AGENDA APPENDIX

Council Meeting

Wednesday 27 March 2013

AGENDA ITEM FOR SEPARATE DISTRIBUTION TO COUNCILLORS AND EXECUTIVE LEADERSHIP TEAM DUE TO DOCUMENT SIZE.

THE ITEM IS ACCESSIBLE VIA THE COUNCIL WEBSITE OR BY CONTACTING COUNCIL ON 03 5662 9200.

E.7   <u>**COMMUNITY TRANSPORT REVIEW 2013**</u>

<u>**APPENDIX 1**</u>

2013

Community Transport Review

South Gippsland
Shire Council

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Community Transport Review

Executive Summary

South Gippsland does not have the advantage of a strong or accessible public transport system. Residents in smaller towns or more remote areas with limited shops and services, who do not have access to a private vehicle or are unable to drive, experience social and economic isolation and disadvantage.

The Council's Community Transport program helps to bridge the transport gap and provides vulnerable groups of the population with access to opportunities they would not otherwise have.

Council invests on average $86,000 per year to deliver its Community Transport program which supports 349 residents with 11,940 hours of transport services covering 217,392kms. In addition to Council's contribution, the Department of Health contributes 24% and passenger fees make up 19%. The volunteer contribution to this service is extraordinary with 100% of the driving of the four cars and three bus fleet provided by volunteers.

A review of the Community Transport program has been completed to ensure services are aligned to meet the changing needs and demographics of the community and that the service is financially sustainable.   The review includes a survey of passengers and volunteers, interviews with a range of stakeholders, analysis of statistics, benchmarking and a literature review.

Findings

Over the last 3 years there has been a steady increase in the number of people using the Community Transport Service and the hours the service operates. With our older population predicted to increase by 2022 people or 38.2% by 2021, it is reasonable to expect that demand for the service will increase exponentially.

While the current fleet of 4 community cars is consistently well utilised there is an underutilisation of the buses. The review has identified that it is possible to maintain and even increase the current level of service through the Community Transport program while reducing the size of the bus fleet and reducing the cost of the service to Council.

The review proposes:

- Existing service levels be maintained.
- Reduce bus fleet by one bus.
- Improve internal processes.
- Investigate partnerships.

- Increase passenger fees.
- Cap Council's contribution to 50%.

The Community Transport program offers an accessible, affordable service to some of the most vulnerable residents in our community. It helps people to maintain their independence, enabling them to remain living in their local community.   With increased efficiencies, the service can be maintained and improved and the overall cost to Council reduced.

Background

The Community Transport program review has been completed as part of South Gippsland Shire Council's strategic planning process to ensure services are aligned to meet community needs and remain financially sustainable.

The review evaluates the effectiveness of the current service and investigates the community benefits, future demands, new innovations and options for the delivery of Community Transport in the South Gippsland Shire.

Introduction

The Community Transport program operates within Council's Aged and Disability department and the Home and Community Care (HACC) Program. Community Transport is partially funded by the Department of Health (DoH), passenger fees and Council contribution.

The program operates four cars and three buses from Leongatha, Foster and Korumburra.

Community Transport Policy

Council's Community Transport Policy (2005) states '*Council is seeking to support individual's to remain independent, safe and secure in their community through the provision of transport opportunities for frail, aged and people with disabilities, including but not limited to HACC clients, and their carers to a range of medical, social and community appointments. It aims to supplement, and not replace existing commercial services.*'

The policy states that:

Community Transport Car '*Is any designated Council vehicle engaged to provide transport for eligible clients for the purpose of attending medical appointments, accessing other HACC services, and attending community activities.*'

The Community Transport Bus '*Is a Council vehicle purchased for the purpose of conveying eligible clients to appointments, community activities and facilities on a regular scheduled basis.*'

The lack of transport options is not just isolated to South Gippsland but many parts of Victoria and in particular, rural areas. Those in our community without access to a private vehicle can face both social and economic isolation. There is now more pressure for communities to provide tailored transport with an emphasis on older people, those with a disability and vulnerable members of the community. Community Transport services are a key component in the transport system,

allowing transport in disadvantaged areas and vulnerable groups of the population to access the opportunities afforded the rest of the community.

Literature Review

The Value of Community Transport 2011 – Department of Transport.

Community Transport benefits the community in many ways and cannot be simply measured by the number of trips provided. A report prepared for the Department of Transport on *The Value of Community Transport (2011)* outlines the benefits of Community Transport from a theoretical perspective, uses statistical data and a variety of indirect valuation techniques to calculate a dollar value for each benefit from a social, economic and environmental perspective.

Health benefits were seen as the major benefit of Community Transport including improvements in mental health, community engagement and enhancing social capital. For a more detailed summary of the benefits refer to Appendix F.

The economic benefits of Community Transport range from having access to educational centres, including informal centres such as libraries to gain additional skills and knowledge. Other volunteer and passenger skill development identified in the report was listening, conversing and socialising. Volunteers learn to use hoists and manual handling techniques when lifting wheelchairs which were seen to benefit the wider community. Other economic benefits stated that Community Transport reduces the reliance on families and friends to provide transport. In this way, the productivity of family members is increased by not having to take days off work.

The environmental benefits of Community Transport include the reduction in greenhouse gas emissions resulting from group travel and the reduction of vehicle operating costs including fuel and car servicing reducing environmental waste.

The report looks at direct and indirect benefits of Community Transport and shows the total social, economic and environmental benefit of Community Transport in Victoria is estimated at $215 million per annum. The report emphasised that the future population growth especially in those aged over 65, will further increase demand for services such as Community Transport.

Victorian Council of Social Services

In 2008 the Victorian Council of Social Services completed a snapshot of Community Transport services in Victoria. They found that Community Transport in Victoria plays a critical role in filling the gaps in transport provision for those who are vulnerable or transport disadvantaged. It also identified a wide range of organisations providing Community Transport including, local government, community health services, dedicated Community Transport services and not-for-profit organisations such as Red Cross.

In rural areas such as South Gippsland, barriers to accessing public transport and private providers such as taxis include bus routes and times not meeting the needs of the community and the high cost of taxi travel especially for long trips. The report stated that while public transport was the most affordable option, approximately one third of the population with a disability report difficulty in using public transport. The report concluded that there are varied models of Community Transport operating within Victoria with a range of funding models. The report acknowledged future challenges of an ageing population and a disproportionate number of older people living in areas with poor transport access such as rural and outer suburban areas. The rising cost of fuel and the continued centralisation of health services will also increase demand for Community Transport.

Best Practice Models

Recent research into the future directions of Community Transport identifies best practice models of service delivery as having a strong local focus by establishing partnerships or collaborating with key stakeholders within the local communities. The research states that these partnerships can lead to more efficient and effective use of resources and provide greater flexibility in providing transport. Within South Gippsland the development of partnerships with Red Cross Patient Transport, Department of Veterans Affairs and local taxi and bus companies would provide benefit to passengers and the community with increased coordination and integration of services.

Context

International

Internationally the challenges of Community Transport are similar to Australia. In the United Kingdom their major challenges have been around, funding, coordinated approaches across sectors, provision of services not meeting the needs and geographical inequalities of transport, particularly between rural and urban areas. The UK has started to address these issues with a move towards integrated transport provisions. There has been significant funding from the UK government to enable local authorities to develop and manage their own transport aimed at encouraging sustainable transport solutions, creating economic growth and reducing carbon emissions. The funding has enabled local communities to develop partnerships and collaborate with public, private and volunteer organisations. This has provided cost effective, efficient and flexible transport solutions which in part have enhanced viability within the transport sector. The UK government's role has been focussed on removing barriers or restrictions on Community Transport operators and promoting best practice and guidance. This trend of an integrated approach is shared by other European countries such as Belgium, Italy and Finland.

National

New South Wales have undertaken a range of Community Transport reforms over the last 7 years including, developing plans to increase Community Transport services, introducing safety standards, improving administrative systems inefficiencies, removing regulatory uncertainty, improving community awareness of Community Transport services, safeguarding volunteers, and improving opportunities for integration with mainstream public transport services. A notable difference between NSW and Victoria is that NSW HACC funding for Community Transport is channelled through the Ministry of Transport and provides additional funds through its Community Transport Program to deliver coordinated services to people who are transport disadvantaged. It also has Regional and Metropolitan Transport Coordinators aimed at reducing transport disadvantage through improved coordination with community stakeholders, transport operators and other agencies for non-HACC and transport disadvantaged people in the community.

Queensland Transport and the Local Government Association of Queensland have collaborated to develop Community-Based Transport Guidelines and the Community-Based Transport Toolbox to provide practical strategies for local governments to help them solve transport problems. The guidelines and toolbox provide assistance to local governments in the process of planning, designing and delivering community-based transport solutions in their area. The guidelines have been specifically designed to assist in assessing Community Transport needs and in highlighting what solutions have worked in other communities across Australia. The toolbox provides basic tools to achieve locally based solutions that build on the experience of others.

Victorian

In Victoria, Community Transport is not directly funded. The funding provided to Local Government and other organisations such as Red Cross Patient Transport who deliver Community Transport is through the Home and Community Care (HACC) program. This funding is specified for volunteer support and coordination of the program and is not sufficient to purchase and maintain vehicles.

