while in town. She is now more socially engaged, has developed a new network of friends and is able to continue living in her farmhouse with no additional supports at this stage.

Cost of service provision

Funding to run this service is received from a variety of sources. Around \$19,000 of HACC funding is allocated to the community transport service by Wimmera Volunteers and the service is also supported by community donations which totalled around \$10,000 in 2006-07. As volunteers use a mix of agency vehicles and their own cars, no separate records are kept for vehicle maintenance costs associated with this service.

Staff and volunteers

The service currently has 85 registered volunteer drivers who contributed 2600 hours of volunteer driving in 2006-07. This figure does not include additional time spent by volunteers on non-driving tasks.

Unmet transport needs

The service model used by Wimmera Volunteers which combines the use of agency and volunteer vehicles provides sufficient resources and flexibility to meet recorded transport demand. Through the service's transport coordination role, staff provide advocacy and liaise with service providers to seek to alter appointment arrangements with the permission of the client if transport is difficult to provide. In 2006-07 only one instance was recorded where the service was unable to provide transport at the time requested.

Broad adherence to HACC criteria limits the population groups who can access the service. Access to other types of services beyond medical appointments and for the wider population of people who experience transport disadvantage in the area is limited – especially transport to attend Centrelink, access visits with children, court attendance and social activities.

Due to the distances involved in transporting passengers to medical appointments in Melbourne and consequent occupational health and safety risks to volunteer drivers, Wimmera Volunteers must coordinate with other community transport providers such as the Red Cross and UnitingCare in Ballarat to provide transport for part of the journey. Greater capacity to coordinate with other services, including those in metropolitan areas would increase the reliability of providing these types of trips.

Moonee Valley City Council

Background to the service

The aim of the community transport service provided by Moonee Valley City Council is to promote independence and quality of life for frail aged residents, people with a disability and their carers in the local community by reducing social isolation. The service aims to provide safe, accessible, equitable and reliable transport options for this target group.

The service currently operates Monday – Friday from 9:00am – 5:00pm and covers all areas within the municipal boundaries.

Amount of transport provided

In 2006-07 the Moonee Valley community transport service provided 22,356 client trips. This included 2,314 trips to medical appointments. In total 95,755 vehicle kilometres were required to provide this service.

Busses are available for hire by community groups when not required for daily transport service. Community buses are also available after hours and on weekends for access by other community groups.

Characteristics of client group

Passengers of the service are people who experience transport disadvantage and social isolation who are frail aged (current clients range from 65 to 103 years), people with a disability or carers.

Funding and cost of service provision

The operational costs of running the service, including purchase and vehicle maintenance, are covered through Moonee Valley City Council's budget.

Residents who use the service pay a small fee, with multi-trip tickets available.

Staff and volunteers

The service involves a team leader employed at 0.8 EFT and five part-time drivers who work an average of 19.2 hours each per week. The service also has four volunteer drivers supporting service provision. In 2006-07 these volunteers averaged 12 hours per week or 1,620 volunteer hours for the year.

Brimbank City Council

Background to the service

With an area of 123 square kilometres, Brimbank is the second largest municipality in Melbourne and the largest in the Western Region. It is approximately 20 kilometres from Melbourne's CBD.

The Brimbank City Council Community Transport Service was formed in December 1994, following the amalgamation of the former Cities of Keilor and Sunshine. Prior to the amalgamation, both the City of Keilor and the City of Sunshine ran a community transport service - one volunteer based and the other using paid drivers.

The service was established to meet the specific transport needs of people who are transport disadvantaged and unable to travel on public transport due to age, disability, health, social or geographic isolation or economic circumstance.

Buses used by the program are also available for eligible community groups to use after hours and at weekends. An administration charge is applicable for this service.

In 2006-07 the Brimbank City Council Community Transport Service provided more than 1,000 door-to-door trips per week for 669 passengers. In addition, some 22 to 44 bookings were recorded for the after hours and weekend vehicle use program.

In total 214,880 kms were travelled to deliver services for period 2006-07.

Characteristics of client group

Passengers using the service must meet the HACC eligibility criteria. Transport is provided to attend seniors clubs, planned activity groups and community activities such as shopping or accessing the library.

Funding and cost of service provision

Funding for this service is provided by Brimbank City Council and supplemented by fees from after-hours bus hire. In 2006-07 the funding breakdown was:

- Brimbank City Council - \$574,223
- After-hours and weekend bus use fees - \$4,500

Bus purchase is not included in Community Transport budget as this is funded separately by local government as part of the total council fleet and varies from year to year as per the approved annual budget.

