

Mobility beyond driving



Community Transport Scan



Royal Automobile Club of Victoria (RACV) Ltd

Report No.	Date	ISBN	Pages
16/05	June 2017	978-0-9945666-3-8	43

Title

Mobility Beyond Driving - Community Transport Scan

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Abstract

In Victoria, people who do not have access to a car risk falling into a mobility gap and becoming isolated. The personal and social consequences of such mobility-related isolation are severe. People exposed to this risk include seniors who can no longer drive, young people who are not yet able to drive and those in the middle years who do not have a licence or access to a car, especially those on low incomes. People who are temporarily unable to access a private vehicle or drive are also at risk of (temporary) mobility-related isolation.

The risk of isolation is reduced or avoided when mobility is supported through alternative mobility strategies. However, these options are weak in some places and not available in others. In addition, alternative mobility strategies take time to learn, and those who have been car dependent can find the task of switching to alternative mobility strategies stressful and slow.

RACV commissioned this research to better understand what alternatives to traditional public transport exist to support mobility beyond driving in Victoria. This report documents a scan of Victorian community transport services, the findings of an international literature review and the feedback garnered through consultation with existing service providers, volunteer coordinators, state government representatives and local government.

Key Words

Mobility; driving; older drivers; community, transport; disadvantage; carers; self-regulation;

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Executive Summary

In Victoria, people who do not have access to a car risk falling into a mobility gap and becoming isolated. The personal and social consequences of such mobility-related isolation are severe. People exposed to this risk include seniors who can no longer drive, young people who are not yet able to drive and those in the middle years who do not have a licence or access to a car, especially those on low incomes. People who are temporarily unable to access a private vehicle or drive are also at risk of (temporary) mobility-related isolation.

As a result, many people need help to avoid isolation caused by lack of mobility. In response to this need, a range of micro transport-service providers has been established by those with a passion for meeting others' transport needs. The services offered range from training and support to the direct provision of transport. Volunteers often staff some or all elements of the services. Each level of government provides elements of a regulatory framework and contributes financial or in kind support to some passengers and some service providers. This complex mosaic of services and organisations often sits under the umbrella term of 'community transport'.

This umbrella term reflects the strong ethos of community service that motivates those who provide and support the services. However, not all communities receive such services or the same level or type of service. Nor are there many regional operations that distribute resources across geographic areas specific to fluctuations in demand. Unlike fire services, which can act locally or combine in larger fleets, the micro services are not organised in a complementary way. As a result, at a regional level there are often unmet needs and unused resources at the same time. In addition, there are times and locations when micro-services compete with each other or duplicate mainstream (public transport) services.

Today in Victoria, the scale of the need of those with compromised mobility is significantly greater than the collective resources and capabilities of these micro service providers, with the existing loads set to increase significantly. The number of people aged 65 years and over in Victoria is likely to triple from 2011 to 2051, rising to 2.2 million and nearly a quarter of the population (DELWP, 2016). This group will include many who can't drive or use alternative mobility strategies because they don't know how or because they aren't available. In addition, the funding base of many services is uncertain or at risk due to changes in policies and budgets at all levels of government.

In spite of this, many community transport providers have the structures, objectives and outcomes of a comprehensive, coordinated and targeted service. In particular, the commitment and effort of many of those involved suggest that such a service would attract a high level of community support.

This review investigated the current situation through workshops with existing service providers, volunteer coordinators, state government representatives and local government. This research indicated there is generally little detailed understanding about community transport and the manner in which it operates, who it services and how it is sustained.

The project also identified the need for a more consistent approach to micro-transport service provision that addresses the causes of compromised mobility to complement the mainstream modes (driving, active transport and public transport).

The research has identified a number of key issues and opportunities to assist and community transport and the key role it plays in supporting mobility beyond driving. These include increased advocacy at a strategic level, greater awareness about alternative mobility strategies and supporting knowledge sharing and capabilities across the community transport sector.

Table of Contents

1 Introduction	1
2 Profile of a Community Transport Service	3
2.1 The Mobility Gap	3
2.2 The needs and the people	3
2.3 The response by individuals	3
2.4 The community transport response	3
3 Literature Review	5
4 Best Practice North America	7
4.1 Ride Connection	7
4.2 Independent Transport Network	8
4.3 Summary	9
5 Strengths & Weaknesses in Victoria	10
5.1 Strategy	10
5.2 Front of House	10
5.3 Back of House	13
5.4 Funding	14
6 A Third Pillar of Mobility	16
6.1 Defining the Problem	16
7 Discussion and Next Steps	21
Appendix A: At Risk Groups	23
Appendix B: Workshop results	26
Appendix C: On line survey summary	28
Bibliography	32

1 Introduction

This review has sought to understand the countermeasures that are in place in Victoria to respond to those who have experienced transport disadvantage and that help prevent people from falling into a mobility gap and becoming socially and service isolated.

For most people mobility is supported by private car use and/or alternative mobility strategies such as mainstream public transport, hiring car services ie ride share or taxi, walking, bicycle riding and sourcing services from friends, families and carers.

Mobility gaps open up when these two mainstream options are not available to people and one way to understand the problem is to ask ‘who is in the gap?’ This is the traditional question asked by community transport services.

The list of at-risk groups, people who are or could fall into a mobility gap, includes:

- People without a licence (or who choose not to use or are unable to use it)
- People without a car (or who choose not to drive their car or are unable to drive a car)
- People who live in areas where alternative mobility strategies alone are insufficient
- People who have not learned how to use alternative mobility strategies
- People suffering mobility shock from a combination of loss of access to a car and low alternative mobility skills
- People who are physically and/or cognitively unable to drive a vehicle or access alternative mobility strategies
- People who cannot afford to pay for the transport services they need

The at-risk groups and the concept of alternative mobility services are discussed in more detail in Appendix A.

