VTCTA

VICTAS COMMUNITY TRANSPORT ASSOCIATION

Enhancing Community Transport Services

October 2024

Prepared by
VICTAS Community Transport Association

Contents

Executive Summary

The Victoria Tasmania Community Transport Association (VTCTA) with funding support from the Department of Transport and Planning has undertaken a mapping project to gain a deeper understanding of Community Transport (CT) models in Victoria. This project mapped the current ecosystem of providers, the areas they serve, and the challenges faced by the sector, to develop a comprehensive Community Transport profile for Victoria.

Prior to this project little was understood about who was providing Community Transport in Victoria, to whom, where and how much. Nor was there an understanding of how regions, organisations and services were defining Community Transport, a traditionally misunderstood and badly defined service type.

Community Transport is a supported form of transport that enables people who are transport and mobility challenged to continue to access the things necessary for living in their community. It is not client transport- to get clients to an individual organisation's services or clinical transport.

Community Transport addresses transport related social exclusion amply defined by Kenyon as:

"[t]he process by which people are prevented from participating in the economic, political and social life of the community because of reduced accessibility to opportunities, services and social networks, due in whole or in part to insufficient mobility in a society and environment built around the assumption of high mobility" (Kenyon, Lyons et al. 2002, p 210-211). [1]

As such Community Transport potentially provides supported transport services to anyone experiencing transport related social exclusion and crosses portfolios of transport, health, education, employment, disability, regional development, economic development, child and family and ageing i.e. wherever mobility is an enabler of participation in work, learning, recreation and community.[2]

Multiple and long-standing research of the social and economic benefits of Community Transport demonstrates that Community Transport:

- Addresses social isolation and exclusion for mobility vulnerable people[3]
- Produces significant impact on the costs of isolation and loneliness. Deloitte estimating this to be 0.4 billion UK and at best 1.1 billion UK in savings[4].
- Delivers an estimated $8 to $40 in social value per $1 invested[5]

[1] https://www.researchgate.net/publication/327097305_Perspectives_on_transport_and_social_justice
[2] Inner East PCP Social Inclusion framework Dec 2020.
[3] https://ectcharity.co.uk/files_uploads/ECT_Why_community_transport_matters_Final_version2.pdf
[4] Op cit page 30
[5] Op cit page

A 2024 review of Community Transport[6] showed it has a dual role of:

"Community Transport is unique in being made low-cost, flexible, and functionally accessible. It has also been made into a social scheme as it helps those with few other options, provides benefits that extend beyond the transport realm, and fosters community. Though this dual role means that Community Transport has many cross-sectoral benefits, this type of service provision is found to be overlooked in both national and local policy, which has enabled the constitutive role of phronesis in community transport. Given this, there are challenges ahead for the sector in both ensuring its sustainability and maintaining its ability to respond closely to users' needs."

VTCTA used a mixed methodology of direct consultation and mapping with the sector and commissioned bespoke pieces of work to supplement this from consultants Movement & Place (M&PC). Notably this was a survey and literature review[7]. Workshops were held across nine aged care planning regions facilitating vital discussions, while the online survey captured insights from 13% of identified providers. Alongside this mapping project was a Commonwealth funded Community Transport Pricing Pilot (CTPP) Project being undertaken by The Australian Community Transport Association (ACTA) the national peak body. This CTPP has the potential to value add to the findings of this report by providing a nationally consistent pricing model for Community Transport. This project has therefore been interwoven into the report.

As a result of this mapping project Community Transport is now sector defined as...

Community Transport is a service designed to support individuals who require additional assistance or are socially isolated, enabling them to access and engage in their local community. It provides access to employment, education, social activities, health and medical appointments, and helps maintain personal independence, operating with a focus on purpose rather than profit.

With transport disadvantage defined by the sector as:

Transport disadvantage refers to having limited or no access to community services and activities due to factors such as functional disability, mobility restrictions, financial limitations, geographical location (particularly in regional and remote areas), or the availability and accessibility of existing transport services.

[6] Ravensbergan L & Schwanen T., Community Transport's Dual Role as a Transport and a Social Scheme: Implications for Policy nt J Environ Res Public Health
. 2024 Mar 30;21(4):422. doi: 10.3390/ijerph21040422
[7] Literature review is available in appendix B

There are 5 main recommendations addressing the 7 project identified areas of challenge to providing equitable and accessible Community Transport services to Victorians who are transport disadvantaged socially excluded across this state.

<table>
<tr><th>Challenge issue</th><th>Recommendation 1</th></tr>
<tr><td>Lack of Visibility of Community Transport as a Service Model in Victoria</td><td>Addressing inequity of access for socially excluded transport disadvantaged Victorians arising from invisibility of Community Transport service delivery.</td></tr>
<tr><td colspan="2">Action:
VTCTA recommends that the following actions be implemented to address understanding of and equitable access to Community Transport for Victorians experiencing transport related social exclusion:
1a) Adoption of the Community Transport definition in Victorian transport policy across portfolios of health, DFFH, employment, transport and education.
1b) Implementation of a public transport classification for Community Transport.
1c) Creation of a peak body for Victorian Community Transport capable of co-ordinating resources, planning and intergovernmental funding reporting to a Ministerial portfolio.
1d) Implementation of a Ministerial portfolio for Community Transport.</td></tr>
<tr><th>Challenge issue</th><th>Recommendation 2</th></tr>
<tr><td>Funding landscape is inconsistent and overly complex leading to ad hoc and inequitable eligibility and access for Victorians</td><td rowspan="3">Addressing the complexity, ad hoc nature and funding driven service design and eligibility problems impacting equitable access to Community Transport for social excluded transport disadvantaged Victorians.</td></tr>
<tr><td>Complex nature of service provision across the state arising from ad hoc funding environment</td></tr>
<tr><td>Capacity to identify and meet unmet demand</td></tr>
<tr><td colspan="2">Action:
VTCTA recommends a consistent baseline funding across Victoria for a Community Transport service as defined here

2a) Spatial mapping project to understand the complexities identified in this project and differentiate the services already being provided across the state and the gaps for socially excluded transport disadvantaged Victorians.

2b) Mainstream service contracts: The Department of Transport and Planning and the Department of Health can support Community Transport service providers through mainstream service contracts. This support could be based on Community Transport service typology, integration with public transport networks, scalability, and addressing prioritised geographic transport disadvantages.</td></tr>
</table>

2c) Streamlined funding: Currently, Community Transport providers spend a significant amount of time and resources seeking various grants and funds to meet demand, often having to justify their case to multiple entities. This fragmented approach not only diverts attention from service delivery but also creates inefficiencies that hinder the overall effectiveness of the sector. A more streamlined and equitable funding model is essential to ensure resources are allocated efficiently, enabling people to access transport services without being limited or excluded by current funding constraints. By addressing these inefficiencies, Community Transport services can shift their focus from administrative burdens to providing consistent, reliable transport to all who need it, ultimately improving service delivery and availability.

2d) Align funding regions: The current setup means providers often duplicate services in concentrated areas, leading to inefficiencies. Aligning HACC-PYP and aged care planning region boundaries would allow for a more streamlined approach, enabling providers to operate in consistent geographical areas improving access for clients.

2e) Leverage underutilised resources: Community Transport has a fleet of vehicles positioned across Victoria. The fleet is a mix of Wheelchair Accessible Vehicles [WAV's], people-movers and sedans. Community Transport has the ability to address excess demand, particularly during peak periods, by leveraging any under utilised resources. But for this to occur, Community Transport would need access to funding schemes to support this like Multi-Purpose Taxi Program (MPTP) lifting fee. Community Transport can be a complementary resource for this specialised area of Commercial Passenger Vehicle (CPV).

2f) To leverage the Commonwealth Community Transport Pricing Pilot [CTPP] conducted through the national Community Transport peak ACTA to inform pricing model for Community Transport in for Victoria.

Challenge issue	**Recommendation 3**
Workforce, Heavy reliance on volunteers	3. Address workforce issues which adversely impact equitable Community Transport service provision

Action:

3a) **Workforce model**: While volunteers remain integral to Community Transport, heavy reliance on them is unsustainable. Future funding should focus on transitioning to a mixed workforce, with an emphasis on paid staff for roles involving long-distance driving, physical assistance, and strict safety requirements. In remote and regional areas, where workforce shortages are more acute, additional funding should be allocated to support the implementation of a paid workforce model.

3b) **Streamline compliance processes for volunteers**: Simplifying or easing the compliance process for volunteers, such as reducing red tape around obtaining the necessary driving qualifications for vehicles, could help retain volunteers and encourage new recruits. For instance, establishing a central volunteer register or a recognized 'passport' system for all services could streamline the volunteer onboarding process across different sectors.

Challenge issue	Recommendation 4
Capacity to benefits from technology to improve efficiency of services	Assist the sector to take advantage of technology to improve quality and efficiency of service provision across Victoria.

Action:

4a) Government assistance to transition to Electric and Hybrid Vehicles (EVs): The transition to EV involves several key costs.

- the upfront expense of purchasing or leasing electric vehicles is substantial, presenting a significant financial barrier for many providers.
- the installation of charging infrastructure is required, which is especially challenging in remote and regional areas lacking existing facilities.
- Insurance premiums for electric vehicles are expected to rise, further straining budgets.
- Maintenance costs can also be higher for electric vehicles, and operational adjustments may be necessary to accommodate their specific needs.
- there is a need for investment in training staff and upgrading IT systems to modernise service delivery and ensure efficient use of new technology.

Financial assistance: Any government-led initiative to push for EV adoption must factor in these rising costs, offering financial assistance not only for the purchase of vehicles but also for installing charging stations and managing operational expenses.

Support for fleet ownership and management: For providers who lease their vehicles or do not own their fleet, transitioning to EVs can be particularly challenging. To facilitate this shift, government initiatives should include provisions for third-party fleet owners, such as incentives or subsidies for fleet operators who invest in EVs.

Insurance support: Funding should be extended to cover potential increases in insurance premiums for EVs, mitigating the financial burden on providers.

Operational funding: Allocate funds to cover the higher maintenance costs and support long-distance travel solutions. Addressing the lack of charging infrastructure in remote and regional areas is essential for the viability of EVs in these regions.

IT and training investments: For the successful adoption of EVs, investment in modern IT infrastructure and staff training is essential. Government funding should be directed towards upgrading IT systems, implementing advanced fleet management software, and training staff on the operation and maintenance of EVs.

Challenge issue	Recommendation 5
Lack of capacity to collaborate in service provision to produce efficiencies and equitable access	Assist the sector to enhance collaboration and achieve more effective and streamlined client services through their Ministerial portfolio
Action: VTCTA identifies opportunities to: 5a) Assess a hub-to-hub model for streamlining long-distance transport, sharing responsibilities and reducing strain on resources. 5b) Facilitate better communication and coordination with local hospitals, health and social services to enable grouped trips, improving efficiency and meeting diverse community needs.	

Purpose

The purpose of the Victorian Mapping Project is to provide a comprehensive overview of the Community Transport sector across Victoria. This project aims to:

- Obtain a sector definition of Community Transport which can be applied in policy
- Demonstrate the need for and importance of Community Transport by ensuring that policymakers, government bodies, and other stakeholders fully understand the critical role Community Transport plays in supporting mobility, independence, and social inclusion for vulnerable populations.
- Identify service gaps by mapping the current availability, coverage, and capacity of Community Transport providers throughout metropolitan, regional, and remote areas.
- Understand how financial, staffing, and infrastructure resources are distributed and whether they meet the needs of the community.
- Inform policy development by gathering evidence on the challenges, barriers, and opportunities faced by Community Transport providers, with the goal of influencing government and stakeholder decision-making.
- Examine future opportunities to identify potential collaborations that enhance the sustainability of Community Transport services. This includes exploring how Community Transport can intersect with other transport networks to expand service coverage and improve access and service delivery for Victorian communities.

This mapping project will enable a clearer understanding of Victoria's Community Transport sector's current state, its future needs, and the necessary actions needed to ensure it continues to play a crucial role in supporting mobility and social connectedness across the state.

It is important to note that prior to this project there was virtually no understanding of who was providing Community Transport in Victoria, what it looked like and who it provided service to.

What is Community Transport

Community Transport is a supported form of transport that enables people who are transport and mobility challenged to continue to access the things necessary for living in their community. It is not client transport- to get clients to an individual organisation's services or clinical transport.

Client transport does not provide a person with transport to anywhere they need to go. It is transport provided by an organisation to get people to that organisation's services. In recent times as Council's have given up their aged care funding in Victoria, the Commonwealth has transferred funds for Community Transport services to client transport thus diminishing the available Community Transport services to our aged community.

Community Transport addresses transport related social exclusion amply defined by Kenyon as:

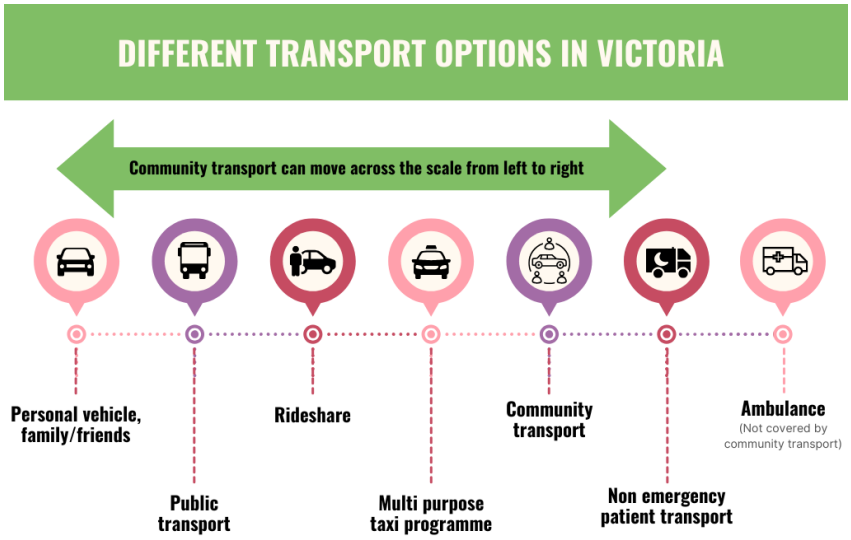
"The process by which people are prevented from participating in the economic, political and social life of the community because of reduced accessibility to opportunities, services and social networks, due in whole or in part to insufficient mobility in a society and environment built around the assumption of high mobility" (Kenyon, Lyons et al. 2002, p 210-211). [8]

As a supported form of transport Community Transport can practically address issues of social isolation, access to services, access to employment, access to education for those without high mobility.

VTCTA shows the role of Community Transport as part of a transport continuum for Victorians (below):

Whilst this is not a linear relationship it demonstrates where Community Transport can and should fit into the suite of transport options for Victorians.

With a long history of adapting to the diverse needs of Victoria's population, Community Transport supports access to employment, education, social and recreational activities, medical and health services, and fosters personal independence across all age groups and communities.



[8] https://www.researchgate.net/publication/327097305_Perspectives_on_transport_and_social_justice

Community Transport does more than provide transportation, it empowers individuals to stay active and maintain independence within their communities and homes. Victoria's Ageing Well Action plan[9] recognised this in 2020 when the Commissioner surveyed 5000 older Victorians who identified 8 attributes to ageing well:

"Life has purpose and meaning"

- finding meaningful social roles and continue to contribute to society
- recognised and acknowledged as capable and able to contribute
- able to access employment, volunteering, lifelong learning and other opportunities
- having personal independence and autonomy in decision making
- key wishes and aspirations for living are understood and acknowledged.

Connected to family, friends and society

- having and keeping fulfilling and sustaining social connections and personal relationships, including family relationships and friendships
- able to take part in meaningful activities related to interests
- having places to meet and connect with other people able to meet with people from the same cultural background as well as from diverse backgrounds
- able to get support for risks such as elder abuse.

Able to get around

- having access to cost-effective local Community Transport services, particularly after giving up a driver's licence
- having access to parking and safe carparks, including select parking for seniors, carers and disability
- having an age-friendly built environment – for example, with pedestrian crossings and footpaths suitable for those using mobility aids."

