

THE NEIGHBOURHOOD HOUSE COMMUNITY TRANSPORT PROJECT

TOWARDS SUSTAINABLE MODELS

An action research approach to building the capacity of Neighbourhood Houses to develop and sustain community transport programs in rural and remote communities.

THE REGIONAL ASSOCIATION OF NEIGHBOURHOOD & COMMUNITY HOUSES (RANCH)

“Collaborating to develop our communities”



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Context

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.

(Victorian Council of Social Services, 2008)

The Neighbourhood House Community Transport Project (NHCTP) has involved an ongoing collaboration between the **Victorian Neighbourhood House Sector** and **Loddon Mallee Integrated Cancer Services (LMICS)**.

The project funding provided by LMICS has enabled the Neighbourhood House (NH) sector to engage in a strategic, action research process focused on building the capacity of Neighbourhood Houses to develop and sustain community transport programs in rural and remote communities.

The Neighbourhood House Sector

- **Neighbourhood Houses Victoria (NHVic)**

Neighbourhood Houses Victoria (NHVic) is the peak body for the Neighbourhood House (NH) sector in Victoria. It represents approximately 400 independent Neighbourhood Houses (NHs). The majority of NHs are governed by volunteer Committees or Boards of Management while others are managed by health, local government or other organisations.

The Victorian Government's Department of Health and Human Services (DHHS) provides core funding to NHVic and more than 90% of the state's NHs through the Neighbourhood House Coordination Program. DHHS also funds 16 NH Networks that represent and support the development of NHs across geographical regions.

- **The Regional Association of Neighbourhood and Community Houses (RANCH)**

The Regional Association of Neighbourhood and Community Houses (RANCH) is the NH Network for the geographical area that spans from Gisborne to Echuca and Boort to Kyabram. RANCH represents the 29 NHs that are located in the following Local Government Areas (LGAs):

- Campaspe Shire
- Central Goldfields Shire
- City of Greater Bendigo
- Loddon Shire
- Macedon Ranges Shire
- Mount Alexander Shire

- **The Neighbourhood House Community Development Practice Model**

The Neighbourhood House (NH) community development approach is focussed on enabling communities to identify and address their own needs. It starts from the assumption that communities have existing strengths and assets that can be used to develop solutions to address issues at the community level.

These six steps enable Neighbourhood Houses to meet the needs of their local communities:

- **Involving** the community and encouraging participation and inclusion, and valuing diversity and difference at all levels of neighbourhood house operation
- **Identifying** community needs and aspirations
- **Determining** appropriate community programs, activities and services in response to those needs, ensuring that diversity and difference are valued
- **Partnering** with community organisations, businesses, government and philanthropic organisations to secure appropriate funding and support
- **Delivering** quality programs, activities and services
- **Evaluating** the effectiveness of all aspects of neighbourhood house operations, including programs, practice and governance

Loddon Mallee Integrated Cancer Services (LMICS)

Loddon Mallee Integrated Cancer Services (LMICS) is one of a network of 9 Integrated Cancer Services (ICS) across Victoria. It covers the 10 LGAs that comprise the Loddon Mallee Region (LMR). Each ICS works with health services and the other ICS to facilitate improvements in the quality and continuity of patient care, and to ensure that appropriate links exist between health and other relevant services to optimise patient pathways for persons affected by cancer.

This work involves:

- building relationships between providers, health services and settings to plan cancer services across a geographic area based on access, appropriateness and effectiveness
- implementing best practice models of cancer care
- improving the effectiveness of cancer care through system coordination and integration
- systematically monitoring processes and outcomes of cancer care to improve system-wide performance

Through its engagement and consultation with health services, clinicians and consumers over many years, LMICS has identified transport in the Loddon Mallee region as a significant barrier to the access of cancer and other health services.

The Neighbourhood House Community Transport Project

By adopting a community develop approach, many NHs have developed community transport services to meet the particular needs of their communities. However, although many of these services have existed for a number of years, very little is known about the exact nature of these services beyond the communities that they service.

While the state peak body, Neighbourhood Houses Victoria (NHVic) has collected some information about the provision of community transport by NHs through its annual survey, substantial work is required to develop an accurate and meaningful understanding of the role that the NH sector currently plays in the provision of community transport within Victoria.

Prior to the work undertaken by the NHCTP, the NH Sector did not have capacity required to engage in the type of collaborative, developmental work needed to:

- Identify and understand the types of community transport services currently provided by NHs
- support the sustainability of these services
- support the development of new services in areas of high need, particularly in rural and remote areas of Victoria.

• The NHCTP – Phase 1

An action research approach to building the capacity of Neighbourhood Houses in the Loddon Mallee Region to develop and sustain community transport programs.

In early 2016, LMICS, NHVic and the Regional Association of Neighbourhood and Community Houses (RANCH) developed a funding proposal to undertake a project focused on the community transport services provided by NHs in the LMR.

The proposal recommended that over a 12 month period, LMICS would work with RANCH and NHVic to:

- Map and profile the neighbourhood house transport programs in the LMR
- Review a set of highly successful neighbourhood house transport programs to identify the factors that make them successful.
- Develop a toolkit to assist other houses establish or enhance their transport programs

Community transport services provided by community sector organisations and local government are a significant, but largely invisible, 'third tier' of transport services in Victoria.
(Victorian Council of Social Services, 2008)

- Offer seed-funding of \$5000 for two houses¹ in the region to either establish or enhance transport programs for cancer and other patients using the toolkit.²

The funding proposal was accepted by LMICS and \$30,000 funding was made available to RANCH to manage the NHCTP in late 2016.

The NHCTP- Phase 1 was primarily concerned with the following questions:

- How do NHs contribute to the provision of community transport across the LMR?
- What types of community transport services do NHs in the LMR provide?
- Who uses these services?
- What community transport service models have been developed by NHs in the LMR?
- What resources exist to support these services?
- What does “good practice” involve in the provision of NH community transport services?
- How can the project support the development of community transport in the LMR using “good practice” approaches?
- What can we learn from existing NH community transport programs in the LMR in order to support the development of viable NH community transport services in other communities?

The NHCTP –Phase 1 was completed in January 2018.

• Establishing the NHCTP –Phase 2

Towards Sustainable Models: An action research approach to building the capacity of Neighbourhood Houses to develop and sustain community transport programs.

Through work undertaken by the NHCTP–Phase1, it became apparent that the NH Sector was actively engaged in providing services that addressed transport barriers, particularly for vulnerable and isolated people living in rural and remote communities in the Loddon Mallee Region (LMR):

- Almost a third (32%) of all LMR NHs provide transport services that are directly concerned with assisting community members to access health services
- Only 11 of the 41 NHs indicated that they provide no community transport or are not currently engaged in any work focussed on the development of community transport in their local communities

While initially, it was anticipated that the project would identify clear commonalities that would inform an understanding of a best practice approach to community transport service delivery at the NH level, it became apparent that a number of discrete models are potentially useful across the NH sector.

Research undertaken in the NHCTP-Phase 1 also revealed that substantial work would be required to conceptualise, assess and document the diverse range of models identified by the NHCTP. This work was not able to be completed within the constraints of the initial project.

In order to provide the NH sector with a range of models that could be replicated depending on the particular needs, location and capacity of specific communities, the NHCTP-Towards Sustainable Models Project proposal was developed as part of the NHCTP Phase 1.

The funding proposal was accepted by LMICS and \$40,000 funding was made available to RANCH to manage the NHCTP in early 2018.

1. Victorian Council of Social Services: Community Transport Snapshot Project -An overview of community transport in Victoria July 2008

² Additional funding of \$5000 was obtained through **Carer Support Services, Bendigo Health** to provide a third grant

Defining Community Transport

The VCOSS Community Transport Snapshot Project (2008) ³

A significant outcome of the work undertaken by the Victorian Council of Social services (VCOSS) through the **Community Transport Snapshot Project** was the development of a clearly articulated definition of “community transport” relevant to the Victorian context.

Central to this definition was the recognition that four characteristics are intrinsic to community transport and distinguish it from other forms of transport. Community transport was defined as transport that is:

- not-for-profit
- flexible
- able to adapt to the level of service required by passengers on the day of travel
- passenger focussed

In addition, community transport was defined as transport that is designed primarily to support vulnerable and transport disadvantaged members of the community to access services and participate in community life.

While the **Community Transport Snapshot Project (2008)** acknowledged that community transport is of benefit to a range of people, it emphasised the particular relevance it has 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 (i.e. travel frequently or long distances)
- have dementia or cognitive impairments
- speak a language other than English
- have extremely low disposable income
- have complex disabilities, especially barriers to communication or behavioural issues
- are very frail and require physical assistance
- require supported transport to access public transport services (e.g. transport to and from stations and bus stops, especially in rural areas)
- would typically use public transport but are temporarily unable to do so (due to illness or temporary disability) and are unable to afford taxis.

Community transport passengers typically:

- *do not or cannot drive*
 - *cannot 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.*
- (Victorian Council of Social Services, 2008)

The Neighbourhood House Community Transport Project (NHCTP) has explicitly used the work undertaken by VCOSS through the **Community Transport Snapshot Project** to develop the definitions, tools and frameworks that were needed to implement both projects.

By building on the conceptual work undertaken by VCOSS, the NHCTP's limited resources were able to be channelled into other aspects of community transport research and development. Accordingly, we acknowledge and thank VCOSS for the significant contribution that the **Community Transport Snapshot Project** has had on the development and implementation of the NHCTP.

³ Victorian Council of Social Services: Community Transport Snapshot Project -An overview of community transport in Victoria July 2008

Defining Sustainable Community Transport

Unfortunately, “sustainable” community transport is often understood as meaning that the costs of providing the transport service are covered by passenger fees and the service is therefore “cost neutral”. However, given the focus most community transport services have on providing transport for the most vulnerable and isolated members of our communities, this is clearly not possible in almost all situations.

In rural areas, developing and providing community transport services that are “cost neutral” are even more unlikely for the following reasons:

- Community transport services are usually focussed on the transport needs of low income passengers which limits the amount of revenue generation possible through passenger fees.
- Given the longer distances that are often involved in the provision of transport in rural areas, low income passengers are simply unable to pay the level of fees that would be necessary to cover the full costs of this long distance transport.
- Lower numbers of passengers in rural areas results in lower revenue which makes a “cost neutral” business model impossible.

Given these very real constraints to delivering “cost neutral” community transport services in rural communities, in order to provide a meaningful understanding of what funding would ensure the “financial sustainability” of NH community transport services, the Towards Sustainable Models project (TSMP) has focussed on:

- identifying the real costs involved in the establishment and provision of NH community transport services
- providing an analysis of the relatively small amount of recurrent funding that would be required to ensure financial sustainability of NH community transport services

The TSMP has also focussed on the broader issues of sustainability such as:

- The ability to engage with communities to identify local demand for community transport
- The ability to design and provide reliable services that are flexible and passenger focussed
- The ability to respond to change by adapting services to address emerging or temporary transport needs of communities:

Given the NH Sector’s community development approach, with adequate resourcing, it is ideally placed to contribute significantly to the development and sustainable provision of community transport in rural and remote Victoria.

Recent work undertaken in the United Kingdom by **Power to Change- Business in Community Hands** has provided a comprehensive framework for identifying and understanding the key factors that impact on the success of community transport services.

Apart from the obvious need to develop, monitor and implement a robust business plan that accurately predicts the costs and resources required to establish and operate the service, a number of additional factors were identified that were necessary for success and sustainability.

The following table has been adapted from the **What Works: Successful Community Transport** report⁴ to demonstrate that the organisational culture and infrastructure provided by the NH Sector has the potential to contribute significantly to the development and provision of successful community transport services in rural areas.

⁴ Power to Change- Business in Community Hands, Research Institute Report No. 7 -What Works: Successful Community Transport

Success Factor	Rationale for inclusion	Neighbourhood Houses
Organisational culture Is the organisation open minded and willing to embrace change?	A key factor underpinning the success of a Community Transport Organisation (CTO) is having a leadership team and staff group who embrace a culture of openness and who can identify and take advantage of opportunities.	The NH CD model is intrinsically concerned with facilitating change at the community level.
A clear governance structure 1. Does the community business have a governance structure? 2. Does the community business review and update its governance structure? 3. Does the governance structure of the community business allow it to balance sustainability and appropriate risk-taking?	<p>Strong governance is important to allow a community business to clearly set out roles and responsibilities.</p> <p>In the case of community businesses operating in the transport sector, it is also clear that the community business will need a structure that allows it to adapt to changing circumstances as transport routes and businesses can be vulnerable to disruption or changing demand.</p>	<p>NHCP funding requires NHs to have:</p> <ul style="list-style-type: none"> • a clear governance model • a current strategic plan • policies and procedures to support governance and operations <p>The majority of NHs are incorporated NFP organisations governed by an elected CoM.</p>
Leadership Does the community business have leaders with the appropriate mix of skills?	Our work has suggested that leadership qualities necessary for success in this sector include self-reliance, risk-taking, social purposes, and business acumen. The ability to realise growth opportunities is also important. Whether or not leadership have these attributes will directly impact the success of the business.	NH Coordinators are employed to provide and facilitate community leadership across a wide range of contexts.
Capacity and Support 1. Does the community business have sufficient people to run the business? 2. What is the mix of paid employees and volunteers? 3. Does the community business have access to the requisite skill sets to run the required services?	<p>Community businesses working in the transport sector are dependent on a mix of paid staff and volunteers to both operate the vehicles themselves, as well as the wrap-around services and coordination.</p> <p>Our research identified that finding individuals with the right set of skills, and in particular the confidence, willingness, time, and people skills to operate the service was a crucial determinant of success.</p>	<p>NH Coordinators provide leadership and expertise in capacity building at the community level, particularly in relation to volunteerism.</p> <p>Most NHs have established volunteer programs that provide a NH with the opportunity to develop and deliver programs, projects and services designed to meet community needs.</p>

The Towards Sustainable Models Project (TSMP)

The TSMP Reference Group

In early 2018, a Project Reference Group was established. The NHCTP Reference Group met as a group and individually with the NHCTP Project Manager throughout the project to:

- plan and review the work undertaken by the Project Manager
- provide the project with a collaborative approach to decision making, particularly in relation to the identification and development of the models.