An ageing population could see a rise in the number of seniors at risk of compromised mobility as they transition away from driving and become former drivers. The number of people aged 65 years and over in Victoria is likely to almost triple from 2011 to 2051 rising from 0.8m in 2011 (14% of the population) to 2.2m in 2051 (22% of the population) (Victoria in Future, 2015).

Asking the question ‘who is in the gap?’ is therefore useful in revealing the scale of the problem. The question is not as useful when it comes to designing and providing solutions. This can be illustrated by considering all the at risk groups listed above. Senior Victorians who are transitioning away from driving or who are former drivers can fall into any of the listed at-risk groups. . For example, some seniors at risk of compromised mobility are on low incomes while others comfortably spend a large amount on transport. Seniors with a low income are not the only low-income people at risk of compromised mobility. Seniors without licences (or who have decided not to drive) are in the same situation as people under 18 and some people with disabilities. If they live in regional areas and cannot drive, seniors will be at risk of isolation if the alternatives are weak or do not meet their needs.

Most services have been designed and funded to serve one or more at-risk groups in a particular location. As a result, the response across Victoria is varied in every dimension:

- People served (and not served)
- Services offered
- Charging and funding regimes
- Type, scale and focus of entity providing the service
- Relationship and integration with other transport services

The variety is so great that it is not accurate to talk about a Community Transport Service; rather there are many community transport services. This term is used in this review when referring to the range of services in the ‘third pillar’ that are neither private car use nor alternative mobility strategies.

This review provides a profile of community transport services and a review on the academic literature on responses to compromised mobility. A summary of the strengths and weaknesses of community transport services based on contributions at workshops held in the Melbourne CBD, Bendigo and Horsham, an online survey of RACV members and

community transport users more broadly as well as reports from Victoria and Australia is also provided. The review defines the problem and identifies the causes of compromised mobility.

The review concludes by identifying some opportunities to better support Victorians in maintaining their mobility beyond driving.

2 Profile of a Community Transport Service

Community transport services include a wide range of responses to the needs of people who have fallen into a mobility gap. In Victoria, this results in a mosaic of responses to a wide variety of needs, serving different populations and aimed at different mobility gaps

2.1 The Mobility Gap

A typical mobility gap description is: the situations and times where 'public transport is unavailable, inaccessible, operates at inappropriate times or does not go to the destination required' (VCOSS, 2008). Other weaknesses in public transport referred to include long journey times, inadequate frequencies and inaccessible or inhospitable access points as well as poor connectivity between modes. Other 'gap' factors also identified include low income and living in a remote or low-density setting.

2.2 The needs and the people

Typical descriptions of the populations who fall in a mobility gap (State of the Industry, 2013) include:

- Young people in rural areas
- People with disabilities or chronic illness requiring regular medical intervention
- Those who cannot afford to own a car or pay for car services
- Seniors over 65
- The frail aged
- People living in nursing homes/retirement facilities
- People who are vulnerable, disadvantaged or at risk of social isolation e.g. parents with young children who lack transport options; people from culturally and linguistically diverse backgrounds who lack support networks.

2.3 The response by individuals

People who have fallen into the gap reach out to family members, friends and social networks (such as church groups). These 'informal social transport networks' do a significant amount of 'gap filling'. However, these networks have limitations:

- need may be experienced at a time that the informal network cannot support or may be a need the informal network cannot support; and/or
- filling the gap is demanding and puts strain on people supporting the informal networks or people may not have any existing informal networks.

Despite the efforts of these informal networks, for some people, at some times, and in some places a mobility gap remains.

2.4 The community transport response

Formal community transport services arise to fill gaps and meet the needs of the local community. These formal responses come in many institutional forms:

- As a 'not for profit' transport service (either formally or informally structured)
- As services provided by non-transport not for profit organisations such as volunteer groups or social welfare groups
- As services provided by health institutions such as hospitals
- As services provided by or facilitated by governments (predominantly local government).

An eligibility criterion typically exists to gain access to these services, with definitions including:

- People who have a medical need that requires transport support such as a vision impairment or dialysis treatment
- People above a certain age
- People with a certain income or who are in receipt of a particular form of welfare ie disability support pension
- Those with a demonstrated transport need (or specific journey types).

The entities respond to the need or needs with different transport solutions. Typical responses include:

- Providing or facilitating transport services
- Providing ancillary services with transport such as ‘carer assisted’ services
- Providing training in alternative mobility strategies
- Providing information on alternative mobility strategies.

Table 1

A sample of entities, eligible groups and responses in Victoria:

ENTITY	GROUP IN NEED	RESPONSE
Kaniva Volunteer Taxi Service	Senior Citizens of Kaniva	Transport people to appointments, meet up with friends, do their shopping or any other purpose within the township
Peninsula Transport Access	Poor, sick, disabled, destitute, transport disadvantaged people	Coordinate and promote greater efficiency in the sharing and usage of community vehicles, volunteer drivers and transport resources across the City of Frankston and Mornington Peninsula Shire
Alfred Hospital	Non-emergency patient transport	Red Cross Community Transport, Alfred Hospital volunteer driver service
State Government	People with severe and permanent disabilities, a disability that affects their ability to use public transport independently	Subsidised taxi fares, lifting fee, booking systems, grants to purchase new vehicles in regional areas, and regulations that prioritise wheelchair journeys.
Commonwealth Government	People over 65	Home and Community Care (HACC) services (until 2016)
	People in the NDIS	NDIS (National Disability Insurance Scheme) action plan

The entities adopt different operational arrangements including:

- Services are provided by paid staff, volunteer staff or a combination
- Services charge a fare, a fee or request a donation. Others do not require payment. Some services are based on reimbursements of the costs of mainstream transport services
- Some have narrow destination and trip purpose limits – medical appointments for example.