The service is provided at a cost of \$2.69 per kilometre.

Staff and volunteers

The service employs a Community Access Team Leader and a Community Transport Officer each at 36 hours per week. The service also employs seven part time drivers who work on average 28 hours per week.

In addition the service has four volunteer drivers and one volunteer jockey who average 36 volunteer hours per week (around 1872 per year).

Unmet transport needs

Since 2001, the service has identified areas of unmet need including door-to-door weekend and after hours transport to attend:

- church services;
- events including weddings, funerals and family gatherings;
- recreational activities such as theatre and social evenings;
- ongoing hospital visits e.g. chemotherapy, radiotherapy, dialysis;
- transport for young job seekers;
- volunteer work;
- podiatry appointments;
- medical, dental and hospital appointments;
- early intervention programs; and
- transport which crosses local government boundaries.

For the period 2006-2007, 19 documented requests have been received for the above.

There are currently some 109 people on the service waiting list to attend seniors clubs, planned activity groups, shopping and library programs.

Brimbank**Case study 1:**

Mrs A is a 68 year old lady who speaks limited English and lives alone. She has osteo-arthritis which severely affects her mobility. She also has a heart condition which causes her to become very breathless and is therefore unable to walk more than four or five steps before needing to rest. Mrs A is ambulant using a wheelie frame with a seat attached. Her only son has recently moved interstate with his family for employment. Prior to his move, Mrs A's son and daughter-in-law provided transport and assistance for her to attend both social activities and medical appointments. All other activities of daily living are being met by HACC services. Social isolation is becoming a problem and her mental health is deteriorating.

Mrs A is unable to use the local public bus, train or taxi as she is unable to:

- walk the distance to the nearest bus/train;
- walk the distance to her activity or appointment;
- manage the steps on the bus or at her activity without assistance;
- understand the public transport ticketing system due to limited English and/or literacy;
- past experience with taxis has made her fearful of using taxis as drivers will not always assist with her mobility and are often impatient; and
- her economic circumstances do not allow for the frequent taxi trips which would be required to attend medical and other appointments.

Brimbank**Case study 2:**

Mr B is a 40 year old man who lives with his wife and three primary school aged children. Mr B suffered a stroke twelve months ago and as a result has left sided paraplegia. He also has little speech. His wife works full time to support the family and is also his primary carer. Mr B attends a rehabilitation program twice weekly to improve his mobility and speech.

Mr and Mrs B's elderly parents share the responsibility of the family in assisting with caring for the children by transporting them to and from school each day and providing after school care. They also assist with caring for Mr B on the days he is not attending his rehabilitation program. However, due to the clash of time with transporting the children the parents are unable to assist with transport for Mr B to his rehabilitation program.

Mr B is unable to use the local public bus, train or taxi as he is unable to:

- walk the distance to the nearest bus/train;
- walk the distance to his activity or appointment;
- manage the steps on the bus or at his activity without assistance;
- verbalise; and
- economic circumstances do not allow for Mr B's ongoing twice weekly taxi trips to attend his rehabilitation program.

TransAccess, Bentleigh Bayside Community Health Service

Background to the service

TransAccess operates in the cities of Port Phillip, Glen Eira, Stonnington, Kingston and Bayside as well as providing some additional services in the City of Frankston and Mornington Peninsula Shire. The service provides contact point for people with mobility issues providing information, advocacy and referral services in addition to volunteer supported transport and training.

TransAccess also supports a local vehicle register which coordinates hiring of community vehicles to community groups. In 2006/7 there were 116 organisations listed on the register who made a total of 1662 bookings. In addition, TransAccess hosts a Regional Transport Network which brings together local stakeholders to better coordinate transport access.

The volunteer supported transport service operates from 8:30am – 5:00pm Monday to Friday with some after hours transport provided depending on availability. The vehicle register operates 24 hours/7days.

Amount of transport provided

In 2006/7 over 10,000 trips were provided to around 250 clients. This equates to 800–900 trips per month.

Characteristics of client group

The TransAccess Community Transport Program aims to meet the transport needs of people who can't access public or private transport, with an emphasis on people living in supported residential services (SRSs) and low cost housing.

Funding and cost of service provision

The community transport program receives \$198,000 per annum indirectly from DHS through the HACC program and \$20,000 from other sources.

Staff and volunteers

TransAccess has 2.6 EFT funded staff positions comprising of a full time service coordinator, and transport and volunteer coordinators at 0.8 EFT. The service utilises 36 volunteers who contribute around 60 hours of work each week (or around 3120 volunteer hours per year).