Due to lack of specific criteria within the HACC program, the way in which Community Transport is delivered is diverse. In most regional areas volunteers are engaged to deliver the service. Paid drivers are generally only used in metropolitan areas for scheduled bus runs. In some areas, volunteers also use their own vehicle and are reimbursed for kilometres travelled. The purpose of Community Transport differs by area, whether it is run door to door, or predominately by buses and scheduled bus runs, cars for medical appointments or a combination of all. Each service has developed out of a local need.

Local

Demographic Overview

In 2011, 19.6% (5,291) of the South Gippsland population were aged 65 and over. This is expected to increase by 2,022 people or 38.2% by 2021 (SGSC idprofile Jan2013). At this time it is anticipated this age group will account for 23.1% of the South Gippsland population. The age group which is forecast to have the largest proportional increase is the 70-74 year olds who are forecast to increase from 1,263 to 1,964 people or 55.5%. Given that the highest proportion of Community Transport passengers (70%) falls into the aged eligibility category the forecast increases in this category suggest there will be a significant increase in the demand for Community Transport.

For more in-depth demographic profiling please refer to South Gippsland Shire Council's Active Ageing Plan 2012-2016 Section 4. Local Picture (www.southgippsland.vic.gov.au/files/Community_Services/Active_Ageing_Plan_2012_2016.pdf)

Public transport

Public transport within South Gippsland is limited to the main highways from Yarram to Melbourne and Wonthaggi via Leongatha to Traralgon. Although these services have increased in recent years, they are still limited in their frequency and are not accessible to those who live outside or a distance from these roads particularly for those who are frail or with mobility issues.

V/Line is available 7 days a week along the main highway from Melbourne to Yarram. Disability access is available on all V/Line services although bookings need to be made 24 hours prior to the trip.

It has been noted at many community consultations that the location of the only bus stop in Leongatha presents access issues in particular for older residents and those with mobility issues. For some, the walk up to the main street is too long in distance and the McCartin Street intersection is very steep and unmanageable.

A public bus route from Wonthaggi to Traralgon runs 3 times a day on weekdays and twice a day on weekends stopping at Leongatha, Mirboo North, Latrobe Regional Hospital, shopping centres and train stations. These buses all have disability access which needs to be booked prior to transport.

Public transport also operates within the towns of Leongatha and Korumburra on weekdays as town school buses. These buses are not accessible for those that require mobility access or families with prams due to high steps and operating times are not convenient for the general public.

Korumburra has an additional service on a Thursday morning, transporting from Carinya Lodge to the Main Street and return. A service from Poowong to Warragul and return operates weekly on a Thursday.

Transport connections

The Transport Connections program is a government funded initiative to identify local solutions for all transport within the community. The initial focus of the program was to increase the connections within the public transport system and educate the community about the benefits of accessing public transport. It's now in its final year of funding and the focus has moved away from connecting public transport such as buses, within the local community to alternate sustainable forms of transport eg; bike riding and paths.

Taxi

Taxi services for South Gippsland are scarce. The only taxi service for South Gippsland operates from Leongatha and services Leongatha, Korumburra and surrounding areas. It has a fleet that includes both cars and buses with disability access.

There was a taxi company operating in the Corner Inlet area, however this ceased operating in August 2012. Implications of this are yet to be determined. It is anticipated there will be an increased reliance on Community Transport and family and friends to enable people to shop, attend appointments and attend social activities.

The Leongatha taxi company has expressed interest in expanding its operations into Corner Inlet area but at this stage this has not come to fruition.

Red Cross

The Red Cross Patient Transport Service operates locally out of Foster utilising volunteers to provide the service in a designated Red Cross vehicle. It provides transport for eligible persons to 'essential' hospital and/or doctor's appointments. The service provides transport for up to six weeks to allow sufficient time for passengers to make alternative arrangements when ongoing transport is required for treatment such as dialysis.

To be eligible for the service the patient must be:
- Unable to access suitable public transport/or live in an area that is remote from public transport;
- Unable to drive or be driven by family/friends to appointments;
- Living independently;
- Not eligible for DVA or other schemes eg; TAC/Work cover; and
- Able to get in and out of a vehicle with minimal assistance.

All requests for service must be referred by a medical practitioner and all appointment times in Melbourne must be between 10am – 2pm.

The Red Cross is partially funded through the Department of Health's HACC program and does not have a set fee for service, however recipients are encouraged to make a donation.

The Red Cross provided statistics of usage in South Gippsland for the last 6 months. Table 1 shows a comparison of usage of Council's Foster car during a similar period.

Table 1

Car	Passengers	Kilometres	Trips	Unmet Need
Red Cross Car	66	20,015	142	50
Council Car - Foster	52	17,225	114	100 (estimated)

The statistics indicate a higher need in the Corner Inlet area than is represented by Council's statistics alone. This will be further discussed in Statistics of Usage.

Preliminary discussions with the Red Cross indicate a willingness to strengthen the partnership between both services.

Department of Veterans Affairs

The Department of Veterans Affairs (DVA) provides transport for holders of the Repatriation Health Card (Gold card) for the treatment of all health conditions. DVA stated they generally utilise a taxi service to transport passengers and this is fully paid for by DVA. They were unable to provide statistical data around the amount of trips that they fund. DVA would be interested in establishing a stronger relationship with Council in the future.

Victorian Patient Transport Assistance Scheme

The Victorian Patient Transport Assistance Scheme (VPTAS) subsidises the travel, accommodation costs incurred by rural Victorians, who have no option but to travel a long distance to receive approved medical specialist services.

Residents within South Gippsland are eligible for this subsidy if they travel over 100km's one way or on average 500kms per week for a period of five consecutive weeks to access specialist medical treatment. Travel assistance includes:

1. Subsidies for private car travel - a reimbursement of 17 cents per kilometre is paid where a private vehicle is used;
2. Full concession fare reimbursements for public transport
3. Air travel only if the journey exceeds 350 kilometres one way and a commercial flight is used

4. Taxi travel only to the nearest public transport and only when a patient has no other means of transport available

Accommodation assistance is paid at a maximum of $35.00 per night for a patient and an approved escort staying in commercial accommodation. The accommodation allowance is only available if the patient and an approved escort (if applicable) are eligible for travel assistance.

This assistance program is promoted by HACC staff to all passengers.

Current SGSC Community Transport Program

Overview

Community Cars

The fleet of four community cars provide transport using a Council owned vehicle and a volunteer driver. All cars are able to store one wheelchair if required. There is one car located at Korumburra and Foster and two cars located at Leongatha.

Community Bus

The fleet of three community buses provides scheduled bus runs for HACC passengers to access services in larger towns for shopping, banking, appointments and errands. Two of the buses have hoists for increased mobility access. These buses are located in Foster and Leongatha. Leongatha has a second bus that does not have a hoist.

Self-drive Bus

Not-for-profit organisations can hire the bus for their own purposes at a per kilometre rate when not in use by the HACC program.

Eligibility

Eligibility for Community Transport is assessed on the individual needs of each client. Whilst the general HACC eligibility criteria applies for frail older people, people with a disability and their carers, the Community Transport program has extended its eligibility as stated in the Community Transport Policy 2005 (see Appendix C) to those who are:

- Transport/financially/socially or geographically disadvantaged
- Residents of low level 24 hour residential care
- Passengers on a Commonwealth Aged Care Package where transport is not included as part of the package.

It is stated in the policy that those who fall outside the HACC eligibility criteria will be assessed on a case by case basis and will not take precedence over HACC passengers.

Statistics of Usage

The usage of cars was based on vehicle availability during standard business hours.

The statistics over the last 3 years for Community Transport, including cars, buses and self-drive buses show an increase in all areas. Graph 1 illustrates there has been a 20% increase in the number of passengers who have utilised the service, a 139% increase in the amount of trips provided, a 73% increase in volunteer hours utilised to provide the service and an 8% increase in the amount of kilometres travelled.