[9] https://www.vic.gov.au/ageing-well-action-plan/ageing-well-victoria

Assisted a person who was travelling from SA to visit a sister near Shepperton. Both were old. The sister in Shepperton was quite unwell. We assisted the traveller from Southern Cross Station and Seymour Station on the way to Shepperton and on the return trip. Person wrote a letter saying that she thought it would be the last visit with her sister, but the support she received she now knows that she can do this again and maintain the connection with her sister. This highlights the importance of integrated systems supporting people. (Maria Groner, Travellers Aid, VTCTA Workshop 2024)

Mobility was key to the above attributes and Community Transport is the delivery mode when other forms of transport are no longer able to be used, and a person does not need expensive clinical transport.

A key strength of Community Transport services is its commitment to safety and support. Drivers undergo extensive training, which includes but not limited to first aid, disability awareness, manual handling, infection control and sometimes even specific training related to supporting client needs, such as living with dementia. Drivers are trained to assist clients in and out of vehicles, ensuring comfort, and being vigilant about their well-being. This focused and supported approach means that clients, particularly vulnerable populations, can travel with peace of mind, knowing that their transport service is reliable, and secure.

During the COVID-19 pandemic, Community Transport was critical in keeping vulnerable clients safe and able to travel to essential medical services. While funding for rideshare options like Uber and taxi services did not provide adequate support—often leaving clients without assistance for mobility aids—Community Transport without additional funding ensured that clients received the help they needed, such as connecting them to shopping services, delivering food and medical supplies, and providing essential welfare checks.

Volunteer went to collect client for a trip - no answer. Volunteer worked out client was home. Office called and client answered very disorientated and confused. Police and ambulance called, and client was attended too. If client didn't go to hospital and was left the outcome would have been fatal. (Hayley Jarvis & Michelle Beckingham, Latrobe Community Health, VTCTA Workshop 2024)

One of the standout features of Community Transport is the confidence it provides clients by having a supported transport service and its ability to foster social connection. Unlike rideshares, Community Transport services offer door-to-door assistance, ensuring that clients with mobility aids reach their destinations safely and comfortably. Drivers have an understanding of each individuals needs and often go beyond mere transportation, engaging in meaningful conversations, helping with tasks like carrying groceries, and ensuring clients are comfortable throughout the journey. This personal interaction is crucial for clients' emotional wellbeing, particularly in reducing feelings of loneliness and providing a sense of community connection. Additionally, the consistent relationship-building allows drivers to observe changes in clients' health and wellbeing, report changes to the clients support network to ensure reablement opportunities are actioned quickly or additional supports are engaged reducing risk to clients. These reporting avenues generated from Commonwealth Home Support Program (CHSP), Victorian Home and Community Care Program for Younger People (HACC-PYP), Home Care Packages (HCP) and the National Disability Insurance Scheme (NDIS) funding ensures that Community Transport services remain an integral part of the broader care network, with drivers sometimes being the only point of contact for clients during the week.

"The only contact one of our clients has each week is on the bus to the pool for exercise. But the group on the bus share stories and check in with her." (M. Henty, Cohuna Community Bus Committee, VTCTA workshop, 2024)

Community Transport is more than just a way to get from point A to point B. It plays a pivotal role in supporting independence, building capacity in communities by fostering connections that can reduce social isolation, improve health and wellbeing outcomes, and reduce the negative impact on our health systems and permanent care facilities.

Community Transport is commonly delivered by local governments, hospitals, and charitable organisations, often using volunteer drivers with either their own vehicles or those provided by the organisation. Community Transport operates as a supported and tailored service, adaptable to meet local needs, which is why the definition of Community Transport is broad and not confined to a single-application approach. Although common elements exist, each service is unique, creating ambiguity to the sector's identity and purpose. This is why definitions of Community Transport and associated terms like 'transport disadvantage' differs across states and territories and even from one organisation to another. Thus, to foster a sense of community and belonging within the sector, a common definition of Community Transport is crucial.

Methodology

VICTAS Community Transport Association (VTCTA) – used a mixed methodology of direct consultation and mapping of the sector with the Community Transport sector supplemented with subcontracted components provided by Movement & Place Consulting [M&PC].

Timeline and key activities

How	Why	When
Promote project, establish data sets, identify providers	To understand the number of providers, service models, geographical coverage, funding dependencies, vehicle inventory, sector challenges and opportunity for innovation within Community Transport in Victoria	February – March 2024
Workshops with organisations	Engagement with Community Transport providers across Victoria	April – June 2024
Report delivery	To summarise the understanding of the current state of Community Transport in Victoria, needs, gaps and opportunities	September 2024

Initially, 829 organisations were identified as Community Transport service providers. However, 87 providers were excluded as they no longer provided services. Thus, 742 organisations were identified as Community Transport service providers that may provide Community Transport service in Victoria.

- 441 not-for-profit (NFP) organisations
- 120 organisations associated with the My Aged Care Program
- 88 hospitals and health care centres
- 68 local government bodies (Councils)
- 25 undefined entities (private sector)

Engagement efforts targeted all individuals on the potential provider list through direct emails, Australian Community Transport Association (ACTA) newsletters, ACTA and VTCTA social media channels and some providers' social media channels. A telephone campaign complemented these efforts.

A total of 95 people engaged with the mapping exercise (please refer to Figure 1 for a more detailed breakdown of type of providers that participated). Of these 95:

- 39 participated in the online consultation (survey)
- 56 participated in the workshops

This engagement represents consultation with 13% of the understood sector that provide Community Transport services in Victoria.

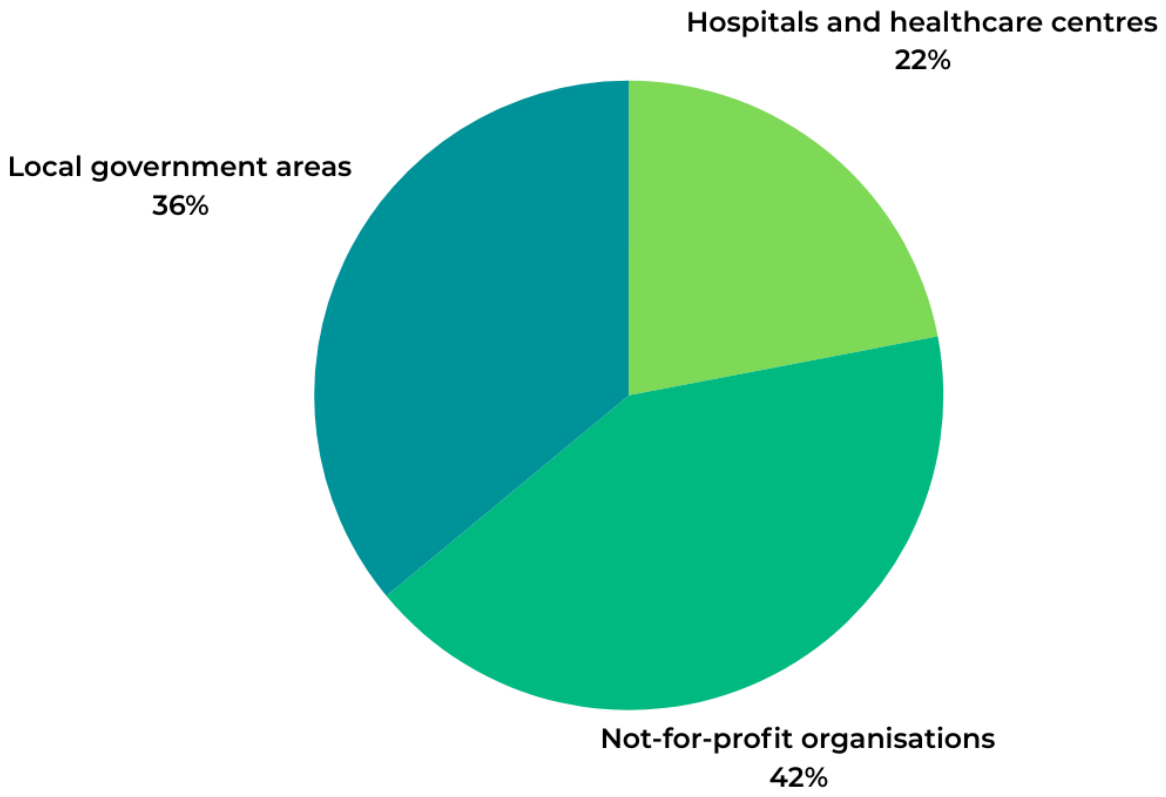


Figure 1 – Type of providers that participated in the mapping exercise

Challenges in Data Collection and Engagement

The project faced significant obstacles in accessing comprehensive information on Community Transport providers due to the diverse funding sources and the embedded nature of Community Transport services within government bodies where the transport was not recognised as Community Transport. This is indicative of the poor understanding of Community Transport as a model of service delivery.

Privacy regulations restricted the sharing of information by funders, services and a broad range of peak bodies.

To address these challenges, the project created a potential provider list and eliminated those not delivering a supported Community Transport service. These were identified through desktop audits or direct communication. Limited engagement from organisations and the time-consuming nature of manual methodology hindered data collection efforts.

The low response rate to project engagement (13%) limits the representativeness of the findings. Engaging the Community Transport sector which operates with limited resources was challenging. Providers often had to balance mapping project participation with service delivery, leading to time constraints and potential disruptions to their services. They also had to recognise that the supported transport they were providing was in fact Community Transport. Lack of definitional understanding and any policy understanding of this hindered engagement.

The ongoing transition to a competitive market in aged care reform, also impacted provider engagement. Some providers were hesitant to share operational details due to concerns about disclosing sensitive operational information in the changing market landscape. This was particularly relevant given much of the recurrent funding for Community Transport in Victoria is aged care and disability funding.

Cross-Verification

Despite these challenges, the project cross-referenced available data with external sources, such as desktop audits, government reports, and direct communications with Subject Matter Experts (SMEs), to supplement and verify findings. These supplementary sources were instrumental in filling gaps left by the low survey response rate, ensuring that the collected data remains robust for understanding the Victorian Community Transport sector.

Survey Data

An online survey was distributed to the initial 829 identified potential Community Transport providers, however, response data demonstrated that all respondents were a part of the identified 742 ‘eligible’ providers.

The survey collected data on organisational structure, sector category, service size, workforce profile, client demographics, trip numbers and purposes, service types, waitlists, client-generated revenue, challenges, and funding sources.

The survey also identified some organisations that ceased the service and sought to understand why they stopped.

A total of 58 organisations responded to the survey. The results are available in appendix C of this report.

Workshop Data

Workshops were planned across the nine aged care planning regions in Victoria. Workshops were held in:

- Mansfield (Hume)
- Bendigo (Loddon Mallee)
- Geelong (Barwon South West)
- Ballarat (Grampians)
- Traralgon (Gippsland)
- Ringwood (Melbourne)
- Seymour (Hume)

Five online sessions were also made available to providers across all regions.

Workshop participation in each region:

Barwon South West	Grampians	Loddon Mallee	Hume	Melbourne 11	Gippsland
12	11	10	6	11	2

These workshops explored several key areas: Community Transport definition, funding, transport disadvantage, individual service models, operational tools, vehicle configurations, sustainability, unmet needs, sector and workforce challenges, collaboration, and innovation (among others). Impact stories from local communities were captured as well.

Providers engaged across 29 Local Government Areas (LGAs), 27 hospitals and health care centres, 27 NFPs, one rideshare company, and one university.

Additionally, a short video was also produced and played at these workshops to highlight the ongoing innovation and collaborative efforts that are being achieved within the sector (full video available under Victoria Mapping Project section on the ACTA website).

Workshops delved into how providers and the community perceive Community Transport services. Participants discussed the use of labels to indicate specific support types (such as dementia, physical disability), but also acknowledged that these labels might exclude individuals who do not fit the description. Participants also debated the types of transport provided (such as medical, social), noting that service offering differed depending on community need and funding. However, this labelling can make Community Transport services appear primarily focused on ageing populations, potentially deterring others who might benefit, thereby increasing unmet transport needs in the community.

The sector definition of Community Transport and Transport Disadvantage

Taking into account all feedback and the sectors initial attempts to define Community Transport the following definition emerged:

Community Transport is a service designed to support individuals who require additional assistance or are socially isolated, enabling them to access and engage in their local community. It provides access to employment, education, social activities, health and medical appointments, and helps maintain personal independence, operating with a focus on purpose rather than profit.

This proposed definition aims to capture the broad scope of Community Transport provision, allowing providers to adapt their services to evolving community needs. It emphasises the positive impact on individuals and communities, ensuring that Community Transport remains a valuable resource for all

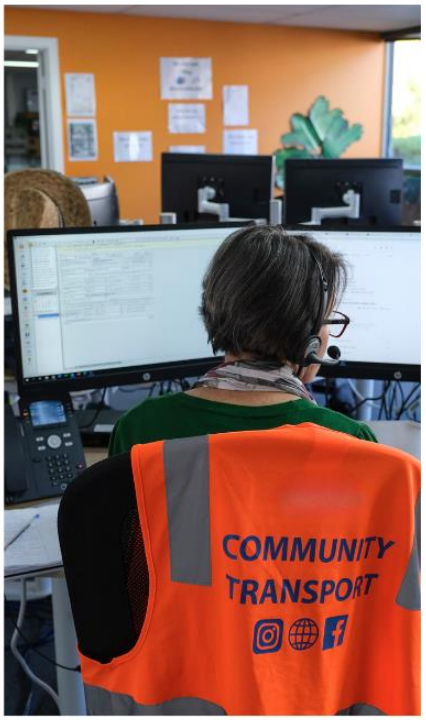
What is 'Transport Disadvantage'?

"Certain groups in Victoria are disproportionately affected by transport disadvantage. These include young people, individuals with low incomes, the unemployed, those without personal vehicles, older adults, First Nation people, those in the LGBTIQ+ community, and individuals with disabilities ". This is a notably severe issue in outer regional, inner regional, and remote areas, where limited transportation options increase reliance on private vehicles for accessing essential services, education, and employment, as well as for social interaction.

Like Community Transport, there is no single, nationally accepted definition of 'transport disadvantage'. Workshop attendees identified the below as their preferred definition:

Transport disadvantage refers to having limited or no access to community services and activities due to factors such as functional disability, mobility restrictions, financial limitations, geographical location (particularly in regional and remote areas), or the availability and accessibility of existing transport services.

Transport disadvantage can lead to significant social exclusion and negatively impact physical and mental health and overall wellbeing. Transport disadvantage and social exclusion often intersect; individuals experiencing both may face greater challenges than those affected by either issue alone.


COMMUNITY
TRANSPORT


Flying Doctor Community Tra
OUTBACK


PENAL ESTABLISHMENT
PENTRIDGE

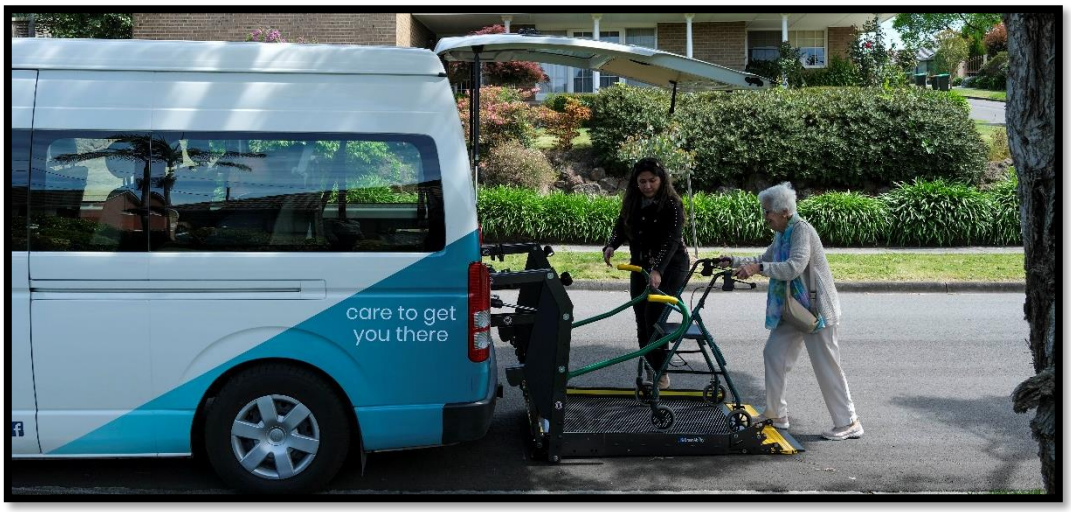
Mapping the Community Transport Sector in Victoria

Providers

In Victoria, Community Transport services are provided across various sectors, including hospitals /health, Not for Profit organisations [NFP's], and LGAs. Each sector approaches Community Transport differently, reflecting its communities' priorities, funding sources and limitations.