Unmet transport needs

Local transport needs that are hardest to meet are for frequent medical transport such as access to dialysis, chemotherapy and other medical appointments where people may need transport daily or several times a week.

Case study: TransAccess

A client contacted TransAccess regarding getting to rehabilitation for a shoulder, which had been recently operated on.

Due to her financial and health status she was unable to access public transport and could not afford taxis.

She was attempting to arrange an appointment time which would also suit available community transport.

TransAccess negotiated with the rehabilitation provider, transport provider and client to enable access to rehabilitation.

Community Transport in Victoria: Issues and Conclusions

The following discussion is drawn from the data provided in the organisational case studies, and interviews with community transport providers.

The Community Transport Task in Victoria

As seen by the organisational case studies above, community transport currently provides a significant amount of transport services to a large number of transport disadvantaged passengers. The six services taking part in the Snapshot Project represent only a small percentage of organisations involved in the provision of community transport services yet between them in 2006-07 they:

- provided over **78,000 passenger trips**;
- utilised over **13,800 volunteer hours**; and
- travelled over **778,000 kms**.

Sunassist Volunteer Helpers Inc, while not included as a 2006-07 case study, have subsequently provided data on the significant amount of transport service provided to their community in 2007-08. This included;

- providing over 17,234 passenger trips;
- utilising over 20,000 volunteer hours; and
- travelling a total of 189,934 kms.

This is further indicative of the significant size of the transport task undertaken by community transport in Victoria.

Due to the different data collected and data collection methodologies employed by different organisations (for reasons discussed below), it was extremely difficult to aggregate additional information from this project.

Clearly more comprehensive mapping of the community transport sector in Victoria is needed to accurately assess the size and nature of the transport task undertaken. Any future work in this area would need to establish a common data set and collection method across the sector for results to be most useful. This would ideally involve the development of a single easy to administer template in consultation with community transport providers.

The Role of Community Transport in an Integrated Transport System

There will always be sections of the Victorian population who are unable to use public transport and taxis due to the high level of personalised assistance and support they require. The high cost of taxi travel, inadequacies of the MPTP and in some instances lack of reliability of taxi services, also creates a need for community transport travel in the absence of accessible public transport. Where there is a lack of accessible public transport and taxi services, community transport can also meet travel needs of a wider group of transport disadvantaged people such as young people or people living on low incomes. As such, community transport services currently provide a complementary 'third tier' of transport options to meet the needs of transport disadvantaged groups.

In addition to the broad definition of the community transport passenger group outlined above, interviews with community transport providers indicated particularly transport disadvantaged groups and more specific situations in which community transport was seen to best meet the needs of passengers. These included people who:

- live in areas where public transport and taxi services are unviable due to low population density/isolation;
- require door-to-door transport but are unable to afford taxis (ie travel frequently or long distances);
- have dementia or cognitive impairments;
- speak a language other than English;
- have extremely low disposable income such as people living in Supported Residential Services (SRSs);
- have complex disabilities, especially barriers to communication or behavioural issues; or
- are very frail and require physical assistance.

Community transport services may also be required for:

- supported transport to access public transport services (eg transport to and from stations and bus stops, especially in rural areas); and
- occasional trips where passengers who would typically use public transport are temporarily unable to do so (due to illness or temporary disability) and are unable to afford taxis.

Community transport services provide a level of service well above transporting passengers to their destination. This actively supports the independence and social inclusion of vulnerable groups in the community.

The service provided by community transport may include:

- support and assistance to enter and exit the vehicle;

- assistance and social support during the journey;
- assistance to enter the premises at the destination and in some cases drivers or other volunteers remain with passengers and provide assistance during their appointment or activity.

Community transport has an additional role in monitoring passengers' health and wellbeing. If a passenger does not come to the door, emergency procedures are launched including phoning emergency contacts or emergency services. If a passenger shows deterioration in their physical or mental state, community transport drivers are able to pass this information on through transport coordinators to the person's family or case workers.¹⁰

Community transport providers often also provide a range of transport information and coordination services including:

- information about local transport options including public transport and taxi services, especially for people who have difficulty accessing this information;
- referral to and coordination with other transport providers (eg. Red Cross, Traveller's Aid);
- advocacy and liaison with service providers, in particular health care providers, to ensure appropriate appointment times and discharge planning; and
- loan of low cost vehicles to community groups and organisations which facilitates more efficient use of community resources and greater access to social, recreational and civic participation opportunities.