Graph 1
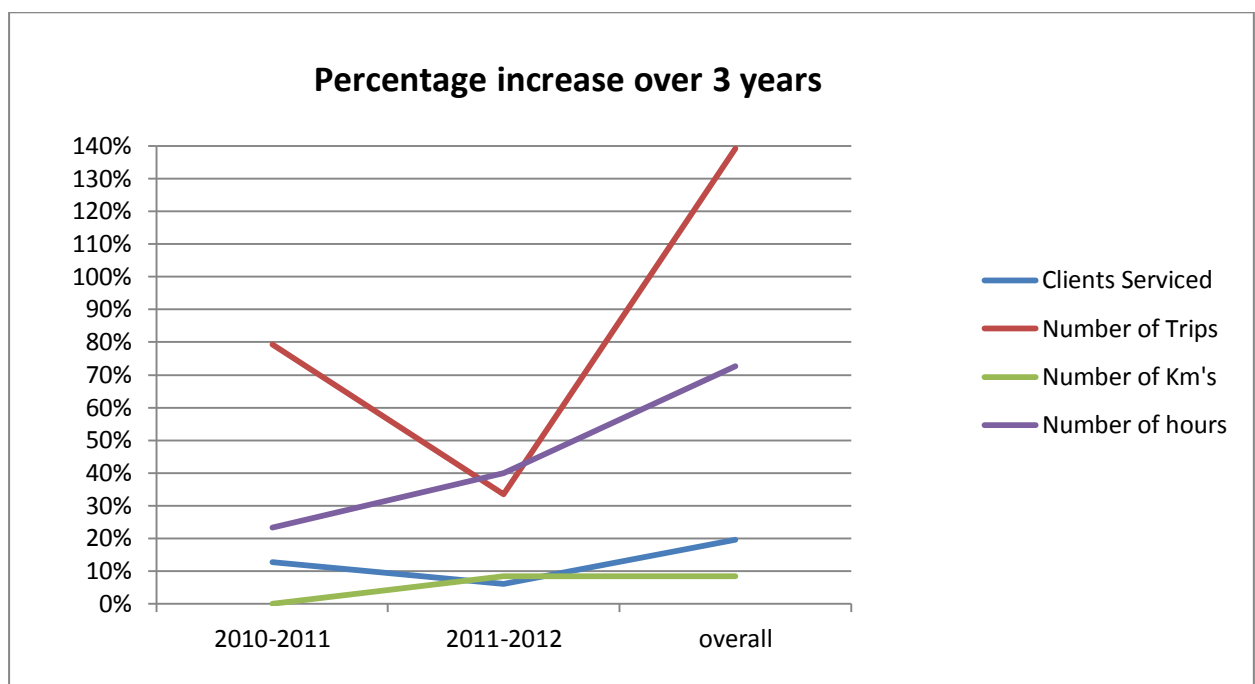
The significant increase in trips, moderate increase in passengers combined with a slight increase in kilometres travelled demonstrates that the program is providing services to more passengers but doing shorter more local trips. The statistics show 70% of passengers use Community Transport for access to medical appointments followed by 20% using the transport for social activities such as scheduled bus runs to attend senior citizen groups.

The breakdown of users of Community Transport shows 69% of passengers fall into the aged category and 12% people with disability. The remainder of passengers are spread through categories of eligibility with illness accounting for 10% of passengers and transport disadvantage 2% of passengers.

Community Transport Cars

The statistics in Graph 2 show that the usage of the Leongatha car, Leongatha station wagon and the Foster car have all increased over the past 3 years. The usage of the Korumburra car had a significant increase in the year 2010-2011 and slightly decreased last year. The Korumburra car still has the highest usage rate followed closely by the Leongatha station wagon and Leongatha car. These statistics indicate that these cars are in use for 8 hours or more every week day. The Foster car shows a usage rate of 60% suggesting a usage of 3 days per week.

Graph 2
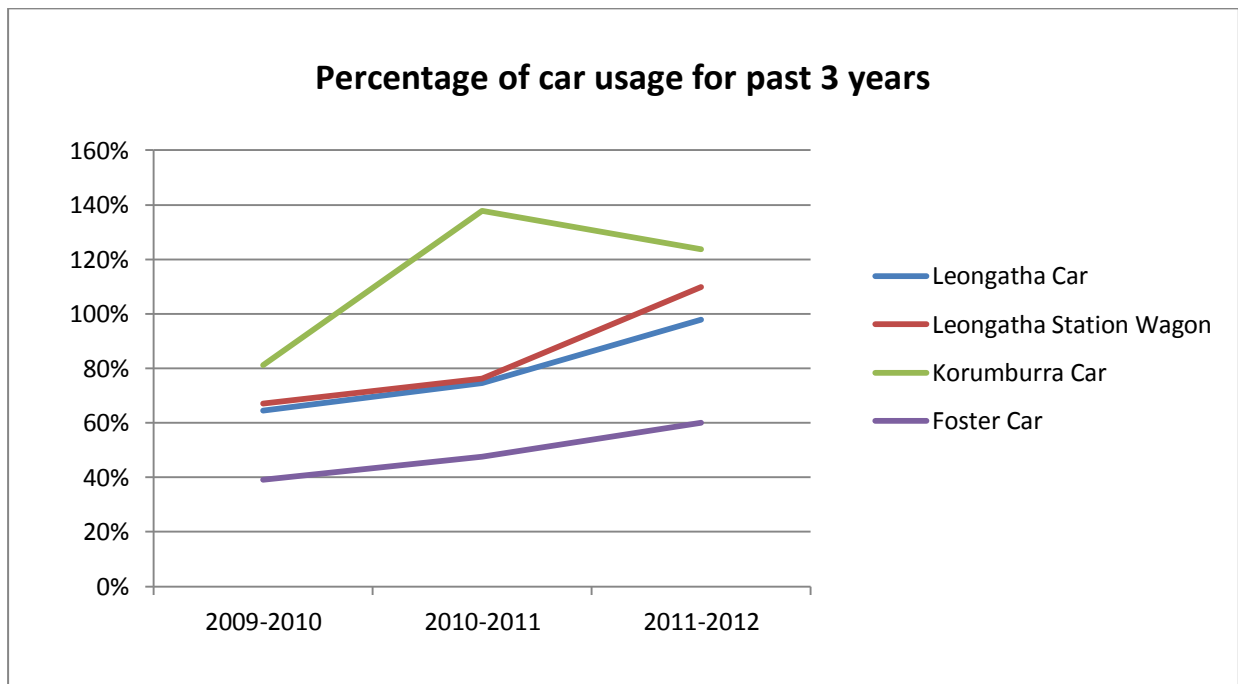
The Leongatha car, Leongatha station wagon and Foster car have all increased the number of trips provided in the last year. Even with a decrease in trips over the last year, the Korumburra car still provided more trips than the other cars in the fleet.

Graph 3 illustrates the kilometres travelled by each car over the past three years. The Korumburra car has had a significant decrease in kilometres indicating this car does more localised trips. In particular, the Korumburra car transports passengers to dialysis three times a week in Wonthaggi and rarely travels longer distances to Melbourne. Statistics show the Korumburra car spends 86% of time travelling to neighbouring shires. The two Leongatha cars both have travelled over 50,000 kilometres in the past year. These cars are used frequently to transport passengers to Melbourne with statistics indicating they spend around 40% of their time in Melbourne. The Foster car travelled the same amount of kilometres over the last two years. The statistics show that the Foster car spends nearly 60% of its time at neighbouring shires in particular, Yarram or Sale Health Services.

Graph 3

Number of kilometres per car for past 3 years

Legend:
- Leongatha Car
- Leongatha Station Wagon
- Korumburra Car
- Foster Car
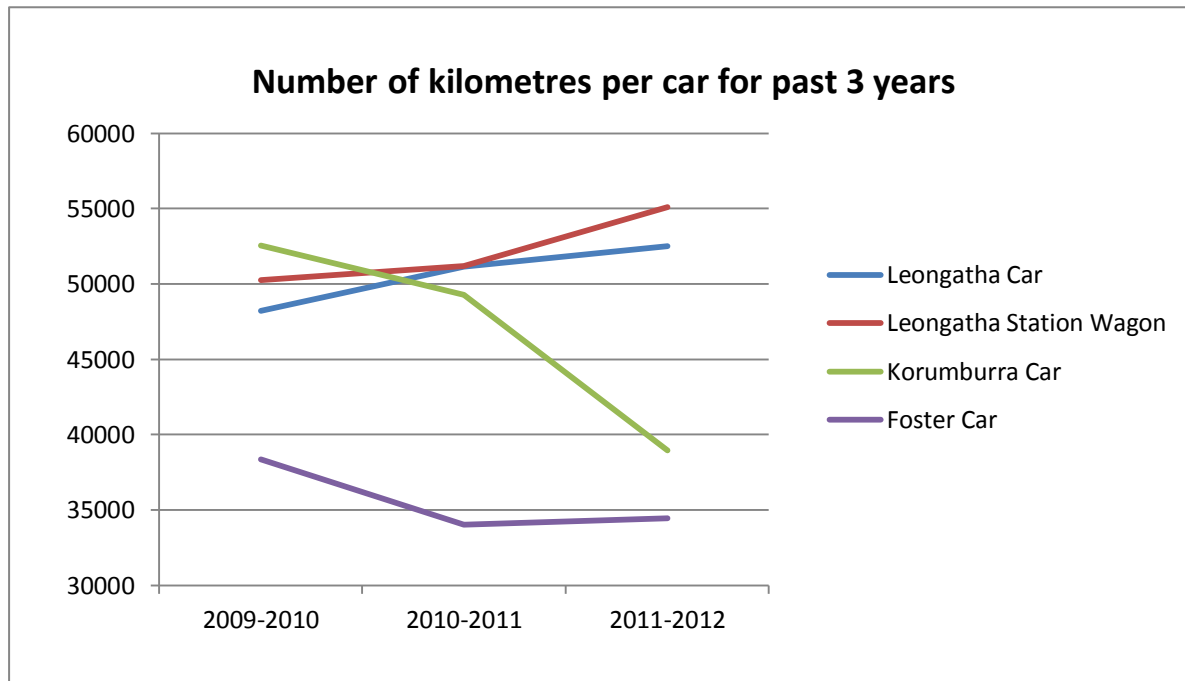
Over the last 3 years the demand for service in all areas has increased.