Others have broad definitions that include:

- Linking trips to public transport
- Trips to shops and other destinations
- Functions and events
- Visiting friends or family
- Planned Activity Groups
- Informal outings

Services also vary in scale. Some have capital assets such as IT, communications and vehicles; while some rely on informal and ad hoc arrangements based on borrowed vehicles that can be privately owned or purchased for another purpose by a local government for example some operate across a wide area of multiple local government areas, others operate within a small township.

This overview shows that beneath the overarching purpose of ‘response to the needs of people who have fallen into a mobility gap’, community transport services are characterised by their differences as much as their similarities.

3 Literature review

In general, the academic literature concentrates on identifying the problem – the need, the people and the transport gap – and the consequences of the problem. Evaluations of solutions or responses – similar to recent evaluations of the taxi service or the multipurpose taxi program in Victoria – are not strongly represented in academic analysis.

Many papers in the literature address the personal and social impacts around cessation of driving considering, for example, the road safety risk to older drivers and others and the health and social consequences of compromised mobility. Examples include Meuser (2015) in the United States or Oxley and Charlton (2009) in Australia.

The issues relating to the cessation of driving including the timing of cessation by the individual, enforcement by society and the psychological impacts of cessation have been covered in the RACV Mobility Beyond Driving Social Research Report (December 2015). Hunter-Zaworski (2007) considered ‘neighbourhood electric vehicles’ or ‘street legal’ golf buggies. It also considers one study related to the urban form. A useful source for this aspect of the problem is the Aging in Place Bibliography of the American Planning Association.

Service delivery is directly addressed by Marin-Lamellet and Haustein (2015). The authors identify ‘people and transport categories’ including people that are car dependent with more or less mobility, people who are public transport dependent and others who are flexible users of both systems. The authors classify community transport services in Europe and North America in six categories including training, health, policy, information, fare subsidies and transport services. They then consider how the responses serve the groups.

They identify, for example, that the type of services offered by Independent Transportation Network of America (ITN), would be suitable for car dependent people, public transport training would be suitable for the flexible group and information strategies for a number of the groups. The weakness of this analysis is that it assumes the perception and habits of the target customer cannot change. Behavioural change and associated attitudinal change is difficult, but it is part of life. It is unclear from the paper, why a special service should be provided for people who have a perception ‘that public transport use is difficult and they do not like either walking or cycling’.

The paper notes that some people can have difficulty using (or limited access to) computers and mobile phones. However, this should not be an insurmountable problem. One simple solution to this problem would be a telephone helper who can use these interfaces on the passenger’s behalf.

The paper makes an important contribution in identifying another ‘response design’ issue when it notes that:

‘few initiatives were really designed to target the mobility of older people. Until now, most measures targeted at the older population are aimed at the subgroup of mobility-impaired individuals. However, as we have seen health is only one possible barrier to older people’s mobility.

Others include limited access to a car or public transport, limited financial resources and perceived risks. Several of the practices were designed for disabled people and then extended to the old population. In contrast practices belonging to the health issues category were mostly originally designed for older people’.

The paper gives an example of a service that was originally available only for children but has now been extended to older people. The paper thus identifies the problem of designing services on the basis of at risk groups. It does not however consider other ways services might be designed.

‘Narrow design’ based on one age group, one social group, one medical need or a particular destination is a key risk. It can lead to a high-cost, inflexible response or many high-cost inflexible responses operating simultaneously in the same area.

A proliferation of responses has consequences for governments. Rosenbloom (2009) reports that the US General Accounting Office in 2003-4 identified more than 70 Federal programs that finance a range of transportation services to a variety of groups at risk of isolation. He also emphasises the trip cost of community transport services. Right Connection and ITN have trip costs that are 70% that of public transit operators in spite of using substantial volunteer resources.

Understanding trip purpose is vital to response design. Zeitler and Buys (2015) studied the trip purposes of older people in Brisbane through a travel diary and GPS study supported by interviews. The study provides useful data on the time car dependent people spent at the various categories of activities. Socialising with friends and family

proved to be the major use of time. This suggests a comprehensive solution will need to be broader than getting people to the doctor.

Boschmann and Brady (2013) conducted a trip purpose study with people living in a transit oriented development in Denver Colorado USA. They found that shopping and general errands were the most common trip type and that:

'older adults living in transit-oriented developments have different travel behaviours than all other older adult residents. While they make more trips on average, their trips are shorter and more likely to be by modes other than automobile.'

The Denver study is a reminder that the same needs can be met in different ways and at other destinations. A symptom of car-dependent thinking would be a community transport design that sought to replicate exactly the trips that someone used to take by car when they were able to drive. It would be a false measure of success to replicate a former drivers time in the car or kilometres travelled. The evidence provided by Zeitler and Buys suggests that a better measure of success might be maintenance of the same number of hours of social and transactional outcomes.

Community transport can exist in many relationships with mainstream public transport either duplicating the same routes at the same times (Sydney City Council, Nillumbik Shire Council and Port Phillip Council for example), operating in parallel, informal cooperation (the Saturday bus from Hurstbridge station) and complementary operation such as the Community shuttles in Portland USA.