- Hospitals and Community Health: Hospitals typically design and apply medical priority to the program offering. Workshop results indicate that hospitals with Community Transport funding offer access to hospital programs and limited medical services. However, their services often exclude broader community needs, such as social inclusion, employment, complementary health, and recreational activities thereby resembling more a client transport model of service. Community Transport reduces the number of no-shows for medical appointments which reduces overall costs to the health system and does not reduce important physical transport assets to just serving a single transport need of an organisation.
- LGAs: Local councils usually design Community Transport services to align with their strategic objectives, providing localised solutions. The scope of these services is often constrained by the origins of their funding, which may limit access to specific user groups and restricted geographic coverage.
- Not for Profit Organisations: NFPs offer diverse Community Transport models tailored to community needs, with service offerings shaped by funding sources and currently available resources. They provide access to all forms of community connection - social, recreational, health, medical, employment and education services. Their approach includes both local and broader transport options, aiming to address a wide range of community needs. For instance, their services can range from local transport within a small geographical area to access to regional and metro areas.

The Community Transport organisations that participated in the engagement exercise operate within diverse geographic boundaries (as illustrated in Figure 4), reflecting the localised nature of service delivery. Among the respondents, 57% serve specific LGAs, which is expected given that many participating Community Transport organisations are LGAs themselves. Additionally, 32% cover a specific area or radius, while 11% serve localities or neighbourhoods. Providers funded primarily by the Commonwealth CHSP program align their services with the Victorian Aged Care Planning Regions (ACPR).



The project attempted to use the survey data to map the coverage of Community Transport but soon realised this was a much larger undertaking than could be achieved due to resources available.

Given the complexity and diversity of services offered by Community Transport service providers, mapping of the sector has always been a predominantly spreadsheet-based documentation of each operator the typical services they provide, scale and rough catchment and service areas. Catchment and service areas can change rapidly, and service providers typically do not have defined service areas or routes that can be mapped geographically.

The range of services and willingness to accommodate varied client needs results in a myriad of variations in service areas covered. This creates significant challenges when trying to accurately represent the reach of each Community Transport service provider. This complexity, combined with limited funding and personnel, as well as a short timeframe, has made it difficult to map the entirety of Victoria's Community Transport services comprehensively.

Government would benefit from further analysis and mapping through a “coordinated clearing house” that could regularly engage with Community Transport service providers to update service attributes including geographic service areas on a regular basis. This approach would help to identify efficiencies and service gaps but would require sustained funding.

Without a clear definition of Community Transport, it was also impossible to extract client transport from the mix.

The map below shows only what the limited survey data showed us at the time and can only offer a beginning map of basic coverage.

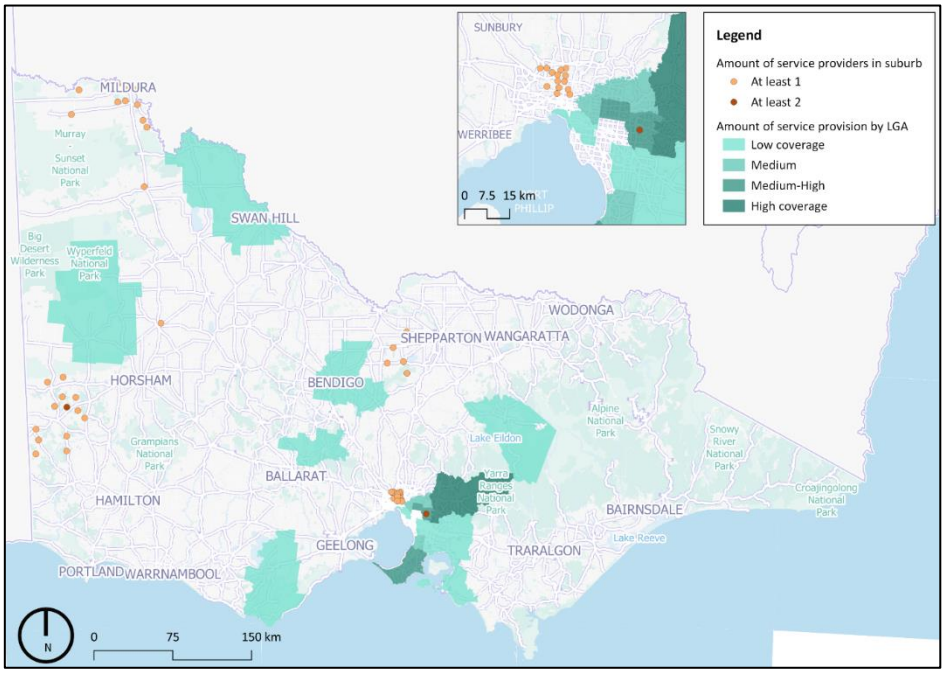


Figure 2 - Area of coverage of Community Transport organisations who participated in the engagement exercise

Users

Community Transport users are

- individuals who need additional assistance to navigate their community,
- are socially isolated,
- live with functional disabilities or mobility restrictions,
- face financial limitations, or are
- geographically isolated.

In summary people facing social exclusion due to mobility disadvantage.

The scope of services provided by Community Transport is determined by the available funding, which in turn defines the user profile and limitations of services they can expect. This introduces massive inequity of access for Victorians.

Engagement demonstrated that users are predominantly over 65 funded through Commonwealth Community Home Support Program or Home Care Packages, followed by people under 65yrs funded by HACC-PYP and NDIS. Few provisions are available for individuals outside these categories unless a provider has sought additional funding through grants, fare revenue, donations or business sponsorships. This is reflective of the invisibility and therefore lack of policy and presence for Community Transport across decades in Victoria,

92% of older people rated personal mobility as critical to their health, social wellbeing and independence, Community Transport plays a crucial role for this demographic. Mobility is a key factor in the quality of life for seniors[10].

Based on the survey results, currently, about 75% of clients registered with Community Transport service providers in Victoria are considered active users. The number of active users per Community Transport service provider varies widely, ranging from 10 to 2,000, depending on the type of organisation, services offered, funding received and geographic coverage.

The majority of Community Transport users utilise the service for trips to hospitals and health activities, followed by social, shopping, and recreational activities. In addition to health services, users aged over 65 predominantly engage in social, recreational, and shopping trips. In contrast, the survey found that those aged under 65 primarily use Community Transport to access educational, public transport, volunteering and work opportunities.

In areas without Community Transport service providers, or when services are at capacity (which occurs in every area many times each week), some people need to forgo these trips which in turn reduces their economic and social participation.

A breakdown of trip destinations and journey purposes is shown in Figure 3 below.

[10]Institute for Public Policy and Governance (2022) 'Accelerating Innovative Local Transport: Community Transport for the Future
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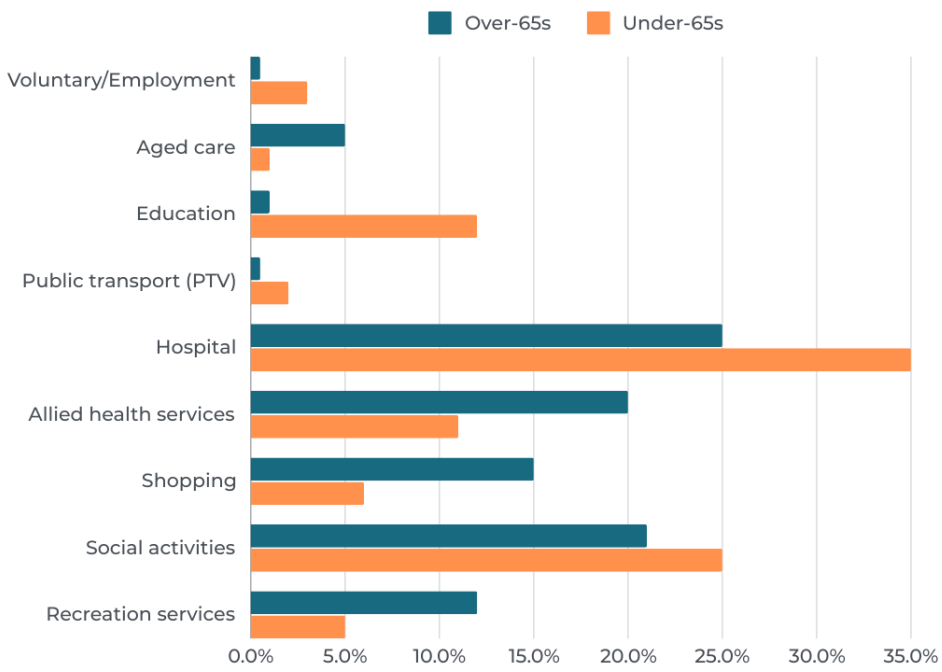


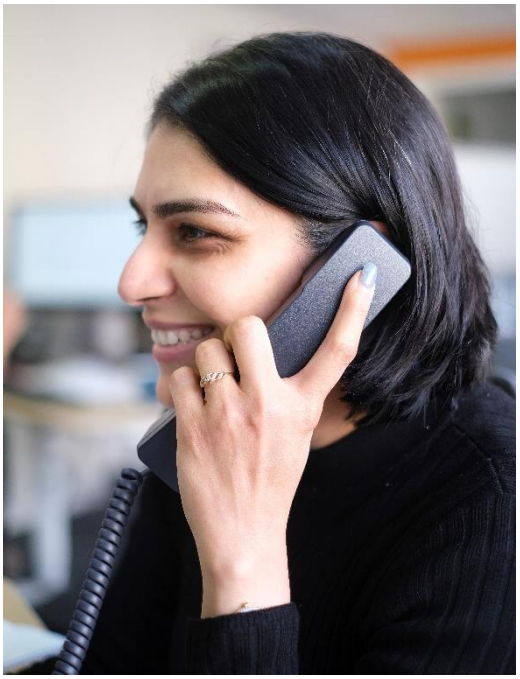
Figure 3 - Trip destinations and journey purposes of Community Transport users

Community Transport Service Types

Community Transport builds capacity in communities by complementing mainstream market options and providing crucial support when these options are unavailable or inaccessible. Each Community Transport service offers a bespoke response to the diverse needs of people living in local communities, tailoring services to meet the specific needs of users and the service and physical geographies within which they live. Unlike rideshare or taxi services, Community Transport provides a variety of supported transport options that foster relationships and a sense of security. This personalised approach not only gives clients greater agency but also contributes to capacity building within the community. These services often incorporate one or more of the following elements:

- **Curb-to-Curb**: Clients are picked up from their driveway or roadside and dropped off at the same locations. While drivers do not enter the home, they assist with mobility aids as needed. This option is suitable for clients who are largely independent and offers a rideshare or taxi-like experience.
- **Door-to-Door:** Community Transport providers pick-up and drop-off passengers directly, escorting them to their front door. Unlike public transport, which requires walking to and from stops, this service provides greater care and assistance. It includes low-level support, such as helping clients navigate stairs, lock doors, or carry necessary items.

- **Chair-to-Chair:** Drivers enter the home to assist clients in preparing to leave, which may include helping with shoes or locking up the home. Clients are escorted to the vehicle and taken to their destination, where they are seated, and drivers advise the responsible person of their arrival. This service is for clients who are able to move independently at their destination.
- **Door-to-Door with Handover:** Clients are picked up from home, escorted to their destination, and handed over to the care of a responsible person or facility. They are then returned home, with the driver ensuring they are secure in the home. This service is designed for clients who cannot move independently in the community, such as those living with dementia.
- **First Mile/Last Mile Handover:** This service helps clients who struggle to access public transport due to distance or mobility issues. Community Transport ensures door-to-door pick-up and drop-off, eliminating the 'first and last mile' challenge often faced by those with limited mobility. This service is designed for those with a level of independence and often used for clients in rural and remote areas to access services in metropolitan cities or townships.
- **Supported/Assisted Transport (Social Support Individual):** Drivers pick up clients from home and stay with them throughout their journey, ensuring their safety and assisting with tasks like shopping, social activities, or attending medical appointments. This service is designed for clients with limited mobility or cognitive capacity who require extra support in the community.



- **Group Outings with Driver (Social Support Group):** This service involves picking up multiple clients from their homes or a common destination for social outings. Support is provided on the outing, activities and coordinated and accessible for all. Outings accommodate for all mobility types.
- **Community Shopping Bus:** This service picks up multiple clients from their homes and transports them to a shopping centre. Although clients are generally independent, they may require help with heavier tasks, accessing trolleys or mobility assistance from the home.
- **Community Bus Regional:** Clients are transported from their homes to other towns for medical and health appointments. While they are mostly independent, they may need some support to access services in the community.
- **Community Hire Outings:** Community buses are available for hire to deliver social programs or transport groups, such as Probus clubs or local sports teams.

From our survey sample, we identified the following breakdown of service types provided by participating respondents (see Figure 4):

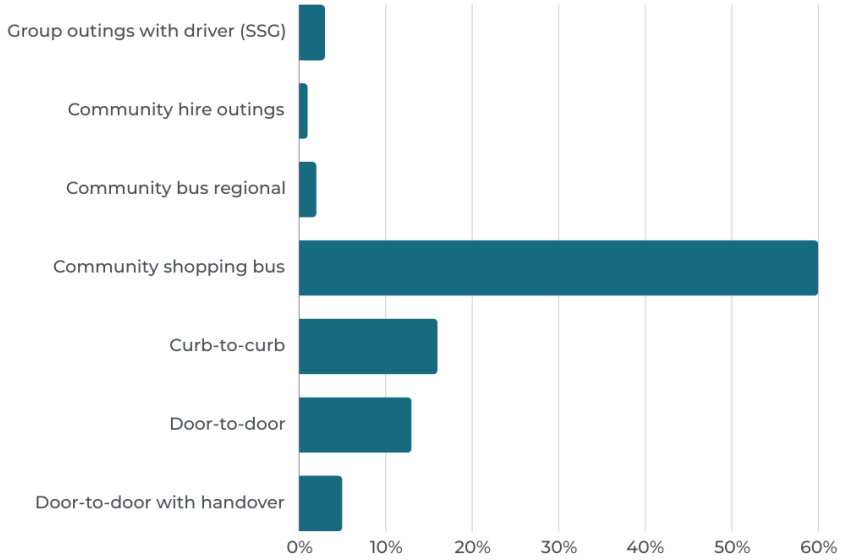


Figure 5– Breakdown of Service Types (Participants)

While the survey data suggests a strong focus on Community Shopping Bus services, workshop data showed a focus on provision of transport for Door-to-Door, Door-to-Door with Handover, and Group Outings services. These services represent a core function of Community Transport but are driven by funding source and funding quantum., Ie if they aren't funded they aren't delivered and alternative cheaper and more limiting options are pursued.

Funding Community Transport organisations in Victoria depend on a variety of funding sources to operate effectively (see Figure 6). The primary sources include:

- **CHSP:** Provides entry-level support to assist people aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people) to remain living independently at home and in their communities[11].
- **HACC-PYP:** Supports Victorians from birth to 64 years (and Aboriginal people from birth to 50 years) who are at risk of losing their capacity for independent living due to chronic illness, mental health issues, disability, or other conditions where they may need one-off, intermittent or ongoing support to undertake daily activities[12].

[11] Department of Health and Aged Care (2023) Commonwealth Home Support Programme Manual 2023-2024
[12] Department of Health (2023) Victorian Home and Community Care Program for Younger People Interim Guidelines November 2023

Most mid to large tier Community Transport organisations are linked to the CHSP and HACC-PYP.

Additional funding sources include:

- State government funding: Financial support from the Department of Transport and Planning (Flexible Local Transport Solutions Program) or Department of Education.
- Local government grants.
- Community grants.
- Voluntary client contribution revenue: Fees paid by clients for transport services, which may vary based on the service type or distance.
- Revenue from agreements related to the NDIS or HCPs. Recipients receive funds directly, and then pay Community Transport providers for services used. However, it is important to note here that on 4 August 2024, the Department of Social Services (DSS) published a draft list of NDIS support[13], which excluded 'Community Transport services' from the list of services eligible for NDIS funding. This can have severe consequences to Community Transport providers and clients using NDIS funds[14].
- Department of Veterans Affairs (DVA).
- Public donations.
- Corporate sponsorships.

On the next page please find a breakdown of funding sources

[13] Draft list of NDIS support
[14] ACTA submission to the Consultation on draft list of NDIS support

PTV

Victoria's public transport network services are delivered via Bus, Train and Tram and exist both Metro, Rural and Regionally.