It is important to note that the location of the Red Cross car in Foster provides a similar service for the same clientele. Lower usage rates of the Foster car can be attributed to the Red Cross Service. On average the Red Cross vehicle has a higher usage rate than that of Council's car, in effect doubling the use of transport in the area. If the Red Cross were to remove their vehicle this would significantly impact on Council's ability to provide the level of service required in the area.

Community Transport Bus

Over the last three years there has been an increase in usage for all three Community Transport buses however, all buses are still underutilised.

Graph 4 shows the percentage of time the buses are used for Scheduled bus runs – for HACC passengers to access larger towns for shopping and errands. Regular bookings are where not-for-profit organisations hire the bus.

Graph 4

Usage of buses
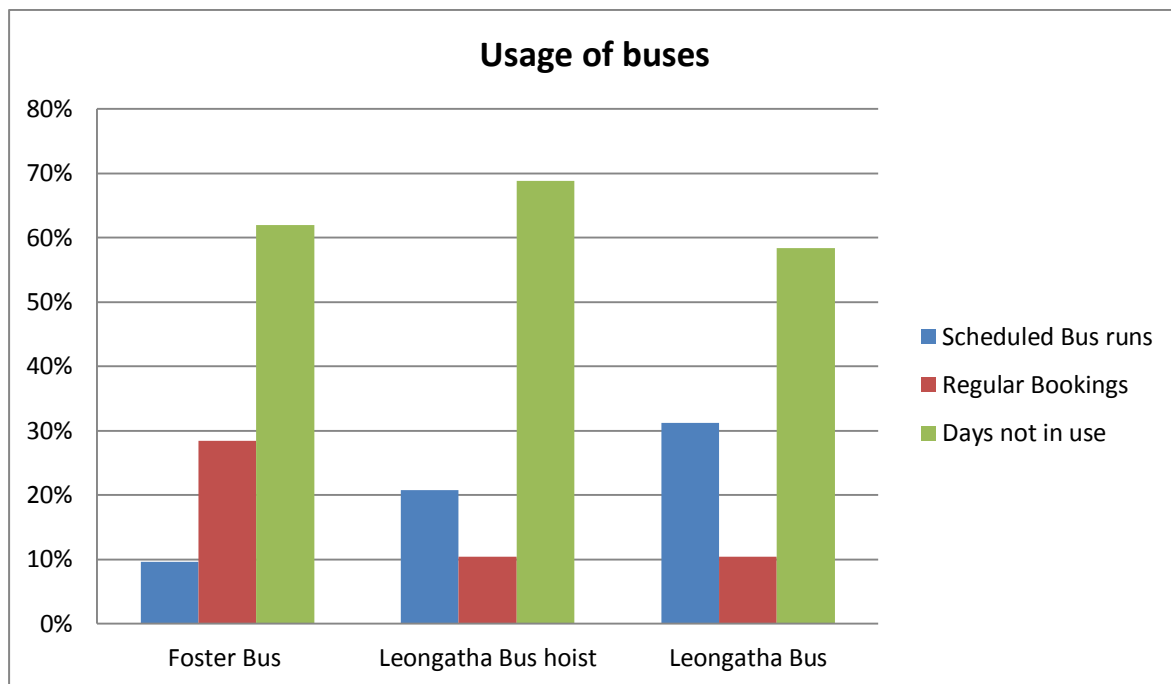
The statistics show that the Community Transport buses are underutilised and all three buses spend the majority of the time not in use. The Leongatha bus has the highest usage rate for scheduled bus runs. This bus is the preferred bus for scheduled runs as it has more seats and room for shopping and is seen to be more comfortable than the Leongatha bus with a hoist. The Leongatha bus with a hoist is used for those scheduled bus runs that required the hoist for passengers with mobility issues. The Foster bus, when in use, is predominately used by the local aged care facility to transport their residents to activities such as the library. It is utilised less than 10% of the time to transport HACC passengers to activities or to access larger towns for shopping and errands. The Foster bus is used on average for HACC passengers 1 day per fortnight compared to the buses in Leongatha which are used at least 1 day per week.

Consultation Results

Surveys were sent to passengers who utilise the Community Transport service and volunteers who deliver the service.

Face to face interviews or a questionnaire were completed with relevant Council staff and external stakeholders.

Benchmarking

<u>Super 11's</u>

Of the four responses received from Super 11 benchmarking group only one, Swan Hill Council, provided Community Transport. Their program was not comparable to South Gippsland as it operates with a limited service of 5 passengers and 3 volunteers.

<u>HACC Managers</u>

Benchmarking HACC Managers in the Gippsland region received two responses from Baw Baw Shire Council and Yarram and District Health Service. Both services do not receive any Department of Health funding, and their transport programs are funded through their organisational resources. They both require volunteers to use their own vehicles although Yarram and District Health Service has one hospital car and bus while Baw Baw have two buses. Both services have less passengers then South Gippsland and provide less car trips. However, both services have a higher number of bus trips and significantly higher numbers of volunteers to support their service. The eligibility for service is similar to that of South Gippsland. Baw Baw has a part time staff member to deliver the service and Yarram and District Health Service deliver the service within their volunteer coordinator role.

Passengers

Of the 547 passenger surveys sent out there was a response rate of 46.5% (254) with 33% (80) males and 67% (164) females. The survey showed 92% of passengers were either satisfied or extremely satisfied with the Community Transport program.

Nearly three quarters of the passengers surveyed use the community cars only and 78% of passengers reported that they have other means of transport such as family, friends or a partner who drives. Over half of the respondents reported on at least one occasion they were unable to access Community Transport when needed. However, on nearly all occasions alternatives such as family, friends, Red Cross or re-scheduling the appointment were used to assist in transport.

The survey indicated that 27% use the bus either weekly or fortnightly with the majority of users travelling every now and then. The days, time allocated and destination where all given as reasons for not utilising the service.

Volunteers

Of the 45 surveys sent to Council Community Transport volunteers, there was a response rate of 44% (20). Volunteers on average drive between 5-20 hours per month and state "giving back to their community" as the main reason. Most volunteers indicated they were looking to stop volunteering in the next two to five

years. Volunteers reported improvements could be made to the program by providing clearer documentation, increasing communication, training, reimbursements and more regular cleaning of the vehicles.

Key Stakeholders

Consultation with key stakeholders was conducted with face to face interviews or via a questionnaire. Consultations were held with:

Internal Stakeholders:

- Community Program Team Leaders
- HACC Assessment Team
- Manager Aged and Disability Services
- Transport Connections
- Volunteer Coordinator
- Fleet Manager
- L2P Coordinator

External Service Providers:

- Department Veteran Affairs
- Red Cross Patient Transport
- Community Health organisations

Stakeholder responses identified a consensus that the Community Transport program provided a great service to passengers. The door to door personalised aspect and the support of volunteers was highly regarded and seen as a real benefit of the program. For some, the lack of availability of cars at short notice was seen as a negative. It was stated that when transport was pre-booked months in advance, it was perceived, that passengers were utilising this service as their first point of call and not looking at alternative options available. Generally, stakeholders identified internal processes such as the client data management system, and internal processes and procedures as needing improvements. Increasing the support and building relationships with volunteers was identified as a key priority. It was agreed by all stakeholders the demand for service would ultimately increase and in turn increase pressure on staff and volunteers to deliver the program. Implementation of priority of access tools which ensured consistency across the program and that the most in need receive the service was identified as an opportunity for improvement.

The consultation process was able to identify opportunities for improvement and provide recommendations in the delivery of Community Transport. Specific areas for improvement that will increase the effectiveness and efficiency in delivering the program are detailed in a full summary of each consultation in Appendix D.

Opportunities for Improvement

Improvement opportunities were identified through consultation with key stakeholders. Detailed recommendations and strategies are further outlined in Appendix E.

Client Data Management System

The client data management system, Sharikat Khoo (SKK) is limited in its ability to record the data required to operate the program efficiently. The information provided from the program to the volunteers can at times be confusing leading to errors. The program is not user friendly and can lead to double handling.

Volunteers

Volunteers are an integral part of the program and as such relationships, support and training need to have a consistent approach and be at the forefront of all planning and service delivery. It was evident that there were inconsistencies in the induction and the level of support of volunteers received across the shire. The recruitment of new volunteers was seen as a priority with a particular emphasis on the Foster and Korumburra area where there is a shortage of volunteers.

Location of Cars

The consultation indicated specific issues around the picking up keys and access to vehicles located at Foster and Leongatha. Developing and building relationships with volunteers and organisations with an emphasis on those in outlying areas will assist in addressing issues.

Documents to be developed

The consultation process has identified a range of documents that need to be developed or updated. Of high importance is the development of a Priority of Access tool and developing eligibility checklists.

Future demand

The demand for Community Transport will continue to grow as the South Gippsland population ages. It is more common now for passengers to receive services in the community rather than in residential care or a hospital setting. This combined with a centralisation of health services and families often not living close by or working will increase demand.