Alsnih, Rahaf, and Hensher (2003) consider the interface between mainstream public transport services and community transport providers. They note that the New South Wales Government Department of Aging and Disability and Department of Transport funded 120 of the 130 community transport projects in New South Wales in 1999.

4 Best practice North America

This section considers two community transport services in some detail - Ride Connection and Independent Transportation Network of America (ITN).

Both of these services have been in operation for more than 20 years and have established a strong reputation for competence and relevance. These services operate in North America where land use and population trends are similar to those in Australia. ITN describes the increasing number of people over 60 who are unable or unwilling to drive as the 'silver tsunami'. Many of this group are (or have been) car-dependent and live in low-density suburbs as well as remote and rural areas that have infrequent public transport services.

4.1 Ride Connection

Ride Connection is a not-for-profit organisation based in Portland, Oregon serving an area with a population of 1.6 million people. The organisation was founded in 1986 by the public transport agency (TriMet) to train volunteer 'taxi' drivers. In 1999, it began to deliver services directly.

The entity operates as a customer-facing clearinghouse for community transport responsibilities and service needs of government agencies and other institutions. It facilitates access to public transport services and the distribution of public transport fare subsidies.

The entity provides a number of services and performs a number of functions including:

- A driver training service
- A volunteer taxi service
- A vehicle hire service for community organisations (usually weekends)
- A para-transport service
- Non-emergency medical transportation
- Neighbourhood shuttle services with bookable deviations from a fixed route
- A public transport training service for individuals, schools and special events

The supporting entities include TriMet the local public transport provider; local community transport service partners; health service providers such as dialysis clinics and education service providers.

The strategic aim of Ride Connection is to provide a one-stop shop for people with compromised mobility via a single agency delivery channel for government and other institutions with an interest in non-private transport. The social goal is to support personal fulfillment, independence, health, and inclusion to ensure vibrant and healthy communities for people over 60 and people with disabilities.

The organisation's turnover in 2014 – 2015 was \$10m. Almost all revenue came from government grants and contracts (98%) and most (85%) was spent on services. In 2015 the entity, with a complement of 477 volunteers and 117 vehicles, provided:

- 500,000 rides (69% provided by 29 delivery partners)
- 54,800 rides on community shuttles
- Trained 261 people
- 30 Ride Ambassadors led more than 1,400 people in group transit training trips
- Trained students in 18 schools, through 296 teachers and staff
- Piloted a dialysis service with specialised driver training.

The service offer is framed as a combination of public transport and rideshare style taxi services.

The car services are delivered in private, third party organisation or Ride Connection vehicles. The bus services are in Ride Connection vehicles. Drivers are oriented to the vehicle, road tested to confirm competent driving skills, and

attend both a defensive driving class and a passenger assistance class every three years. Wheelchair assistance training is also provided. The entity facilitates five volunteers for every one full-time employee

Ride Connection has relationships with supporting organisations and institutions including public transport agency; Oregon Department of Transport and third party community transport organisations, health and education service providers. Ride Connection has strong IT competencies including passenger, vehicle and route design, and management data. It Ride Connection aspires to develop an interface that combines data from fixed route public transport, which is reported world-wide on the General Transit Feed Specification (GTFS) with the demand response services interface so that individuals could 'plan and schedule their travel using public transportation for a portion of their trip in combination with demand response services'. To date this solution has not been effectively deployed at scale anywhere in the world.

4.2 Independent Transport Network

ITN is a charity founded in 1996 based in Maine, USA serving six thousand older and visually impaired people across the country. ITN functions as a subsidised taxi service. The central entity acts as an umbrella for around thirty local 'affiliates' – independent not for profit entities established by a combination of:

- A not for profit serving the aged
- A community charity (such as United Way)
- A faith-based organisation
- An existing Community Transport provider
- Government organisations (municipality, county, or state)
- A private individual or a team of private citizens.

ITN supports affiliates in centres where 200,000 people live within a 24km radius. They work with their affiliates to establish local financial sustainability. The turnover of ITN in 2013 was US\$700,000 while in that year a large affiliate turned over US \$165,000 (St Charles Missouri) and a smaller one US\$15,000 (Central Connecticut). With turnover largely dependent on the volume of available volunteer drivers.

The strategic aim of ITN is to restore or retain car based mobility for people who cannot drive (visually impaired), former drivers and drivers in transition. Their social goal is to avoid the costs caused when people cannot access self-drive (or are in transition) but live in a transport gap.

ITN emphasises the scale of the need by emphasising:

- 'Silver tsunami' (10,000 Americans turn 65 every day for the next 17 years)
- Three quarters of the target audience live in low-density environments
- People outlive the decision to surrender the car keys by 10 years on average.

The organisational goal is to 'establish a non-profit marketplace, supported by technology, where people can share private transportation'. The organisation emphasises parallels with Uber and Lyft. In 2015, the wider entity, including affiliates, provided 94,302 rides, 44,338 given by volunteers – on average one ride per member every three weeks.

Of the target audience:

- 49% of ITN riders retain a driver's license
- 28% of ITN members still drive on occasion
- 46% of ITN customers have an annual income of less than \$25,000

The passenger offer is framed in the concepts of 'dignity' and 'paid dues'. The member pays an annual subscription and 'loads' their personal transportation account (PTA). The request for a ride is therefore a booking, not 'asking for a favour'.

The services offered by ITN include shared rides; escorted service; wheelchair lift while public transportation options are also suggested along with 24 hours 7 days a week call centre. In addition volunteers are background checked and trained; private vehicles are insured and inspected while shifts are at the driver's discretion.

The service has some interesting donation mechanisms insofar as:

- It encourages members to donate their car. The car is then sold and the value transferred to the member's PTA.