These additional services are largely unaccounted for but make a significant contribution towards an integrated transport system and are in many cases a critical component of the support offered to clients. The need for this type of mobility advice and transport coordination was identified as a priority in the Department of Infrastructure's (now Department of Transport) *Maintaining Mobility* policy document.¹¹

Additional Community Benefits

Community transport provides a number of additional benefits to the wider community by assisting people with high support needs to travel independently. Their carers are therefore more able to participate in employment, education and community activities. For example, many community transport providers interviewed spoke of receiving calls from carers who feared losing their jobs through needing to continually take time off to transport their family members to medical appointments.

I have had numerous caring families who suddenly have a parent who requires a number of trips to doctors or to dialysis ring in total frustration, as they have been told by their employers that they can longer keep having time off to meet their parent's needs. We are able to step in and give their parent a door to door service....

Jim Watkins, Community Transport Coordinator, UnitingCare Ballarat

Community transport support the social inclusion of low income or isolated people with mobility impairments. David Pearce, from Sunassist Volunteer Helpers Inc. in Mildura illustrated this point with an example from their own programs – as their community transport service grew, demand for their volunteer home visiting program decreased as isolated older people were able to take the option of travelling outside the home to engage in their own social networks and activities rather than a volunteer visiting them at home.¹²

The use of volunteer drivers within community transport programs also creates opportunities for community engagement through volunteering. Often volunteers are older or retired themselves and gain personal satisfaction and enjoyment from the service they are able to provide to disadvantaged members of their own community. Passengers of the service often also enjoy the social contact of travelling with a regular volunteer.¹³

This is illustrated by feedback comments provided by clients of LINK Community transport for Volunteer Week 2008;

They make my week every week! I don't know what I'd do without them. I couldn't get to the senior citizens otherwise and it's so nice to get together with people your own age.

They respect me and treat me very kind, just like I am his mother. They take me to bring and home again. The service is wonderful for people like me who don't drive. Thankyou from the bottom of my heart.

Very caring, never stressed out, just carry my shopping; enormous amount of patience. Very helpful, very kind. Lovely manner! Glad for the services and the people you have to do them. The time and effort they put in to make another's life better is incredible. I would not enjoy what I enjoy without them. I so enjoy doing my own shopping, for six years I could not do this... they need to wait but never a hint of impatience not in their faces or body language. I feel so cared for and I'm very grateful.

Current Funding Arrangements and Effects on Service Delivery

As demonstrated in the organisational case studies above, community transport in Victoria is funded from a variety of sources.

The organisational case studies provided in this report illuminate a number of issues often identified by community transport providers including no part of government responsible for coordination, funding and regulating the sector. This lack of recognition and coordination is seen to negatively impact on services and by extension their clients.

This is well illustrated by the diversity of funding models which these not-for-profit services use to cover the costs of their services.

Comparison of funding sources (Figures 4-6)