The NHCTP Reference Group members were:

- Ilana Solo, Strategic Manager, LMICS
- Dan Douglass, CEO, Heathcote Health, LMICS Governance Group Member
- Sandra Wilson, Manager Regional Transport Planning, Loddon Mallee Region
- David Perry, Policy and Research Officer, NHVic
- Lea Johnson, former Coordinator, Swan Hill Neighbourhood House
- Sue Birch, RANCH (NHCTP Project Manager)

The TSMP Budget

The funding provided by LMICS was allocated to the following:

Item	Total
NHCTP Project Manager (52 weeks x 7.5 hours x \$55 ph.)	\$21,450
Case study & model development (4 Community Transport working groups x \$2,500)	\$10,000
RANCH On costs	\$3000
Travel and expenses to support stakeholder engagement	\$3550
Preparation and publication of Final Report & Resources	\$2000
Total	\$40,000

Project Objectives

The NHCTP Phase 2 – Towards Sustainable Models (TSMP) was designed to enable the Neighbourhood House Sector to build on the achievements and address the challenges identified in the original project.

The objectives of the project were to:

- Identify and engage with a broad range of stakeholders to conceptualise and document at least 4 community transport models that could be adopted by Neighbourhood Houses to increase accessibility to cancer services for people living in rural and remote communities
- Develop a financial framework for each model to assist the NH Sector to advocate for sustainable funding to deliver particular types of community transport services in rural and remote locations
- Develop resources, policies and procedures to support each community transport model.

Methodology, Scope & Structure

The TSMP was firmly grounded in Action Research methodology and was concerned with the following questions:



- How can we define sustainability within the context of NH community transport?
- What can we learn from existing and emerging NH community transport programs in order to support the development of sustainable NH community transport services in other communities?
- How can the project support the development of sustainable community transport models using community development approaches?
- What are the key components of each model that we need to capture?
- How can we strengthen the potential for sustainability?
- How can we develop accurate costings for each model so that we demonstrate sustainability?
- What resources are needed to support these models?
- How can we develop these resources?

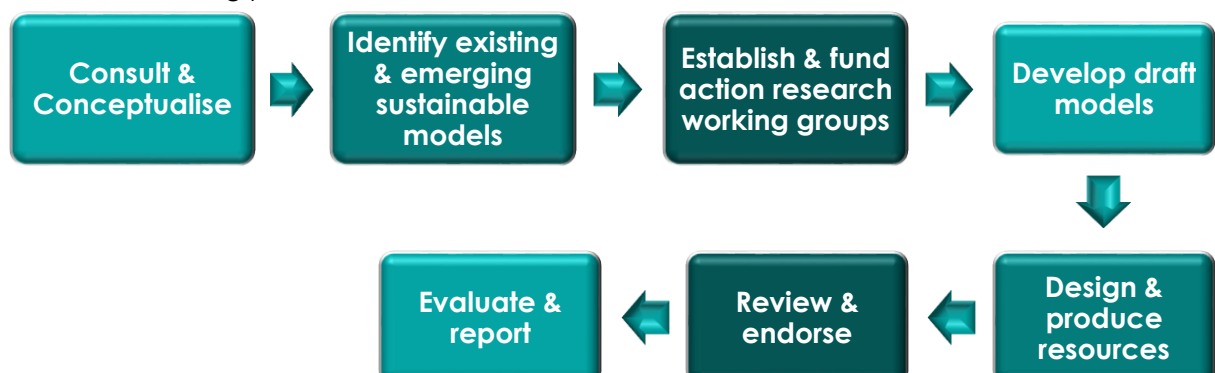
The project design integrated a continual process of engaging NHs involved in the development and delivery of community transport in planned activities that would provide the information required to inform the planning of the next activities.

Throughout the project, the research results were evaluated to identify what impact these results might have on achieving the project objectives. In some cases this resulted in significant changes to original timelines and sequencing of project activities.

Examples that illustrate this approach include:

- The decision to extend the project's original timelines by 6 months when it became apparent during the first stage of the project that there was considerably more consultation and conceptualisation required than was originally anticipated to:
 - Identify the models that would be most relevant to the NH Sector
 - Capture and Integrate emerging models that were currently developing in response to local needs
 - Provide the opportunity to use the project resources to support the establishment and development of community transport services provided by RANCH NHs.
- The decision to establish 4 action research working groups to collaborate with the Project Manager on the development of each model.
- The decision to establish a NH Sector Sustainable Models Working Group to strengthen consultation and collaboration.

The diagram below shows the actual phases of the project and provides a basic understanding of how each task informed the following phase.



The Towards Sustainable Models Project Outcomes

Consultation and Stakeholder Engagement

• Workshops and formal presentations

Workshops to engage and consult with key stakeholders were delivered at the following forums:

- Neighbourhood House Common Interest Group Forum (30 April 2018)
- NHVic Annual Conference (18 May 2018)
- Council of the Ageing (COTA) Transport Forum (28th June 2018)
- Regional Association of Neighbourhood and Community Houses Forums (21 August 2018)
- Campaspe Shire NH Cluster Group (18 October 2018)
- Mallee Network Forum (20 November 2018)
- Combined Networks Group (26 June 2019)

• Engagement with the Flexible Local Transport Solutions Program (FLTSP)

One of the most significant outcomes of the NHCTP has been the relationship building that has occurred with staff from the Department of Transport. In August 2018, Sandra Wilson, Manager Regional Transport Planning, Loddon Mallee Region attended a RANCH Forum and provided information about the Flexible Local Transport Solutions Program Grants program (FLTSP).

Potentially, the FLTSP can provide NHs and NH Networks with the funding required to:

- Engage with communities to develop strategies to address local transport disadvantage
- Establish sustainable community transport services designed to meet the specific needs of community members who are transport disadvantaged.

Since the August Forum, staff from the Loddon Mallee Region of the Department of Transport have worked closely with the NHCTP to provide support to a number of NHs to assist them to develop successful funding applications to develop community transport services in their local communities. Projects funded through FLTSP include:

▪ **Girgarre Community Cottage**

For many years Girgarre CC has delivered a community transport service that provides community members with access to medical services in Melbourne and Bendigo. Girgarre CC will improve its existing service by developing a broad range of operational systems and resources. This developmental work will later be used to support the delivery of similar services across the state.

▪ **Crossenvale Community House**

In January 2019, Crossenvale CH established a community bus service in Echuca to provide access to services for older people, people with disabilities and socially and economically disadvantaged members of the community.

▪ **Maldon Neighbourhood Centre**

Maldon Neighbourhood Centre and Castlemaine Community House, partnered with Mt Alexander Shire Council to consult with community members to develop and deliver a number of strategies funded through an "Age Friendly Communities" grant. One of the strategies was concerned with transport. A trial was conducted to test the feasibility of a service that links some of the smaller towns around Maldon to Castlemaine where most services are located. The service also involves a loop of Maldon and Castlemaine to provide access to services for residents who are transport disadvantaged within the towns. Funding through FLTSP will enable Maldon NC to continue to develop this service.

▪ **Lancefield NH & Romsey NH**

Lancefield NH & Romsey NH will progress the development of a community transport service focussing on the most economically and socially disadvantaged members of their communities.

In addition, **Rushworth Community House** has developed and submitted a substantial FLTSP funding application to establish a "community taxi" service. It is anticipated that the developmental work undertaken by RCH will support the establishment of similar services in other parts of rural and remote Victoria.

- **NH Community Transport Providers.**

By adopting a Participant Action Research (PAR) approach, the TSMP integrated support for these developing programs into the project design and methodology. This approach involved:

- Using stakeholder engagement activities as an opportunity to:
 - Involve NHs currently involved in the delivery or development of community transport programs in the design of the project
 - provide information and support to assist NHs to access funding and resources to develop community transport programs
- Formally engaging and resourcing NHs to work collaboratively on the development of sustainable models that are grounded in current community transport developmental work.
- Establishing a NH Community Transport Sustainable Models Working Group to facilitate collaboration between NHs to share, review, develop or improve resources to support community transport programs.

Identifying the Models

Through intensive stakeholder engagement, 4 dominant themes emerged that contributed to a deeper understanding of the community transport needs of rural and remote communities and the models that have been developed by NHs to address these needs.

These themes were:

- Access to health services in larger towns, Regional Centres and Metropolitan Melbourne
- Regular, accessible transport from small towns and rural areas to services located in larger towns
- Affordable, accessible and flexible local transport in small towns that do not have commercial taxi services
- Addressing social and economic disadvantage through flexible, community driven transport solutions.

However, it is important to appreciate that many rural communities experience all of these transport needs and that sustainability of services is largely dependent on the ability to integrate responses to a number of these needs into service provision.

It was anticipated that through the modelling process, a clearer understanding of the resources required to address each issue would provide the opportunity to identify how this core infrastructure could support the delivery of the other models.

Establishing and Funding NH Community Transport Working Groups.

NH providers of community transport services that were currently addressing these issues using “good practice” approaches were identified and engaged to work collaboratively with the NHCTP Project Manager on the development of each of the NH models.

This work also involved the development of resources, policies and procedures to support each community transport model.

By using this approach, the work undertaken to design the models also contributed to the development of 4 case studies that demonstrate “good practice” approaches to Neighbourhood House community transport service development and delivery. These case studies are included in the appendices of this report. In some cases, this developmental work has provided a NH with the conceptualisation required to seek funding through the Flexible Local Transport Solutions Program.

The following NH Community Transport Working Groups were established and funded to work on specific models of NH community transport provision:

Neighbourhood House	Model
Swan Hill Neighbourhood House Girgarre Community Cottage	Access to health services in larger towns, Regional Centres and Metropolitan Melbourne
Maldon Neighbourhood Centre	Linking small towns and rural communities to existing services in a larger rural town
Rushworth Community House	Community Taxi Service
Lancefield Neighbourhood House & Romsey Neighbourhood House	Addressing social and economic disadvantage through flexible, community driven transport solutions.

To provide the project with ongoing support and the opportunity for focussed collaboration across the NH Sector, a NH Sector Working Group was established. **The NH Sector TSMP Working Group** involved the following participants:

Participant	Organisation
Cameron McCrae David Perry	Neighbourhood Houses Victoria
Sue Birch	Regional Association of Neighbourhood & Community Houses
Lea Johnson	NHCTP Reference Group (ex- Swan Hill Neighbourhood House/Mallee Network)
Amy Atkinson Peter Strang	Maldon Neighbourhood Centre
Vivien Philpotts	Lancefield Neighbourhood House
Michelle Balthazar Alison Gamble	Romsey Neighbourhood House
Kezia Talbot	Girgarre Community Cottage
Nick Buzza Eloise Mitchell	Rushworth Community House

Developing the NH Sustainable Community Transport Models.

The development of each of the models required the ability to clearly identify:

- What transport need would the model address?
- How could the transport be provided?
- What establishment costs would be involved?
- What recurrent funding would be required to ensure sustainability?
- What resources needed to be developed to ensure “good practice”?
- What would it cost to deliver the model if core infrastructure was provided through another model?

• The Modelling Tool

Through consultation with a broad range of stakeholders including NHs that are currently engaged in the delivery of community transport services, a tool was developed to capture the key components required to design a sustainable Neighbourhood House community transport service.

Each of the 4 NH CT Working Groups used the modelling tool to develop comprehensive case studies to illustrate how the “sustainable models” can be operationalised at the NH level. It also provided the opportunity to identify the issues that impact on sustainability and the funding that would be required to establish and deliver the service.

The Community Transport in Action case studies are included in **Appendices 1-4**

• The NH Sustainable Modelling Workshop

In March 2019, the NH Sector TSMP Working Group participated in a workshop that provided the opportunity to collaborate, using a Participatory Action Research approach, in order to:

- Review the draft models developed through the 4 NH Working Groups
- Identify, and plan the development of resources to support each model
- Clarify and allocate the work that would need to be completed to meet the TSMP objectives.

To achieve this, the workshop focussed on the following questions:

- What are the key components of each model that we need to capture?
- How can we strengthen the potential for sustainability?
- How can we develop accurate costings for each model so that we demonstrate sustainability?

• Financial modelling

A NH Community Transport Financial Modelling Tool was developed to ensure accurate, current and comprehensive costings for each of the models.

Establishment costs have been calculated on the assumption that the establishment phase would take 12 months and would involve:

- A six month project development phase to:
 - Engage with local stakeholders to design the service using community development approaches
 - Develop policies, procedures and systems to support the operations of the service
 - Recruit and train volunteers

This would involve salary costs to employ a part-time Community Transport Coordinator/Project Officer. At Level 5 of the Neighbourhood Houses and Adult Community Education (NHACE) Collective Agreement 2016.

- The purchase of a suitable vehicle. Through consultation with the NH CT providers, it appears that an 8 seater car appears to be the preferred type of vehicle. This type of vehicle has been used in the financial modelling for the transport services that require a vehicle. The NH CT financial modelling tool provides accurate costings for alternative vehicles.
- A six month operational phase to implement the service and build a solid passenger base through promotional activities and demonstration of reliability. Assumptions have been made about the level of usage, kilometres travelled and fees charged based on the experiences of NHs who have implemented a service consistent with the model.

Establishment Income has been calculated on the six month operation phase of the first year. Assumptions have been made about the level of usage, kilometres travelled and fees charged based on the experiences of NHs who have established a service consistent with the model.