Cost Analysis

Total Operating budget including fleet management

Table 2

Budget

	2009-2010	2010-2011	2011-2012
Income			
Government Revenue	37,921	39,113	40,438
Community Car User Fees	24,326	23,567	26,052
Community Bus User Fees	11,824	6,664	5,760
Total Income	74,071	69,344	72,250
Expenditure			
Labour Costs including Oncosts	60,080	66,624	57,271
Vehicle Cleaning	430	672	275
OH&S	529	487	0
Volunteer Support incl Fuel Vouchers	1,301	924	2,881
General	113	211	679
Fleet Costs including maintenance			
Mirboo North Grant	1,400	2,000	2,500
Community Car	77,666	42,628	81,593
Community Bus	31,603	18,715	22,124
Total Expenditure	173,122	132,261	167,323
Council Contribution	**99,051**	**62,917**	**95,073**

The total operating budget shows Council's contribution to the Community Transport program has varied over the past 3 years with an average cost of $86,000. This variation is due to scheduled replacement of vehicles.

The cars scheduled replacement is at 60,000km. Using the statistics of kilometres travelled the following replacement schedule applies.

Table 3

	12 months	18 months	2 years	2 ½ years+
Leongatha Car	✓	✓		
Leongatha Station Wagon	✓			
Korumburra Car			✓	✓
Foster Car			✓	✓

During the last 3 years all cars have been replaced twice with the exception of the Foster car which has only been replaced once.

None of the buses have been replaced in the last 3 years. The buses are all due for replacement with a purchase price of $58,000. An additional $25,000 is required to fit the bus with a hoist.

The budget identifies an annual grant to Mirboo North Senior Citizens. This grant has been part of a long standing agreement whereby Council contributes to the fuel costs of operating the Senior Citizens bus in Mirboo North which provides a shopping trip to Leongatha. While a grant of this nature is not given to any other club, Council does not operate any scheduled bus runs from the area.

Proposal

Reduce Bus Fleet

The buses are not in use the majority of the time indicating excess in the fleet. The selling of one bus will reduce operating costs whilst maintaining current service levels and improving efficiency in delivering the service. There will still be capacity in the fleet to increase service levels if required in the future.

The Foster bus is the least used bus in the fleet, only being used 10% of the time by the HACC program. Currently Banksia Lodge Aged Care facility uses the bus to take their residents on local outings and would need to make alternate arrangements if this bus was to be removed. There are two buses located at the hospital in Foster that may be able to be utilised or hired by Banksia Lodge or the community.

Improved Internal Processes

Through the consultation process internal processes need to be addressed to ensure a more efficient and effective service delivery. The most important of these is the development of a priority of access tool for all bookings. This will ensure the most in need will receive transport rather than a "first in first served" philosophy. It is agreed the demand for the service will continue to increase, however, the purchase of an additional vehicle is not proposed. In comparison to other Councils, South Gippsland has more vehicles although the size of our Shire is considerably larger.

Investigate Partnerships

There is an opportunity to further investigate with community based and transport providers. In particular there is an opportunity to investigate partnership opportunities with the Red Cross in Foster. There are opportunities to link trips being provided by Red Cross and the Community Transport program to ensure efficiency for both fleet costs and volunteer time. The Red Cross also utilises many of the same volunteers for their program providing opportunities for joint training and recruitment.

Increase Passenger Fees

The current fees for Community Transport are based on a per kilometre rate of $0.32 and are only charged for one way of the trip. The fees received in 2011-2012 equalled $26,052.

The review suggests that Council needs to charge passengers for return trips where kilometres exceed 100 one way. Passengers travelling over 100 kilometres one way are eligible to utilise a government subsidy, Victorian Patient Transport Assistance Scheme (VPTAS). Council can re-coup costs while ensuring passenger expenses are still affordable. Table 4 provides an example of costs for a trip from Leongatha to Melbourne and return.

Table 4

Leongatha to Melbourne	Kilometres charged for	Council Fee	VPTAS reimbursement @ $0.17 per km	Total Passenger Cost
Current costs – one way trip	130	$41.60	$44.20	-$2.60
Proposed new costs – return trip	260	$83.20	$44.20	$39.00

Council procedures would need to include staff and volunteers proactively assisting passengers to apply for the VPTAS reimbursement.

It is important to note that passengers will not be denied service due to financial hardship. In these cases, the assessment officers and the passenger will agree an affordable amount for each trip.

Financial implications

The Community Transport program is jointly funded by Council, passenger fees and the Department of Health. Council on average contributes $86,000 or 57% to operational costs, Department of Health contribute 24% with passenger fees contributing 19%. The implementation of the proposed recommendations to reduce the bus fleet and increase passenger fees will see a reduction in operating costs. Table 5 illustrates the savings over the next 15 years.

Table 5

		Total savings over 15 years
Increased Revenue – Passenger fees	$8,000 per year	$120,000
Operating costs	$6,000 per year	$90,000
Ongoing fleet purchasing	$58,000 every 5 Years	$174,000
Total savings		$384,000

These savings represent a reduction in Council's contribution to the Community Transport program and the review recommends capping Council's contribution to 50% of total operating costs.

Conclusion

The Community Transport program is vital to maintaining independence for some of the most isolated and vulnerable members of our community. The door to door service provides a safe, secure and affordable way for passengers to attend medical or specialist appointments and access larger towns to do their shopping and run errands.

Council can maintain current service levels and deliver the Community Transport program more efficiently by decreasing its bus fleet. The improvement of internal process and procedures and establishment of partnerships will increase efficiencies within the service. The increase in revenue by charging passengers for long distance trips over 100 kilometres (where government subsides can be claimed) will enable Council to offset fleet costs whilst ensuring passenger costs are kept to a minimum.

The implementation of the recommendations from this review will see Council continue to deliver a high quality, person-centred service that is financially sustainable.

Recommendations

That Council:

1. **Maintain the existing levels of service provided through the Community Transport service and achieve efficiencies by:**

   a. **Reducing the community bus fleet by one bus**

   b. **Investigating partnerships with both community based and private transport providers**

   c. **Streamlining internal processes and procedures**

2. **Increase passenger fees and proactively assist passengers to access the Victorian Patient Transport Assistance Scheme (VPTAS) reimbursements.**

3. **Caps its annual contribution to the Community Transport service to 50% of the total operational cost.**

4. **Update the Community Transport Policy to reflect Council's resolutions.**

5. **Advocate for an additional bus stop in Leongatha to overcome access barriers for frail aged and people with mobility issues.**

References

1. South Gippsland Shire Council Plan 2012-2016

2. The Value of Community Transport – Draft Report August 2011

3. Community Transport Policy 2005 – South Gippsland Shire Council

4. Best Practice Community Transport Models and Jurisdictional Comparison Research for Department of Transport – Draft Report September 2011

5. South Gippsland Shire Council Active Ageing Strategy 2012-2016

6. Community-based Transport, Qld Guidelines, 2006

7. Community-based Transport, Qld Toolbox, 2006

8. Community Transport – Best Practice and Innovation in Service Delivery in NSW, presentation by Caroline Mason for Department of Transport

9. Community Transport Snapshot Project, 2008 VCOSS

10. Future models for Community Transport in Victoria, 2012 presentation by Prof Corinne Mulley for Victorian Community Transport Association

11. Municipal Association of Victoria, Community Transport Research 2009

12. Review of Community Transport Provision, Hobsons Bay City Council 2011

13. The Victorian Home and Community Care Program Guidelines. Department of Health.

14. South Gippsland Shire Council's id Community Profile

15. South Gippsland Shire Council's Community Transport Risk Assessment and Control Plan

16. Red Cross Patient Transport Scheme

17. Victorian Patient Transport Assistance Scheme

18. Repatriation Transport Scheme, Department of Veterans Affairs

Community Transport Client Survey

South Gippsland Shire Council is about to undertake a review of the Community Transport program.

The Community Transport program provides buses and cars to help residents who are frail, aged or have a disability, live rurally or in isolated areas and those without other means of transport to access medical appointments, community facilities, services and social activities. Our records identify that you have been assessed and are eligible to use this service.

We are requesting your assistance in completing a short survey about our Community Transport service. We are looking at the current service and whether it's meeting your needs. From this information we will provide recommendations and possible improvements to Council to increase the effectiveness and efficiency in how we run the service.

If you could complete the survey and return in the reply paid envelope supplied by 30 July 2012.

If you have any questions regarding this survey or the review of Community Transport, do not hesitate to contact me on 5662 9226. Also, if you no longer require the Community Transport service please contact 5662 9363 or 5662 9359.

Yours sincerely

Shelley Fixter
Community Services Project Officer

Community Transport Client Survey

What is your postcode: ....

Gender: Male   ☐

Female   ☐

What Community Transport do you use?

- Cars   ☐
- Buses   ☐
- Both   ☐

Is Community Transport your only means of transport?

- Yes   ☐
- No   ☐

If no, what other means of transport do you have? *(Please tick)*

- I drive   ☐
- Public transport   ☐
- My partner drives   ☐
- Taxi   ☐
- Family/ friends   ☐

Other, *please specify*...