- **Service description**

Required ability to purchase MYKI Card & Navigate timetables. Ambulant with or without aids. Transport system connects with multiple transport options

- **Eligibility**

Individuals that are Cognitively competent, Able bodied (with Aids), financial and live within the radius of PTV services, can access these services.

Rideshare (Commercial Passenger Vehicle)

Ridesharing services such as Uber, Ola and Shebah (an all-women rideshare service) can be booked through mobile phone apps and are available throughout Melbourne.

- **Service description**

Curb to curb service. Booking is app based. Financial abilities, Higher level of independence.

- **Eligibility**

Individuals that are technically savvy, cognitively competent, able bodied & financial can access these services

Multi-Purpose Taxi Program (MPTP)

Subsidised CPV fares to people with accessibility and mobility needs. Drivers are paid a lifting fee to assist wheelchair bound passengers.

- **Service description**

Curb to curb service. Booking is phone or app based. Financial abilities, Higher level of independence.

- **Eligibility**

No age restrictions. must be an Australian Resident, experience a severe disability that prevents you from independently using public transport and demonstrate financial hardship (wheelchair users are exempt)

Department of Education

A feeder service is used to deliver students to a major school bus service and may be provided in isolated areas where students cannot be serviced by existing routes.

- **Service description**

Curb to Curb - Home to school and return

- **Eligibility**

A proposal for a new school bus service will be considered if: > 15 eligible students live near the proposed route, the students do not have access to an existing school bus service or public transport.

Department of Veteran Affairs

Booked Car with Driver (BCWD) service. Through BCWD, a contracted transport provider may take a client to or from any medical appointment.

- **Service description**

Direct and indirect transport options to assist with specific appointment types.

- **Eligibility**

Veteran Gold Card or White Card holders, can travel to specific location types such as public and private hospitals, providers of prosthetics, Hearing Services, imaging and pathology services.

Flexible Local Transport Solution Program (FLTSP)

Provides Victorian Government funding to local government and community organisations for small-scale transport projects.

- **Service description**

The program generally funds projects that: drive reform and innovation in the delivery of transport services, promote inclusion in remote, disadvantaged, and Indigenous communities.

- **Eligibility**

The program provides financial support to help seed small-scale initiatives across Victoria that address transport disadvantages.

Commonwealth Home Support Program (CHSP)

Helps older Australians access entry-level support services to live independently.

- **Service description**

Indirect transport support including help arranging a driver service or via vouchers or subsidies

Direct transport support to assist with shopping & medical appointments or attending social activities

- **Eligibility**

Aged >65 years, experienced functional decline, diagnosed with a medical condition, or experienced a recent fall or hospital admission.

My Aged Care (HCP)

Home Care Package, to help older people travel and stay connected with their community.

- Service description

Indirect transport support including help arranging a driver service or via vouchers or subsidies

Direct transport support to assist with shopping, medical appointments, and attending social activities

- Eligibility

Eligibility over 65, HCP are designed for those with more complex care needs that go beyond what the Commonwealth Home Support Programme can provide.

Volunteer Coordination HACC-PYP

Supports Victorians whose capacity for independent living is at risk, where they support to undertake the activities of daily living.

- **Service description**

Funding to support people's ability to remain living in the community. These activities include community participation, social inclusion and gaining skills for daily functioning

- **Eligibility**

> 65 years or > 50 years of age for Aboriginal and Torres Strait Islanders and have trouble with of daily living tasks. NDIS participants are generally not eligible.

NDIS

Funds the reasonable and necessary cost of taxis, rideshares or other private transport, for participants who can't use public transport without great difficulty because of their disability

- **Service description**

Funding for transport assistance for work, study or social or recreational activities. funding amount varies.

- **Eligibility**

Aged 7-65, Lives in Australia and an Australian citizen or has a Permanent or Special Category Visa, has a significant disability, generally is unable to use public transport without substantial difficulty.

NEPT

For patients who require clinical monitoring during transport, but do not require a time critical ambulance. Most NEPT transfers occur between hospitals, home or rehabilitation.

- **Service description**

Patients require the use of specialised medical equipment, require the clinical skill and qualifications of staff in the vehicle or have an illness or a disability that makes it impractical to use other forms of transport.

- **Eligibility**

Non-emergency patient transports need to be authorised as clinically necessary by a health professional.

Ambulance

Aims to improve the health of the community providing an emergency medical response.

- **Service description**

Patients will be provided direct transport to access medical assistance. The use of specialised medical equipment contained within the vehicle & qualified practitioners.

- **Eligibility**

A person is seriously ill or injured, an urgent and serious event that necessitates immediate action to remedy harm or avert imminent danger.

Figure 6 provides a visual representation of the funding landscape for Community Transport services in Australia, highlighting the diverse sources of funding and the different user groups (clients/end-users) that rely on these services.

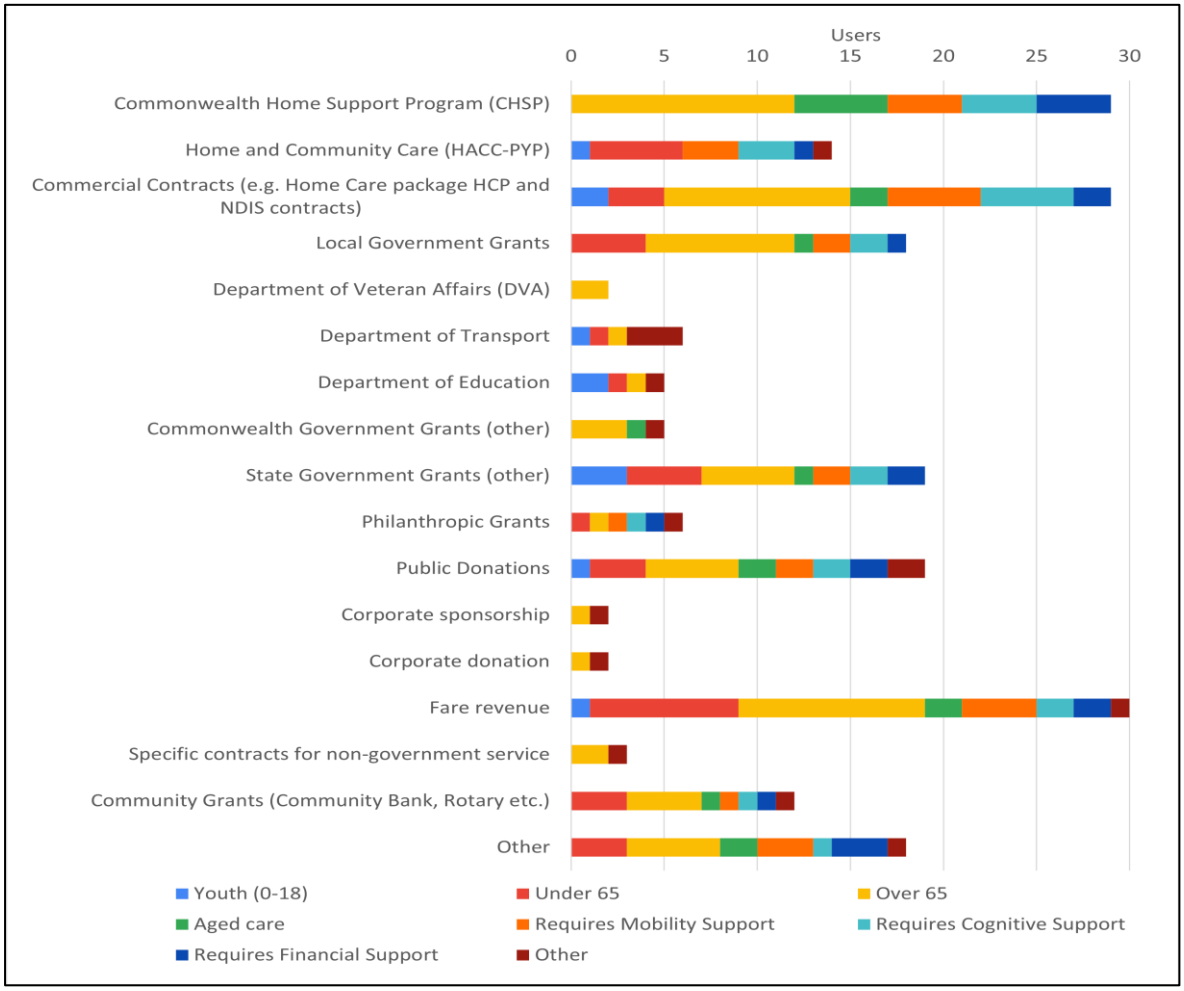


Figure 6 - User Groups by Type of Funding

Key Issues for Community Transport

The workshops highlighted a range of significant obstacles that hinder the Community Transport sectors ability to effectively serve the most vulnerable Victorians for whom transport related social exclusion is a reality.

1. Lack of Visibility of Community Transport as a Service Model in Victoria

One of the most significant challenges facing the Community Transport sector is its lack of visibility. Despite being recognised as an essential service, Community Transport often remains overlooked in broader transport and social service policy discussions. Community Transport is frequently seen in state government as a merely volunteer service due to historical policy settings when HACC-PYP was in operation and counting volunteer hours was undertaken. However, this perspective undermines the essential role it plays in public health, aged care, and social services. The sector remains a hidden infrastructure that connects vulnerable communities, yet often fails to receive the necessary support and resources to meet community demand and effectively contribute to government goals. Budget allocations frequently overlook Community Transport services, exacerbating the sector's inability to meet rising demands.

While the sector is vital for providing transport to vulnerable populations, it is neither managed by the Minister for Public Transport nor the Minister for Carers and Volunteers nor the Minster for Health.This lack of clear ownership contributes to fragmented governance, policy and funding.

Mansfield client had a mental health episode, attempted suicide - taken to Melbourne Hospital, discharged with a taxi voucher to southern cross station, caught bus to Yarck and walked 7km in hospital gown home. No supports - short time later successfully committed suicide. Community Transport support could have intervened with transport and reporting/intervention supports if funded to be involved (Andrew Langley, Shire of Murrindindi, VTCTA workshops 2024)

Funding Landscape is inconsistent and overly complex leading to ad hoc and inequitable eligibility and access for Victorians

Community Transport is currently funded by a variety of sources, each with its own set of requirements, compliance standards, and objectives. There is no funding and policy platform for Community Transport in Victoria. There is no strategic coordination of funding across portfolios, nor a clear view of existing Community Transport services in regions to optimise transport investment. Better coordination could save significant funds and build community capacity across Victoria.

Reliance on Commonwealth aged, and disability funding denies other transport related socially excluded Victorians from access to services. It also causes significant compliance burden on providers especially smaller providers and restricts service capabilities. Available Victorian funding is short term or sector specific leading to short-term investment into assets which become underutilised once the initial funding ends. A coordinated, strategic approach to funding Community Transport could equitably address transport related social exclusion outcomes for Victorians.

These workshop results reinforce previous VTCTA studies on the impact of funding restrictions[15], with key challenges including:

- CHSP has consistently underfunded Community Transport service providers, limiting the ability to meet current and future demand for aged care transport
- Grants and donation funding streams are often temporary and limited, leading to sustainability concerns once the funding period ends and the assets are left dormant.
- The allocation of funds often depends on strict eligibility criteria, which can exclude many potential users from accessing these essential services
- The absence of a stable, long-term funding and financial planning strategy exacerbates these issues, making it challenging to plan and expand services to meet growing community needs.

[15] Victoria Tasmania Community Transport Association (2021) Growth Funding Announcement for Victoria

The failure to adequately fund Community Transport services has serious implications, not only for service providers but, also for the clients and the local community at large. When Community Transport services are underfunded, providers are often compelled to restrict the availability or type of transport offered. This may result in prioritising medical appointments over social, recreational, or other health-related appointments, effectively triaging services and leading to an array of negative outcomes as identified at engagement workshops:

- Social isolation: Many clients, especially older adults, rely on Community Transport to maintain their independence and social ties. Without this service, they are often left homebound, which can lead to a decline in mental health and increased feelings of loneliness.
- Missed medical appointments: Clients who cannot access Community Transport services are more likely to miss critical medical appointments, which can lead to preventable admissions and an early decline in health and mobility outcomes. The lack of timely care due to missed appointments places additional strain on the healthcare system, as conditions that could have been managed earlier become more severe. This increased demand on Non-Emergency Patient Transport (NEPT) and ambulance services further exacerbates the burden on these resources.
- Carer burnout: When Community Transport services are unavailable, the responsibility for providing transport often shifts to informal networks, such as family or friends. This can place a heavy burden on carers leading to burnout, which negatively affects their wellbeing. Carers then seek support within the health system increasing costs.
- Economic and employment barriers: For many, the shortage of Community Transport services can also mean a loss of access to employment or education opportunities. This is especially detrimental in remote areas, where public transport options are limited or non-existent, and people are more reliant on Community Transport services. The inability to reach work or educational institutions not only affects individuals' livelihoods but also has broader economic implications, such as reduced workforce productivity.

Workshop respondents reported that in the last six years, 32 organisations have ceased providing Community Transport services in Victoria due to various challenges such as the pending Aged Care Reform changes, costs of delivering Community Transport and funding not matching the required outputs, as well as councils no longer being able to cross-subsidise the deficit. This is a concerning finding as the current Aged Care Reforms are continuing to be introduced with increasing compliance and regulation requirements increasing the costs to deliver services. It is predicted that more services will pull out of providing Community Transport across Victoria. For a detailed list of organisations and reasons for ceasing services, see Appendix A.

"The transport service was dependent on a grant which was for one year only" (S. Roache, Leopold Community & Learning Centre, VTCTA workshops, 2024)

"No funding for Community Transport program. Our volunteers were using their own cars - over Covid we couldn't expose elderly volunteers to risk". (M. Griffith, Whittlesea Community House, VTCTA workshops, 2024)

"No longer facilitating direct service provision for seniors/aged care" (R. Salvo, Surf Coast Shire Council, VTCTA workshops, 2024)

The complex and ad hoc funding environment leads to significant challenges in eligibility for Victorians:

- Service area restrictions: Eligibility often depends on residing within specific service areas or catchment zones, which limits access for those outside these boundaries. This geographical limitation can leave residents without the necessary transport options. For example, a remote client living an hour away from the nearest Community Transport provider may have no access to public transport or rideshare services. As a result, they are unable to reach the service, leading to a lack of community connection. This represents a clear case of unmet need.
- Inconsistent intake criteria: Different Community Transport service providers apply varying eligibility requirements, resulting in inconsistencies in service availability. Common criteria include age restrictions, the need for specific health cards (like Pensioner Concession or DVA cards), or limiting services to particular types of trips, such as medical appointments. This variability leads to gaps in coverage and can exclude individuals who require transport for essential activities beyond medical or social-support purposes. These inconsistencies are largely driven by the funding criteria.
- Gaps in service coverage: Not everyone is adequately supported by aged care services or the NDIS, and there needs to be recognition of this gap. Many individuals fall outside the eligibility of these programs, leaving them without necessary support, which negatively impacts their health and wellbeing. This is a responsibility that should be addressed at the state level to ensure that these unmet needs are properly acknowledged and served.
- Restrictive service models: Some Community Transport services, like those offered by the Royal Flying Doctor Service, are limited to specific types of appointments, such as medical support visits. This narrow focus can be a barrier for individuals who require transport for other vital activities, including shopping or attending social events. The restrictive nature of these services means that not all essential transport needs are met.

Not all towns have access to buses and those that do, the frequency of PTV services don't meet up with each other. There is a lack of wheelchair accessible transport and affordable transport to get children to kinder and primary school. In Lake Tyres there is an isolated Aboriginal community need assistance to access education, health and medical appointments and employment opportunities. (Rhonda James, East Gippsland Shire Council, VTCTA Workshop)

Insufficient to no public transport in areas, limited or no Taxi/Uber Rideshare, 1 taxi in Lorne won't take people to Geelong (Main services located there), Use Taxi's as a last resort if the client is ambulant & capable – not reliable. Struggle to get people to Geelong & Melbourne with a mixed workforce. If we use paid employees for transport, it takes away from another health service that cannot be offered. We had a free bus to Colac and back once a week 4 hr return circuit – no funding. (Peter McDonald, Great Ocean Road Health, VTCTA workshop 2024)

Limited Taxi service – Numurkah has no Taxi. Major Hospital is 30 mins away from Numurkah – creating a barrier to access appointments. Taxi's will come into town when available (charge to travel into pick up client and return to base) Charge approx. $150 round trip for a 10 min optometrist appointment. (Robyn Sprunt, NCN Health- Integrated Community Health, VTCTA Workshop 2024)

Funding constraints constitute the primary pain point for the sector. Funding concerns go hand-in-hand with other pressing challenges raised during engagement exercises such as workforce issues, barriers to technology and regulation complexities, which will be discussed below. Such issues create ripple effects that not only complicate service delivery but also exacerbates negative social impacts, such as isolation and reduced access to essential services for clients.