Operational costs after the first year include:

- Salary to employ a part-time Community Transport Coordinator (Level 5)
- Vehicle costs including the cost of vehicle replacement every 3 years.

The RACV has calculated the 2019 running costs (fuel, servicing and tyres) for an 8-seater vehicle as averaging out at 22c per kilometre across the different models on the market⁵

Operational income has been calculated based on the level of usage, kilometres travelled and fees charged by NHs who currently operate a service consistent with the model.

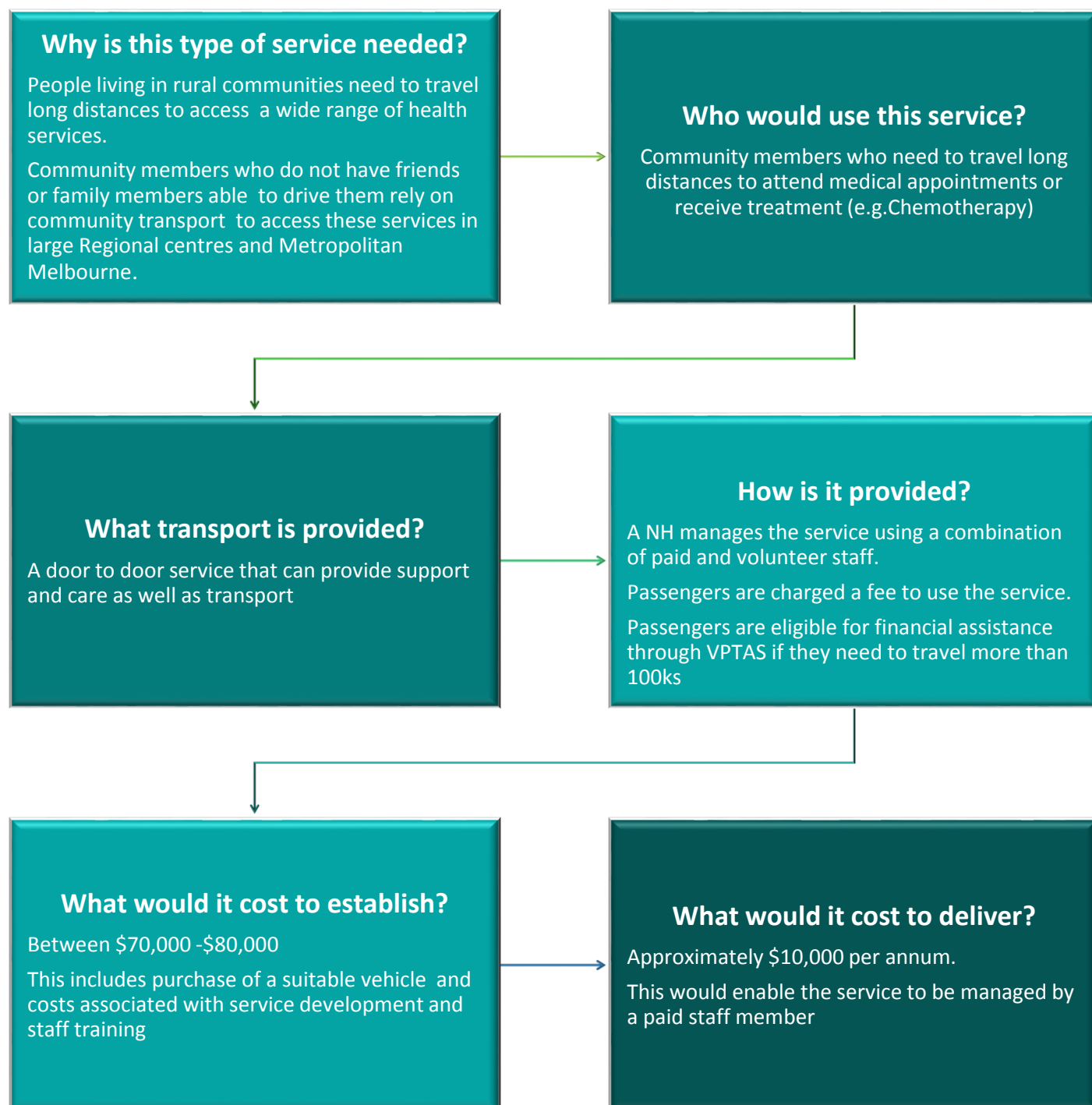
The Victorian Patient Transport Assistance Scheme (VPTAS) subsidises travel and accommodation costs incurred by rural Victorians and an approved escort(s) who have no option but to travel more than 100 kilometres one way or an average of 500 kilometres a week for one or more weeks to receive approved medical specialist services or specialist dental treatment. In 2019-20, people who receive travel support will receive 22c per kilometre if a private car is used ⁶

⁵ RACV Moving Well website, as sourced from racv.com.au (June 2019)

⁶ VPTAS Guidelines, as sourced from health.vic.gov.au (June 2019)

The NH Community Transport Models

1. Rural Access to Health Services Model



Australians living in rural and remote areas tend to have shorter lives, higher levels of disease and injury and poorer access to and use of health services compared to people living in metropolitan areas. Poorer health outcomes in rural and remote areas may be due to a range of factors, including a level of disadvantage related to education and employment opportunities, income and access to health services.
(Cancer in Rural Australia, 2012)

Why is this type of service needed?

People living in rural communities need to travel long distances to access a wide range of medical and health services. Many specialist services are only available in Regional Centres or Metropolitan Melbourne.

Public transport options available in rural communities tend to be very limited and are not appropriate for people who are unwell, frail or living with a temporary or permanent disability.

Community members who do not have friends or family members able to drive them the long distances required rely on community transport to access these services in large Regional Centres and Metropolitan Melbourne.

The NHCTP Phase 1 revealed that almost a third of NHs in the Loddon Mallee Region provided transport to health services. These community transport services have been developed as a direct response to the needs of local communities and the nonexistence of other transport options. Many of these services have operated for a number of years and have managed to be sustainable through a combination of local community fund raising, donations from service clubs and local business sponsorship.

How can this model increase accessibility to cancer services for people living in rural and remote communities?

This model of community transport is directly concerned with increasing access to health services and the NH's engaged in the NHCTP that currently provide this type of service have identified cancer patients as the primary users of the service.

Many cancer treatments require ongoing appointments at specialist cancer centres over many months and sometimes years. Some cancer treatments, particularly chemotherapy, can produce challenging side effects including fatigue, nausea and vomiting.

The client centred approach provided by NH community transport services can provide cancer patients with the individualised support and basic care that many cancer patients travelling long distances require.

It is impossible to provide exact numbers of cancer patients that are currently accessing NH community transport services in the LMR, as NHs do not routinely ask passengers to provide information about their specific health issue.

However, by using a 'snapshot' approach based on the destination of passengers, it is possible to gain an appreciation of the substantial contribution NH community transport services make to the ability of cancer patients living in rural areas to access cancer services:

- Girgarre is a small town located in the Shire of Campaspe approximately 160kms north of Melbourne and 85kms north west of Bendigo. At the 2016 census, Girgarre and surrounding area had a population of 561.

Between November 2018 and May 2019, the Girgarre Community Cottage community transport service recorded 28 return trips to Melbourne based cancer services and 11 return trips to Bendigo based cancer services.

Who needs this type of service?

"Frances" is a long-term cancer patient who requires extensive tests and regular treatment in Melbourne. She does not drive and is the full time carer for her elderly mother who has limited mobility.

In 2018, Frances had 8 x 2 week stays in Melbourne to utilise the facilities at cancer treatment centres.

In order for Frances to access these services, Girgarre Community Cottage provided her with door to door transport (16 trips).

GCC also provided transport for Frances' mother so that she could stay with Frances during these treatments. In addition, GCC transported all of the medical equipment and aids that both women needed while in Melbourne.

However, the actual number of cancer patients accessing transport is considerably higher as many cancer services are provided in large public hospitals and only the destination is recorded by the NH.

Girgarre Community Cottage estimates that 80 of the 170 trips it provided in 2018 were concerned with providing access to services for cancer patients.

- Swan Hill is a township of 10,000 people, with an additional outlying population of a further 10,000, located on the Murray River approximately 338 Kilometres from Melbourne and 188 kilometres from Bendigo.

The Swan Hill NH community transport service provided a total of 128 trips to health services in 2018 and recorded 22 trips to destinations known to provide only cancer services (e.g. the Peter MacCallum Cancer Centre) It is estimated that an additional 15 cancer patients accessed cancer services at other locations during 2018.

Who would use this service?

The service is particularly 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 (i.e. travel frequently or long distances)
✓	have dementia or cognitive impairments
✓	speak a language other than English
✓	have extremely low disposable income
✓	have complex disabilities, especially barriers to communication or behavioural issues
✓	are very frail and require physical assistance
✓	would typically use public transport but are temporarily unable to do so (due to illness or temporary disability) and are unable to afford taxis.

What transport is provided?

Door to door assisted transport to medical appointments. This is not a patient transport service that provides a high level of personal care. However, the service can provide assistance and support if passengers are unwell or frail.

Carers and support people are able to accompany the client if required. If no other supports are available, volunteer drivers can attend appointments with passengers.

How is it provided?

- A vehicle owned by a NH is available for booking by community members or agencies on behalf of individuals.
- Passengers are charged a fee for the transport.
- Passengers complete an Intake form to assist the NH to understand the level of care and support that may be required.
- A trained volunteer driver is provided to undertake the trip with the passenger (s).
- Driver collects client(s), attends appointments if required and returns passenger to pick-up point
- Client pays the driver and receives a receipt
- Clients who travel more than 100kms are eligible to claim funding via the Victorian Patient Transport Assistance Scheme (VPTAS)

Who needs this type of service?

"Pat" had been travelling to Melbourne with one of his daughters to receive treatment for skin cancers. His daughter moved from the area and was no longer available to take Pat to appointments.

Pat was attending activities at the Swan Hill Neighbourhood House so was vaguely aware that we had a vehicle available. He was embarrassed to ask for help and was quite emotional when he explained his situation.

He was also confused about some aspects of his treatment. We were able to ascertain when and where he needed to go and also encouraged the clinic in Melbourne to be aware that he was travelling a long distance with a voluntary service. We were then able to make the appointments for the middle of the day rather than first thing in the morning.

Pat's treatment continues and he is much more comfortable knowing that he has the service available and that it's ok to be requesting a booking time that fits in with the transport service. He very much enjoys paying the fee even though he has very little money. He is able to claim VPTAS and feels that he is contributing to a really valuable service that he is now very much a part of.

Paid staff perform the following roles:

- Service development
- Establishing and monitoring the policy framework under which the service operates
- Establishing comprehensive procedures to support the operation of the service
- Establishing and maintaining the administrative and coordination infrastructure required to enable the service to operate e.g. the vehicle's fuel, maintenance and insurance
- The recruitment, training and coordination of volunteers
- Ensuring the working environment is clean, orderly and safe and that it meets occupational health and safety standards
- Promoting and publicising the community transport service
- Establishing and maintaining financial systems to manage and monitor the service's viability.

Volunteer staff are responsible for:

- Project/service development: Working Group participation
- Governance: Voluntary members of NH Committee of Management
- Service delivery: Passenger bookings, Driving, Maintenance checks.

What would it cost to establish?

Expenses		Income		Cost of 1 st year less Income
Vehicle	\$50,000	Passenger fees (6 months) (1000kms x 22c per km) 2 passengers per trip	\$11,440	
Establishment Wages 5hrs per week x 52 wks	\$13,000			
Establishment costs	\$8,000			
Operational costs (6 months) 1000kms x 22c per km x 26 weeks	\$5,720			
Total	\$76,720		\$11,440	\$65,280

What would it cost to deliver?

Expenses		Income		Annual costs less Income
Vehicle replacement	\$11,800	Passenger fees (12 months) (1000kms x 22c per km) 3 passengers per trip	\$34,320	
Wages (5hrs per week x 52 weeks)	\$13,000			
Operational running costs (12 months) 1000kms x 22c per Km x 52 wks	\$11,440			
Operational expenses	\$5000			
Total	\$41,240		\$34,320	\$6,920

What would it cost to deliver if core infrastructure was provided through another model?

Expenses		Income		Annual revenue
Wages (2.5 hrs per week x 52 weeks)	\$6,500	Passenger fees (12 months) (1000kms x 22c per km) 3 passengers per trip	\$34,320	
Operational running costs (12 months) 1000kms x 22c per Km	\$11,440			
Total	\$17,940		\$34,320	\$16,380

2. Linking Small Towns and Rural Communities to Local Services Model

Why is this type of service needed?

People living in small rural communities need to access services in larger towns. Existing transport services often lack frequency, accessibility and connections to other forms of transport.

Taxi services are prohibitively expensive for many and involve a loading to pick up from smaller communities.

Who would use this service?

A wide range of community members who do not drive or have access to other forms of transport.

Community members who are temporarily unable to drive through illness or injury.

What transport is provided?

A scheduled small bus service provides transport into the nearest large town.

The service links with the existing public transport services provided by bus and train.

Passengers can be picked up from their homes or a designated place within this schedule.

How is it provided?

A NH manages the service using a combination of paid and volunteer staff.

Passengers are asked to provide a small donation to use the service.

The bus is also available for charter and can generate income to support the service

What would it cost to establish?

Between \$70,000 - \$80,000.

This includes purchase of a suitable vehicle and costs associated with service development and staff training

What would it cost to deliver?

Approximately \$30,000 per annum.

This would enable the service to be managed by a paid staff member

*In every community there are transport needs for some individuals and/or groups where the private vehicle or conventional public transport systems, commercial bus services or taxis are not suitable or available options.... Community-based transport solutions provide access to recreation, shopping, education, medical care and social services as well as providing a source of social contact for potentially isolated people in a community, for example the disabled, rural youth or elderly.
(Community-based Transport Queensland Guidelines, 2006)*

Why is this type of service needed?