....

....

....

....

....

Community Transport Cars

1. Has there been a time when you needed community transport to get to an appointment and a car was unavailable?　　Yes ☐　No ☐

   If yes, how many times has this happened in the last year?

   Once ☐　　2-3 times ☐　　4-5 times ☐　　6 times or more ☐

   If you were unable to get transport what did you do?

   - Get family or friends to take you　☐
   - Use Red Cross transport assistance　☐
   - Use public transport, *eg V/Line*　☐
   - Cancel or change appointment　☐

2. Have you needed transport for a reason other than a medical appointment?　　Yes ☐　No ☐

   If yes, what did you do? *(please tick):*

   - Get family or friends to take you　☐
   - Use public transport, *eg; V/Line*　☐
   - Did not go　☐

3. What were the reasons you needed transport?

   - To visit friends or attend a social outing　☐
   - Attending a community group　☐
   - Shopping or general errands/appointments　☐

   Other *(please specify)* ....
   ....
   ....

4. Please tick if you are aware of any of the following alternate transport options within South Gippsland?

   Red Cross transport　☐

   Public Transport, *eg; V/Line, local bus services to Traralgon and around town*　☐

   Melbourne Medical Companion Project *(where a volunteer will meet your bus in Melbourne and escort you to your medical appointment)*　☐

   Travel training, *(to develop skills and become familiar with public transport)*　☐

Community Transport Buses

5. What is the main reason you use the Community Transport Bus

- To do shopping ☐
- To access community groups, *eg seniors* ☐
- Go to medical appointments ☐
- To visit friends ☐

Do you find the bus comfortable to travel in   Yes ☐   No ☐

If no, what do you find uncomfortable? (please specify)..

....

....

How regularly do you travel on the bus?

Weekly ☐   Fortnightly ☐   Monthly ☐   Every now and then ☐

6. Are the scheduled bus routes meeting your needs?   Yes ☐   No ☐

If no, what are the reasons?

- Do not go to where I want to go ☐
- Not enough drop off points ☐
- Not enough time ☐
- Not on the days I need ☐

	Extremely Satisfied	Satisfied	Dissatisfied
7. How satisfied are you with the Community Transport Service?	☐	☐	☐
8. How satisfied are you with the assistance given by the Home and Community Care office staff when making bookings?	☐	☐	☐

Please provide additional comments on how you feel we can improve our Community Transport service.

....

....

....

....

....

South Gippsland
Shire Council

Come for the beauty... Stay for the lifestyle

Volunteer Survey

1. How did you find out about becoming a Community Transport Volunteer?

   ....

   ....

2. What area do you volunteer for?

Foster and surrounding areas	☐
Leongatha and surrounding areas	☐
Korumburra and surrounding areas	☐

3. How many hours on average per month do you volunteer for Community Transport?

   Any comments: ....

   ....

4. How long do you anticipate you will continue volunteering for this program?

   Under 1 year ☐   2-5 years ☐   5+ ☐

5. Why do you volunteer for community transport?

   ....

   ....

Please rate the following of importance to you with *five being most important and one being least important.*

	5	4	3	2	1
Give back to the community					
To connect to my community					
I like to drive					
I enjoy the social contact					
I am able to learn additional skills					
It helps fill in my spare time					
I get to meet new people					
To meet Centrelink requirements					

Volunteer Survey

4. Do you have any suggestions in how we can improve our service delivery to clients?

....

....

....

....

5. Do you have any suggestions in how we can improve our support of volunteers, eg; our communication, training, recruitment?

....

....

....

....

....

....

Further comments and feedback

....

....

....

....

....

....

....

....

(Optional)
Name: ....

Contact Number:...

Community Transport Policy
South Gippsland Shire Council

COUNCIL POLICY

Department:	Community Services
Sub-Section:	HACC
Title:	COMMUNITY TRANSPORT

Policy Statement

Council is seeking to support individuals to remain independent, safe and secure in their community through the provision of transport opportunities for frail, aged and people with disabilities, including but not limited to Home and Community Care (HACC) clients, and their carers to a range of medical, social and community appointments. It aims to supplement, and not replace existing commercial services.

Policy Rationale

To ensure:

1. Fair and equitable access to Community Transport, according to clearly defined eligibility criteria.

2. Clear policy and guidelines for Council staff associated with the program.

3. Accessible Community Transport.

4. Positive partnerships are developed with stakeholders, both private and community based, to develop improved transport systems across the Shire.

Definitions

Community Transport

Is a transport program with elements funded by Home and Community Care (HACC), Council and user contributions.

Community Car

Is any designated Council vehicle engaged to provide transport for eligible clients for the purpose of attending medical appointments, accessing other HACC services, and attending community activities.

Community Bus

Is a Council vehicle purchased for the purpose of conveying eligible clients to appointments, community activities and facilities on a regular scheduled basis.

Home and Community Care Program (HACC)

Aims to provide a range of support services for frail aged, and other people with a disability, and their carers.

Services are provided to assist people to remain more independent at home and in the community, and assist carers in their caring role. The service also aims to prevent inappropriate admission to residential care, and to enhance the consumers quality of life.

Community Transport Volunteers

Are volunteers who drive eligible clients to their destinations using the Community Transport resources. They have had a police check, and are provided with orientation and ongoing support by the Community Transport co-ordinator. It is not their role to provide personal assistance to eligible clients.

Guidelines:

1. All potential Community Transport clients (other than low-level 24-hour residential care accommodation) are required to be assessed prior to accessing the service, except in the case of emergencies, where assessment may be undertaken post transport.

2. All assessments will be undertaken by Council assessment staff in accordance with HACC Program criteria. Priority of access to the service will be given in all cases to those who meet this criteria. Once assessed, the person will become a registered Community Transport client.

3. HACC Clients will not be denied Community Transport on the basis of inability to make a financial contribution. Contributions will be determined in accordance with the Victorian Home and Community Care (HACC) Program Manual Guidelines and the adopted South Gippsland Shire Council fees and charges schedule.

4. If a potential consumer falls outside the HACC eligibility criteria, but is temporarily transport/financially/socially or geographically disadvantaged the assessment staff will use their professional judgement to determine eligibility on a case by case basis. Such clients will not take precedence over HACC clients and will be charged in accordance with the Victorian Home and Community Care (HACC) Program Manual Guidelines and the adopted South Gippsland Shire Council fees and charges schedule.

5. Residents of low level 24 hour residential care accommodation are eligible to use the community cars. Service requests are to be co-ordinated through the accommodation supervisor who will arrange service with Council's Community Transport co-ordinator. In accordance with the Victorian Home and Community Care (HACC) Program Manual Guidelines such clients will not take precedence over HACC clients and will be asked to contribute as per the South Gippsland Shire HACC fee and charges schedule or the facilities care fees schedule. More specifically clients categorised by the accommodation supervisor as a Category 1 (concessional) or Category 2 (assisted) resident will be asked to contribute as per the South Gippsland Shire HACC fees and charges schedule, while Category 3 (income tested) residents will be asked to contribute at a rate that reflects full cost recovery, as may be determined by Council from time to time.

6. When not being used by Council's Community Transport Program, the community buses may be hired by not-for-profit community groups. Such groups will not take precedence over HACC eligible target groups and must adhere to Council's 'Conditions of Hire and Use'.

7. Community Buses (purchased after 27 January 2005) will be fitted out with the appropriate access and mobility equipment, compliant with the relevant Australian Standards.

Related Legislation, Guidelines, Specifications and Codes of Practice

- Department Human Services HACC Program Standards

_____

Approval Date:	21 November 2002	Approved by:	CEO
Amendment 1:	17 August 2005	Approved by:	Council
Amendment 2:	21 December 2005	Approved by:	Council
Amendment 3		Approved by:	

Appendix D   Consultation

Council internal Stakeholder

Community Program Team Leaders

Face to Face interviews were conducted with the Community Programs Team Leaders. During these interviews key areas of the program were discussed in relation to Community Transport cars and Community Transport buses.

CARS

When asked what was working well with Community Transport cars there was a consistent view the program provided a great service. The booking of the service was seen to work well along with the support and training opportunities offered to volunteers and staff by the newly created position of Volunteer Coordinator. Having two staff work across different areas of the municipality is seen to benefit the program by having more than one staff member knowing the program and being able to cover unexpected leave. However, the split was seen to be inequitable with one area busier than the other. This was not supported by the statistics but the lack of volunteers in one area may impact on workloads.

Issues were identified for a range of areas including internal processes, Client Data Management System Sharikat Khoo (SKK), recruitment, induction and training, documentation for volunteers and the locality or base of the cars.

Internal processes and documentation is not seamless for the program or consistent across both staff members. Separate spreadsheets are used to contact volunteers for trips and there is not a coordinated approach leading to duplication of calls to volunteers, especially when they volunteer for both areas. So much of the Community Transport program is administered through manual systems often leading to errors or duplication. This in part, is due to SKK not being able to meet the requirements of the program. The staff also identified that the processes and procedures for Community Transport were not clear and in some instances procedures were missing steps making it difficult for casual staff. Staff identified that simple processes need to be developed complete with step by step procedures for all facets of the program. There also needs a cleanup of computer files so information is easily accessible.