- It encourages members to provide rides to others and bank the reimbursements in their PTA for later use by themselves.
- It encourages volunteers to drive others and bank the reimbursements in their family members PTA in another state.

The revenue streams of the ITN entity are highlighted below.

Table 2

Revenue Streams

DONOR / PAYEE	FORM OF DONATION
Passenger	Fares Memberships Donated cars & cash
Driver	Earn reimbursements – AUD 37¢ per km (ATO 66¢ per km) Donate reimbursements including to PTA of remote family members Bank reimbursements in own PTA for later use when not driving
Family	Donate to passenger account Gift card donations Fundraising prompts include Mother’s Day for example
Retailer co-payment (such as Supermarket & hairdresser)	Donation (Split between cost of ride and ITN) In kind (Petrol, stationery etc.)
Health care provider co-payment	Donation/payment (Split between cost of ride and ITN)
Sponsors	Grants from Foundations to start an affiliate for example

4.3 Summary

There are some useful lessons in these two case studies. The 20-year standing of both entities shows that a community transport solution can be stable. Both entities have grown from their original starting point. This shows that a well-designed approach to community transport can be scaled up and expand its competencies. It also indicates that it is not necessary to ‘start big’.

The organisations have different structures and different approaches however; common approaches of these two very different entities can be identified:

- A clear division of responsibility:
 - o Ride Connection relies on social service partners to determine who is offered subsidised public transport fares. It also relies on the health service partners to inform it about medical transport. On the other hand, TriMet relies on Ride Connection to provide passenger training and distribution of fare subsidies. The entity is more of a social service than the public transport agency and less of a social service than the health provider.
 - o In a similar clear division of responsibility, ITN waits for local people and organisations to form themselves into an affiliate that is prepared to do the local ‘relationships work’ that will activate the central capabilities of ITN.
- Clarity about the role played by ‘head office’.
 - o Ride Connection trains drivers for third-party organisations, clubs who want to borrow a bus and for the services it provides directly. It does not seek to stimulate multiple motivations for volunteer drivers, leaving that to the partner agencies.
 - o ITN handles the money and sets the standards for driver training and vehicle inspections. Centralised finance enables the car donation system to be offered by all the affiliates even if they are not of the same charity status as head office. Centralised driver training means an ITN driver could be trained on the East Coast and drive for a West Coast affiliate.
 - o Both entities have strong head office IT capabilities.
- Both entities share a ‘partner organisation’ approach.
- The services are based on loosely coupled, scalable, capability modules linked into a larger system. The public-transport-training module is separate from the driver-training module, which is separate from the booking module. This distinguishes them from small-scale services where people fill many roles – ie a rural taxi service – and from larger transport services – ie a bus service – where the elements are more tightly integrated.

5 Strengths & weaknesses in Victoria

This section draws on the feedback from the workshops conducted for this report, the online survey of RACV members and community transport users more broadly as well as findings in a number of investigations and reports into community transport conducted in Australia. These sources are summarised in Appendix B, C and D respectively. Strengths and weaknesses have been identified with regard to:

- Strategy
- Front of House activities
- Back of House activities

5.1 Strategy

The 'unwritten strategy' of community transport services is clear, relevant and strongly supported. This strategy is characterised by:

- A focus on a significant and important area of need that will continue to grow over the next 20 years
- A philosophy of inclusion and a desire to remove barriers to mobility and ensure social inclusion for those who lack it (ie people with a disability, people experience income or transport disadvantage and the elderly)
- People in community transport services exhibit determination, commitment and an openhearted desire to serve people in need
- The desire to build local social capital through an approach based on volunteering, contribution and personal connections
- A shared commitment to high-quality, successful outcomes for volunteer contributors and passengers.

While there are many people and organisations involved in the delivery of 'community transport services', there is no such thing as 'a Community Transport Service' in Victoria as such.

The strategic weakness in community transport services are characterised by:

- No formal shared charter or strategy that can be debated, endorsed or amended
- Variation rather than consistency
- A focus on individuals rather than on a response to the social needs of particular cohorts (such as older people or people with specific disabilities)
- Provision of services to a subset of the need and the exclusion of those outside that definition – for example young people are often ineligible to access services
- Service delivery by organisations that have additional priorities other than maintaining mobility for example volunteer groups and HACC providers.
- Subsequently there is a lack of a shared 'story' to tell governments, institutions and the community.

The lack of a strategy is at odds with responses to other community needs such as local fire fighting, land care groups or beach and river lifesaving. This results in current services being unable to respond to the growing need for mobility support at the scale that will be required.

5.2 Front of House

Passengers

Community transport services have a strong focus on quality. Services are characterised by a strong emphasis on personal service and meeting the needs of the (individual) passenger. Consideration of passenger needs includes:

- Physical – such as wheelchairs and walking frames

- Cognitive – such as dementia
- Psychological – such as driver patience and familiar people
- Transactional – such as getting to radiography and dialysis on time
- Medical – such as first aid and other formal skills.
- Financial – cost of service and ability of individual to pay a service fee

Community transport services recognise that a passenger's needs vary from trip to trip. Someone might appreciate a helper to carry the shopping on one trip or someone with specialist skills (such as a St John's paramedic). Community transport services set high standards for drivers and aspires to provide a 'concierge' service equivalent to (or higher than) 'silver service' from an experienced and professional taxi or limousine driver.

Inclusion & exclusion of passengers

Community transport services do not serve all those at risk of compromised mobility. Most services exclude young people who are unable to drive themselves, some exclude the wealthy; some identify language difficulties as a reason to include a passenger, other services work exclusively for people with medical conditions. It is noted that some of these restrictions are imposed by funding bodies rather than the transport providers themselves.