2. Complexity in policy and regulations despite being invisible as a transport service in Victoria

It is ironic that Community Transport is invisible as a transport service in Victoria, poorly funded yet subject to many regulations and compliances which put immense pressure on its sustainability. Workshops identified:

- **Fragmented regulatory environment**: The sector operates under a mix of regulations from various government bodies, leading to complex and often contradictory service provision. Management of multi-funded services is complex and time consuming. For example, Community Transport providers need to be abreast of the constantly changing landscape of regulations such as bus standards, volunteer compliance obligations, child safe standards, aged care standards, NDIS and home care packages. Additionally, the Department of Transport and Planning already has a laundry list of rules and regulations that Community Transport providers note is difficult to keep up with and may not necessarily enhance Community Transport delivery upon implementation.
- **Inconsistent service boundaries**: Ambiguities in regulatory guidance leads to confusion over service areas. Some providers have strict service boundaries, limiting their ability to meet broader community needs, while others operate more flexibly, causing overlaps and gaps in coverage. This inconsistency undermines coordinated service delivery.
- **Increased pressure from LGA withdrawal:** As local governments withdraw from aged care and Community Transport services, the pressure on remaining CHSP providers has intensified. This shift has led to excess demand, which, without additional funding, limits the scope of services, particularly social and recreational trips. Policy changes, including a greater emphasis on CHSP, have further strained underfunded services, resulting in longer waitlists and unmet needs. Clients who once relied on Community Transport for social and non-medical support now face reduced access, especially in areas experiencing service coverage reductions, disrupting established pathways and limiting client independence. The Commonwealth is adversely driving outcomes for Victorians as there is no state based funding into ageing well and transport related mobility.

- **Inadequate regulation of other transport providers**: Based on workshop engagements, programs like the HCP, NDIS and the Multi-Purpose Taxi Program (MPTP) offer unsupported alternatives to Community Transport services but come with regulatory and service gaps. Issues include taxi drivers bypassing official systems (working off the system directly with clients) and limited background safety checks, such as WWCCs. They also do not have a relationship with the client or an understanding of their support needs/vulnerabilities. They have no reporting mechanism in place to flag any concerns, or any training on how to cater to vulnerable people, all of which raises safety concerns and liabilities.

The fragmented and complex regulatory environment in Victoria's Community Transport sector results in inconsistent service delivery, duplication of service in areas and travel routes, regulatory confusion, funding misalignment, and safety risks. There is a need for greater integration and formal recognition of Community Transport within broader transport policies, along with streamlined and transparent regulations to ensure consistent access to essential transport services for vulnerable populations.

"No local coordinated approach between government department, local agencies and community to develop solutions to address transport disadvantage" (R. James, East Gippsland Shire Council, VTCTA workshops, 2024)

"Community Transport seems disjointed, chaotic and doesn't have the capacity to think beyond delivering immediate services" (M. Groner, Travellers Aid, VTCTA workshops, 2024)

3. Complex nature of service provision across the state arising from ad hoc funding environment

This project had hoped to provide a physical map of Community Transport across Victoria starting from the baseline that there was no understanding of who provided Community Transport, where, for whom and how much was provided. The survey and workshop data has highlighted significant complexity in the sector which prevented accurate mapping. This includes gaining an understanding of:

- Differing models of Community Transport, how they were driven by funding rather than local need and if consistent funding was available would these models change to a more consistent model aligned with the definition here.
- Eligibility, range/ reach and limitations of service provision

- Demand across the range of portfolios Community Transport covers ie , health, transport, education, employment, disability, mental health.
- Lack of alignment of funding regions which creates regional inconsistencies but also complicates the way funding is used operationally.

4. Capacity to identify and meet unmet demand

Unmet demand and availability issues are prominent challenges in Victoria's Community Transport sector and a consequence of the invisibility of Community Transport and lack of policy and consistent funding over decades in Victoria. The workshops have previously identified areas Community Transport is simply not providing service in- eg employment transport, non-emergency patient transport, transporting vulnerable children to school.

These issues generated the following concerns:

- **Identification of unmet demand**: One of the critical challenges is identifying who cannot be served by existing Community Transport services. Often, those who are unable to access these services are unaware of available options, exacerbating their difficulty in obtaining necessary transportation. This lack of visibility of Community Transport means that many individuals remain underserved, leading to gaps in service coverage.
- **Excess demand**: When demand exceeds the capacity of Community Transport services, providers must adopt various strategies to manage the situation. Unfortunately, about 56% survey respondents noted that financial constraints have forced them to decline trips due to the need to prioritise which passengers receive service. A significant 20% of Community Transport providers manage waiting lists due to high demand, reflecting the pressure to serve more clients than their capacity allows. Some providers in some cases collaborate with other Community Transport service providers to share resources, but this is not always sufficient to meet rising demand.
- **Overlap and competition among providers**: From the survey, 72% of respondents were aware of other organisations in their local area that also provided Community Transport services. Concerns were raised about overlapping services and even competition between providers, which diverts resources away from actual service provision. This lack of clear communication or coordination systems sometimes confuses clients, leading to service duplication or unmet needs. A more cohesive strategy, including improved coordination and communication, is needed to avoid competition and streamline service delivery.
- **Pressure on ambulance services**: Popular media reports indicate that the strain on Ambulance Victoria[16], largely due to a shortage of ambulance services and inadequate

[16] ABC News. (2024, September 9). Ambulance ramping leaves Victorians without paramedics.

alternatives is a major concern in Victoria. This highlights an opportunity for the government to align Community Transport services to help reduce pressure on ambulance services at relatively low costs. This is further detailed in the next section.

Case Study – Wheelchair Accessible Vehicles [WAV] and Community Transport

Workshop data highlights a significant issue with taxi availability as distance from metropolitan areas increases. In remote and regional areas, taxis are scarce, with WAVs being particularly in high demand. Peak demand for WAVs occurs between 8-10am and 2-4pm, leading to reported long wait times and instances where clients are left stranded or unable to book transport for appointments or community activities.

Regional taxi services confirm these peak periods and the strain on their WAV resources, acknowledging long wait times and unmet needs. The MPTP provides subsidised fares for people with accessibility and mobility needs by offering subsidised CPV fares to those eligible. A similar program does not exist in the Community Transport space.

Mapping existing infrastructure would demonstrate that Community Transport operates a network of WAVs across Victoria supported by a volunteer workforce to match service delivery. However, currently the WAVs are underutilised. Were Community Transport to be given access to a similar type of funding as the MPTP's lifting fee, it would enable providers to fund an integrated workforce of paid and volunteer staff, enhancing service sustainability and fleet expansion, and support unmet needs across the state.

There are around 300 long-term vacancies at employers in and around Ararat including at key export-oriented businesses, correctional facilities and tourism businesses all of which relate to a lack of transport available from where people live. Community Transport services can play a key role in alleviating those vacancies and making the region more economically productive as they do in Tasmania. (consolidated data from employers, M&PC analysis 2022)

Restricted by funding demand exceeds funding each month – 2 weeks in and books are closed. We refer to other services however they are often booked out. Other providers are not in Casey and have limited services available in Casey. Previously used Eticket – this was manipulated by Taxi drivers for their advantage. (Jayen Chako, City of Casey, VTCTA Workshop 2024).

"Indigenous family - due to inability to access transport, the children were removed from country. They couldn't access Maternal Child Health, Kinder, Allied Health, Medical, early intervention services" (R. James, East Gippsland Shire Council, VTCTA workshop, 2024)

"A young person had a stroke and needed transport to get to Mt Gambier so he could get a clearance to drive again. Taxi would have cost $120 - this was money he did not have due to being out of work whilst rehabilitating. He was living with his mother who was battling cancer and was too unwell to drive him. His license was very important to him to get back to work and support his mum. "(Dartmoor Bush Nursing, VTCTA Workshops, 2024)

5. Workforce

Our engagement exercise revealed that 81% of organisations rely on volunteers as their primary workforce. Only 12% of organisations employ part-time or casual staff, 4% hire paid contractors, and 3% employ full-time paid staff[17]. Though volunteering is often flexible, some organisations require set time commitments ranging from 4 to 20 hours per week. A heavy reliance on a volunteer workforce creates instability, unreliability and service inconsistencies.

Key Challenges

- Volunteer ageing: The average age of volunteers is increasing, with many long-term volunteers nearing the end of their tenure, and fewer younger individuals stepping forward to fill these roles. The ageing volunteer base threatens long-term sustainability of Community Transport services.
- Regional disparities: Workforce challenges are more severe in remote areas, where smaller pools of volunteers are available, and service costs are higher due to geographic distances. Many older volunteers are reluctant to drive long distances due to fatigue and physical limitations.
- Volunteer recruitment and onboarding: Complex and lengthy onboarding processes, including checks for police clearance, Working with Children Check (WWCC), NDIS certification, first-aid certification, and medical exams, deter volunteers from signing up or continuing service. Additionally, compliance with these checks is becoming more costly.
- Time constraints: Volunteers often have other commitments, such as retirement activities, health issues, or employment, which can limit their availability and flexibility, potentially disrupting service schedules.
- Burnout and overcommitment: A strong sense of duty can cause volunteers to overcommit, leading to burnout, particularly in organisations with high demands or in regions with limited volunteer availability. This is further exacerbated when volunteers are asked to take on more responsibilities than initially agreed, leaving them feeling overwhelmed or isolated over time.
- Competition for volunteers: Volunteer numbers have not recovered to pre-pandemic levels, compounding the workforce shortage and competition between services for a limited volunteer pool.
- Financial stress: The rising cost of living, including fuel, car maintenance, and mandatory checks, is deterring people from volunteering. This is especially felt in

[17] Sunassist Volunteer Helpers (2024) National Community Transport Volunteer Week report.

remote areas where distances are longer, and reimbursements may not cover all expenses.

- Financial reimbursement and support: Current funding models do not adequately cover volunteer reimbursements for meals or travel, particularly when large distances are involved.
- Seasonal fluctuations: Volunteer availability often decreases during the winter months, as some volunteers migrate or travel to warmer climates. In remote and regional areas, challenging weather and road conditions further reduce or halt volunteer participation.
- Technology aversion: Many older volunteers face difficulties with technology, which creates challenges in adopting new systems or meeting program compliance requirements. This can pose hindrances to adequately supporting clients' needs.
- Electric vehicles: Volunteers, particularly older individuals, are hesitant to drive electric or hybrid vehicles, especially in areas where charging infrastructure is sparse.

"Volunteers don't want lengthy training or to go back to school. Grey nomads go on holiday for large amounts of time" (R. Kames, East Gippsland Shire Council, VTCTA workshop, 2024)

"There is not enough time and support for volunteers to feel connected and supported by the program" (I. Symmonds, Better Health Network, VTCTA workshop, 2024)

"We struggle to attract younger volunteers" (R. Garlic, Sunassist, VTCTA workshop, 2024)

"Volunteer training is not accommodated in funding. Onboarding of volunteer's is time consuming (medical test, Working with Children card) and police checks are expensive" (A. Munn, T. Bone, West Wimmera Shire Council, ACTA workshops, 2024)

Managing boundaries and privacy when volunteering and living in a small town. (Jacqui McIntosh, Mansfield District hospital, VTCTA Workshops 2024)

Volunteers making decisions that are client based and not taking in the program objectives and brand reputation. (Jocelyn Symes, Royal Flying Doctors Service, VTCTA Workshops 2024)

Paid or contracted employees, who are bound by work regulations related to fair work, driver fatigue, and safety, offer more stability and reliability than volunteers. However, their involvement is limited due to funding constraints. The excessive reliance on volunteers can lead to service disruptions, data inaccuracies, and increased operational costs when volunteer availability is unpredictable. Services sometimes cease when volunteers are not available creating unmet need.

Thus, our study indicates that the sustainability of a volunteer workforce is often compromised by insufficient support and training. To ensure the long-term viability of Community Transport services, it is imperative that the government acknowledges the real costs of providing service and looks to working towards a model with a higher reliance on paid staff. This will help address the challenges associated with relying heavily on volunteers and ensure the consistent delivery of essential services to vulnerable populations.

By investing in such a sustainable workforce model, the government can contribute to the overall well-being of Victorian communities and improve access to essential services for those who are most in need.

6. Capacity to benefit from technology to improve efficiency of services

The role of technology in the delivery and management of Community Transport services is becoming increasingly prominent, as it creates efficiencies in various areas. Technology facilitates better coordination of trips, allowing for a higher density of services to be delivered in a more streamlined manner. It also enhances Customer Relationship Management (CRM) systems for managing client information and interactions, simplifies reporting processes, improves communication between drivers and clients, and ultimately increases the quality of services provided. These innovations help Community Transport providers operate more effectively, meet regulatory requirements, and ensure better client satisfaction.

However, online survey results revealed that adoption rates vary widely across providers. Many Community Transport organisations have embraced digital systems to streamline operations, but others continue to rely on more traditional methods. This disparity highlights both the potential benefits of technology and the challenges faced by providers, volunteers, and clients in accessing and utilising these tools.

Technology in Service Delivery

A range of technologies are used to support the delivery of Community Transport services. While some organisations have adopted information technology (IT) systems to manage bookings and schedules, others remain dependent on more manual approaches. For example, from the survey, 26% of providers still rely on Microsoft Excel for service bookings, and an equal percentage do not use any computer-based systems, instead managing client communication through phone calls (Figure 7). Other systems in use include Polixen, Trips, Orcoda, Google Forms, Xpedite, Pathways, Adobe CS4, and Affinity.

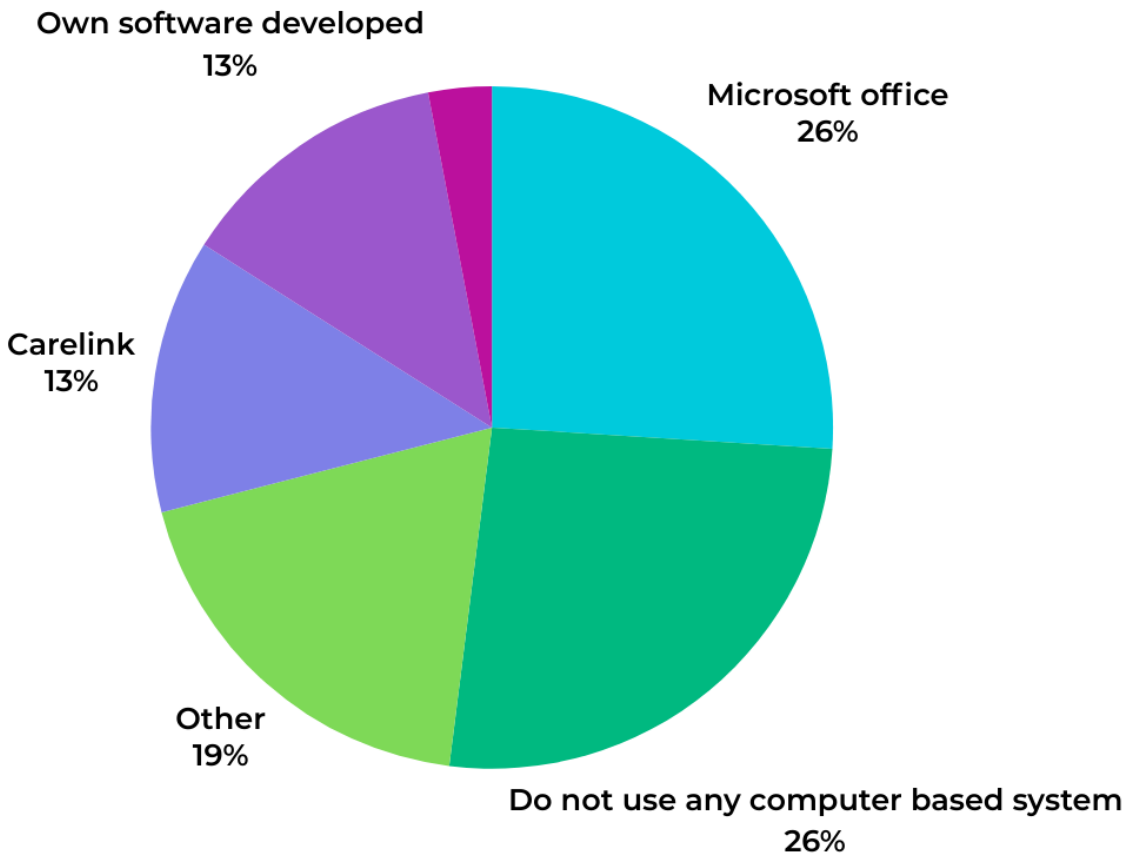


Figure 7 - Technology used by Community Transport organisations to deliver services

Despite the variation in tools, organisations that have adopted digital systems generally report having strong IT support, adequate cyber security measures, and appropriate insurance coverage for potential cyber/digital risks.