People who live in very small communities or on the outskirts of rural towns who do not drive experience a particularly challenging type of transport disadvantage.

Transport to town centres is required to access basic services, including shops and medical clinics, and to maintain independence and social connections,

Existing public transport options usually lack frequency and accessibility, have limited destinations and poor connections to other forms of transport and, as a result, are usually underutilised. Taxi services are prohibitively expensive for many as many rural taxi services charge an additional fee to pick up from smaller communities outside the larger rural town.

How can this model increase accessibility to cancer services for people living in rural and remote communities?

A community transport service based on this model can provide cancer patients living in rural and remote locations with the ability to:

- access public transport to Regional Centres or Metropolitan Melbourne to attend specialist cancer services.
- access medical services located in larger towns

In addition, this type of service would provide cancer patients with the ability to access other local services that are essential to maintaining health and wellbeing.

Who would use this service?

The service is particularly 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 (i.e. travel frequently or long distances)
✓	speak a language other than English
✓	have extremely low disposable income
✓	have complex disabilities, especially barriers to communication or behavioural issues
✓	require supported transport to access public transport services (e.g. transport to and from stations and bus stops, especially in rural areas)

Who needs this type of service?

"Alice", aged in her mid-fifties, lives in a rural area, 8kms from her nearest town.

She is currently undergoing chemotherapy treatment and experiences bouts of fatigue and nausea. As a result, she is often unable to drive.

Alice regularly uses the community bus service provided by her nearest Neighbourhood House to access shops and medical services in her closest town.

Through using the service, Alice has become aware of the programs and activities provided by the NH and, when she is well enough, she uses the community bus service to participate in a range of activities that support her physical and mental health.

What transport is provided?

A NH works closely with its local community to develop a timetable that:

- addresses local transport needs
- maximises the potential use of the service.

Passengers register with the service and book their transport in advance. Passengers pay a small fee or donation to use the service.

A community vehicle provides a door to door service within the fixed timetable that has been designed to link small towns and rural areas with services located within the closest larger town.

Passengers can be picked up from their homes or a designated place. The timetable links with the existing public transport services provided by bus and train.

How is it provided?

The NH manages the service using a combination of paid and volunteer staff.

Paid staff perform the following roles:

- Service development using community development approaches to ensure that the service is designed to address community needs
- Establishing and monitoring the policy framework under which the service operates
- Establishing comprehensive procedures to support the operation of the service
- Establishing and maintaining the administrative and coordination infrastructure required to enable the service to operate e.g. the vehicle's fuel, maintenance and insurance
- The recruitment, training and coordination of volunteers
- Ensuring the working environment is clean, orderly and safe and that it meets occupational health and safety standards
- Promoting and publicising the community transport service
- Establishing and maintaining financial systems to manage and monitor the service's viability.

Volunteer staff are responsible for:

- Project/service development: Working Group participation
- Governance: Voluntary members of NH Committee of Management
- Service delivery: Passenger bookings, Driving, Maintenance checks

What would it cost to establish?

Expenses		Income		Cost of 1 st year less Income
Vehicle	\$50,000	Passenger fees (6 months) 20 passengers x \$5 x 26 weeks	\$2,600	
Establishment Wages (5hrs per week)	\$13,000			
Establishment costs	\$8, 000			
Operational costs (6 months) 600Kms x 22c per Km X 26 weeks	\$3,432			
Total	\$74,432		\$2,600	\$71,832

What would it cost to deliver?

Expenses		Income		Annual costs less Income
Vehicle replacement	\$11,800	Passenger fees (12 months) 20 passengers per wk x \$5 x 52 weeks	\$5,200	
Wages (5hrs per week)	\$13,000			
Operational running costs (12 months) 600kms x22c per Km x 52 wks	\$6,864			
Operational expenses	\$5,000			
Total	\$36,664		\$5,200	\$31,464

What would it cost to deliver if core infrastructure was provided through another model?

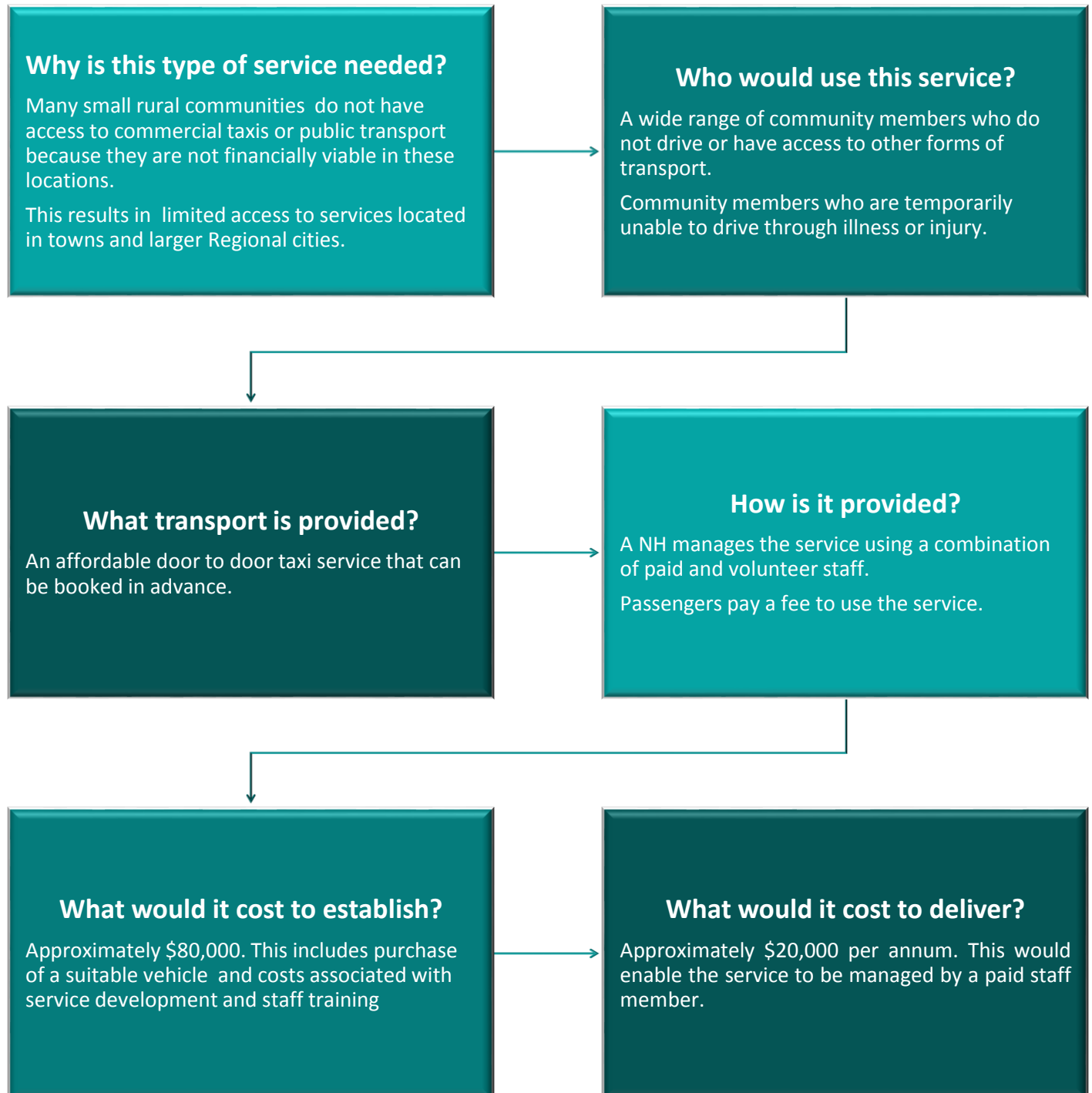
Expenses		Income		Annual costs less Income
Wages (2.5 hrs per week)	\$6,500	Passenger fees (12 months) 20 passengers per wk x \$5 x 52 weeks	\$5,200	
Operational running costs (12 months) 600kms x22c per Km x 52 wks	\$6,864			
Total	\$13,364		\$5,200	\$8,164



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⁷ Maldon Neighbourhood Centre

3. Community Taxi Model



"...under the (Victorian) government's reforms, community transport providers and councils can deliver commercial passenger vehicle services in addition to charitable services.

Community transport providers and councils may wish to expand their scope of services to provide commercial passenger vehicle services with existing fleets or additional vehicles."
(Transport For Victoria, 2018)

Why is this type of service needed?

Many small rural communities do not have access to commercial taxis or public transport because they are not financially viable in these locations. Access to local services including shops, recreational facilities, social activities, medical services or other forms of transport (Vline trains & buses in particular) can be very challenging for community members who do not or cannot drive.

A strong theme that emerged throughout the NHCTP was the need to develop and provide affordable, accessible and flexible local transport to support aging populations, particularly in small rural communities.

Older people who live relatively short distances from small town centres (1-10kms) who do not drive, or at times are unable to drive due to poor health, require transport to access basic services and maintain engagement with their communities. While, ideally, neighbours, friends or family could offer this assistance, this is not always possible.

Recent changes in the requirements for entry into the commercial passenger vehicle industry in Victoria have provided NHs in rural communities with the opportunity to establish a "community taxi" service that can address some of the local transport needs within their communities.

How can this model increase accessibility to cancer services for people living in rural and remote communities?

A community taxi service can provide cancer patients living in rural and remote locations with the ability to:

- access public transport to Regional Centres or Metropolitan Melbourne to attend specialist cancer services.
- access medical services within their local communities

In addition, this type of service would provide cancer patients with the ability to access other services that are essential to maintaining health and wellbeing

Who would use this service?

The service is particularly suited to people who:

- | |
|--|
| ✓ live in areas where public transport and taxi services are unviable due to low population density/isolation |
| ✓ have dementia or cognitive impairments |
| ✓ speak a language other than English |
| ✓ are very frail and require physical assistance |
| ✓ require supported transport to access public transport services (e.g. transport to and from stations and bus stops, especially in rural areas) |

Who needs this type of service?

"Graham" is in his late seventies and lives 2kms from the main street where most services are located in the small town where he lives.

He cares for his wife who has "late stage cancer" and is very unwell.

After a minor car accident, Graham decided that it was time to stop driving as he felt that his reflexes were no longer quick enough to avoid hazardous situations on the road.

Initially, Graham planned to walk into town regularly to shop and access other services. However, it soon became apparent that this was not always possible, particularly in extreme weather or when he was not feeling well himself.

Although Graham could ask friends or neighbours for a lift into town, he does not feel comfortable relying on "favours" and would prefer to be independent.

A community taxi service would enable Graham to access local services while maintaining a degree of independence.

What transport is provided?

The community taxi would operate much like a commercial taxi service. Passengers book a door to door service and are charged a fee. In most situations, bookings would need to be made in advance.

By utilising a larger vehicle (8 seats) the community taxi service would also be able to provide the opportunity for passengers to "ride share" on a regular basis to access services in larger towns. This could include providing a regular service that links with Vline or other transport services.

How is it provided?

A NH manages the service using a combination of paid and volunteer staff.

Paid staff are responsible for:

- Service development using community development approaches to ensure that the service is designed to address community needs
- Establishing and monitoring the policy framework under which the community taxi service operates
- Establishing comprehensive procedures to support the operation of the service
- Establishing and maintaining the administrative and coordination infrastructure required to enable the service to operate e.g. the vehicle's fuel, maintenance and insurance
- The recruitment, training and coordination of volunteers
- Ensuring the working environment is clean, orderly and safe and that it meets occupational health and safety standards
- Promoting and publicising the community taxi service
- Establishing and maintaining financial systems to manage and monitor the service's viability.

Volunteer staff are responsible for:

- Taking bookings and undertaking other general administrative tasks associated with the service
- Driving the community taxi on a job-by-job basis or on a regular inter-town service.

What would it cost to establish?

Expenses		Income		Cost of 1 st year less Income
Vehicle	\$50,000	Passenger fees (6 months) 1000Kms x 44c x 26 weeks*	\$11,440	
Establishment Wages (5hrs per week)	\$13,000			
Establishment costs	\$8, 000			
Operational costs (6 months) 1000 Kms x 22c per Km x 26 weeks	\$5,720			
Total	\$76,720		\$11,440	\$65,280

* Passenger fees could be set at a higher rate.

What would it cost to deliver?

Expenses		Income		Annual costs less Income
Vehicle replacement	\$11,800	Passenger fees (12 months) 1000kms x 44c x 52 weeks	\$22,880	
Wages (5hrs per week)	\$13,000			
Operational running costs (12 months) 1000kms x 22c per Km	\$11,440			
Operational expenses	\$5,000			
Total	\$41,240		\$22,880	\$18,360

What would it cost to deliver if core infrastructure was provided through another model?