These definitions of 'eligibility' and their application vary from place to place and service to service. Even 'eligible' passengers can be denied service based on capacity. Some services have passenger rankings, providing a trip to one person rather than another if capacity is limited at that time. The approach that service providers take to passengers:

- Is not based on an assessment of demand
- Can be arbitrary and inconsistent
- Provides an unreliable service
- Undermines the community and government understanding of the service.

As a result, the service benefits 'a lucky few' who know about and can be accommodated by the available service.

Narrow trip types

Community transport services often provide a narrow range of trip types. For example, a service set-up to support medical appointments will generally not support a shopping trip. While other services may have a wider remit but even these will prioritise one trip type above another if capacity is limited.

Passenger information

In contrast to the community transport services in the United States, which enroll passengers as members, establish accounts and track their activity and preferences, it appears few services in Australia have a strong emphasis on information technology to enable something similar.

Some do have or are developing passenger databases though the impression was that in many cases the scale of the services is small enough for service providers to remember passenger information.

Service integration and alternative mobility strategies training

Some community transport services practice service integration and conduct alternative mobility strategies training. Examples of these include:

- Helping people to set up a myki, coaching on using public transport
- Linking or booking passengers onto other services – driving people to the station
- Refusing to provide trips to destinations or along routes that have good alternatives (particularly in smaller towns with scarce community transport resources).

In some regional centres, there was strong feedback that the taxi service was seen as part of the community transport service. These taxi services were characterised by patient, experienced drivers, negotiations on price and a high standard of passenger care. This standard was maintained in part by feedback to the taxi service provider when the standard had been breached.

No service reported providing feedback to other transport providers apart from formal consultation sessions. In general, transport service providers do not have 'prevention' as a focus. They focus on providing services to 'make-up for' a loss in service that might alternatively be prevented.

Load optimisation

The typical passenger load for community transport services is one person although some community transport services do carry passengers in bulk – for example planned activity groups; shopping trips and the like which are undertaken by mini bus. In general, there is not a strong efficiency ethos among community transport services. Again, this might be because ‘efficiency’ is seen to be contrary to the ethos of service. One group stated services chose to focus on ‘effectiveness before efficiency’ (TCTO, 2013).

Respondents to the transport scan reported a range of problems related to efficiency including:

- Services determined to continue to serve a long-established customer group that had become significantly smaller
- An absence of coordination of the existing resources across agencies in the region
- Highly fragmented, multiple, small services in one area
- Buses ‘sit there all day doing nothing’

Route optimisation

Another important efficiency measure is route optimisation. There is not a strong emphasis on performance measures in the world of community transport. Typical transport measures such as ‘deadhead’ kilometres (kilometres without a passenger), time or distance per passenger delivered are not regularly reported by community transport services. Indeed, some community transport services report ‘total kilometres travelled’ as a metric of success rather than a measure of activity or a potential indicator of inefficiency.

Origin and Destination partnerships and discipline

The fragmented nature of community transport services undermines opportunities to develop origin and destination partnerships and trip discipline. Retirement villages, commercial venues and hospitals all provide their own community transport services rather than collaborating in a centrally coordinated service. Some community transport services funded by local governments provide services to Council facilities such as swimming pools and libraries. Some services reported imposing destination discipline requiring passengers to travel to the nearest doctor for example.

Remotely located passengers can consume a large proportion of the available time, kilometres and capacity of small services. There are no formal or informal guidelines on agreeing to or refusing service on these grounds although some services imposed a service boundary. The time limits of driver shifts also set de facto boundaries for some services.

Some ‘trip generators’, such as doctors, are unable to match appointment times with transport availability, causing problems for the passenger and the service. An example is requiring remotely located elderly patients to begin to travel before daybreak. No services reported imposing discipline – or providing feedback – on these behaviours.

Payment & revenue

Some community transport services charge fares and fees and request donations – some even report ‘making money’ on some trips. None appear to identify – as public and private bus operators do – the level of subsidy required for particular trips. Some services have established behavioural measures offering a shared trip at a lower price for example. Some services undertake sponsorships.

Many community transport services are designed around zero fares, analogous to a library service. This can have some advantages in avoiding some aspects of regulatory compliance. Zero fares enable services to provide their services to those whose financial circumstances put them at risk of isolation. Some apply multiple principles simultaneously – charging some passengers, taking a donation from others and letting others travel without payment.

In general, the advantages of fares are underestimated by community transport services. These advantages include:

- Raising money to support other elements (or passengers) of the service
- Targeted subsidies reinforce the social aims of the service while also ensuring people who can afford to pay do so.

Reporting and data

Community transport services do not have a strong culture of measurement equivalent to the health sector performance measurements such as ‘waiting lists’, ‘cost per dose’, ‘admissions’, ‘bed days’ and ‘length of stay’ As noted above, load, trip optimisation and feedback mechanisms are weak and the framing of community transport as a community service provided by volunteers would explain this weakness. Of note, few if any services described themselves as ‘a business’.

As a result, the ability of the sector to communicate its contribution is difficult. By way of comparison, reporting by the CFA, SES and Lifesaving Victoria is comprehensive. Such reporting may provide difficult given the different structures and funding mechanisms, however it was done previously (through Transport Connections) and should be revisited.

5.3 Back of House

Fleet, staff and systems optimisation

Some community transport services share systems, drivers and vehicles with other services. However, many do not. Strong feedback was received during the scan that there was little inter-service coordination or collaboration.

There were also reports of competition between services.