A significant portion of providers struggle to enhance their services through technology due to barriers related to funding, time, and learning capabilities and client consumption and interaction with technology.

- The survey results noted that the most significant challenge for providers is funding, with 82% of respondents identifying it as the primary obstacle.
- Other factors include the time required to learn and implement new systems (9%) and limitations in staff learning capabilities (9%).

Clients[18], particularly older users, also face difficulties in accessing and using technology. Key barriers include:

- Lack of awareness programs: Many clients, especially seniors, lack access to educational programs that would help increase their understanding of technology and cyber security.
- Limited access to resources: Clients often lack the necessary tools and resources to engage effectively with digital services. This can be due to financial barriers, location constraints (no or poor internet, cognitive capacity and the desire to be online).
- Insufficient policy focus: Existing policies do not sufficiently address the unique technological and cyber security needs of seniors, leaving them more vulnerable online.

"Older people are reluctant to use technology – behaviour, capacity and affordability of technology a barrier" (E. McFarlin, EV Strengthening Communities, VTCTA workshops, 2024)

"Using technology puts older drivers off and increases risk" (R. Garlic, Sunassist, VTCTA workshops, 2024)

Incorporating technology into service provision also opens the door to future innovations, such as app-based booking systems and real-time updates for clients, ensuring that Community Transport services remain accessible, user-friendly, and close the gap.

Electric and Hybrid Vehicle Transition

The shift towards more sustainable transport options, such as electric and hybrid vehicles (EVs), is another challenge facing the Community Transport sector. Survey and workshop data showed that while some providers have begun transitioning to EVs, the uptake remains slow, especially among those with larger fleets. The survey results indicated that smaller fleet operators were more likely to have adopted EVs:

- 15% of providers with fleets of 1-4 vehicles have some electric or hybrid vehicles.
- 13% of providers with 5-10 vehicles have incorporated electric or hybrid options.
- Only 5% of providers with 11-20 vehicles and 3% of providers with fleets of more than 20 vehicles have begun the transition.

[18] Security in depth (2023) An Open Letter to Ms. Clare O'Neil – Minister of Cyber Security

The structure of depots and fleet sizes across the sector also plays a significant role in this transition. It was found that most service providers operate from just one depot, while 30% have multiple depots:

- 70% of providers have one depot.
- 20% have two depots.
- 7.5% have three depots.
- 2.5% have more than three depots.

Additionally, the capacity and type of vehicles in each provider's fleet are varied:

- 37% manage sedans with a capacity of 1-5 people.
- 53% manage vans with a capacity of 6-12 people.
- 8% manage buses with a capacity of 13-26 people.
- 2% manage coaches with a capacity of 27+ people.

Given that 79% of Community Transport providers own their fleets, the decision to transition to electric or hybrid vehicles is a major capital investment. However, 20% lease their vehicles, which introduces additional barriers to EV adoption, especially in negotiating terms with third-party fleet owners.

While 8% of Community Transport service providers have already started the shift to electric or hybrid vehicles, an additional 12% are planning to do so. Meanwhile, 40% are considering the transition, but another 40% have no plans to switch to more sustainable transport options. The reasons for reluctance include[19]:

- Funding constraints (60%): Most providers do not have the financial resources to lease or purchase electric vehicles, let alone upgrade the necessary infrastructure for charging. Current funding does not stretch to cover both the purchase of EVs and the infrastructure required to power them. Additionally, insurance premiums for EVs are likely to increase, further burdening Community Transport providers.
- Third-party fleet ownership (17%): Providers who lease or do not own their vehicles face additional barriers to transitioning.
- Lack of charging infrastructure (13%): In many remote and regional areas, the lack of charging stations makes it impractical for providers to use electric vehicles.

[19] Premier of Victoria (2021) Getting more electric vehicle chargers across Victoria

- Unsuitability for long distances (9%): Some providers believe that electric vehicles are not suitable for the long distances often covered in remote and regional areas, particularly due to concerns about battery range and the lack of charging options along routes.
- Other issues raised by providers include concerns about the higher cost of maintaining electric vehicles, particularly tyre replacement, as well as difficulties in managing long-distance trips with clients on board. The need to stop and charge vehicles may result in discomfort for clients and delays in service.

7. Lack of capacity to collaborate in service provision to produce efficiencies and equitable access

Collaboration between Community Transport providers is crucial for the future of the sector. Currently, many services operate in isolation, even when they serve similar geographic areas. A hub-to-hub model could address this by streamlining long-distance transport, such as those running from regional areas to Melbourne metro. By coordinating resources, local Community Transport services can focus on their communities while sharing the responsibility for longer trips. This model not only reduces wear on resources but also reduces risks associated with ageing volunteers and difficult road conditions on long-distance journeys.

For example, the link between Travellers Aid and Community Transport providers in Victoria presents an opportunity for collaboration, particularly for those who can access public transport with a little support at either end of their journey. There is potential for remote and metro Community Transport providers to work together on a much larger scale, connecting at key transport hubs like train stations. Community Transport providers could take people to appointments and return them to the station for further support from Travellers Aid. Currently, this program operates on a limited scale, but with greater collaboration, it could be significantly expanded, improving accessibility for more people.

There is significant potential to enhance the role of Community Transport providers by fostering stronger partnerships with local health and social services. By integrating Community Transport services more closely with non-emergency patient transport (NEPT) systems, pressure on overburdened ambulance services could be

alleviated. Offering low-cost, reliable transport for individuals who do not require urgent medical assistance but still need access to healthcare appointments would help reduce demand on emergency services while also improving overall health outcomes. Moreover, establishing partnerships with hospitals and social service providers could lead to better coordination of appointment times for clients, enabling Community Transport providers to group multiple clients on the same trip. This approach would increase operational efficiency, reduce client wait times, and ultimately lower costs for both Community Transport providers and the broader healthcare system. By strengthening these partnerships and optimising resources, Community Transport providers could play an even more integral role in supporting the healthcare network, easing pressure on emergency services, and delivering more effective and timely transport solutions for the community.

Thus, more collaboration will allow providers to pool resources, whether through shared vehicles, volunteer drivers, or even infrastructure, creating a more robust, efficient system. This approach is crucial for NFP organisations, LGAs, and healthcare centres, that often need to balance varying levels of funding and service demand. Through sustainable collaborations, organisations can provide a wider range of services to diverse user groups, from youth to aged care recipients, while addressing different needs such as mobility, cognitive, and financial support.

Almost 90% of Community Transport organisations in the study stated that they cross-subsidise their services:

- 40% provide a significant cross-subsidy
- 24% provide a moderate cross-subsidy
- 24% provide minimal cross-subsidy
- 12% provide no cross-subsidy

Recommendations:

1. Addressing inequity of access for socially excluded transport disadvantaged Victorians arising from invisibility of Community Transport service delivery.

VTCTA recommends that the following actions be implemented to address understanding of and equitable access to Community Transport for Victorians experiencing transport related social exclusion:

1a) Adoption of the Community Transport definition in Victorian transport policy across portfolios of health, DFFH, employment, transport and education.

1b) Implementation of a public transport classification for Community Transport.

1c) Creation of a peak body for Victorian Community Transport capable of co-ordinating resources, planning and intergovernmental funding reporting to a Ministerial portfolio.
1d) Implementation of a Ministerial portfolio for Community Transport.

2. Addressing the complexity, ad hoc nature and funding driven service design and eligibility problems impacting equitable access to Community Transport for socially excluded transport disadvantaged Victorians.

VTCTA recommends a consistent baseline funding across Victoria for a Community Transport service as defined here

2a) Spatial mapping project to understand the complexities identified in this project and differentiate the services already being provided across the state and the gaps for social excluded transport disadvantaged Victorians.

2b) Mainstream service contracts: The Department of Transport and Planning and the Department of Health can support Community Transport service providers through mainstream service contracts. This support could be based on Community Transport service typology, integration with public transport networks, scalability, and addressing prioritised geographic transport disadvantages.

2c) Streamlined funding: Currently, Community Transport providers spend a significant amount of time and resources seeking various grants and funds to meet demand, often having to justify their case to multiple entities. This fragmented approach not only diverts attention from service delivery but also creates inefficiencies that hinder the overall effectiveness of the sector. A more streamlined and equitable funding model is essential to ensure resources are allocated efficiently, enabling people to access transport services without being limited or excluded by current funding constraints. By addressing these inefficiencies, Community Transport services can shift their focus from administrative burdens to providing consistent, reliable transport to all who need it, ultimately improving service delivery and availability.

2d) Align funding regions: The current setup means providers often duplicate services in concentrated areas, leading to inefficiencies. Aligning HACC-PYP and aged care planning region boundaries with state HACC-PYP regions would allow for a more streamlined approach, enabling providers to operate in consistent geographical areas improving access for clients.

2e) Leverage underutilised resources: Community Transport has a fleet of vehicles positioned across Victoria. The fleet is a mix of WAVs, people-movers and sedans. Community Transport has the ability to address excess demand, particularly during peak periods, by leverage underutilised resources. But for this to occur, Community Transport would need access to funding schemes to support this like Multi-Purpose Taxi Program (MPTP) lifting fee. Community Transport can be a complementary resource for this specialised area of Commercial Passenger Vehicle (CPV). This example has been further detailed in the case study below.

2f) To leverage the Commonwealth Community Transport Pricing Pilot [CTPP] conducted through the national Community Transport peak ACTA to inform pricing model for Community Transport in for Victoria.

3. Address workforce issues which adversely impact equitable Community Transport service provision

3a) **Workforce model**: While volunteers remain integral to Community Transport, heavy reliance on them is unsustainable. Future funding should focus on transitioning to a mixed workforce, with an emphasis on paid staff for roles involving long-distance driving, physical assistance, and strict safety requirements. In remote and regional areas, where workforce shortages are more acute, additional funding should be allocated to support the implementation of a paid workforce model.

3b) **Streamline compliance processes for volunteers**: Simplifying or easing the compliance process for volunteers, such as reducing red tape around obtaining the necessary driving qualifications for vehicles, could help retain volunteers and encourage new recruits. For instance, establishing a central volunteer register or a recognized ‘passport’ system for all services could streamline the volunteer onboarding process across different sectors.

4. Assist the sector to take advantage of technology to improve quality and efficiency of service provision across Victoria.

4a) Government assistance to transition to Electric and Hybrid Vehicles (EVs): The transition to EV involves several key costs.

- the upfront expense of purchasing or leasing electric vehicles is substantial, presenting a significant financial barrier for many providers.
- the installation of charging infrastructure is required, which is especially challenging in remote and regional areas lacking existing facilities.
- Insurance premiums for electric vehicles are expected to rise, further straining budgets.
- Maintenance costs can also be higher for electric vehicles, and operational adjustments may be necessary to accommodate their specific needs.
- there is a need for investment in training staff and upgrading IT systems to modernise service delivery and ensure efficient use of new technology.

Financial assistance: Any government-led initiative to push for EV adoption must factor in these rising costs, offering financial assistance not only for the purchase of vehicles but also for installing charging stations and managing operational expenses.

Support for fleet ownership and management: For providers who lease their vehicles or do not own their fleet, transitioning to EVs can be particularly challenging. To facilitate this shift, government initiatives should include provisions for third-party fleet owners, such as incentives or subsidies for fleet operators who invest in EVs.

Insurance support: Funding should be extended to cover potential increases in insurance premiums for EVs, mitigating the financial burden on providers.

Operational funding: Allocate funds to cover the higher maintenance costs and support long-distance travel solutions.

Addressing the lack of charging infrastructure in remote and regional areas is essential for the viability of EVs in these regions.

IT and training investments: For the successful adoption of EVs, investment in modern IT infrastructure and staff training is essential. Government funding should be directed towards upgrading IT systems, implementing advanced fleet management software, and training staff on the operation and maintenance of EVs.

5. Assist the sector to enhance collaboration and achieve more effective and streamlined client services through the Ministerial portfolio

VTCTA identifies opportunities to:

5a) Assess a hub-to-hub model for streamlining long-distance transport, sharing responsibilities and reducing strain on resources.

5b) Facilitate better communication and coordination with local hospitals, health and social services to enable grouped trips, improving efficiency and meeting diverse community needs.

Appendix A – Community Transport Organisations

Appendix A – List of 32 organisations that have ceased providing Community Transport services over the past six years. 1 exited in 2018, 2 in 2020, 8 in 2022, 13 in 2023 and 6 in 2024.

Name of Organisation	Closure date and reason(s)
Ararat Rural City Council	The contract with the Commonwealth ceased on 30 June, 2022.
Bass Coast Shire Council	Services ceased 31/12/2022 and transferred to Bass Coast Health - Bass Coast now provide Community Transport trips into City Hospitals
Baw Baw Shire Council	Aged and disability services ceased with council in June 2022 with changes with the Commonwealth Government.
Benalla Rural City Council	CHSP services effective 1 July 2022 - Calvary Community Care and Community Accessibility were appointed as the new providers
Buloke Shire Council	The council ceased in-home aged care services on 1 January 2024 - Outsourced to HCP providers
Central Goldfields Shire Council	Central Goldfields Shire Council transitioned away from delivering in-home aged care services from 1 March, 2024.
Gannawarra Shire Council	Gippsland Health exited services 31.10.2023 - Lakes Entrance of GNET Northern Community Health Kerang
Greater Bendigo City Council	The council ceased in-home aged care services on 30 June 2023 - Outsourced to HCP providers
Manningham City Council	Manningham Council exited in-home aged care services on 31 October 2023 due to significant Commonwealth Government changes to the in-home aged care system.
Whitehorse City Council	The council ceased in-home aged care services on 30 June 2023 - Outsourced to HCP providers
Indigo Shire Council	Indigo council discontinued providing home support and community care services from July 2018. Transport completed through Indigo Home
Hindmarsh Shire	The council exited out of the CHSP and State Government funded HACC-PYP program from 30 June 2023.
Yarriambiack Shire Council	The council exited out of the CHSP and State Government funded HACC-PYP program from 30 June 2023.

Latrobe City Council	From 30 June 2022, Council ceased delivering services under the CHSP, HACC-PYP (Under 65) and Support for Carers program. Benatas awarded contract
Cardinia Shire Council	Exited Transport in 2023 - awarded to Living and learning centre in Pakenham - then they scaled back the service - residents lost transport - Now refer people to centrelink for taxi voucher and My Aged Care for services.
Maribyrnong City Council	Council sub-contracted aged care services to a provider in 2020 - provider has since scaled back operations.
Maroondah City Council	Exited transport services for under 65 (HACC PYP) and contracted to Meccwarcare.
Hepburn Shire Council	Stopped Social Support during covid program has not returned.
Greater Shepparton City Council	Services Ceased 1 July 2023 and transferred to Calvary Community Care.
Horsham Rural City Council	Horsham ceased services December 2020. Now refer to The Multi-Purpose Taxi Program (MPTP) for severe disability - Community Transport Centre of participation
Loddon Shire Council	Loddon Shire Council has exited all aged care services following changes to the sector under Aged Care Reforms from 30 June 2023.
Macedon Ranges Shire Council	Transition out of CHSP services on 30 June 2023.
Mildura Rural City Council	HACC-PYP services 1 February 2023 clients will receive their services through Sunraysia Community Health Services from 1 February 2023. CHSP services on 30 June 2023 clients will receive services from 1 July 2023. They are Integrated living Australia Ltd, & Live Better Services Limited
Moorabool Shire Council	Exited Services 1 July 2022 - Silver Chain Victoria was appointed by the Commonwealth Government as the new provider of CHSP services for Moorabool Shire.
Pyrenees Shire Council	Ceased to be a provider of in-home care and community-based services from 1 July 2023.
Southern Grampians Shire Council	The Commonwealth Government has notified Southern Grampians Shire Council of its decision to appoint Western District Health Service (WDHS) as the new provider of aged and disability services in the Southern Grampians Shire. The CHSP, which funds home support and community-based services for clients over 65 years, will transition to WDHS by 1 October 2022. HACC-PYP, which supports those under 65 years, will transition on 30 June 2022.