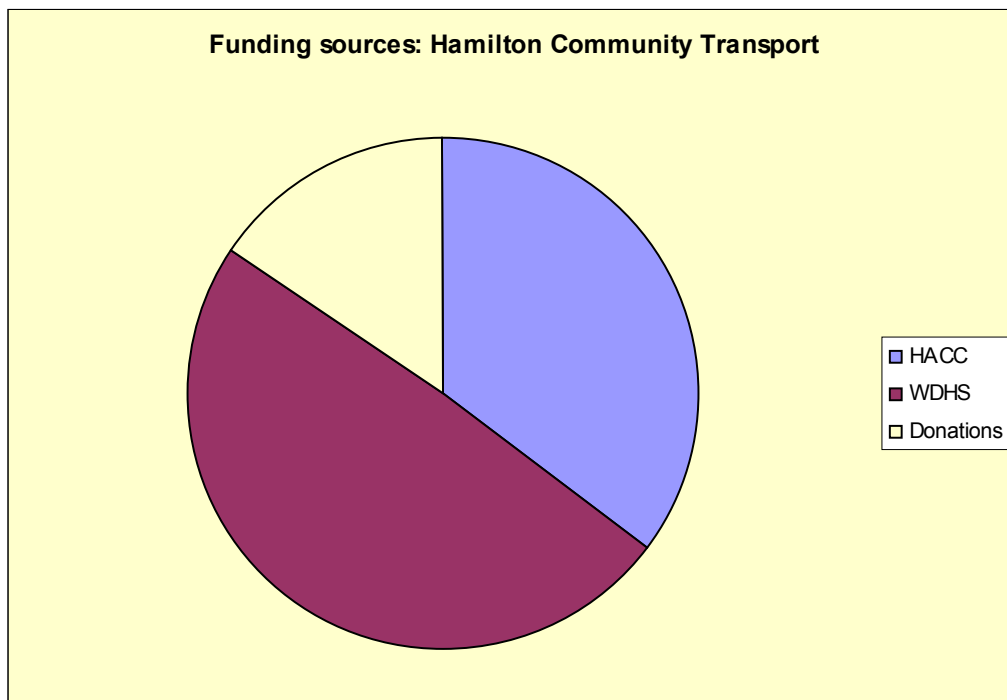


Figure 4: Hamilton Community Transport

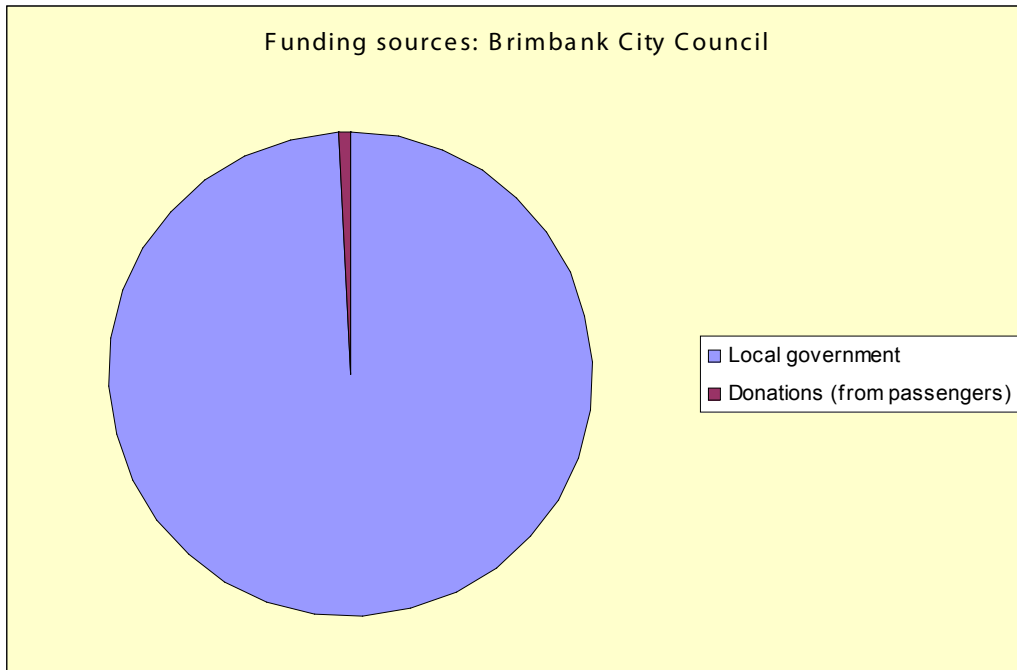


Figure 5: Brimbank City Council

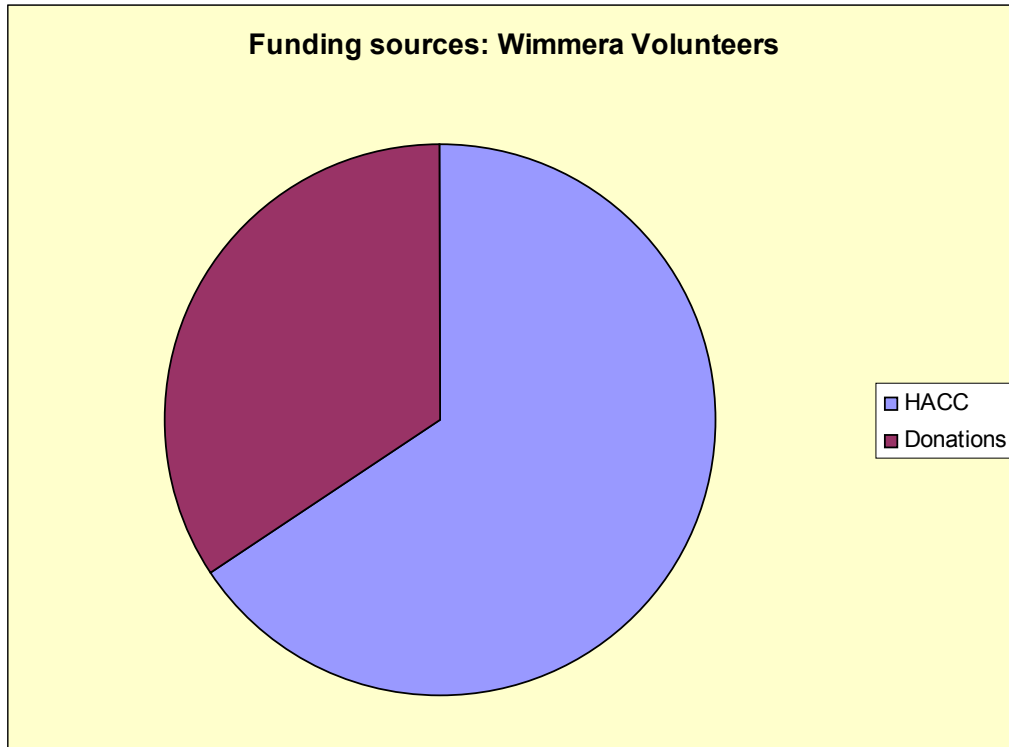


Figure 6: Wimmera Volunteers

The base funding used for community transport is sourced indirectly in many cases from HACC. Unlike in all other states, the HACC program in Victoria does not provide specified transport funding. As a result, funding which is used to provide community transport services is often designated for other purposes such as 'volunteer coordination' or 'social support'. As this funding is often inadequate to meet the costs of transport service provision, funding is then sought from a range of other sources including:

- cross-subsidisation from other parts of the organisational budget;
- local government;
- project funding and ad hoc grants provided by government;
- community fundraising;
- sponsorship; and
- donations from passengers.

Secure and recurrent funding is in many cases not available for the costs of fuel, maintenance or vehicle replacement. In many cases, this funding mix is **insecure, inefficient and restrictive** and places limitations on the services provided.

The cost of vehicle depreciation and replacement is a particular issue, as lack of secure funding limits local level coordination and efficiency through vehicle sharing. Organisations are often reluctant to bare the costs of increased vehicle mileage when access to funds for servicing and vehicle replacement is uncertain.

Reliance on short term funding sources requires significant amounts of organisational time to administer funding and grant applications and organise fundraising. This reduces the resources available for service provision.

Critically, the insecurity of current funding arrangements also limits the capacity of community transport services to undertake forward planning or service development in response to changing demographics and transport needs.

[The current funding arrangement] doesn't allow us to meet the changing needs in a timely way because we are so snowed under... we know that the demographics are changing, dementia is coming to the fore, we know that there is a lot more we can do, but at the end of the day we have to run a service assist the urgent consumers first.