Driver recruitment, training and accreditation

Community transport services report high levels of volunteer satisfaction. But most also say that they struggle to achieve adequate levels of driver recruitment to meet demand and replace retiring older volunteers and paid staff. Some recruit drivers through the 'voluntary work' requirement for Newstart of 'at least 30 hours per fortnight of approved and suitable voluntary work'.

Community transport services have a number of driver compliance obligations including:

- Current and appropriate drivers' licenses
- Suitable driving record and vehicles (if driving their own)
- Current 'police check' and in some cases 'working with children' certification.

Driver training obligations include:

- Working with the elderly, those with compromised mobility or cognitive impairments
- Various levels of first aid are also required by some services or for some passengers

Generally, these obligations are organised by each individual service or through a local volunteer coordination service that may recruit/screen potential drivers for a service. There is no central training service, driver database nor is there a state-wide systematic approach to grouping and ranking skills as is currently used by the CFA and SES.

Vehicle fleet acquisition and accreditation, vehicle database

Community transport services have responsibilities for the fleet and equipment including:

- Services have to ensure that the vehicles that they use – whether donated, owned or hired – are suitable and comply with State regulations
- Vehicles used for the service require a schedule of maintenance, insurance and accreditation
- Defects and faults need to be reported and a system of pre-trip-checks established and monitored
- Related equipment such as wheelchair lifts, first aid kits and fire extinguishers need to be on a maintenance and replacement schedule
- Vehicle usage can be tracked enabling the fleet profile to be modified and the fleet expanded or contracted as appropriate
- Generally, these obligations are organised by each individual service. There are no central registers, databases, or procedures similar to those for CFA and SES vehicles.

Passenger interface

There does not appear to be the capacity for an investment in the requisite IT required to support the passenger interface including software to provide:

- Telephone services linked to databases
- Customer records
- Contact and response management and records
- On line payment, reimbursement and accounting systems

Many service providers in Australia aspire to this level of sophistication and some are developing custom responses.

Fundraising

In Australia not-for-profits deliver fee-for-service contracts or run commercial enterprises to support their mission. Charities with deductible gift status have fundraising programs while others run public events to support fundraising. Fundraising activities by national organisations through to local sporting clubs and even entities such as schools and hospitals extend and support the community services they offer through. These practices are not however typical for community transport services in Australia.

The absence of these practices points to an ambiguity at the heart of the community transport sector. Are community transport services equivalent to a maternal and child health nurse or the ambulance and metropolitan fire services paid for in full by taxes or are they akin to rural fire fighting, beach rescue and animal welfare – necessary services that are supported to some extent by the generosity of the community? The level of funding community transport services receive from governments suggests the latter while the approach to fundraising suggests the services think of themselves in the former category.

There are however exceptions. Some services seek to raise revenue and leverage the use of their staff and drivers either as part of a wider service brief or to raise revenue for the service.

Management capabilities

Management capabilities suggest a strong task focus and a pragmatic emphasis on 'getting on with the job'. It also suggests that the sector – if these capabilities were stronger – could do more with what it has and would be more effective in attracting ongoing support.

Governance

The task of governance can be described as insight, oversight and foresight. It also provides a means of recruiting a range of skills and perspectives. Community transport services however often lack appropriate governance structures. Although people can be helped by a low-governance entity. It is unlikely that such an effort could evolve into a stable large scale community service.

Some Community transport organisations have established strong governance structures consistent with these definitions including:

- Representatives from the various passenger groups accessing the service
- Social welfare or reference groups linked to faith and/or CALD based associations and reference groups
- Participating local governments
- Representatives from transport services such as private bus and taxi operators
- Local businesses and community leaders.

5.4 Funding

Much of the discussion about community transport services by those involved revolves around the question of funding. All the investigations into community transport services report 'lack of funding' as a key problem. There is no doubt that community transport services make their contribution 'on the smell of an oily rag'. This is because the current funding is 'narrow' coming mainly from health and local government and intended for specific cohorts while the service ambition is 'broad' aiming at addressing isolation across the community.

The most reliable source of funding for community transport has come in the past from the health sector. In particular, the Commonwealth provides funds to the states through its Community Home Support Program (formerly Home and Community Care or HACC). Funding from this program is used, in part, to provide transport services to eligible program participants.

Some hospitals and other health agencies provide transport services to patients on a third tier of patient transfer (that fit in the gap between driven by a friend, fee-for-service patient transfer services). Since these services often use volunteer drivers, they are commonly classified under the umbrella of community transport services.

In addition, some local governments provide significant service elements including front of house information, staff time (which ranges from full time and focused, to part time and bundled with other responsibilities), vehicles as well as vehicle storage and maintenance. Some Councils allocate more than a million dollars a year to service provision.

Community transport services nationwide are also entering a period of funding uncertainty with the changes to the former HACC program and the introduction of the National Disability Insurance Scheme (NDIS). Individuals who are eligible for the NDIS will receive funds under an individual support plan. This funding is subject to

(amongst other things) an assessment as to whether a person can use public transport without substantial difficulty due to their disability. Some services may be disrupted if a funding gap occurs between the end of the block funding that was provided under the previous funding regimes.

The recently introduced State Government rules that cap rate increases by local governments have been causing uncertainty inside local government about future allocations for community transport services. Budget cuts and even no-growth budgets could have an impact on community transport services supported by local governments.

As noted above, community transport services do not have a strong focus on revenue-raising through the fare box, sponsorship, events or ancillary businesses. If top-down funding were to be cut off, the services have few strong alternative means of raising money.

A key question for the sector, and those that recognise the importance of the service that it seeks to provide, is whether these funding threats are the cause of the sector's problems or a symptom of the underlying strategic ambiguity. It is useful to consider if funding difficulties reflect:

- strategic and operational shortcomings of community transport services, and/or
- that the case for services has not been made to governments, institutions and the general public.