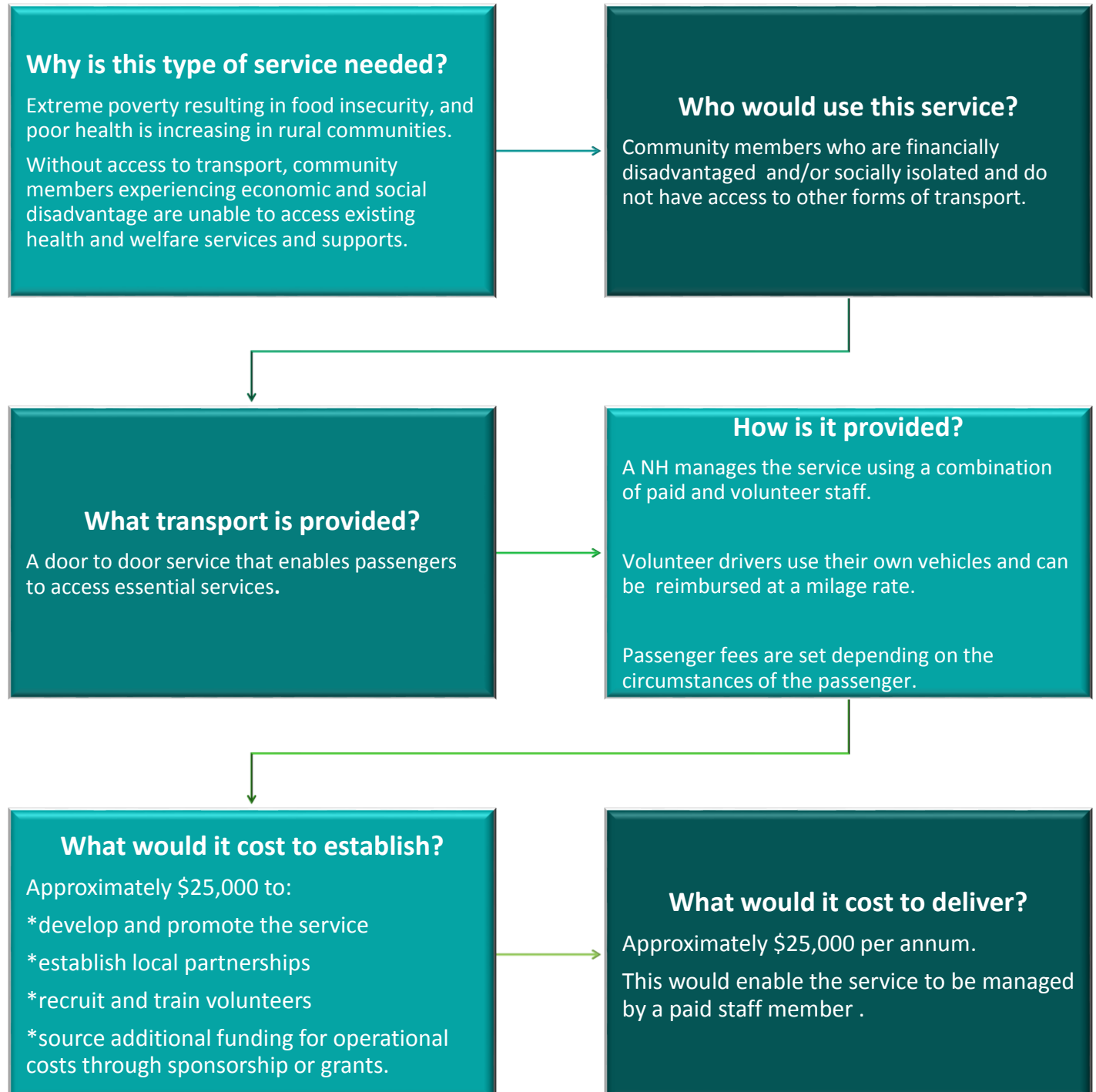
Expenses		Income		Annual revenue
Wages (2.5 hrs per week x 52 weeks)	\$6,500	Passenger fees (12 months)	\$22,880	
Operational running costs (12 months) 1000kms x 22c per Km x 52 weeks	\$11,440	1000kms x 44c x 52 weeks		
Total	\$17,940		\$22,880	\$4,940



⁸ Rushworth Community House

4. The Equity Model

Flexible, community driven transport to address local economic and social disadvantage.



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. (Victorian Council of Social Services, 2008)

Why is this type of service needed?

Without access to transport, community members experiencing economic and social disadvantage are unable to access existing health and welfare services and other essential services and supports.

NHs in rural communities are ideally placed to understand and respond to the diverse and often complex needs of community members who are transport disadvantaged. Through consultation undertaken by the NHCTP, transport for community members who do not have the financial means to pay even a nominal fee appears to be a chronic and increasing need in many rural communities.

In addition, people who are experiencing permanent or temporary illness or disability find it difficult to access essential services in rural areas if they do not, or are unable, to drive.

How can this model increase accessibility to cancer services for people living in rural and remote communities?

A flexible, accessible, community driven service can provide cancer patients living in rural and remote locations with the ability to:

- access public transport to Regional Centres or Metropolitan Melbourne to attend specialist cancer services.
- access medical services within their local communities

In addition, this type of service would provide the most economically and socially disadvantaged cancer patients with the ability to access other services that are essential to maintaining health and wellbeing.

Who would use this service?

The service is particularly 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 (i.e. travel frequently or long distances)
✓ speak a language other than English
✓ have extremely low disposable income
✓ have complex disabilities, especially barriers to communication or behavioural issues
✓ require supported transport to access public transport services (e.g. transport to and from stations and bus stops, especially in rural areas)

What transport is provided?

A door to door service to access services locally or in larger rural towns and Regional Centres. Volunteer drivers use their own vehicles to transport passengers.

Who needs this type of service?

"Jack" is in his late 60's, lives alone, has a complex medical history and is in poor general health. He is socially isolated, experiencing long term economic stress and has strained family relationships.

Nurses from the local GP clinic contacted the NH transport service in order to get "Jack" to an essential specialist appointment at a Cancer Services Clinic in Melbourne that had already been rescheduled and delayed due to lack of transport. Another reschedule, would mean returning to a long wait list and an exacerbated medical condition.

Although "Jack" is able to drive locally, he does not have the capacity to drive the long distance to Melbourne. Given "Jack's" financial hardship, no fee was charged for the transport.

How is it provided?

The service is coordinated by a NH that works closely with other local health and community service providers to identify and respond to the individual transport needs of economically and socially disadvantaged community members.

A flexible approach to passenger fees and volunteer driver reimbursements is fundamental to the service provision. This involves skilled coordination and an understanding of the needs of both the volunteer drivers and the passengers.

Examples of this flexibility include:

- Volunteer drivers who regularly travel to a larger town may be willing to transport passengers without seeking reimbursement from the NH.
 - If the passenger is unable to afford to pay a fee, the transport provision is cost neutral.
 - If the passenger is able to pay a fee, this contributes to the costs associated with maintaining the service.
- Volunteer drivers who are financially disadvantaged can subsidise the costs of traveling to access particular services by transporting other community members and claiming a mileage reimbursement through the NH.
 - If the passenger is unable to afford to pay a fee, the total costs of the reimbursement are covered by the service
 - If the passenger is able to pay a fee, this covers the costs of the driver reimbursement and the transport provision is cost neutral.
- Volunteer drivers are available to drive passengers anywhere provided they are reimbursed
 - If the passenger is unable to afford to pay a fee, the total costs of the reimbursement are covered by the service
 - If the passenger is able to pay a fee, this covers the costs of the driver reimbursement and the transport provision is cost neutral.

Paid staff are responsible for:

- Service development using community development approaches to ensure that the service is designed to address community needs.
- Establishing and monitoring the policy framework under which the service operates.
- Establishing comprehensive procedures to support the operation of the service
- Establishing and maintaining the administrative and coordination infrastructure required to enable the service to operate e.g. the vehicle's fuel, maintenance and insurance
- The recruitment, training and coordination of volunteers.
- Ensuring the working environment is clean, orderly and safe and that it meets occupational health and safety standards.
- Promoting and publicising the community transport service.
- Establishing and maintaining financial systems to manage and monitor the service's viability

Volunteer staff are responsible for:

- Governance: Voluntary members of NH Committees of Management
- Taking bookings and undertaking other general administrative tasks associated with the service
- Driving their vehicles to provide the service.

What would it cost to establish?

Expenses		Income		Cost of 1 st year less Income
Establishment Wages (5hrs per week)	\$13,000	Passenger contributions. 100kms x 68c x 26 weeks*	\$1,768	
Establishment costs	\$5,000			
Operational costs Volunteer Driver reimbursements (6 months) 300 Kms x 68c per Km X 26 weeks	\$5,304			
Total	\$23,304		\$1,768	\$21,536

*This is based on one third of all driver reimbursement payments.

What would it cost to deliver?

Expenses		Income		Annual costs less Income
Wages (5hrs per week)	\$13,000	Passenger contributions. 100kms x 68c x 52 weeks	\$3,536	
Operational costs Volunteer Driver reimbursements (12 months) 300 Kms x 68c per Km X 52 weeks	\$10,608			
Operational expenses	\$5,000			
Total	\$28,608		\$3,536	\$25,072

What would it cost to deliver if core infrastructure was provided through another model?

In this case, the infrastructure would include a vehicle. Volunteers could drive the vehicle and this would eliminate the need for driver reimbursement.

Expenses		Income		Annual costs
Wages (2.5 hrs per week x 52 weeks)	\$6,500	Passenger fees (12 months) 100 kms x 68c x 52 weeks	\$3,536	
Operational running costs (12 months) 300 kms x 22c per Km x 52 weeks	\$5,148			
Total	\$11,648		\$3,536	\$8,112

The Resources

As part of the NHCTP- Phase 1, a NH Community Transport Toolkit (NHCTT) was developed to assist NHs to establish or enhance their existing community transport programs. The TSMP has provided the opportunity to contribute significantly to the current and ongoing development of the NHCTT. The following resources were developed through the TSMP and are available to the NH Sector:

- **The NH Community Transport Manual**

Although there is significant diversity in the types of community transport services provided by NH, there are a number of policy and procedural issues that are common across all programs. Through consultation with the NH Sustainable Models Working Group, it was decided that a generic NH Community Transport Manual should be developed that could provide NHs with a prototype that could be adapted to suit the particular requirements of individual NHs.

- **Financial Modelling Tools**

The Financial Modelling Tools have been designed to identify the real costs associated with both the establishment and ongoing operational stages of a community transport service delivered by a Neighbourhood House. In particular, the tools can be used to develop budgets to support applications for funding based on current costings.

- **The Rural Access to Health Services Model**

The NH Community Transport Manual contains comprehensive information and resources to support this type of service. The manual has integrated resources developed by Swan Hill NH that are particularly relevant to this model.

A case study of the Swan Hill NH Community Transport Program was developed as part of the TSMP to provide the NH Sector with a deeper understanding of the model. This is available through the NHCTT and is included in **Appendix 1** of this report.

In addition, through funding provided by the Flexible Local Transport Solutions Program (FLTSP), Girgarre Community Cottage will improve its existing community transport service by developing a broad range of operational systems and resources. This work will be included in the NH CTT to support the delivery of similar services across the state.

- **The Linking Small Towns and Rural Communities to Local Services Model**

The NH Community Transport Manual contains relevant information and resources to support this type of service.

Maldon Neighbourhood Centre has developed timetables and marketing and promotional resources to support their service. These are available through the CTT. Through funding provided by the FLTS, Maldon NC will continue to develop their service and contribute to the ongoing development of the CTT.

A case study of the Maldon NC Community Transport Program was developed as part of the TSMP. This is available through the NHCTT and is included in **Appendix 2** of this report.

- **The Community Taxi Model**

The NH Community Transport Manual contains information and resources that can be adapted to support this type of service.

As part of its application for funding through the FLTS program, Rushworth Community House has developed:

- a detailed project plan to establish a NH community taxi service in a small rural town
- a budget to support the implementation of the plan.

A case study of the Rushworth CH's proposal to establish a NH Community Taxi service was developed as part of the TSMP. This is available through the NHCTT and is included in **Appendix 3** of this report.

If Rushworth CH's FLTS application is successful, additional resources developed through the establishment of the community taxi service will be available through the NH CTT.

- **The Equity Model**

The NH Community Transport Manual contains policies and procedures and other resources that are relevant to this type of service. In particular, the manual contains information to support the recruitment, training, roles and responsibilities of volunteers working within an access and equity model of practice.

Lancefield NH and Romsey NH have developed a document that provides a rationale and overview of the Equity Model of community transport that they provide to their communities. The document includes:

- a list of Key Principles that underpin the service
- a Key Decision Matrix that guides the operation and development of the service.

This document is available through the NH CTT.

A case study of the Community Transport Program provided by Lancefield NH and Romsey NH was developed as part of the TSMP. This is available through the NHCTT and is included in **Appendix 4** of this report.

Lancefield NH and Romsey NH have successfully gained funding through the FLTSP to develop their service and resources developed through this project will be available through the NH CTT.

Evaluation & Recommendations



What did we learn? How can we build on this work?

1. The NH Sector has the capacity to provide the organisational culture, community governance and leadership required to develop and deliver sustainable community transport services in rural communities

The NH Community Development Model is intrinsically concerned with facilitating change by engaging with communities to identify needs and develop responses. NH Coordinators provide leadership and expertise in capacity building at the community level, particularly in relation to program and service development and volunteerism.

The Neighbourhood House Coordination Program funding requires NHs to have:

- a clear governance model
- a current strategic plan
- policies and procedures to support governance and operations

To be successful and sustainable, community transport services need to be:

- Responsive to community needs
- Flexible and passenger focussed
- Adaptable and open to change
- Able to attract and maintain reliable volunteers
- Supported by sound management, administrative and financial policies and systems
- Accountable through a clear governance structure

The organisational culture and infrastructure provided by the NH Sector have the potential to contribute significantly to the development and provision of successful community transport services in rural areas.

The TSMP has clearly identified this potential through the development of the case studies that were produced by the NH Community Transport Working Groups.

2. The work undertaken by the TSMP has provided the NH Sector with a clearer understanding of the resources that would be required to establish and deliver community transport services that address transport disadvantage issues in rural communities.

This will strengthen the NH Sector's ability to develop a strategic approach to advocating for the developmental and recurrent funding required to provide NH community transport services in rural areas.

The key findings in relation to the resources required include:

• Establishment

The financial modelling revealed that each of the NH community transport services would cost between \$25,000 and \$30,000 to establish, excluding the cost of a vehicle.