David Pearce, Executive Officer, Sunassist Volunteer Helpers Inc., Mildura

Alternative funding and governance models are in operation in other Australian states. The HACC program specifically funds community transport in every state other than Victoria. Several states, such as Queensland and NSW have dedicated community transport units at the state government level. This clearly defined governance structure and funding pool facilitates greater pooling of resources and use of brokerage models. For example, in South Australia for example, some community transport services are

co-funded with the Department of Infrastructure, Energy and Transport (DITE) and Country Health SA. Queensland is able to make greater use of coordinated 'mobility management' brokerage models by pooling allocated community transport funding through projects such as the Gold Coast Mobility Office.

Eligibility criteria and inconsistent application

The reliance on HACC funding largely restricts community transport services to providing transport to passengers who meet HACC criteria – the frail aged and people with disabilities. In different administrative regions, the HACC criteria are differently applied.¹⁴ In some areas, services provide transport to access medical appointments, in others, transport can only be provided to access social support. This leaves different types of transport disadvantage in different areas.

Transport disadvantaged groups typically excluded from community transport by HACC criteria include;

- young people
- people who are unwell or temporarily impaired but not permanently disabled (eg following surgery, recovery from traumatic injuries, short term but debilitating illnesses)
- people living on low incomes who require limited transport assistance to get to access visits, court appearances, job interviews, Centrelink, short courses where there is no public transport available or transport options are unaffordable.¹⁵

Restrictive criteria limit the efficiencies which could be generated by transporting a greater range of passengers to a greater range of destinations.

