Re-abling mobility:
The role of community transport

Community Transport in Australia: A snapshot

Community Transport (CT) is a not-for-profit services sector which assists those with limited mobility, including for health, age, financial or geographic reasons. While there are many kinds of CT, a high proportion of the sector is funded by the Commonwealth Home Support Programme (CHSP) to provide transport to eligible seniors unable to drive or use public transport.

CT meets a critical need in facilitating 're-ablement' - ensuring older people are active and independent for as long as possible. This means ensuring that they stay connected to community through shopping, social meetings, health appointments, community events and other activities.

CT providers deliver efficient, high customer-value trips at low cost to clients by:

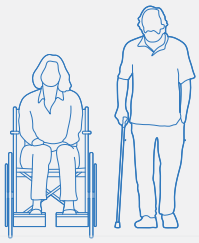
- Managing assets & services cost-effectively
- Leveraging the passion of local volunteers
- Training drivers to provide high quality of care

Each year, 238,000 Australians make 5.5 million trips using CT. Trips vary in length, such as to a local GP, day clinic or hospital. Clients in rural areas typically make longer trips than those in metropolitan areas.

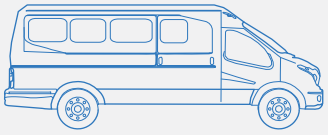
ACTA is the umbrella organisation that supports CT services across Australia by organising seminars, providing policy updates, making providers aware of technology solutions and available training, and advocating for the sector.

Annual Statistics

5.5 million CT trips delivered

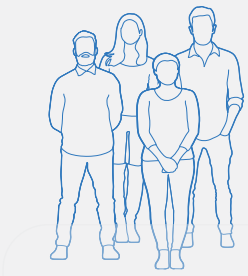


238,000 clients served



95 million kms of travel

2.4 million hours of service



2,200 paid staff & 8,000 volunters

ACTA
Australian Community Transport Association

Movement & Place Consulting

Who relies on CT?

CT typically operates door-to-door, with clients mostly aged over 65, or aged under 65 with mobility difficulties. CT meets a critical need in supporting people to retain their independence, and in some cases CT is critical to people retaining their job:

- **Transport poverty: driving is too expensive and public transport is too far away** - Owning and driving cars currently costs the average Australian household $250-$300 a week[1]. For the 20% of Australian households with income of $650 or less (over a third of whom are aged 65 or older)[2], car costs can represent up to half of weekly spending. Many of these same households find accessing PT difficult due to poor service coverage, infrequent services and long travel times. CT services in these cases address critical PT gaps - which are especially prevalent in regional, rural and remote areas.
- **Severe vision, mobility and cognitive disabilities** – in 2016, according to the ABS Census, over 1.5m Australians required assistance to use transport (most people in this cohort also required assistance with most other activities). Many are provided Home Care Packages (HCP) or National Disability Insurance Scheme (NDIS) funding which is paid directly to the participant rather than to support services like transport.

Sources of CT funding

CT services rely on volunteers and Commonwealth funding. Annual CHSP funding of ~$180m p/a contributes 60%-70% of revenue. CHSP funds are provided on a 'per trip' basis. Clients eligible for CHSP sign on with CT providers and define the trips needed, with funding allocated to the provider on this basis. CHSP pays CT providers about $25 on average per trip; in rural areas, this rises to $60 due to longer distances from homes to services. The equivalent inner-metro average is $15.

Some CT providers also receive funding by serving HCP and NDIS recipients. These recipients receive funds directly, and then pay CT providers for services used. For CT providers, serving these recipients is challenging, given unpredictable revenue flows, limiting the ability to provide high quality services, efficiently. In some cases (e.g. TransitCare in Queensland), a difficult decision has been made to not pursue NDIS clients.

Research insights: A/Professor Lyn Phillipson, University of Wollongong

"Many people rely on CHSP funded transport when they become unable to drive. This particularly happens as people get older, owing to vision, mobility and cognitive impairments. These same impairments not only make driving difficult, but many of the errands that one typically drives to like shops, medical appointments and social activities.

For this reason, whole journey transport and assistance from the origin to the destination becomes critical. These people cannot simply rely on a service that connects them to PT, not least because many buses lack the capability to accommodate people with mobility impairments.