The recruitment of volunteers has over time consistently used the same methods of word of mouth and newspaper advertising. This is still seen as effective to a point but there needs to be an emphasis on encouraging different groups or a younger demographic to volunteer. Suggestions would be to do presentations at community meetings or with service groups such as Lions or Rotary. There needs to be a proactive plan put in place for ongoing recruitment to ensure volunteer numbers are kept high decreasing the likelihood of volunteer burnout.

The knowledge of the induction process of volunteers is not consistent across both staff members. The process of induction is not clearly documented and best practice methods of sign off on induction are not completed. The induction process needs to be revamped with consultation of volunteers to gain insight into what they needed to know or what could've been done differently to make volunteering easier for them. There also needs follow up of new volunteers to check they've clearly understood the processes especially after their first trip. The induction process is clearly linked to training with a need for ongoing training or refreshers on key processes and practices such as occupational health and safety. Training is also completed ad-hoc essentially due to funding availability. Training such as CPR and low risk driving, could be offered annually although this would need budget allocation.

The documentation provided to volunteers to ensure they pick the client up at the right time and take them to the right destination can at times be confusing. This is due to how the SKK system produces print outs for volunteers. There's currently an investigation into a new client data management system and the needs of Community Transport should be considered with high importance when options are being investigated. In the mean time, some work can be done with volunteers ascertaining what they find as the major confusions and look at solutions to rectify. The issues around documentation were reported as an issue when consulting with volunteers. Volunteers along with staff reported confusion with the pickup of keys particularly when spare keys are being used. A system with keys being clearly labelled needs to be implemented in consultation with volunteers.

The localities of where the cars are kept have unique issues depending on the location. A key concern is the Foster car. This location has issues around regular cleaning, maintenance, ongoing face to face relationships with volunteers and the relationship with staff at Banksia Lodge who distribute documentation and keys to the volunteers. There needs to be a greater presence in this area to establish and maintain these relationships along with regular checking and cleaning of the vehicle. Relationships within the Foster area have been strained for many years and in particular when the centralising of bookings and management of the Foster car were moved to the Leongatha office. The location of the car in Korumburra seems to work well due to strong relationships with Carinya Lodge who distribute keys and documentation and strong relationships with volunteers. The locality of the Leongatha cars at the depot can cause issues when there are problems with keys and documentation. This can be an inconvenience to volunteers having to travel between the main office and the depot to rectify issues.

When asked about current trends within the program all staff stated that the demand on the service is increasing. They also noted that Community Transport was the first point of call for many clients rather than a last resort. They stated by using Community Transport, clients were maintaining their independence without relying on others. A common issue was most transport is booked weeks even months in advance. The staff reported there is no priority of access to the service and with

assessments being completed annually (at best) it was difficult for staff to ascertain who is most in need.

The use of Community Transport cars for Council's L2P program was seen as benefit to the community and a good way to diversify resources. However, the booking of these vehicles uses another internal booking system which can lead to double bookings causing inconvenience to L2P, volunteers and clients.

BUSES
There is a clear consensus of the positive benefits for the community in operating scheduled bus runs allowing clients access larger towns for shopping and appointments. The door to door component along with the opportunity for social interaction is a major benefit of the service. The use of buses to transport a higher number of people at the one-time also decreases the need for clients to access other HACC programs like Home Care for one-on-one shopping.

The issues identified with operating the Community Transport buses are primarily internal processes. Whilst the process of not-for-profit organisations booking the buses does not have any issues, staff use a different system (Outlook Calendar) to log these bookings with all other bookings for scheduled bus runs are entered into the SKK system. There are also two systems for scheduled bus runs. On some runs clients have to call in and book their spot whereas on other runs they call in to cancel their spot. This can be confusing particularly for casual staff and has at times impacted on clients who have not been picked up for their trip.

The type of bus has been listed as an issue. Whilst it is seen as important to have a bus with a hoist to accommodate those in the community who need it, the buses with the hoist are the least preferred bus to travel in. Council currently have two buses with hoists located at Leongatha and Foster. Staff reported feedback from clients that found the fold down seats in the buses with hoists uncomfortable and also limit the number of passengers. The buses without the hoists also offer more room and are seen as the preferred bus for clients coming to town to shop.

The buses were also seen to be underutilised compared to other municipalities who provide more scheduled bus runs for clients to attend social, shopping and medical activities. The location of the bus in Foster was seen as duplicating services as the local hospital has two buses.

In some areas it is difficult to find volunteers who are willing to drive the buses although there are no additional certificates or licences needed to drive them. The buses are large and many volunteers do not have the confidence to drive them especially when travelling down narrow streets or dirt roads to pick up clients.

General comments

When asked about alternate service delivery options, it was suggested to separate the buses and cars. It was suggested that the buses should sit in the Community Strengthening area allowing a broader range of people in the community to access them whilst the cars sit within the HACC program specifically for medical appointments of HACC clients.

HACC Assessment Team

A Face to Face interview with the Assessment Team Leader was conducted. During the interview responses she had received from the assessment team around key areas of the Community Transport program were discussed.

A key challenge from the assessment team was around eligibility and priority for Community Transport. The Community Transport Policy 2005 extends the eligibility for Community Transport beyond HACC including transport disadvantaged, residential care clients etc making it confusing for clients, volunteers and staff. The assessment team identified the need for priority of access to be determined for each trip (episode) with a checklist developed to ensure the most in need are getting the transport. This is seen as a key requirement to delivering services to those most in need as demand increases.

The assessment team agreed with the community programs team that using two different systems for the booking of scheduled bus runs and not-for -profit organisations was not effective or efficient. They suggested all clients who regularly use the bus run should not need to call every fortnight and only call to cancel. For those who do not regularly use the bus could call to book when needed. The assessment team also suggested the community program team could be more proactive in the development of additional bus runs to meet the needs of the community. This could be achieved by having discussions with the client services team and identify areas or clients who regularly utilise homecare shopping by offering a bus service instead. The benefits of this will allow hours of service to be allocated to clients on waitlists whilst creating social interaction with clients in the area.

It was suggested that the use of a car for dialysis 3 times per week could be better served utilising the bus and freeing up the car for other clients to access.

The assessment team identified future trends being an increase in transport needs for an ageing community in a rural area with limited access to regular public transport. They identified that it's becoming increasingly more common for clients to stay at home with services being delivered in the home, rather than residential care or a hospital setting. With this having an impact on all HACC services and in particular Community Transport with those needing to visit health services more frequently.

Key improvements to the Community Transport program were seen to be:

- The development of an eligibility checklist for Community Programs to use – prior to being handed over to Assessment
- The development of a priority of access checklist needs to be developed for all new requests (each booking)
- Review of Induction of volunteers to include:
  - Opportunities for low risk driving for all volunteers
  - Introduction to HACC DVD shown to new volunteers to give them an overview of the other programs we provide.

Manager Aged and Disability Services

When interviewing the Manager of Aged and Disability Services many of the issues identified by the Assessment Team were also reported. The following is in addition to those expressed by the Assessment Team.

Internal processes were identified as an area for improvement from the manager's perspective. In addition to those mentioned earlier, communication within community programs and with other teams within HACC needs improving. It has been suggested that implementing a handover process similar to Assessment and Client Services will improve communication and benefit both teams. There was also the suggestion when developing processes that consideration is given to the end user (client or volunteer) with the possibility of a focus group to assist in identifying impacts. The regular checking of vehicles and deleting messages on mobile phones along with ensuring maintenance schedules were adhered to was also seen as areas for improvement.

One area that has not really been covered is how the philosophy of the Active Service Model relates to Community Transport.

In addition to those already mentioned, the development of a volunteer reimbursement policy needs to be developed and has been raised with the Volunteer Coordinator.

Transport Connections

An interview with the transport connection program identified the biggest issue with Community Transport is the service is limited to a small proportion of the population. It was suggested the Community Transport program, in particular the buses, should be available for the whole of community and could provided connections to already existing public transport (where this is appropriate). Other suggestions to increase services for the whole of the community were to;

- Advocate to Department of Transport for increased town services as they are currently operating as a town school bus and not during the most part of the day
- Selling the buses and using the funds to subsidise the cost of travel provided by private providers. It was noted there would need to be an ongoing commitment to fund this program

- Schedule fixed bus routes within towns for all to utilise
- Working in partnership with local taxi companies or private bus providers. The taxi companies have good communication management systems in place which can be utilised for the dial a bus option. The local taxi company also has 3 small buses with disability access within their fleet. The private bus companies generally have school bus vehicles which can make accessibility for all (including families with prams, mobility walkers and shopping) an issue.

Volunteer Coordinator

When interviewing the Volunteer Coordinator many of the issues around recruitment, support and induction of volunteers were identified. These issues were not specific to Community Transport but all Council volunteers and as a result strategies are being developed and implemented. The coordinator provided feedback from volunteers as feeling:

- They are being overused
- The commitment is more than they want to give
- They get asked to drive places they don't want to go
- They find it difficult to say no
- Volunteers have reported that they find it difficult to advise clients of protocols whilst driving e.g.; Being quiet when driving in the city can be stressful and need to concentrate.