This would enable NHs to employ a part-time Community Transport Coordinator/Project Officer (5hrs per week) for 12 months to:

- Engage with local stakeholders to design the service using community development approaches

- Develop policies, procedures and systems to support the operations of the service
- Recruit and train volunteers
- Manage a six month operational phase to implement the service and build a solid passenger base through promotional activities and demonstration of reliability.

• Vehicles

Through consultation with the NH CT providers, it appears that an 8 seater car appears to be the preferred type of vehicle. This type of vehicle has been used in the financial modelling for the services that require a vehicle. A new vehicle of this type would cost approximately \$50,000.

The NH CT Financial Modelling Tool can provide accurate costings for alternative vehicles.

While the cost of a suitable vehicle appears to be a major barrier to the establishment of community transport services in many small rural communities, a significant number of NHs have been donated vehicles and this has enabled them to establish their services.

It is interesting to note that some of these vehicles have been donated by other community services or groups that have fund raised to purchase a community transport vehicle but have lacked the organisational capacity to develop or deliver a viable service.

In a number of cases, through FLTSP funding, a NH has been able to provide the developmental work and infrastructure required to establish a community transport service by utilising an existing community vehicle.

• Service Delivery

The TSMP financial modelling in relation to service delivery has been based on the actual level of usage, kilometres travelled and fees charged by NHs who currently operate a service consistent with a particular model.

No attempt was made to inflate the level of transport provided to demonstrate that “cost neutrality” was potentially achievable. The reality is that most small communities simply do not have the populations necessary to attract the level of passenger fees that could result in a cost neutral service.

By adopting this approach, the TSMP has clearly demonstrated that a relatively small amount of recurrent funding of between \$10,000 and \$30,000 per annum is required to ensure financial sustainability of NH community transport services in rural communities.

• Volunteers

All of the models rely on the ability to attract and retain caring, supportive and skilled volunteers to deliver the service. It was beyond the scope and resources of the TSMP to fully explore the issue of volunteerism and NH Community Transport sustainability.

Further work on the financial modelling to include and “cost” the social capital that NHs generate through their volunteer programs would provide a more meaningful appreciation of the resources that are needed to develop and deliver community transport services in rural communities.

It is worth noting that the **Rural Access to Health Services Model** is dependent on volunteer drivers who are willing to drive very long distances in a single day. In addition, the volunteer driver needs to feel confident enough to drive and park in heavy city traffic around hospitals and other health services.

To increase the sustainability of the model, NHs could consider the possibility of engaging paid staff to undertake long distance trips particularly when passengers are eligible to claim travel through VPTAS.

This could be possible, if the vehicle was large enough to transport a number of people on the same trip, and passenger appointments were coordinated to occur on the same day.

3. Flexibility and diversification increases the sustainability of NH community transport services

Although the TSMP was concerned with the development of 4 discrete models of community transport focussed on addressing particular transport needs in rural communities, it is important to appreciate that many rural communities experience all of these transport needs.

In most cases, financial sustainability is largely dependent on the ability to integrate a number of models into community transport service provision at the community level.

Through the collaborative modelling process, it became apparent that once the core infrastructure was in place to support a particular model, this created the capacity to deliver other models.

Examples of this type of integration include:

- A vehicle used to provide rural access to health services could be used to provide the type of service described by the Equity Model
- A Community Taxi (8 seater) could be used to link small towns and rural communities to local services by developing regular or occasional scheduled services.
- A vehicle (8 seater) used to link small towns and rural communities to local services could be used to provide access to health services in Regional Centres and Metropolitan Melbourne

In particular, it appears that the Community Taxi Model may have the potential to generate enough income to support the delivery of other services in some communities.

4. NH community transport capacity building requires collaboration and investment.

The TSMP provided the opportunity to engage in a collaborative approach to NH community transport development, particularly at a Regional level.

This involved:

- Collaboration between the NH Sector and the Loddon Mallee Integrated Cancer Services (LMICS) to identify the need for the project and to provide the resources required to design and deliver the project.
- Collaboration across the NH Sector, particularly within the RANCH Network, to inform the development of the models and resources
- Collaboration between RANCH and the Loddon Mallee Regional Planning Division of the Department of Transport to strengthen engagement of rural NHs with the Flexible Local Transport Solutions Program (FLTSP) in order to fund NH community transport development at the community level.

The work undertaken by the TSMP could not have occurred without the financial support of LMICS and the Department of Transport's FLTSP funding program.

Collaborative partnerships between the NH Sector and the health and transport sectors are essential to support and fund further NH community transport capacity building work at state-wide, Regional and community levels.

The methodology, frameworks and tools that were developed through the TSMP can be used by the NH Sector to undertake similar action research and capacity building in other regions of Victoria.

References

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- Community-based Transport Queensland Guidelines, State of Queensland and Local Government Association of Queensland (2006)
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- Getting started in the commercial passenger vehicle industry. community transport and council information. Department of Transport Victoria (2018)
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- VPTAS Guidelines, as sourced from health.vic.gov.au (June 2019)

Neighbourhood House Community Transport in Action:

The Rural Access to Health Services Model

SWAN HILL NEIGHBOURHOOD HOUSE

Appendix 1

Swan Hill is a township of about 10,000 people, with an additional outlying population of a further 10,000, located on the Murray River approximately 338 Kilometres from Melbourne and 188 kilometres from Bendigo.

Since 2013, the Swan Hill Neighbourhood House has provided a Community Transport Service primarily focussed on providing access to medical services in larger Regional Centres and Metropolitan Melbourne.

1. Community Need

What need (s) does the service address? How did Swan Hill Neighbourhood House identify this need?

Although there is a hospital in the municipality, access to specialists is severely limited. Many people chose outside options due to personal preference or the limited services available in Swan Hill. Chemotherapy, fracture clinics, cardiac specialists and many other services are only available in larger regional or metropolitan centres but the accessibility of these services is exacerbated by the lack of public transport.

There are train services and bus services in the region; however, these are limited and the reliance on family and friends to provide transport options takes its toll as days need to be taken off work which in turn has wider social and economic impacts. If individuals are isolated, have no family and potentially no friendship circles all of these issues are exacerbated; there is no one to help out and, in the case of people needing specialist care, the flow-on impacts are even greater.

Identification of the need for Community Transport for Swan Hill and surrounding areas has been a direct result of conversations about these flow-on impacts taking place in specialist clinics and community groups right across Swan Hill. Developing and instituting a model to provide accessible and affordable transport was widely recognised as imperative to the ongoing health and wellbeing of rural and remote communities like Swan Hill.

2. Transport provided

What type of transport is provided?

The service provides door to door assisted transport to medical appointments. Although this is not a patient transport service able to provide a high level of personal care, the service can provide assistance and support if passengers if unwell or frail. Many service users have no other supports so volunteer drivers are available to accompany them into appointments if required.

How is it provided?

- A vehicle owned by the Swan Hill Neighbourhood House (SHNH) is available for booking by community members or by agencies on behalf of individuals.
- A trained volunteer driver is provided to undertake the trip with the passenger(s).
- Driver collects client(s), attends appointments if required and returns the clients to their homes
- Client pays driver and receives receipt
- Clients claim funding via Victorian Patient Transport Assistance Scheme (VPTAS)

How often is it provided?

Transport can be provided on any weekday depending on the availability of drivers. However, the service receives more requests for transport than it is able to provide due to limited resources. To maximise the ability to cater for the high demand for transport, SHNH assists clients to schedule their medical appointments around transport availability. For example, if there is more than one request for travel to Bendigo on the same day, we encourage and support clients to request appointments at similar times.

3. The Passengers

Who currently uses the service? Why do they use the service?

- Transport disadvantaged
- People without available family/friends
- Isolated persons
- Chemotherapy (and similar) visits that are regularly scheduled

- Elderly
- People with a disability
- Situational – those that are unable to drive for a period of time while having physio or similar treatments
- People who find that other services are cost prohibitive (e.g. private personal carers)

4. Staff and volunteers

What role do paid staff play in the provision of the service?

- Coordination of volunteers
- Bookings
- Driving induction
- Administration – financial / data collection
- Advocacy, marketing and promotion
- Reporting
- Compliance – registration, insurances, maintenance scheduling
- Feedback (grievances/positive feedback)

What role do volunteers play in the provision of the service?

- Drivers
- Cleaning

5. Training

What training is required to ensure that the service is efficient and safe?

- Driver induction
- Coordination of all paid/unpaid staff involved in the service
- Intake process focussing on issues such as mental health, level of ability, etc
- Confidentiality

6. Cost of service provision

What costs were associated with establishing the service?

The Southern Mallee Transport Connections Partnership had been working on pilot projects for community transport across the Mallee region for a number of years. The Coordinator of the SHNH was on the project advisory committee at the time the project was finalised in 2013, when there was an amount of funding left in the project with a newly-acquired car being still available. After lengthy discussions, it was agreed that the car and remaining funds (\$25,000) could be transferred to SHNH to trial a community transport service for 3 – 5 years and to evaluate outcomes, usage and sustainability.

SHNH then engaged with a broad range of other community organisations to identify opportunities for collaboration and support for the community transport service. The Lions Club and Murray Downs Golf & Country Club (MDGCC) had also been discussing how to get a community transport service established and it was agreed that supporting an existing (new) service would be better than duplication. The service clubs were happy to encourage their members to become volunteer drivers and MDGCC were keen to support the program with recurring funding of approximately \$10,000.00.

This funding was used to cover the costs associated with:

- Insurances
- Roadside assistance membership
- Registration
- Maintenance schedule
- Promotion/advocacy/marketing
- Equipment (phones, fire extinguishers, uniform, volunteer badges)
- Wages

What are the annual operational costs required to deliver the service?

- Wages
- Servicing
- Fuel
- Cleaning
- Changeover
- Staffing
- Parking
- E-tags
- Equipment upgrades (phones, fire extinguishers)

7. Funding sources

What funding sources currently support the service?

There is a fee charged for the service (depending on destination) and this, along with ongoing support from Murray Downs Golf & Country Club (MDGCC), assists with the sustainability of the service. Given that most trips involve travel of over 100kms, most passengers are able to claim costs back through the Victorian Patient transport Assistance Scheme (VPTAS).

Other funding sources include:

- Donations

Many clients (and family members) are very grateful for the service provided and have offered additional money over and above the service fee, with this money being treated as a donation to the service.

- Veterans Affairs/RSL

Clients that are RSL members or Veteran's Affairs clients have been able to access funds through these organisations to meet some of their travel / medical costs

- Palliative Care (Hospital funds)

Clients that service users are not in-patients but are registered with palliative care units and needing to travel regularly for chemotherapy and other cancer specific treatments, they can sometimes access funding through Palliative Care units to cover costs, especially those that do not qualify for the VPTAS reimbursement scheme (e.g. travel that is less than 100kms from the client's home)

8. Resources and tools

What policies, procedures, and information/promotion packages or data collection tools are needed to support this community transport service?

SHNH developed a comprehensive Operational manual which is available to other service providers, volunteer drivers and service users through the Neighbourhood House Community Transport Toolbox. A Client In-take Tool was developed to strengthen the ability to understand and respond to the particular needs of passengers. Issues we address at intake stage include:

- Do you need to stop for this client?
- Do we need a carer to accompany this client?
- Do we need to assist with medication?

9. Effectiveness and sustainability

What are the risks to the sustainability of this community transport program?

- Availability of volunteer drivers

This particular service mainly relies on retired people as those that don't have work commitments are more likely to be able to schedule a regular available timeslot or be available on call. However, this demographic also tend to take holidays during the winter and many are also involved in other community groups that rely on them heavily. This results in a very small group of volunteers that are available, particularly in the winter months.

In addition, given the age of most of the volunteers, the number of drivers that are comfortable driving to Melbourne and back in a single day is extremely limited. The service has increasingly been unable to meet the demand for transport to the Metropolitan Melbourne area due to the unavailability of any suitable volunteer drivers on a particular day.

- **Coordination with Health Services**

Considerable time is spent engaging with Health Services on behalf of clients so that these Health Services fully understand how the transport service works and the realities associated with providing transport over long distances. For example, an 8.00am appointment in Melbourne is simply not possible for many clients or for our volunteer drivers. In these instances, SWNH may need to advocate on behalf of clients to reschedule an appointment that is not suitable given the constraints of the transport service and the time required for travelling long distances.

In addition, to maximise the efficiency of the service, SWNH often needs to engage with Health Services to arrange for different client appointments to be scheduled back to back on the same day so that a number of clients from the same town can travel at the same time with the transport service.

- **Funding to upgrade vehicle when required**

To ensure maximum efficiency operating with a relatively new vehicle with low kilometres is ideal. However, as Swan Hill is a relatively remote area, the SWNH vehicle clocks up a significant number of kilometres over 12 months. Having funds available for replacement costs as well as regular maintenance and repairs is paramount or otherwise the transport service cannot continue.

What recurrent funding could ensure sustainability?

Recurrent funding of around \$20,000 per annum.

Who uses this service?

“Frank” had been a client with our service for the past 2-3 years. He was diagnosed with cancer and began seeing an oncologist in Bendigo. The oncologist travels to Kerang (60km from Swan Hill) on a fortnightly basis to see patients from the surrounding districts.

Frank was a patient with palliative care so for the shorter trips to Kerang where there is no VPTAS subsidy available (under 100kms) they were able to fund his travel. Frank went into remission during his treatment but then had a reoccurrence of cancer and began to utilise the service again with more extensive services being required – bone scan clinics, nutrition related specialists etc.

Quite a few of these trips were to Bendigo as well as the ongoing travel to Kerang to see the oncologist. Frank’s wife was still able to drive but was only comfortable driving around home to the supermarket and other short distance trips. Community Transport for this couple was highly beneficial, the stress of having to get to appointments was alleviated and as we had regular trips booked for Kerang oncology we were able to make sure appointments were booked in advance both at the clinic and with our service so there was no chance of Frank not being able to attend.