When people lose their ability to transport themselves, they can lose their sense of identity and engagement with the community. From a Quality of Life (QoL) perspective, social engagement and sense of self is critical to health and wellbeing. CHSP-funded shared transport provides an affordable means for people to undertake shopping trips and day care activities, with the shared transport allowing social engagement with others.

This benefit is reduced for those reliant on individualised transport (provided for HCP or NDIS recipients) not only as shared transport is not used, but because the service can be much higher than the cost of a CHSP trip – leading many to reduce the number of trips to just essential errands, limiting their social engagement. This can have multiple knock-on QoL impacts – self-care drops as clothes shopping is limited, trips to hairdressers and barbers are curtailed, and food security becomes an issue (for example less fresh fruit consumed if trips are rationed and there is a fear of wastage)."

Dr Lyn Phillipson was appointed as a WHO – International Federation on Ageing - Age Friendly Mentor in 2018. From 2016-20 she was a National Health and Medical Research Centre Dementia fellow exploring the experience of older people within the HCP and CHSP programs.

1 SGS Economics & Planning, Australian Automobile Association. Transport Affordability Index, 2020
2 ABS Census, 2016

Client Experience: Noel, Communities@Work, ACT

When Noel's wife passed away, he relied on daily coffee catchups with friends to stay socially active. However, when his health declined, he was unable to drive and became socially isolated.

Noel turned to Communities@Work to help him get to his local shopping centre three times a week and resume his regular activities. However, his declining mobility meant he had difficulty walking along his narrow driveway to get to the transport cars, so we worked with Noel and his family to access the relevant services needed to have the driveway access widened.

Noel can now easily reach our cars and uses our service every weekday to enjoy his daily coffee catchups once more with friends. He no longer feels socially isolated and has built a wonderful rapport with all his drivers, with whom he enjoys sharing his stories of the past

Client Experience: Justine, TransitCare, QLD

"I have had three brain operations and have a poor memory. I'm no longer allowed to drive and had to sell my car and was stuck at home.

The social worker from the Princess Alexandra Hospital came to my house and told me about TransitCare and how much it could help me. Each week I come into the Social Support programme and I've also been on some bus trips, one being to Victoria Point to the movies and lunch.

When I came here I met Pam and she has made me so welcome. I'm not shy, but I'm very happy to walk in as all the ladies are so welcoming. I look forward to coming every Tuesday. Without TransitCare, I'd be at home everyday. The people are so lovely and it's really cheered me up."

Client Experience: Jan, NamoiCare Connect, NSW

"I've never driven very much, that was always Ross's job, especially if we needed to go out of town.

Now he's got Parkinson's we can't get to see his specialists in Tamworth without [NamoiCare Connect]. [NamoiCare Connect] make it easy, and the drivers are very good. Ross likes it when one of the men, Rob especially, drives us. It's a long time in the car and he talks to Ross the whole way.

Ross doesn't get out as much as he used to. He's been asked if he wants to go the Men's Group and the Men's Shed but it's not really his thing. Rob [always] makes it a really good day."

Delivery of CT services

Management of CT services depends on the service area, scale of coverage, client numbers and locations. Block funding models provide more reliable funding of CT services. This increases customer value and improves outcomes for the Commonwealth government by:

- Training drivers to deliver highest standards of care – many drivers also assist clients with errands like shopping, if needed
- Paying drivers where volunteers are unavailable
- Investing in trip aggregation such as Transport Information Management Systems (TIMS) and technologies like vehicle tracking to monitor running time distances
- Organizing complex bookings, managing volunteers, and rostering vehicles (optimised by long-term paid staff with deep understanding of client needs)
- Operating at scale that reduces the need for paid advertising

CT services in regional areas, adapt to challenges such as delivering long-distance trips. Different CT providers can pool volunteers and resources to jointly manage trips up to 200km.

CT block funding (see page 2) allows providers to optimise efficient delivery in ways which suit their locational context and client's needs, as illustrated in the examples on the right.

Many CT providers benefit from private sector partnerships. These partnerships require high levels of certainty in order for the private sector to engage, particularly when sponsorship brings advertising benefits.

For this reason, reliable block funding is a critical factor in attracting philanthropy, as it provides the CT provider with certainty and stability. Philanthropic funding in many cases pays for assets, driver training and reduces office costs, creating further value for the Commonwealth.