Invisibility of the sector and lack of coordinated data collection

Because funding sources used to support community transport operations are not explicitly intended for this purpose there is no consistent reporting framework for community transport. While individual organisations record data for their own purposes such as annual reports, there is no consistent measure of how many trips are undertaken, their purpose or the number or type of passengers transported. This severely limits the possibilities for evidence based planning to meet the mobility needs of older people, people with disabilities and other transport disadvantaged groups at a time when demand for this type of transport is likely to increase.¹⁶

Unmet Need

It is extremely difficult to determine the level of unmet need for community transport services given lack of available data or research. Community transport providers rarely keep detailed information on referrals which they are unable to accept and frequently refer people to other transport services which may, or may not, be able to meet their needs.¹⁷

However, many service providers interviewed expressed concern that there was substantial unmet need for trips which they are not able to support such as medical transport or transport to social activities. Fears about not being able to meet transport needs in the community is cited as a significant contributing factor to community transport providers not publicising their services.¹⁸ Greater community awareness of transport options may lead to more information about the level of unmet need for community transport services.

Regulation

The fragmentation and resource limitations of the community transport sector have made it extremely difficult to achieve consistency in processes and service standards. The VCTA has developed the *Victorian Operational Guidelines for Community Transport* - a set of voluntary service standards for the sector which reflect both current legal obligations and best practice. While the VCTA has been conducting training in the standards throughout Victoria, the roll out of the guidelines has been hampered by a lack of funding.¹⁹ Smaller organisations which provide community transport, which often only have a few funded hours of work time allocated each week, simply do not have the resources to send staff to training.

For community transport services to continue to provide high quality and essential transport services for transport disadvantaged members of the community, any regulated safety standards need to suit both the purpose and operational environment of community transport.

Future Challenges and Demands for the Community Transport Sector

Victoria's population is aging, and a disproportionate number of older people live and will increasingly live in areas with poor transport access such as rural and outer suburban areas.

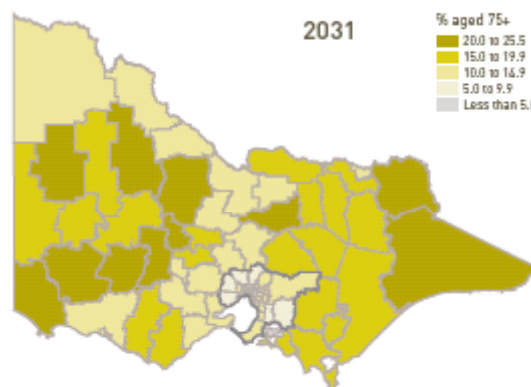


Figure 7: Projected distribution of older Victorians in 2031

Source: Department of Sustainability and Environment, *Regional matters: an atlas of regional Victoria*, Victorian Government, Melbourne, 2005, p.14.

This has significant implications for demands on community transport as 18 per cent of people over 60 report needing assistance with transport, rising to 33 per cent for 80-84 year old and 43 per cent of 85-89 year olds.²⁰ A significant proportion of these people are largely dependent on door-to-door transport for their independent mobility. This transport is largely provided by taxis and community transport services.

The price of petrol rose 19 per cent in the twelve months to March 2007 and looks set to continue increasing as world oil prices hit record levels. A case study presented by Narelle Staub, Executive Director of LINK Community Transport at the *Peak oil, petrol Prices and Climate Change* conference in 2007 demonstrated the significant impact that petrol prices have on community transport provision.

Between 2003 and 2007 the fuel budget for organisation increased by 46 per cent from \$20,428 to \$38,000. This has resulted in the need to review service provision models. Given that community transport services often receive no funding for operational expenditure or source this funding from cross subsidisation from within their own organisation, rapid and unpredictable increases in fuel costs create a serious threat to service viability especially for services providing longer trips such as some rural based providers.

Petrol prices also have a significant impact on volunteering rates, as it increases out of pocket expenses for participation in volunteer work. A survey conducted by Volunteering Australia in late 2005 identified the significant impact of increases in petrol prices on volunteering rates:

52 per cent of organisations (317 organisations) surveyed reported increased travel costs have led to volunteers within their organisation questioning or stopping their volunteer hours as a direct result of increasing travel costs because of rising petrol prices. Similarly, of the volunteers surveyed, 42 per cent (353 volunteers) are questioning or stopping their volunteer hours. 11 per cent of volunteers have reduced their volunteering hours as a direct result of increases in out-of-pocket expenses because of petrol price rises.²¹

Given that community transport services overwhelmingly rely on volunteers to support their services, this is a significant service sustainability issue.

Conclusion and Recommendations

Community transport services support some of the most vulnerable and isolated groups in the Victorian community. Community transport clearly has an important role in an integrated transport system, especially for people who face physical and financial barriers to accessing public transport and taxi services, especially in rural areas which lack sufficient accessible transport and have longer distances to travel to access increasingly centralised services.