Swan Hill Rural City Council	Swan Hill Rural City Council exited services for in-home aged and community-based services from 31 May 2024.
Ballarat City Council	Exited CHSP Services 30 June 2023 - Transferred to HCP and Private providers.
Wyndham City Council	Exiting transport services 31.12.2024. Was council funded transport program.
City of port Phillip	Exited transport services and social support on August 2024.
Stonnington City Council	Council's exited Aged Services on 30 June 2024. The Commonwealth Government Aged Care Reform Agenda will deliver a simplified national aged care program that provides older Australians with quality care, choice in providers and easier access to a broad range of services. Services Council will cease delivering are: In-home Care Services: Personal Care, Domestic Assistance, Respite Care, Shopping (from a list), Home maintenance (including gardening and gutter cleaning), Delivered Meals. Council will continue to provide Community Transport services and social support programs for older residents including the Engaged Program.

It is anticipated that there will be further providers exiting aged care services and reducing transport support within communities.

Appendix B – Literature review

Key Insights from the literature review has been summarised in the following table.

Document title	Key insights
Accelerating Innovative Local Transport: Community Transport for the Future Institute for Public Policy and Governance - 2022	• Community Transport (Community Transport) in Victoria plays a crucial role as a resource for community economic development, public health support, social cohesion and creating a fairer State • In Australia, 92% of older people rate personal mobility as critical to health, social, wellbeing and independence, • Around 85% of people with a disability are not eligible for support under the NDIS scheme • In 2020, demand exceeded supply for 9% of CHSP transport services in Victoria • In 2022, 12% of Australians sometimes had difficulty getting where they needed to go • Promoting economic stability will provide access to broader opportunities, leading to improved financial stability for individuals and families • 24% of Australian households in the lowest income bracket have no vehicle • Block funding Community Transport model is seen as necessary for ensuring high-quality services, but also limits flexibility and long-term planning
Ageing well in a changing world Commissioner for Senior Victorians - 2020	• With 92% of older people rating personal mobility as critical to health, social wellbeing and independence, Community Transport will play a particular important role for this group. Being able to get around is seen as a major determinant of quality of life for seniors.
Australia's Disability Strategy 2021 – 2031 Australian Institute of Health and Welfare - 2024	• Outcomes framework shows that over 53% NDIS participants aged 15-68 report feeling dissatisfied about their life
An Open Letter to Ms. Clare O'Neil – Minister of Cyber Security Security in depth - 2023	Barriers for accessing technology as Community Transport client • Lack of Awareness Programs: there is an insufficient number of educational programs aimed at increasing cyber security awareness among seniors • Inadequate Support Systems: the current support systems for seniors facing cyber threats are not robust enough • Limited Access to Resources: seniors have limited access to necessary resources and tools to protect themselves online

Document title	Key insights
	Insufficient Policy Focus: existing policies do not adequately address the unique cyber security needs of seniors
Community Driver Evaluative Report – Towards Creating a sustainable Model of Community Transport Romsey Neighbourhood House - 2020	Addressing transport disadvantages in Victoria creates wide ranging benefits, including • Improving accessibility • Enhancing community well-being • Promoting economic stability • Ensuring sustainable development • Building strategic partnerships
Community Transport's Dual Role as a Transport and a Social Scheme: Implications for Policy Ravensbergen, L; Schwanen, T. Int. J. Environ. Res. Public Health 2024, 21, 422 - 2024	The paper proposes Community Transport as a practice guided by phronesis and argues that it has been made to hold a dual role as both a transport and a social scheme. • Low-cost, flexible, functionally accessible • Social scheme that helps those with few other options • Provides benefits that extend beyond transport ream and foster community
Commonwealth Home Support Programme Manual 2023-2024 Department of Health and Aged Care -2023	The CHSP provides small amounts of entry-level support to assist people aged 65 years and over (50 years and over for Aboriginal and Torres Strait Islander people) to remain living at home and in their community
Defining transport disadvantage in Perth Chi, S., Golbabaei, F., Biermann, S., & Reed, T. - 2022	Transport disadvantage is defined as lack of access to good, services and opportunities to participate in community life and connect socially
Foundations of the new Aged Care Act. Department of Health and Aged Care - 2023	The CHSP will transition to the new Support at home program no earlier than July 2027 • The new program will be delivered in two stages starting in 2025 and finalising in 2027. Around 1,500 providers will change from grant to subsidy form Home Care, and Residential Aged Care, into a unified system • The new program aims to streamline and integrate the existing age care services
Getting more electric vehicle chargers across Victoria Premier of Victoria - 2021	The Victorian Government is actively working to expand the network of EV chargers across the state

Document title	Key insights
Growth Funding Announcement for Victoria Victoria Tasmania Community Transport Association (VTCTA) - 2021	Key challenges include: • The Commonwealth Home Support Program (CHSP) has consistently underfunded Community Transport service providers, limiting the ability to meet current and future demand • Grants and donations funding streams are often temporary and limited, leading to sustainability concerns once the funding period ends • The allocation of funds often depends on strict eligibility criteria, which can exclude many potential users from accessing these essential services • Challenging to plan and expand services to meet growing community needs
Local Government Workforce Skills and Capability survey SGS Economics and Planning - 2022	The major barriers for volunteers in Community Transport in Victoria are: • Ageing Volunteer Base: in some areas, volunteers are as old as those they serve, raising concerns about the sustainability of volunteer services • Skill Shortages: the aging workforce exacerbates this issue, with many experienced workers retiring without sufficient new entrants to replace them • Lack of time: for those volunteers who have other employment commitments, or lack of time flexibility • Burnout and overcommitment (a sense of duty rather than joy) Workforce challenges are more pronounced in rural and regional areas, where the pool of available workers is smaller, and the costs associated with providing services are higher
Modelling the social and psychological impacts of transport disadvantage Transportation, 37, 953-966 Currie, G., & Delbosc, A. - 2010	Transport disadvantage includes a range of factors such as: • Issues with public transport availability, and frequency • Difficulties with traveling when needed, and finding time to travel • Difficulties physically accessing transport, feeling safe, and needing help to understand directions • Reliance on others for transport, finding assistance, and covering transport costs
Mobility Beyond Driving - Community Transport Scan Royal Automobile Club of Victoria (RACV) - 2017	Some hospitals and other health agencies (including neighbourhood houses) provide Community Transport to patients on a third tier of patient transfer (which fits in the gap between driven by a friend and fee-for-service patient transfer services

Document title	Key insights
National Community Transport Volunteer Week report Sunassist Volunteer Helpers - 2024	Volunteers make up 80% of the Community Transport workforce, their involvement includes not only transport services (driving), but supporting clients to live independently by: • Offering deliveries, meals, shopping, and home / garden support Providing social connections: for many clients, volunteers may be their only regular social contact, helping reduce isolation and improving overall well-being
National Disability Insurance Scheme Act 2013 Australian Government -2013	The National Disability Insurance Scheme (NDIS), it aims to support a better life for hundreds of thousands of Australians with a significant and permanent disability and their families and carers
Navigating health and wellbeing report, public transport experiences of regional and rural Victorians Travellers Aid, Health Issues Centre - 2024	Challenges of transport for the elderly include: • Difficulty to get from their home to the train station, tram, or bus stop • Lack of options to get to their desired destinations • Unreliable services • Lack of connectivity between services in completing the journey • Public transport not being DDA Compliant • Lack of confidence in using public transport
Research into the Social and Economic Benefits of Community Transport in Scotland Transport Scotland - 2015	• Lack of evidence on the social and economic benefits of Community Transport in Scotland • Community Transport offers a wide range of social, economic & health benefits, support the Scottish economy in terms of employment, productivity and rural sustainability
Socio Economic Indexes for Areas (SEIFA) Australian Bureau of Statistics - 2021	In Victoria, SEIFA disadvantage highlights several factors that influence transport disadvantage: • Geographic Isolation: Rural and remote areas in Victoria often face higher transport disadvantage due to longer distances to essential services and limited access to public transport • Low Income Areas: Areas with lower socioeconomic status have fewer resources for private transport and depend more on public transport, with longer travel times • Public Transport Accessibility: Regions with fewer public transport options or less frequent services tend to show higher levels of transport disadvantage • Urban-Rural Divide: Metropolitan areas generally have more services nearby and better transport services compared to rural areas, affecting rural residents' access to essential services

Document title	Key insights
Strengthening South Australia's Community Transport Services. Discussion Paper Government of South Australia - 2024	Definition of the Community Transport program: The National Disability Insurance Scheme (NDIS) funds the reasonable and necessary cost of taxis, rideshares or other private transport, for participants who can't use public transport without great difficulty because of their disability
The benefits of rural Community Transport: Social return on investment report Gauge NI - 2013	Study cases in the UK shows that 60% of Community Transport service providers find operational improvements in their service provision arose through partnerships
The value and potential of Community Transport for disabled people, a research report Motability - 2021	The full potential of Ct is likely to require additional funding and capacity building for providers as well as profile raising for the sector as a whole in order to increase its visibility to policy makers, funders and potential beneficiaries
Transport and social exclusion Lucas, K - 2012	Transport disadvantage leads to social and economic exclusion by restricting access to social, economic, and community participation.
Value of Community Transport Economic Analysis DHC, TAS – 2011	Economic analysis – Case studies in the UK: • The cost of replacing the Community Transport provision with commercially managed transport services would be in excess of £500k • Community Transport added value derives not just from volunteer time, but an ability to connect with benefits across a wider range of policy areas than in possible with other transport delivery approaches • A strong case could be made for Community Transport investment as a best value transport delivery solution with the flexibility to close gaps in provision and join community
Victorian Home and Community Care Program for Younger People Victoria State Government, Department of Health 2023	Definition of the Community Transport program: The program supports Victorians to optimise their health and wellbeing while maintaining/regaining their independence The Victorian Home and Community Care Program for Younger People (HACC-PYP) support Victorians from birth to 65 years and Aboriginal people from birth to 50 years, if their capacity for independent living is at risk due to chronic illness, mental health issues, disability or other conditions where they need one-off, intermittent or ongoing support to undertake the activities of daily living.
Victorian Patient Transport Assistance Scheme Guidelines Victoria State Government - 2015	Definition of the Community Transport program: It provides financial assistance to eligible residents who need specialist medical treatment in rural and regional Victoria

Document title	Key insights
Why Community Transport Matters - Proving the case for Community Transport and its positive impact on health, wellbeing and communities ECT Charity - 2016	In the UK, Community Transport delivers an estimated $8 to $40 in social value per $1 invested, and it generates an estimated $745m to $2.05bn in cost savings a year

Appendix C – Survey results

This appendix aims to show the main results obtained through an online survey. The survey aimed to identify the Community Transport providers, and the main features such as workforce, coverage, funding, service delivered, users and main challenges impacting the service provision

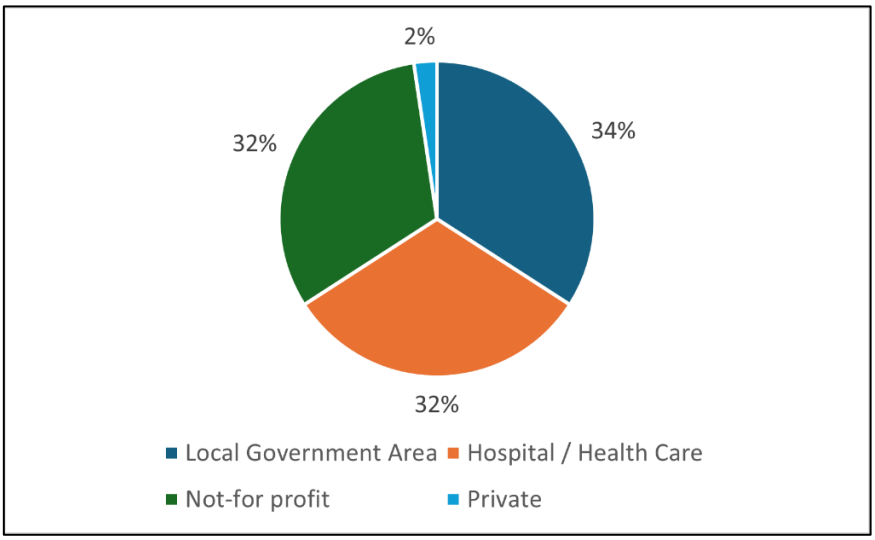
Survey Participants

A total of 85 organisations that provide Community Transport services in Victoria were captured by the engagement exercise.

- Of these 85 organisations:
- 39 participated in the online consultation
- 46 participated in the workshops (including two members of the VTCTA)
- 14 participated in the online consultation and the workshops

This engagement represents consultation with 13% of the organisations that are understood to provide Community Transport services in Victoria.

The Community Transport service providers involved covered the broad spectrum of service providers, including 29 Local Government Areas, 27 Hospitals and health care centres, 27 not-for-profit organisations and two private organisations. The proportions of participants are shown in figure below.



From the survey, 72% of respondents were aware of other organisations in their local area that also provided Community Transport services. Concerns were raised regarding the overlap in service provision, sometimes even resulting in competition between providers (diverting resources from services). Clients can become confused and double up on services due to lack of clear communication or fragmented services without coordination systems.

The study found that 20% of Community Transport service providers manage a waiting list due to high user demand. A deeper understanding of service coverage is essential to better coordinate the Community Transport sector, meet current demand, and eliminate waiting lists.

The consultation identified four organisations that had ceased providing Community Transport services. Reasons for ending services included ending of grants, lack of ongoing funds, illness of elderly volunteers, and inability to recruit new volunteers,

Workforce

From the engagement exercise we found that 81% of organisations rely on volunteers as their primary workforce. A further 12% of organisations employ part-time or casual staff, 4% hire paid contractors, and another 3% employ full-time paid staff.

Volunteering within these organisations is highly flexible, with some volunteers contributing as little as once a month, while others volunteer more frequently according to their availability. However, some organisations do impose specific time commitments, ranging from 10 to 20 hours per week, to the equivalent of four full-time days.

Conversely, paid or contracted employees are subject to contractual time restrictions, typically involving part-time work (20 hours per week) or full-time work (38 hours per week) and various regulations related to fair work and driver fatigue and safety

Area of Coverage

The Community Transport organisations that participated in the engagement exercise operate within a variety of geographic boundaries. Specifically, 57% serve specific Local Government Areas (LGAs), which is to be expected as most participating Community Transport organisations were LGAs. Additionally, 32% covered a specific area or radius, and 11% served specific localities or neighbourhoods

Funding

The study revealed that in addition to CHSP, HACC and NDIS, the Community Transport sector relies on financial support from a wide range of sources including:

- State government through the Department of Transport and Planning (DTP), or Department of Education
- Local government
- Department of Veterans Affairs (DVA)
- Public donations
- Corporate sponsorships

The study has also revealed that non-profit organisations, such as associations, charities, or foundations, provide services to a broader range of users compared to Local Government Areas and healthcare centres.

Annual Revenue

The study of organisations found that:

- 54% receive less than $50k in annual revenue: this included mostly not-for-profit organisations, Local Government Areas, and some hospitals/healthcare centres
- 8% receive between $50k and $100k in annual revenue
- 12% receive between $100k and $200k in annual revenue: this included not-for-profit organisations.
- 15% receive between $200k and $300k in annual revenue.
- 12% receive over $300k in annual revenue.

Service Cross Subsidy

The concept of cross-subsidy within Community Transport service providers relates to the practice of using funds from more profitable services (or funding sources) to support less profitable or loss-making services. This ensures that essential services are maintained for all users, regardless of the financial viability of individual service segments.

This approach is crucial for not-for-profit organisations, Local Government Areas, and healthcare centres, which often need to balance varying levels of funding and service demand. By employing cross-subsidies, these organisations can provide a wider range of services to diverse user groups, from youth to aged care recipients, while addressing different needs such as mobility, cognitive, and financial support.