CT services are predominantly run by volunteers, saving the Commonwealth millions of dollars in labour costs each year. For example, volunteers at Community Transport Service Tasmania (CTST) donate around 100,000 hours per year (mostly driving). In Tasmania the average hourly cost for replacing volunteers was about $40 in 2019[1], meaning that CTST saves the taxpayer about $4,000,000 per year.

1 "State of Volunteering Tasmania", 2019 p. 2-3 - Based on $3bn in labour cost savings from 68.2m volunteer hours in all of Tasmania

Case study: CTST, Tasmania

Community Transport Service Tasmania (CTST) operates state-wide with over 85 vehicles and 400 drivers (mostly volunteers) trained to provide high quality care. CTST roster drivers and trips monthly and have a professional driving crew that can 'stand-in'.

CTST shares volunteers with other CT providers and emergency services to strengthen roster resilience. Vehicles and bookings are managed by a logistics team and trip aggregation software, to minimise deadtime.

CTST is aligned with AreaConnect, CTST own transport Social enterprise, which runs a variety of State Government PT routes, mostly regional such the West Coast to Hobart route, enabling CTST to operate viably across the vast region. Service levels and coverage have grown since inception, and with service model enhancements over recent years CTST has driven the cost of service down by 25%.

Case study: TransitCare, QLD

TransitCare operates predominantly in Southeast Queensland, (mostly Brisbane Logan, Redlands and Ipswich as well as Townsville and Cairns) serving over 350 suburbs across five regions. It is run by 80 paid staff (many of whom are drivers) and 72 volunteers and is highly reliable with over 97% of services delivered on-time.

TransitCare invests heavily in TIMS which reduces deadtime and results in nearly three clients served per revenue hour. Due to the TransitCare's growth and financial resilience, the service has recently begun offering transport services to medical centres in the region (offsetting their client transport costs).

Why alternatives to CT often fail to deliver

Suggested alternatives to CT include demand responsive transit (DRT), autonomous vehicles (AVs), private driver services (including taxis and ride-hailing services) and individualised transport funded by NDIS or HCP. These alternatives can often be more expensive than CT at providing transport (see A/Prof. Phillipson's quote on page 2). The private sector needs to generate profit – most CT providers are not-for-profit and have passionate volunteers & supporters who reduce the level of Commonwealth funding required.

DRT delivers ad-hoc trips when requested. Services specify an end destination and operating hours, but not a route. Studies have shown 55% of DRT's in Australasia have failed[1]. Most failures occur where the service has a high spatial coverage, like suburban or regional areas.

1 Currie, G & Fournier, N. "Why Most DRT/Micro-Transits fail – What the survivors tell us about progress", 2020

Case study: DRT and aged care perspectives (Netherlands)

Source: OV Magazine

A study in The Netherlands evaluated views of seniors towards Breng Flex, a DRT service offered in two Dutch cities. DRT service features rated as highly important to seniors included: a short walking distance to embarkment points, short and reliable waiting times, inexpensive fares and easy telephone booking.

Breng Flex could not provide all these features, often requiring users to walk to a bus stop to access services (which was difficult for the elderly and for users with a physical disability). Interviews with experts working within elderly social welfare organisations highlighted that door-to-door CT providers by comparison delivered services far more efficiently. Breng Flex has since been suspended due to financial difficulties in running an open-for-all DRT service.

It also becomes commercially unviable to operate with significant deadtime and limited clients per revenue hour.

DRT services which are successful typically connect users to PT for the first / last kilometre to minimise deadtime and running costs. As people with vision, mobility and cognitive impairments (the primary users of CT) typically have difficulties catching PT, such first / last kilometre DRT services largely fail at meeting whole of journey needs. Users may also need additional assistance with tasks beyond transport, such as buying, loading and unloading groceries, which CHSP-funded CT providers typically do, but which DRT services typically cannot. It can also be difficult for seniors to navigate and understand DRT services, which often rely on apps.

Uber and conventional taxis have similar issues in meeting user needs. Providing a convenient service on an ad-hoc basis, is difficult and often cost ineffective. For this reason it is typically ill-suited for "for-profit" companies without subsidy. Although ride-hailing services (like UberPool) can provide reduced cost shared-ride services, users typically walk to pick-up spots. For many CT users, this will not be viable. These services tend not have fully accessible vehicles.