Fleet Manager

Discussions with the Fleet Coordinator were to get a breakdown of the financial costs associated with the program. Issues were raised around cars and buses not being booked in for scheduled servicing, and the underutilisation of the buses and the costs associated with replacement.

L2P Coordinator

The diversifying of the Community Transport fleet to be utilised by the L2P program has been beneficial although there have been some issues identified. The L2P program provides a vehicle and a volunteer driver to assist those on a learners permit with no other means to gain the120 hours required to be eligible to go for their permanent license.

The Community Transport fleet has supported the L2P program with the vehicles being utilised for 200 hours over the last year. They have supported 7 young people in learning to drive with over 2000 kilometres travelled. The highest use has been the Foster vehicle this in part is due to the low usage rate in Community Transport and its increased availability.

The issues identified relate to the ability to book the vehicle and Council's booking system (SKK). There is also an issue of reimbursing the Community Transport program for the use of the vehicles needs improvement.

An unexpected benefit of partnering with the L2P program has been the recruitment of L2P volunteers to the Community Transport program.

Other Service providers

Other service providers stated the program delivers a great service to clients. The only issue reported was when clients needed transport at short notice for urgent treatment, usually it was unavailable. This was a particular issue for palliative care. Another service provider identified the issue of their clients, those on packages, not being eligible to use the service. This has since been clarified and under the Community Transport policy they are eligible. It was also reported that the guidelines for Community Transport were not clear which can lead to confusion on who is eligible. This provider was requesting clients to be transported between hospitals for medical appointments. It has since been clarified that this is a role for the Patient Transport Service and Community Transport was unable to transport clients between hospitals.

Department Veteran Affairs

The Department of Veteran Affairs (DVA) was unable to provide any statistical data. Statistical data can be provided through Freedom of Information but due to time constraints this was unachievable. Conversations with DVA established an agreement to meet in the future and explore opportunities of how Council and DVA can work together.

Red Cross Patient Transport

A meeting was held with Red Cross Patient Transport to discuss opportunities to develop a partnership with the program. Whilst at this stage, client's from both services sharing vehicles is not an option there is an openness to further explore these possibilities in the future. During discussions it was identified the Red Cross face similar challenges around recruitment and support of volunteers. They have a robust induction process and are willing to share some of their policies and procedures. They also discussed opportunities for Council's volunteers to participate in training opportunities. The most notable differences in the programs are:

- a doctor has to give medical clearance for clients to travel
- volunteers undergo an intensive induction process (1 full day)
- volunteers undergo a driving and vision test before commencing driving
- service is offered for a period of six weeks to allow sufficient time for clients to find alternate long term arrangements.
- appointments in Melbourne must be between 10am-2pm

Appendix E   Operational Recommendations

Client Data Management System Recommendation:
1. Provide support to volunteers in understanding the documentation, especially new volunteers.
2. Consult with volunteers about the information they need to carry out their role as a driver and what would make it easier
3. Give consideration to Community Transport and the requirements of the program when investigating any new client data management systems
4. Investigate the reasons for an increase in unspecified data and remedy to ensure an accurate reflection of program

Internal Processes Recommendation:
1. Develop simple process maps for:
   a. Booking and arranging transport
      i. Cars
      ii. Schedule bus runs
      iii. Self-drive bus
2. Update procedures for all facets of the program to include all steps necessary. (These need to be consistent with process maps)
3. Develop one spreadsheet for volunteers with:
   a. Days available
   b. Details of requests eg; when asked to drive and responses
   c. Preferred method of contact eg; phone/email
4. Archive computer files to ensure relevant and up to date information is easily accessible
5. Implement one system for all bookings of schedule bus runs
6. Implement a process to ensure scheduled maintenance is adhered to.
7. Regular vehicle inspections – including the checking of mobile phones and the deletion of any out dated messages
8. Improve the labelling of keys to avoid confusion when spare keys are used
9. Improve communication by scheduling time with:
   a. Community Programs team
   b. Client Services team (identifying opportunities to utilise bus routes to assist clients)
   c. Assessment team (identify any issues and work together to ensure a consistent approach)

Volunteers Recommendation:
1. Implement a recruitment strategy to address the shortage of volunteers, especially for the areas of Korumburra and Foster.
   a. Using a variety of methods eg; Newspaper/newsletters articles, advertisements and presentations
   b. Specifically target different groups eg; Rotary/Lions, Employment agencies

      c.   Regular scheduling of recruitment drives not just during Volunteer events
2. Improve induction process
      a.   Seek feedback from volunteers of any gaps in induction process
           i.   What was good
          ii.   What wasn't as good or could be improved
      b.   Ensure a consistent approach of induction by all staff
      c.   Include the HACC DVD to give volunteers an overview of the program
      d.   Ensure there is follow up after first trip
3. Develop and build relationships with volunteers with a particular emphasis on volunteers located in outlying areas of Foster and Korumburra by implementing quarterly catch-ups to:
      a.   Address any issues or concerns
      b.   Update or review procedures on a regular basis
      c.   Update or review Occupational Health and Safety

Location of Cars Recommendation:

1. Need to increase in person contact at Foster to:
      a.   Develop and build relationships with volunteers
      b.   Develop and build relationships with Banksia Lodge
      c.   Develop and build relationships with the community
      d.   Visual checks on vehicles including checking mobile phone, and cleanliness of vehicles.
2. Meet with volunteers to discuss and implement issues with Leongatha Depot including:
      a.   Picking up and dropping off of vehicles/keys
      b.   Parking of cars
      c.   Ability to wash down windows when frosty

Documents to be developed Recommendation:

1. Develop a Priority of Access tool that can be used to assess priority for each trip being booked
2. Develop an eligibility checklist to ensure consistency within the program
3. Develop additional guidelines for the operations of the program to assist in communicating with clients/volunteers/key stakeholders including;
      a.   Melbourne Appointments need to be between 10am-2pm
      b.   Vehicles will be shared where possible unless medical reasons prevent this
      c.   Priority of Access and how this works
      d.   Guidance around booking timeframes – thus allowing more urgent requests to be met without the cars being booked 6 months in advance (this will need further discussion with the team and possibly a focus group). I suggest 3 weeks in advance
4. Update Community Transport Policy as a result of Council resolution.
5. Develop a Volunteer Reimbursement Policy to ensure consistency across the program

Appendix F   Literature Review

The Value of Community Transport 2011 – Department of Transport.

Community Transport benefits the community in many ways and cannot be simply measured by the number of trips provided. A report prepared for the Department of Transport on *The Value of Community Transport (2011)* outlines the benefits of Community Transport from a theoretical perspective, uses statistical data and a variety of indirect valuation techniques to calculate a dollar value for each benefit from a social, economic and environmental perspective.

Health benefits were seen as the major benefit of Community Transport including improvements in mental health, community engagement and enhancing social capital.

The report stated health services as the most common destination for users. This is consistent with South Gippsland statistics where 70% of clients utilise Community Transport to access medical or health services. Accessing health services for preventative care, can reduce the risk of emergency illness that can be costly, and in some cases life threatening. The report identified that the ability to access fresh food as a result of Community Transport was significant for some people who were restricted to buying long life or processed foods.

The improvement of mental health was also attributed to Community Transport with the report stating it '*allows users to socialise with family, friends and the community, thus promoting general wellbeing and improved mental health.'* The report identified the health benefits for Community Transport volunteers from the social interaction with staff, clients and the community. This is consistent with feedback from South Gippsland volunteers who rated socialising and giving back to the community as major benefits to volunteering for Community Transport.

Community Transport is seen as a crucial transport link in allowing people to continue to live independently in their own homes. By reducing the need for premature admission to an aged care facility, people can maintain their connections to the community and friends which gives them the comfort and security of familiar surroundings. The notion of ageing in place can also delay the need for additional and often, more expensive, publicly funded services.

The social interaction and engagements that Community Transport offers, especially those scheduled bus trips to social activities, shopping trips and other forms of entertainment, is seen as promoting community engagement and enhancing social capital. Other social benefits identified were around improving. Community Transport enables these passengers to continue to access community services, while decreasing the risk they pose to themselves and the community by continuing to drive when it is no longer safe to do so.

The economic benefits of Community Transport range from having access to educational centres, including informal centres such as libraries to gain additional skills and knowledge. Other volunteer and passenger skill development identified in the report was listening, conversing and socialising. Volunteers learn to use hoists and manual handling techniques when lifting wheelchairs which were seen to benefit the wider community. Other economic benefits stated that Community Transport reduces the reliance on families and friends to provide transport. In this way, the productivity of family members is increased by not having to take days off work.

The environmental benefits of Community Transport include the reduction in greenhouse gas emissions resulting from group travel and the reduction of vehicle operating costs including fuel and car servicing reducing environmental waste.

The report looks at direct and indirect benefits of Community Transport and shows the total social, economic and environmental benefit of Community Transport in Victoria is estimated at $215 million per annum. The report emphasised that the future population growth especially in those aged over 65, will further increase demand for services such as Community Transport.