Frank recently passed away and on visiting his wife she expressed how grateful she was to have had the service in place and how it had been so comforting to know we were available to help. Frank was always very grateful even when he was really unwell, he was happy knowing his wife wasn’t under any pressure to drive him to his appointments.

Neighbourhood House Community Transport in Action:

**Linking Small Towns and Rural Communities to
Local Services Model**

MALDON NEIGHBOURHOOD CENTRE

Appendix 2

Maldon is a township of around 1500 residents with a median age of 58 years. It is located in the Mount Alexander Shire approximately 18kms from Castlemaine.

The Maldon Neighbourhood Centre has worked closely with their local community to develop a community bus service that links small towns and rural communities to Castlemaine.

1. Community Need

What need (s) does the service address? How did Maldon Neighbourhood Centre identify this need?

In 2016 a community consultation was undertaken as part of the Age Friendly Community project which concluded that a community transport service was a priority for older people in Mount Alexander Shire. Previous consultations conducted by Mount Alexander Shire Council in 2011 also highlighted a need to improve local transport options as well as to communicate these options to the community.

Access to reliable transport for all people is required to maintain independence, social connections, relieve carers and make for a healthy, happy community. Current services lack frequency & accessibility, have limited destinations, and poor connections to other forms of transport and as such are underutilised. Taxi services are prohibitively expensive for many with a loading charged to pick up from smaller communities. The township of Maldon was identified in 2016 as having irregular public transport options and that the bulk of movement was to the nearby centre of Castlemaine, from which the larger centre of Bendigo can be accessed by train.

Other communities who are eligible to use this Community Transport Service include Baringhup, Chewton, Wesley Hill, Muckleford, Walmer, Barkers Creek, Campbell's Creek as well as Castlemaine.

Specific population cohorts with particular transport needs include:

- Elderly
- Transport disadvantaged/ isolated
- People with health/ injury issues
- Supporters of public transport
- Young people

2. Transport provided

What type of transport is provided? How is it provided? How often is it provided?

We run a door to door service within a fixed schedule twice a week.

The Community Transport Service runs between Maldon & district and Castlemaine & district as well as around the Castlemaine district itself using a 12-seater mini-bus.

The service runs on Tuesdays & Fridays, except for public holidays, and offers two scheduled bus runs per day. There are suggested donation amounts for one or more journeys. The timetable links with the existing public transport services provided by bus and train. Residents can be picked up from their homes or from a designated place e.g. a railway station.

Passengers are registered with the Maldon Neighbourhood Centre (MNC) and must be able to independently access the vehicle. Bookings are made prior to departure by phoning the MNC. The service is door-to-door.

It was determined that a flexible door-to-door service would best meet the needs of clients because poor footpaths, hills, and long distances to bus stops were major barriers to accessing public transport.

The Community Bus is available for charter outside of service times. There is a discounted rate for community groups, such as local sporting clubs. Commercial hire rates apply to others. This income offsets costs incurred by the Community Transport Service so that it is affordable and accessible to all.

3. The Passengers

Who currently uses the service? Why do they use the service?

There is a broad range of users.

Most regular users are:

- elderly people who prefer not to drive even though having a car and driving licence
- residents who are trying to reduce their reliance on individual cars and recognise that the service is of great value to the community and want to support it, and
- residents connecting to the Castlemaine – Melbourne train service.

Intermittent users are:

- people who have lost their licence for a set time
- people who are temporarily disabled through illness or injury and are unable to drive for a short period (often weeks or months).
- people who do not have a licence or car.

We also are available for young people who are not yet able to drive themselves. However, as the current service operates during school hours, students can only use the service during school holiday periods or when a student's timetable permits.

Who uses this service?

"Bob" is aged 65+, he uses the service once a fortnight to shop for himself and his pets. He has a car but prefers not to drive and appreciates the social contact with the drivers and other passengers as well as help with loading and unloading his shopping. He travels from Maldon to Castlemaine and return.

Who uses this service?

"Doris" is aged over 75 years, the community transport service picks her up from home and takes her for rehabilitation at the local hospital and return.

She travels within the Castlemaine township.

4. Staff and volunteers

What role do paid staff play in the provision of the service?

- Management and administration – arranging driver meetings, vehicle maintenance, service and safety checks, industry compliance, administration of Working Group, risk management, development of policies and procedures, marketing and promotion
- Project/service development – staff liaise with the Working Group on future planning and the development and implementation of the business & marketing plan
- Volunteer coordination – driver recruitment, rosters and support, training, volunteer checks
- Passenger bookings and registration

What role do volunteers play in the provision of the service?

- Project/service development: Working Group participation
- Governance: Voluntary members of the Maldon Neighbourhood Centre Committee of Management
- Service delivery: Passenger bookings, Driving, Maintenance checks

5. Training

What training is required to ensure that the service is efficient and safe?

- RACV Driver Safety training
- Volunteer inductions – familiarity with our policies and procedures
- First Aid Training (currently optional)
- Optional opportunities related to supporting clients with mental health issues, disabilities, dementia, LGBTIQ+, etc.

6. Cost of service provision

What costs were associated with establishing the service?

Establishment costs were funded by Age Friendly Communities grant funding from State Government and sponsorship from the Maldon & District Community Bank.

Establishment costs –

\$18,000

- Community Consultation
- Development of tools, booking systems etc.
- Recruitment of volunteers
- Promotion and advertising
- Motor Vehicle Duty and transfer of ownership

What are the annual operational costs required to deliver the service?

Vehicle Registration	\$400
Maintenance and servicing (costed at \$0.2/km over 25 000kms p.a.)	\$5,000
Insurance	\$1,200
RACV member – Roadside assistance	\$175
Volunteer training and Volunteer police checks	\$3330
Fuel (costed at \$0.20/km over 25 000kms p.a.)	\$5,000
Marketing and Promotions	\$1600
Staff – administration and support	\$1,500
Depreciation	\$4,835
Total	\$23,040

In addition, Community Transport Service Volunteers contribute on average \$615 of value (15hrs x \$41p.h.) per week, which approximates to about **\$30,000** in annual labour costs.

7. Funding sources

What funding sources currently support the service?

Our vehicle was donated by the Baringhup Maldon Community Bus group when it disbanded. The Baringhup Maldon Community Bus group initially fundraised 50% of the cost of the vehicle, with the remaining 50% funded by the Maldon & District Community Bank (value \$29 000).

Users of the Community Transport service pay a donation for each trip – suggested amounts are \$3 one trip, \$5 two trips and \$6 for three or more trips per day. These contributions do not cover the full amount of fixed operational costs incurred by ownership of the vehicle but do cover the cost of fuel for that trip.

The Community Transport service is financially supported by a social enterprise offering bus charter at commercial rates. The chartering operation is managed by a volunteer Booking Officer. These profits fund the bulk of on-going operational costs, particularly motor vehicle insurance and maintenance/servicing. In addition, the Maldon Neighbourhood Centre runs local group tours to regional art galleries, wineries and local places of interest, with any generated income also funding the fixed operational costs.

Sponsorship and grants have been important in covering establishment expenses as well as community consultation expenses and publicity/promotion costs. Current grant funding from State Government through the Flexible Local Transport Solutions Program will be used to implement the Business and Marketing Plan, specifically to build strategic partnerships with local community organisations, undertake re-branding and purchasing of new equipment which will hopefully increase the number of commercial charters, thus raising additional revenue to expand the community transport service.

In-kind support from volunteers is essential to keep the service viable but this does require staff support, administration and access to training opportunities. The service receives approx. \$30,000 per year in in-kind funding support from its volunteer workforce.

8. Resources and tools

What policies, procedures, and information/promotion packages or data collection tools are needed to support this community transport service?

- Bus policies (health and safety requirements for drivers and passengers)
- Charter agreements, calendar and booking process
- Volunteer position descriptions and volunteer management tools
- Maintenance management system (MMS)
- Passenger usage reports
- Financial management system and reports
- Passenger booking system
- Passenger feedback and evaluation forms
- Risk assessment processes
- Promotional material – timetable/flyers
- Accident/Incident report forms and procedures

9. Effectiveness and sustainability

What are the risks to the sustainability of this community transport program?

Maintaining volunteer numbers – new volunteers need to be recruited and trained as volunteers leave the organisation. This is an extra cost in time as well as money.

Deficit budget – the Community Transport Service is dependent on the surplus income generated by the bus chartering, as the cost of maintaining a suitable vehicle would make the fares prohibitively expensive for users without external subsidising from chartering. Any fall in chartering income would result in an overall financial loss for the Community Transport Service.

What recurrent funding could ensure sustainability?

\$20,000 p.a.

Neighbourhood House Community Transport in Action:

Community Taxi Model

RUSHWORTH COMMUNITY HOUSE

Appendix 3

Rushworth is a town of approximately 1000 people located in Central Victoria approximately 75kms north west of Bendigo. The Rushworth Community House (RCH) runs the Rushworth Community Transport Service (RCTS) where volunteers using their own cars to transport local residents to medical appointments in nearby major centres if they are registered with either My Aged Care or Home and Community Care (HACC).

RCH is currently involved in developing a community taxi service and has sought funding through the FLTSP to establish the service.

1. Community Need

What need (s) does the service address? How did Rushworth Community House identify this need?

Rushworth has a small IGA, a chemist, a butcher, two hotels, a bakery, two doctor surgeries, a P12 public school and a Catholic primary school, a Shire Council service centre open 3 days a week, an aged care centre and a Community House.

In order to access other facilities and services, residents must travel to one of the nearest major towns which would be either Shepparton (45kms), Echuca (65kms) or Bendigo (75kms).

There are no train services to Rushworth with the nearest train station being Murchison East which is 20kms away from Rushworth with train services to Shepparton and Melbourne. There is no taxi service or local bus service to any of the nearby major or mid-sized town centres. There is a regional bus service that runs between Bendigo and Shepparton but only once a day each way.

There is subsequently a need to have a cost effective public transport service to access the facilities and services which Rushworth cannot provide for its residents. A recent survey of clients who access the RCTS found that 100% of the respondents identified the need for a community transport service other than one which provides transport to medical appointments only.

There has also been extensive consultation with other community groups in the Rushworth area about the need and viability of a community taxi service. These include the Lions Club, Goulburn Valley Health, Rushworth Events Inc., Senior Citizens, the Men's Shed, the Salvation Army and Campaspe Shire Council. All of these organisations have indicated that a community taxi service in Rushworth is very much needed to address the lack of public transport and that they would support the implementation of a community taxi in any way they can.

2. Transport provided

What type of transport could be provided by a Community Taxi? How will it be provided?

The proposed community taxi service would be coordinated and administered through the Rushworth Community House, which currently has in place the requisite operational policies and procedures, as well as considerable staff and volunteer experience, through running the RCTS for My Aged Care and HACC registered clients.

It is proposed that the community taxi service would be an 8 seater car or van which could be booked through the Rushworth Community House with 24hrs notice. It would be a door-to-door service and would not only allow for individual bookings but would also run regular transport services to nearby major or mid-sized town centres.

The catchment area for taking bookings would be Rushworth and the nearby townships of Colbinabbin and Stanhope which the RCTS currently serves.

The service area for destinations for the community taxi service would be the major town centres of Bendigo, Shepparton and Echuca as well as the mid-sized town centres of Kyabram and Tatura. The community taxi would also transport people to Murchison east for access to trains to Melbourne as well as taking people to Girgarre which operates a community transport car service to Melbourne.

3. The Passengers

Who would use the service? Why do they need the service?

- Young people – unlicensed and dependent on parents or others.
- Non-car owners – difficulty getting to services, employment or training.
- Older people – reduced functionality can affect their ability to drive.
- Low income earners – lack of money to own a car.
- People with disabilities – functionality can affect their ability to drive.
- Migrants/new residents – lack information or language skills to access services.

Who would use this service?

"Alice "and "Don"" are an elderly couple who have recently moved to Rushworth and live several kilometres outside of town.

They don't own a car and need transport to get into town to buy groceries and other essential supplies and access medical services.

As they are new to town, they don't know anyone who could help them and would use a community taxi service to help them in the short term.

4. Staff and volunteers

What role will paid staff play in the provision of the service?

The community taxi service Coordinator will be required to:

- Define the policy framework under which the community taxi service operates.
- Establish comprehensive procedures governing the community taxi service day-to-day activities.
- Establish and maintain the infrastructure for the community taxi service operation such as the vehicle's fuel, maintenance and insurance and the services associated with organising office equipment and supplies.
- Be responsible for other employees/volunteers of the service including support and training.
- Ensure the working environment is clean, orderly and safe and that it meets occupational health and safety standards.
- Assist in promoting and publicising the community taxi service.
- Establish and maintain arrangements for the financial aspects of running the service, including regular reporting of the service's financial situation and viability.

The Transport Coordinator hours for the current RCTS are 10 hour per week. It is envisaged with the implementation of the Community Taxi Service that the current Coordinator's hours would need to be increased by 5 hours week or, alternatively, that a separate coordinator would need to be employed for 5 hours per week to oversee and run the service.

What role will volunteers play in the provision of the service?

With regard to project development, a community steering group would be set up involving several community leaders who would meet regularly and oversee and mentor the project design and implementation cycle.

With regard to day to day management and administration, volunteers will be involved in two aspects of the service:

- Taking bookings and undertaking other general administrative tasks as required at the front counter of the Rushworth Community House.
- Acting as drivers themselves and driving the community taxi on a job-by-job basis or on a regular inter-town service.