AV technology has been touted as an alternative to CT. This technology is yet to be fully regulated and limited testing has been conducted in rural areas where CT excels. It will likely be many years until AV's are adopted at scale[2]. In the interim, AV cannot meet the needs of current CT users.

2 Advice on Automated and Zero Emissions Vehicles Infrastructure, Infrastructure Victoria, 2018

Client experience with individual transport in Illawarra-Shoalhaven

A carer described how his wife had used CT for grocery shopping. This service cost $10. She enjoyed the shopping and it was one of the only times she left home and was in the community. After switching to HCP, the carer reported shopping was now unaffordable:

"She has to pay for a worker ...by the hour...to pick her up, take her there, shop with her, bring her back and help her carry the groceries[and] in all this can take about 2 hours...so that's $70 out of her package and more than she can afford"

Why CHSP grant-funded transport delivers better outcomes

CT services typically provide a superior level of care compared to conventional transport services. Most services have specific protocols to confidentially manage clients' medical details, assist in emergency situations, and provide a whole journey service.

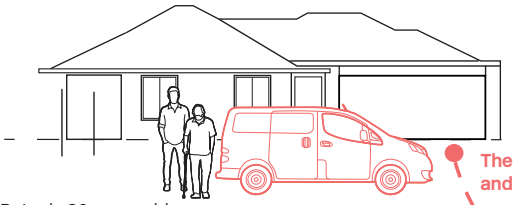
CHSP-funded providers typically provide regular trips for shopping, day care and other social activities at little to no cost to the client. Having affordable access to shopping and recreational trips is critical for participants' mental health, QoL, and for the community's overall social capital. Being able to engage with the community and undertake every-day tasks is key to 're-ablement' in affirming people's identity and independence.

As the Research insights on page 2 highlight, this is compromised by the individual transport services provided under HCP or NDIS. These are more expensive and become a cost-barrier to many participants. NDIS and HCP funding packages are paid to individuals based on their assistance needs, rather than their levels of access to public transport or any infrastructure.

Unlike CHSP - the NDIS or HCP is not paid with regard to trip needs, distance from services or acknowledgement of transport options. This particularly disadvantages those who live in rural areas who pay significantly more for their journeys.

Many CHSP-funded CT services use their grants to enhance the efficiency of their service through trip aggregation technologies or TIMS (see TransitCare case study on page 4). These enable services to organise participant bookings and provide efficient trips to a location with multiple passengers.

NDIS-funded Individual transport



Peter is 80 years old
- He receives **$30** a week from **NDIS (level 1 package)**
- This supplements his personal weekly transport budget of **$40**
- He relies on an assistant to drive him to the shops and pays **$70** in total for each trip

The driver does one trip at a time and serves clients individually

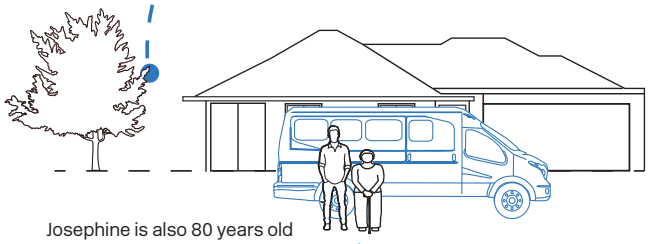
Peter returns home from his fortnightly trip having spent **little time engaging with others in the community**

Peter can only afford one shopping trip every week

CHSP-funded Community transport

The CT service is subsidised about **$15 per trip by the CHSP for these short trips**
This is paid annually and the trips are shared

Josephine goes to the **Day Care Centre** and the **local shops** each week



Josephine is also 80 years old
- She takes four weekly trips, paying **$10** for each using **CHSP-funded CT**
- Like Peter, Josephine also dedicates **$40** to transport every week

Josephine returns home from her trips each week having spent **much of her time engaging with friends and the community**

The need for reliable block funding

The federal government is expected to revise health care funding models in June 2022. A chief concern from CT providers is that this will involve a restructuring which results in less CHSP block funding. Block funding provides predictable revenue flows for CT and allows for forward planning of services to the community. Uncertain and unpredictable income would make it difficult to budget for the costs to maintain resources such as vehicle maintenance, volunteers, office administration and ongoing training programs. This can result in a reduction in service efficiency, range and the ability to respond to individual user needs.