As well as providing transport, community transport services provide a range of additional benefits to the community including:

- opportunities for volunteerism and social connection;
- transport information, coordination and liaison with other service providers;
- loan of vehicles to community groups which supports community activities; and
- benefits to carers of frail older people and people with disabilities.

These additional benefits are currently poorly recognised.

People who require it should have access to affordable door-to-door and supported transport to ensure they are able to access essential services and social opportunities as independently as possible. Other than the restricted subsidies provided through the MPTP, the transport needs of this group within the community are not well supported by government.

The current funding and governance arrangements for community transport, where limited funding is pieced together from a variety of sources, undermines the capacity of community transport services to undertake forward planning or create more efficient services. While funding which supports community transport is often sourced through the HACC program, it is indirect, insecure and does not cover the full costs of service provision. Indirect reliance on HACC funding limits often means that community transport is largely limited to frail older people and people with disabilities and their carers. While this group is likely to be most in need of more supported transport options, other transport disadvantaged groups could benefit from accessing community transport services.

This project has begun the task of identifying and documenting community transport in Victoria – on a very limited scale. A clear picture of the sector is required to ensure evidence based policy and planning. Given that community transport forms part of a continuum of transport services in Victoria it is recommended that the Department of Transport (DOT) undertake:

1. a comprehensive mapping of community transport services in Victoria to accurately assess the size of the transport task undertaken by this sector, its cost and benefits to the community; and

2. a review of comparative governance and funding models for community transport in other Australian jurisdictions as well as best practice international models.

Data collection within the community transport sector is highly inconsistent, due both to a lack of resources but also no reporting requirements. This makes it difficult to determine the exact nature of the transport task currently undertaken, plan for future services or identify possible efficiencies.

Ideally, community transport providers would be supported to develop a suitable standard data collection framework, possibly through the VCTA with support from DOT to facilitate better and more consistent data collection.

This process should be used to determine a coordinated approach to the governance and funding of community transport in Victoria. This is especially critical given the likely impacts of high petrol prices and increasing demand for community transport services with an aging population.

Endnotes

- 1 Department of Infrastructure, *1999 Victorian Directory of Community Transport*, Victorian Government, Melbourne, 1999.
- 2 A Harris and D Tapsas, *Transport and mobility: challenges, innovations and improvements*, Royal Automobile Club of Victoria (RACV), Melbourne, May 2006, p. 9.
- 3 Department of Infrastructure (DOI), *Accessible public transport in Victoria: action plan 2006 – 2012*, DOI, Melbourne, September 2006, p. 6.
- 4 Allen Consulting Group, *Review of the disability standards for accessible public transport: draft report*, January 2008, p. 76.
- 5 Victorian Equal Opportunity and Human Rights Commission (VEOHRC), *Time to respond: realising equality for people with a disability utilising taxi services*, VEOHRC, Melbourne, November 2007.
- 6 Essential Services Commission (ESC), *Taxi fare review 2007-08: draft report*, ESC, Melbourne, June 2008, p. 177.
- 7 Victorian Equal Opportunity and Human Rights Commission (VEOHRC), *Time to respond: realising equality for people with a disability utilising taxi services*, VEOHRC, Melbourne, November 2007, p. A-4.
- 8 Essential Services Commission (ESC), *Taxi fare review 2007-08: Issues paper*, ESC, Melbourne, December 2007, p. 24.
- 9 ESC, *Taxi fare review 2007-08: draft report*.
- 10 Interview with Jim Watkins, Community Transport Coordinator, UnitingCare Ballarat, 13 May 2008.
- 11 DOI, *Maintaining mobility*.
- 12 Interview with David Pearce, Executive Officer, Sunassist Volunteer Helpers Inc., 13 May 2008.
- 13 Interview with Narelle Staub, Executive Director, LINK Community Transport, 15 May 2008.
- 14 Interview with Narelle Staub, and Debbie Coyle, Wimmera Volunteers, 15 May 2008.
- 15 Interview with Debbie Coyle.
- 16 Interview with Narelle Staub.
- 17 Interview with Phil Whiting, TransAccess, 19 May 2008.
- 18 A Harris and D Tapsas. *Transport and Mobility*.
- 19 Interview with Rebecca Morton, Hamilton Community Transport.
- 20 ABS, *Disability, ageing and carers 2003*.
- 21 Volunteering Australia, *Impacts of petrol prices on volunteering*, Research Bulletin, November 2005. Available from <http://www.volunteeringaustralia.org/files/VC4QPDP9H0/Petrolpricesresearchbulletin.pdf>



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