Similar to the existing RCTS currently in existence, a cohort of volunteers will be registered who can be called upon for both tasks. These volunteers will be drawn from the community and would include people who are required to do a minimum of 15 hours volunteer service per week as part of their Centrelink payment requirements, local community members or retirees wishing for more community engagement, or people without a car themselves but wanting to keep up their driving skills.

5. Training

What training is required to ensure that the service is efficient and safe?

- All volunteers involved in the service would have to fill out an application form, have an intake interview with the Coordinator and agree to a police or working with children's check.
- If successful, all volunteers would then undergo induction training with a particular focus on Code of Conduct and Occupational Health and Safety procedures specific to the community taxi service.
- Further formalised training, such as First Aid and Manual Handling, would also be offered to volunteers to enhance their skills in providing a safe transport service.

6. Cost of service provision

What costs were associated with establishing the service?

- Purchase of an 8 seater car or minivan.
- Registration of vehicle as a community taxi.
- Comprehensive insurance.
- Capital expenses such as a computer, data collection/booking programs, mobile phones, mobility aids, security camera, signage, first aid kit etc.
- Training expenses for volunteers such as First Aid and Manual handling.
- Volunteer uniform (Shirt with logo) and name badges.
- Volunteer expenses such as meals, travelling in their own car for training, medical appointments.
- Driver accreditation with the Taxi Services Commission which includes a police check and a medical clearance.
- 6 months wages for a part time Transport Coordinator to undertake the establishment of the service.

What are the annual operational costs required to deliver the service?

- Administration fees such telephone, photocopying, office supplies and IT systems
- Fuel and maintenance expenses for the vehicle.
- Staff wages for a part time Transport Coordinator to manage the service.

7. Funding sources

What funding sources could support the service?

- Passenger fees would be charged for the service with a degree of reasonableness exercised (e.g. capped fares) so that people who are financially disadvantaged as well as being transport-disadvantaged are not overburdened with the taxi cost.
- Passengers who are on the NDIS and who are self-managed would be charged fees but would be able to receive reimbursement for trips.
- Grant funding would be sought, particularly from any community transport grant programs, to help ease the cost burdens facing the service provider and clients of the service alike.
- Additional revenue would be generated by having the vehicle available for hire for other purposes such as community outings, sporting club events, late night hotel runs etc.

8. Resources and tools

What policies, procedures, and information/promotion packages or data collection tools are needed to support this community transport service?

The RCTS, run through Rushworth Community House, has already in existence an extensive range of administrative policies and procedures which will be used to administer the community taxi service with some minor adjustments specific to the characteristics of the taxi service, including:

- Driver Registration Procedure
- Driver Information and Instruction booklet
- Driver Annual Checklist
- Code of Conduct
- Occupational Health and Safety Procedures
- Client Booking Procedure

- Trip Costs Schedule
- Complaints and Grievance Procedure
- Critical Incidents Procedure
- Privacy Policy
- Risk Assessment Map

Likewise, with promotion and reporting tools, there is already in place as part of the RCTS several tools which would be modified to suit the community taxi service promotion and reporting requirements, including:

For promotion:

- Website
- Mail outs
- Banners
- Newspaper column, and

For Reporting:

- Access database

9. Effectiveness and sustainability

What are the risks to the sustainability of this community transport program?

- Increased administrative burden, a cost in time and money.
- The cost of maintaining, registering, and insuring the vehicle.
- Lack of suitable volunteers or an aging volunteer base.
- Future risk of new driver authorisation requirements acting as a barrier to potential volunteers in the future.
- Consequences of being unable to meet accreditation standards may restrict or close the service in the future.
- Future risk of the cost of replacing the vehicle.

What recurrent funding could ensure sustainability?

It is currently envisaged that approx. \$67,000 a year would be required to run the Rushworth community taxi transport service model as a sustainable operation, with **\$24,000** being required in actual annual funding income in combination with \$43,000 per year coming from in-kind support in the form of volunteer labour supplied by the CH and the volunteer drivers.

Neighbourhood House Community Transport in Action:

The Equity Model

**LANCEFIELD NEIGHBOURHOOD HOUSE
& ROMSEY NEIGHBOURHOOD HOUSE**

Appendix 4

Romsey and Lancefield are located in the Macedon Ranges Shire and have populations of 4500 and 2500. The towns are only 8kms apart and share many community organisations and services. The Melbourne-Lancefield road links the towns, running between the Calder and Northern Highways.

The Lancefield NH and the Romsey NH have a long history of working collaboratively on issues that are relevant to both communities including transport disadvantage.

1. Community Need

What need (s) does the service address? How did the Neighbourhood Houses identify this need?

Transport to larger towns is a consistent issue for local residents of Lancefield and Romsey. In particular, the long distances of 70km to Melbourne and 95km to Bendigo present a barrier to many needing to attend either of these larger centres for a range of needs including accessing specialist medical appointments. Given that these distances are under 100kms, community members needing to access medical treatment do not meet the requirements for financial transport assistance through VPTAS. Public Transport options are limited, with the closest train station (Clarkefield) 30km away and major towns only accessed through bus and then train. Bus services are intermittent, time consuming and do not connect with every train. If a train is late, the coach doesn't wait, meaning commuters can be left stranded.

Consultations with the community, local medical staff and community health organisations highlighted that vulnerable members of the two towns, particularly when sick, did not always have the ability to drive themselves to appointments. They also had trouble accessing existing transport services, as they are either too expensive, too difficult to use due to timing, or the person did not feel they had the physical or mental capacity to navigate the public transport network (such as distance walking, multiple public transport services, or the ability to navigate busy city traffic). A private Taxi is the only available option to some locations; however, this method is cost prohibitive for many residents. Local health service providers such as Macedon Ranges Health and Macedon Ranges Shire Council do offer some services through myagedcare, HACC and other funding sources; however, they are over-stretched and many in our community do not meet their eligibility requirements.

Following the community consultation, a community transport model was developed to cater for a relatively small community whose size does not generate the demand for a multi-person transport vehicle (In the 11 months of this program there were zero bookings that could share transport). Due to funding restrictions and availability of resources, this model was designed to be as cost-neutral as possible, not onerous in management and focused on providing a service to those unable to access existing services. In March 2018 a volunteer driver service began taking local residents to medical appointments.

The Lancefield/Romsey Community Transport Project addresses the following issues:

- Social isolation
- Financial hardship
- Temporary transport issues
- Lack of public transport options
- Disconnection from neighbours and community
- Lack of adequate rural medical services and the need to travel to major centres for treatment
- Disparate medical services (no one hub for referrals)
- Supporting aging in place

2. Transport provided

What type of transport is provided?

Currently, a door to door, on demand, tailored transport service is available for medical/health appointments. Volunteer drivers use their own vehicles to pick up passengers from their home, drive them to their appointment and back home afterwards.

How is it provided? How often is it provided?

Due to limited funding drivers are reimbursed around \$0.20 per km to cover fuel costs only (\$0.70 per km is a more appropriate cost considering vehicle wear and tear). Clients are asked to contribute towards the cost

of the project; however, this is on a case-by-case basis and at the discretion of the Coordinator, and transport access is not dependent on the ability to pay for service. A volunteer coordinator manages the day to day operations of this project, matching passengers and drivers. Many of the referrals come from established relationships with local service providers, including the nearby medical centres and local community contacts, but the service is presently unable to fill all of the requests for transport to medical/health based appointments.

Trips completed Mar 2018 to Feb 2019	
Destination	Number of trips
Between Lancefield & Romsey	34
To Sunbury	31
To Eastern Suburbs	2
To Gisborne/Kilmore/Woodend	5
To Northern Suburbs	11
Melbourne City	12
Total	95

Due to the nature of medical appointments and illness no specific restrictions are placed on eligibility to access the service. However, people are requested to use this service as a last resort and, if eligible for other services, to pursue these options first. To protect the volunteer drivers service users must be able to self-ambulate to the vehicle and manage their own care during transport. After certain procedures (e.g. a general anaesthetic) users must be accompanied by a support person as well. Phase 2 of the project involved the addition of a community car, which meant that more drivers could be attracted to the program. The service intends in future to adopt a more social justice framework and look at other areas of disadvantage. Accessing services such as Food Bank, exercise classes, shopping, Centrelink appointments and education are some additional areas of identified need.

3. The Passengers

Who currently uses the service? Why do they use the service?

Currently accessing the service are vulnerable members of society, whether through long term disadvantage or short term situational reasons such as the need to access medical/health based appointments. The service sees it as important to note the psycho-social elements that present barriers to accessing transport and attending appointments and seeks to look at the individual person "in situation".

The profile of people who use the service includes those residents who are:

- living alone
- unable to drive long distances due to fear, frailty or concentration issues
- without a licence (some who have never driven and some who have lost it through illness or disability)
- without the physical or mental capacity to negotiate public transport
- infirmed, disabled or have an injury
- unable to afford other options due to costs of fuel, parking, taxi fares, etc.

People using the service often lack the cognitive, social or education skill levels to navigate the current service provision, finding it too difficult to understand eligibilities, complete forms and know what options are available to them. They are often in an impaired capacity, either through current short term illness and associated stress and worry, or through chronic illness or disability.

Who uses this service?

Local resident and long-time volunteer of the NH lost his licence whilst suffering a medical condition.

Living 10km out of town in a shed on property, with no local family and limited ability to source other accommodations, he was relying on hitch hiking to get to the regular GP appointments required to treat his condition.

The service supported him through this period of illness and recovery, providing transport to appointments and linking with local services. He donated what he could to the project when funds allowed.

Some users do not have social networks, are isolated or feel shame and stigma about asking for help. Trips to medical appointments are often also long, so people able to drive locally with confidence do not feel they have the capacity for long-distance travel. Busy traffic, confusion with where to go, length of time driving and parking concerns are repeatedly stated by service users as barriers to self-transport.

4. Staff and volunteers

What role do paid staff play in the provision of the service?

The service is currently a joint initiative of the Lancefield and Romsey Neighbourhood Houses, with Romsey acting as lead agent through a MOU. Paid staff are responsible for:

- Overall coordination of the project
- Providing input to policy development
- Sounding board for ethical considerations
- Liaison with CoM
- Assistance with grant applications

What role do volunteers play in the provision of the service?

- Community Transport Coordinator – The day-to-day transport coordination is currently provided by a volunteer; however, this would ideally be provided by a paid staff member. On average, coordination takes 30 to 60 mins of organisation, liaison and planning for each transport job, with the role of coordinating and matching drivers with users taking around 4 to 5 hours per week in total.

Other volunteer roles include:

- Volunteer Coordination - driver recruitment and management, ensuring compliance to rules, coordinating transport requests, relationship development and reimbursements.
- Passenger Management -speaking to clients, ensuring client details are provided, liaising with local GP clinics regarding new clients or transport requests, developing relationships with clients, administration, managing funds, booking and invoicing.
- Driving
- Policy and procedure development
- Grant applications
- Marketing
- Financial Tracking
- Reimbursement Strategy

5. Training

What training is required to ensure that the service is efficient and safe?

- Staff Training: Volunteer management, communication skills, organisational skills, coordination skills, risk management, induction training
- Driver Training: Understanding of policies and procedures, induction, confidentiality, sensitivity training
- NH Volunteers - Training to support intake of clients and driver volunteers, support to coordinator

6. Cost of service provision

What costs were associated with establishing the service?

Establishment cost of \$10,000 (\$5000 grant and \$5000 in-kind support) involved in undertaking:

- Community survey, needs analysis, service snapshot and gap analysis
- Development of appropriate model and policy development
- Promotion and advertising
- Driver attraction and induction

Who uses this service?

Local resident, requiring fortnightly treatment for cancer has been relying on friends taking her to appointments for two years. Treatment takes several hours and requires the friend to take time off work. Client feels this is a burden to friends and a debt she is unable to repay.

When friends were unavailable she caught public transport, however this took several hours and was very taxing, requiring several days of recovery afterwards.

We have since arranged to take her at least one way each fortnight, to reduce the burden to her friend, and does not require someone waiting for her treatment to conclude. A minimal donation has been negotiated for transport due to the frequent requirement and the subsequent financial burden

What are the annual operational costs required to deliver the service?

- Police Checks for drivers (\$30/driver)
- Reimbursement for drivers utilising own car (\$0.20 per km)
- Administration/coordination staff to manage project (5-10 hours per week)
- Ongoing printing/marketing
- Software/system costs for booking management

7. Funding sources

What funding sources currently support the services?

The service does not currently receive any external funding although there is a real need for ongoing funding for a coordinator and for the adequate reimbursement of driver costs.

8. Resources and tools

What policies, procedures, and information/promotion packages or data collection tools are needed to support this community transport service?

Policies and Procedures:

- Driver participation, requirements and behaviour
- Passenger Eligibility criteria
- Confidentiality, grievance
- Booking Policy
- Volunteer Manual

Procedures / Forms:

- Driver Registration
- Vehicle Registration
- Passenger Registration
- Booking Forms
- Accident/Incident reporting forms
- Client Feedback Form
- Channel for tracking transport and distributing transport requests (currently use Google Calender and SMS)

9. Effectiveness and sustainability

What are the risks to the sustainability of this community transport program?

The sustainability and scale of this program is limited by its continued ability to attract volunteer drivers. The service could not run without these drivers and is also dependent on having a skilled voluntary Transport Coordinator. Residents utilising the service are the most vulnerable in our community, and so there is limited ability to pay for this service. Approximately 50% of the trips so far have generated either no income or minimal income.

What recurrent funding could ensure sustainability?

Funding for driver reimbursements, if based on existing service demand, would require either **\$2,500** per year (@ \$0.20c per km) or **\$7,500** per year (@ \$0.70 per km)

Funding for Transport Service Coordinator, if based on current working hours of 5 to 10 hours per week, would require at \$42 per hour either **\$10920** per year for 5 hours per week or **\$21840** per year for 10 hours per week.