Almost 90% of Community Transport organisations in the study stated that they cross-subsidise their services:

- 40% provide a significant cross-subsidy
- 24% provide a moderate cross-subsidy
- 24% provide minimal cross-subsidy
- 12% provide no cross-subsidy

Services provided by Community Transport

The type of service Community Transport service providers deliver varies depending on the type of assistance required by the user. From our survey, we identified the following breakdown of services provided:

- 60% Community Shopping Bus: Pick-up multiple clients for shopping centre trips
- 16% Curb to curb: Pick up client from driveway / roadside and drop driveway / roadside, assistance with aids (driver does not go to the door still assists with aids)
- 13% Door to Door: Pick-up / drop-off from front door, assistance with aids
- 5% Door to door with handover: Pick-up client, escort to location and hand over to nominated person / facility
- 3% Group Outings with Driver (SSG): Pick-up multiple clients and take for social outing program

- 1.5% Community Hire Outings: Bus hired for community use to deliver social programs, i.e. local cricket team
- 1.5% Community Bus Regional: Pick-up multiple clients, drop-off at a different town to attend medical appointments

Excess demand

When Community Transport service providers experience excessive demand, the situation is managed in a variety of ways depending on the service provider. These include collaborating with other Community Transport service providers in the area or hiring a taxi. However, 56% of Community Transport service providers said they often had to decline the trip in these situations due to the financial burden and needing to prioritise who gets to travel.

Technology used to deliver services

There is increasing digitalisation in the management of Community Transport services, with IT systems being widely adopted. However, the levels of adoption vary significantly among providers.

Community Transport service providers employ a diverse range of technologies to deliver their services. Within the Community Transport sector, 26% of providers use Microsoft Excel to book services, whilst the same proportion do not use any computer-based system, relying instead on phone calls to communicate with clients

Depots and Fleet

Community Transport Providers manage differing numbers of depots, fleet sizes and typologies. It was found that most service providers operate from just one depot, while 30% have multiple depots:

- 70% of providers have one depot
- 20% of providers have two depots
- 7.5% of providers have three depots
- 2.5% have more than three depots

Around 79% of Community Transport service providers own their fleet, while 20% lease it, and just 1% have a combination of owned and leased. Fleet capacity also varies by Community Transport provider:

- 37% manage vehicles (sedan) with a capacity of 1-5 people, mostly used for patient transport or small groups of people without major mobility limitations
- 53% manage vehicles (van) with a capacity of 6-12 people, mostly used for small groups without major mobility limitations.
- 8% manage vehicles (buses) with a capacity of 13-26 people
- 2% manage vehicles (coaches) with a capacity of 27+ people

Other vehicle typologies included:

- Four-wheel drive (rural areas only)
- Trailers
- Utes

Electric / Hybrid vehicle transition

The study found that Community Transport service providers with smaller fleets were more likely to have some electric or hybrid vehicles in their fleet mix:

- 15% of providers with a fleet of 1-4 vehicles had some electric or hybrid vehicles
- 13% of providers with a fleet of 5-10 vehicles had some electric or hybrid vehicles
- 5% of providers with a fleet of 11-20 vehicles had some electric or hybrid vehicles
- 3% of providers with a fleet of 20+ vehicles had some electric or hybrid vehicles

The study revealed that 8% of Community Transport service providers have already begun the transition to more sustainable transport, with an additional 12% planning to start the process. Meanwhile, 40% are considering making the transition. Notably, a concerning 40% of Community Transport service providers do not plan to switch to a more sustainable mode of transport.

The main reasons for Community Transport service providers for not transitioning to an electric or hybrid fleet were:

- 60% lack of funding
- 17% have fleet owned by a third party
- 13% have a lack of charging infrastructure available in their operation area
- 9% believe electric or hybrid vehicles are not suitable for the distances travelled

Community Transport Users

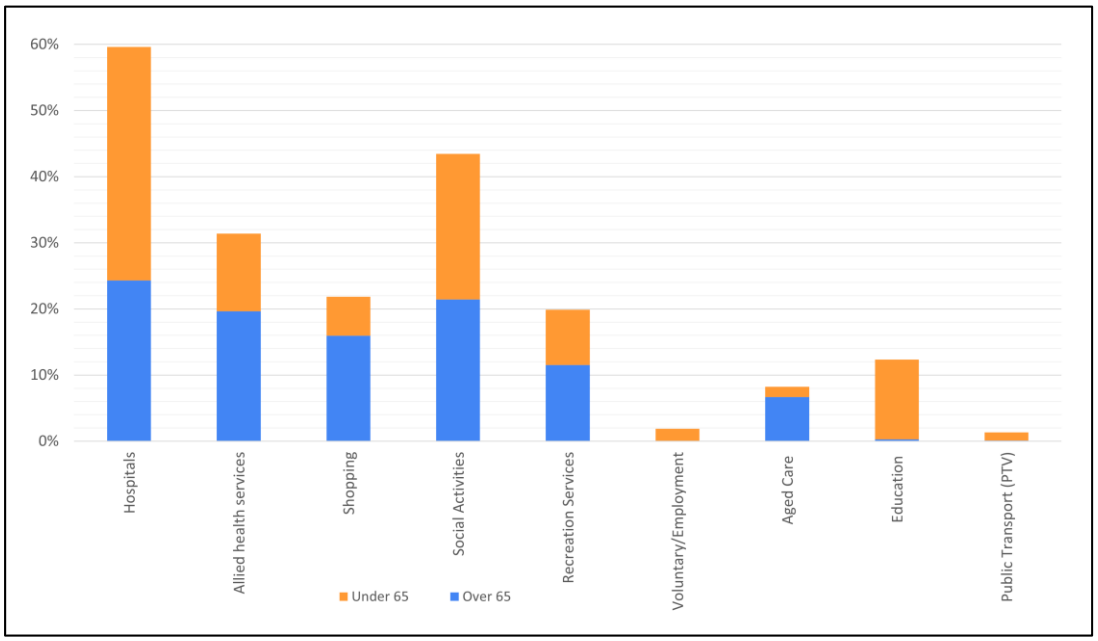
The study revealed that 75% of clients registered with Community Transport (Community Transport) service providers in Victoria are considered active users. The number of active users per Community Transport service provider can vary between 10 and 2,000 people depending on the organisation type, service offered, funding and coverage.

The study revealed that people over 65 age (not necessarily in Aged Cared) is able to receive support from up to six funding sources, followed by mobility and cognitive support to over 65 age population in Aged Cared. Conversely, cognitive support to youth is only supported by the Commonwealth Home Support Program (CHSP).

The study found that individuals over the age of 65, whether or not they are in aged care, can receive support from up to six different funding sources. With 92% of older people rating personal mobility as critical to health, social wellbeing and independence, Community Transport will play a particular important role for this group. Community Transport service providers provide services to people with diverse range of needs. The survey found that around 40% of all users required wheelchair accessible vehicles.

Trip destinations and journey purpose

The majority of Community Transport users take trips to hospital and health activities, followed by social, shopping and recreational activities. A breakdown of trip destinations and journey purposes is shown in Figure below.



In addition to health services, users aged over 65 predominantly engage in social, recreational, and shopping trips. In contrast, the survey found that those aged under 65 primarily use Community Transport to access educational, public transport, volunteering and work opportunities.

In those areas without Community Transport service providers, or when services are at capacity (which occurs in every area many times each week), some people need to forgo these trips and economic and social participation is reduced.

Challenges using technology

Community Transport service providers stated they were unable to improve service provision with technology due to:

- Funding (82% of respondents)
- Time (9% of respondents)
- Learning capabilities (9% of respondents)

Appendix D – Community Transport Service types

PTV	**Overview**	**Funder**	**Eligibility**	
	Victoria's public transport network Services are delivered via Bus, Train and Tram and exist both Metro, Rural and Regionally.	Victorian Government	Individuals that are Cognitively competent, Able bodied (with Aids), financial and live within the Radis of PTV services, can access these services.	
	Service Description	**Service Length**	**Service Type**	**Risk**
	Required ability to purchase MYKI Card & Navigate timetables. Ambulant with or without aids. Transport system connects with multiple transport options	Limited to multiple client competency requirements	Unsupported	Unsupported Service – Medium/High
Rideshare (CPV)	**Overview**	**Funder**	**Eligibility**	
	Ridesharing services such as Uber, Ola and Shebah (an all-women rideshare service) can be booked through mobile phone apps and are available throughout Melbourne.	Privatised	Individuals that are technically savvy, cognitively competent, able bodied & financial can access these services	
	Service Description	**Service Length**	**Service Type**	**Risk**
	Curb to curb service. Booking is app based. Financial abilities, Higher level of independence.	Limited to multiple client competency requirements	Unsupported	Unsupported Service – Medium/High
Multi-Purpose Taxi Program (MPTP)	**Overview**	**Funder**	**Eligibility**	
	The Multi-Purpose Taxi Program (MPTP) assists with the travel needs of people with accessibility and mobility needs by offering subsidised CPV fares to members. Drivers are paid a Lifting fee to assist Wheelchair bound passengers.	Victorian Government	Individuals of all ages can access the scheme if they meet the eligibility criteria. You must be an Australian Resident, a severe disability that prevents you from safely and independently using public transport. You need to demonstrate financial hardship. Passengers who require the use of a wheelchair are permanently exempt from the financial hardship test.	
	Service Description	**Service Length**	**Service Type**	**Risk**
	Curb to curb service. Booking is phone or app based. Financial abilities, Higher level of independence.	Limited to clients funding abilities	Unsupported	Unsupported Service – Medium/High
Department of Education	**Overview**	**Funder**	**Eligibility**	
	A feeder service is used to deliver students to a major school bus service and may be provided in isolated areas where students cannot be serviced by existing routes.	Victorian Government	A proposal for a new school bus service will be considered if: at least 15 eligible students live on or near the proposed route, the students do not have access to an existing school bus service or a public transport, there is anticipated future demand from government school students.	
	Service Description	**Service Length**	**Service Type**	**Risk**
	Curb to Curb - Home to school and return	Target Audience	Unsupported	Unsupported Service – Low
Department of Veteran Affairs	**Overview**	**Funder**	**Eligibility**	
	Booked Car with Driver (BCWD) service. Through BCWD, a contracted taxi or transport provider may take a client	Commonwealth Government	Veteran Gold Card holder, White Card Holder can travel to specific appointment & location types like former Repatriation General Hospitals, public and private hospitals, , providers of prosthetics, surgical footwear	

	to or from an medical appointment. Ambulance transport for emergency and non-emergency transport.		and orthotics, Hearing Services, medical specialist rooms, radiology, imaging and pathology services.	
	Service Description	**Service Length**	**Service Type**	**Risk**
	Direct and indirect transport options to assist with specific appointment types and locations.	Limited to Availability	Supported Service– Low. Unsupported Service – Medium/High	Supported Service– Low. Unsupported Service – Medium/High
	Overview	**Funder**	**Eligibility**	
Flexible Local Transport Solution Program (FLTSP)	The Flexible Local Transport Solutions Program (FLTSP) provides Victorian Government funding to local government and community organisations for small-scale transport projects, particularly in regional Victoria.	Victorian Government	The program provides financial support to help seed small-scale initiatives across Victoria that address transport disadvantages, integrate with other local transport options, and improve transport access particularly where other local transport solutions do not exist.	
	Service Description	**Service Length**	**Service Type**	**Risk**
	The program generally funds projects that: drive reform and innovation in the delivery of transport services, deliver small capital projects that contribute to an integrated, promote inclusion in remote, disadvantaged, and Indigenous communities. network, Support transport planning at a local level to help inform future needs.	Adhoc and reapplication time restraints	Various	Supported Service– Low. Unsupported Service – Medium/High
	Overview	**Funder**	**Eligibility**	
Volunteer Coordination HACC-PYP	Supports Victorians from birth to 65 years, and Aboriginal and Torres Strait Islander people from birth to 50 years if their capacity for independent living is at risk. This may be due to chronic illness, mental health issues, disability or other conditions where they need one-off, intermittent or ongoing support to undertake the activities of daily living.	Victorian Department of Health (State Government)	Individuals who are under the age of 65 years or under 50 years of age for Aboriginal and Torres Strait Islanders and who have trouble carrying out the tasks of daily living are eligible to apply. NDIS participants are generally not eligible to access HACC-PYP services as it is the responsibility of the NDIS to fund a participant's reasonable and necessary disability related supports.	
	Service Description	**Service Length**	**Service Type**	**Risk**
	Funding to support people's ability to remain living in the community. These activities support social inclusion, community participation, and build capacity in skills of daily living. It also includes services provided by volunteers, which includes volunteer transport.	Limited to available funding	Community Transport Delivered-Supported.	Supported Service– Low, Unsupported Service – Medium/High
	Overview	**Funder**	**Eligibility**	
NDIS	The NDIS funds the reasonable and necessary cost of taxis, rideshares or other private transport, for participants who can't use public transport without great difficulty because of their disability	Commonwealth Government	Aged 7-65 • Lives in Australia and an Australian citizen or has a Permanent or Special Category Visa • Has a permanent and significant disability • A participant is generally eligible for transport funding where unable to use public transport without substantial difficulty due to their disability.	
	Service Description	**Service Length**	**Service Type**	**Risk**

	Funding for transport assistance • Funding amount varies depending on the extent to which transport is required for work, study, participating in day programs and other social, recreational or leisure activities, or simply to enhance community access.	Indefinite, unless support no longer deemed necessary following Plan review	Supported Service– Low, Unsupported Service – Medium/High	Supported Service– Low, Unsupported Service – Medium/High
	Overview	**Funder**	**Eligibility**	
Commonwealth Home Support Program (CHSP)	The Commonwealth Home Support Programme (CHSP) helps older Australians access entry-level support services to live independently and safely at home.	Commonwealth Government	Aged 65 years or older (50 years or older for Aboriginal or Torres Strait Islander people) • Experienced functional decline or reduced mobility, been diagnosed with a medical condition, experienced a change in family care arrangements, or experienced a recent fall or hospital admission.	
	Service Description	**Service Length**	**Service Type**	**Risk**
	Indirect transport support including help arranging a driver service or via vouchers or subsidies • Direct transport support to assist with shopping, health & medical appointments, and attending social activities	Unlimited	Supported Service– Low, Unsupported Service – Medium/High	Supported Service– Low, Unsupported Service – Medium/High
	Overview	**Funder**	**Eligibility**	
My Aged Care (HCP)	Home Care Package, to help older people stay get around and stay connected with their community.	Commonwealth Government	Aged 65 years or older (50 years or older for Aboriginal or Torres Strait Islander people) • Experienced functional decline or reduced mobility, been diagnosed with a medical condition, experienced a change in family care arrangements, or experienced a recent fall or hospital admission.	
	Service Description	**Service Length**	**Service Type**	**Risk**
	Indirect transport support including help arranging a driver service or via vouchers or subsidies • Direct transport support to assist with shopping, health & medical appointments, and attending social activities	Unlimited	Community Transport Delivered-Supported. Taxi/Rideshare - Un Supported	Supported Service– Low, Unsupported Service – Medium/High
	Overview	**Funder**	**Eligibility**	
NEPT	Non-emergency patient transport (NEPT) is for patients who require clinical monitoring or supervision during transport, but do not require a time critical ambulance response. Most NEPT transfers occur between hospitals, home, rehabilitation or specialist health appointments	State Government	Non-emergency patient transports need to be authorised as clinically necessary by an appropriate health professional.	
	Service Description	**Service Length**	**Service Type**	**Risk**
	These patients will: require the use of specialised medical equipment contained within the vehicle, require the clinical skill levels and qualifications of the staff in the vehicle or have an illness or a disability that makes it	Availability	Supported	Low

	impractical to use any other form of transport, for example, severe immobility or disorientation.			
	Overview	**Funder**	**Eligibility**	
Ambulance	Ambulance Victoria (AV) aims to improve the health of the community providing an emergency medical response.	State Government	A person is seriously ill or injured, a urgent, sudden, and serious event or an unforeseen change in circumstances that necessitates immediate action to remedy harm or avert imminent danger to life, health, or property; an exigency.	
	Service Description	**Service Length**	**Service Type**	**Risk**
	These patients will be provided direct transport to access to medical assistance with medical support on route. The use of specialised medical equipment contained within the vehicle & qualified. people with clinical skill levels.	Availability	Supported	Low

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