Consumers would also be more uncertain what transport services they can obtain for their money, which might bring a reluctance to undertake some trips. In particular, longer trips may be deemed too expensive. If one user reduces the number of such trips, this can have a knock-on impact in increasing the price for remaining users. This can become a vicious circle where more users opt out and costs further increase, ultimately leading to service cancellation.

Guaranteed funding for CT providers can result in the further development of tools like TIMS, a stable and well-trained workforce, efficient management of vehicles and management, investment in operations expanding to meet the needs of more clients, all of which in turn can increase service quality.

TransitCare in Southeast Queensland: serving the NDIS market

TransitCare has mostly operated on CHSP block-funding on a per trip basis for all eligible clients (including those with a disability). The service provides a high level of care, including whole journey support to meet the diversity of client needs in southeast QLD – customer satisfaction has consistently exceeded 90%.

With the rollout of NDIS (2017), block funding for CT services ceased for eligible NDIS participants. Within the first 3 months this service lost $600,000 in annual funding and 140 clients, making it difficult to organise services for eligible participants. The 140 clients were directed by Local Area Co-ordinators (LACs) to the Taxi industry, where they could utilise the TSS (Taxi Subsidy Scheme). The TSS still exists and LACs are still directing clients towards this transport option, despite it being far more expensive than the TransitCare service was before 2017.

TransitCare has since been responsible for organising trips when requested by customers who had switched to NDIS. The inherent uncertainty in when those trips would be made (and associated payment received) meant services were harder to plan, budget and provide.

Source: Reconciliation Queensland Incorporated

The value of the CT sector

Overall, CT providers deliver services which:

- Meet essential medical needs, significantly improving health and wellbeing outcomes for people who lack mobility
- Employ paid workers, generating economic, social and health benefits associated with employment
- Employ volunteers, improving levels of social capital and mental health. CT services are typically run by a predominantly volunteer workforce, meaning that their labour provides a significant cost saving for Commonwealth government
- Improve social engagement, mental health outcomes and QoL outcomes
- Facilitate re-ablement and independence, through assisting people complete familiar essential trips and tasks like shopping

Because of these factors, leading CT organisations have consistently demonstrated high social returns on investment. TransitCare for example has generated between $8 to $15 of total social and economic value for every dollar invested in the service over the last decade.

Royal Commission into Aged Care on transport & support services

The Royal Commission into Aged Care (2021) recognises transport as key to providing social support - acknowledging benefits for mental health, QoL and social capital. The study demonstrated that many older people felt socially excluded and isolated when they did not have access to adequate transport services. In many cases this can lead to becoming more dependent on assistance and less able to live independently at home.

The Royal Commission also discussed the benefits of volunteering and community engagement - particularly with forming connections with older people and assisting them with social inclusion. These are key strengths of CT service providers which are only sustainable under block funding models.

Royal Commission Recommendation 33: Social Supports services category

ACTA supports the findings and recommendations of the Royal Commission into Aged Care, particularly Recommendation 33 (p.167-9 of vol. 3A) regarding the implementation of social supports services. It is quoted below with M&PC emphasis added.

"The aged care system needs to emphasise personal, social and community connections, as well as clinical care. Social supports and care are not substitutable. Both are important to ensure an older person's health and wellbeing. Older people should have access to both.

*From 1 July 2022, the Australian Government should implement a **social supports category** within the aged care program that:*

a. *Provides supports that **reduce and prevent social isolation** and loneliness among older people*

b. *Can be coordinated to the **greatest practicable extent in each location** with services and activities provided by local government, **community organisations** and business designed to enhance the wellbeing of older people*

c. *Includes centre-based day care and the social support, delivered meals and **transport service types** from the **Commonwealth Home Support Programme***

***d. Is grant funded**.*

We recommend this category of social support services be grant funded because they:

- *Have substantial infrastructure and capital costs—for example, in transport fleets or centres*
- *Are often voluntary-managed and community-based organisations with high numbers of all volunteers*
- *Can provide some innovative benefits when offered in combination."*

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