This case has been made in other domains –the SES, Life Saving Victoria and the CFA are examples – and although analogous institutions in other domains are not without financial concerns, their standing, and the community understanding that supports them, is considerably stronger than that behind community transport services.

6 A third pillar of mobility

Before identifying what is needed to contribute to the evolution of community transport services in Victoria, it is necessary to define the causes of the problem that such services address. A focus on the causes of the problem is vital. In general, community transport services spend a lot of effort and goodwill responding to the consequences of compromised mobility. By contrast very little time is spent considering, understanding and addressing the causes of the problem.

6.1 Defining the Problem

For most people mobility can be fully supported by two pillars of mobility:

- Private car use
- Alternative mobility strategies (AMS).

AMS is typically a combination of:

- Self-drive short-term car rental (car share). This is only available to people with a license and with the confidence to drive.
- Hire of car and driver (such as taxi).
 - o The hiring may be paid and formal or a 'lift' from family and friends
 - o The hired vehicle may be a minibus or a coach
- Public transport route services. These route services may have some flexibility.
- Bicycle or e-bike. People also use other unregistered vehicles such as powered four-wheel 'gophers' and unpowered wheeled walking frames
- Walking trip
- Deliveries of goods (such as prepared food or groceries) and services (The Flying Doctor Service is one example of a delivered service)
- Internet information, conversation and transactions (such as Skype and BPay).

A third pillar of mobility is needed to prevent social isolation and provide access to services for people who are unable to use the two mainstream pillars of mobility. The reasons people need the support of the third pillar include:

- Entry barriers to the main pillars
- Physical and medical conditions
- Economic barriers
- Demographic factors
- Land use barriers
- Infrastructure and service gaps
- Behavioural barriers
- Mainstream service weaknesses/gaps
- A lack of integrated service provision

A person might be affected by more than one of these factors. These root causes can be tackled by interventions that:

- Establish or restore access to the two mainstream pillars
- Provide appropriate services that support or restore mobility

Entry barriers to the main pillars

Mobility is compromised when people find it difficult to gain permission to drive, do not know how to get a myki or order a taxi. Some entry barriers people encounter are highlighted in Table 3 below

Table 3
Examples of entry banners

BARRIER	INTERVENTION
Some people do not have access to a supervising driver or vehicle to gain the driving experience required to apply for a probationary licence.	L2P Program
Lack of driving skills	keys2drive
People without a licence People who choose not to use their licence	Entry to alternative mobility strategies Transport services
Eligible people without a multipurpose taxi card	Application support
People without a myki (ticket for public transport)	Application support
Uncertain or fearful about using public transport	Pre-use public transport training

Helping people enter the two mainstream pillars of mobility could be a key task for community transport services.

At least one community transport service in Victoria, Sunassist in Mildura, is a provider of the L2P program. This makes sense from an operational point of view; the service has cars and drivers and can fulfil the contract. More importantly, it is strategically sound. Helping young people get a licence to drive strengthens their mobility and reduces their risk of isolation. It is also an effective ‘prevention’ investment – a short-term intervention by the service provides a long-term gain.

Similar ‘entry assistance’ is provided for some alternative mobility strategies by some services, helping people get a myki and giving them public transport lessons to build their skills. Ride Connection finds that ‘public transport trainees’ go on to make many public transport trips.

The concept of ‘entry assistance’ is not fully grasped by existing community transport service providers. Many services do not provide entry support for either of the mainstream pillars and this review did not encounter any mobility scooter, bicycle, e-bike or Uber entry programs being run by community transport service providers.

Physical capability & medical conditions

Mobility is compromised when people find it difficult to use the two mainstream pillars for physical or medical reasons such as those shown in the table below.

Table 4
Physical capability & medical conditions

BARRIER	AVAILABLE	INTERVENTION
A severe, permanent disability that is not likely to improve with treatment, which prevents you from safely and independently using public transport	-	Multi-purpose taxi program vehicles and fare subsidy
Epilepsy – Not allowed to hold a drivers licence	AMS	Transport services
Frail – Unable to drive confidently, unable to mount steps of public transport vehicles	Some AMS	Transport services DDA access & vehicles
Treatment such as Chemotherapy ‘Most people can drive themselves to and from chemotherapy sessions. But the first time you may find that the medications make you sleepy or cause other side effects that make driving difficult. (Mayo Clinic)’	AMS	Transport services

The physical and medical causes of compromised mobility have shaped the community transport sector in two ways.

The health and disability sectors through medical institutions, governments, disability support and medical charities have put significant effort into providing services. The Red Cross and the Royal Flying Doctor Service are major suppliers of passenger transport services for example.

These sectors have also strongly framed the problem as a patient or client support activity, not as the prevention of isolation in general. The Multi-purpose Taxi Program is a good example. The transport element of the eligibility criteria for the Program – ‘prevents you from safely and independently using public transport’ – is a ‘third pillar’ definition.

However, the Program is not available to anyone who is prevented from safely and independently using the two main transport pillars. The Program is defined as a subset of disability services not a component of a third pillar of mobility.

This framing (and the related tied funding) prevents the evolution of health or disability transport into a third pillar of mobility available to all. It also underpins contradictions such as ‘medical’ vehicles being idle but unavailable to support a shopping trip for example, as well as ‘medical’ support duplicating public transport and taxi services.

Economic, demographic & land use factors

Mobility is compromised when people find it difficult to use the two mainstream pillars for economic, demographic or land use reasons. Barriers people encounter are highlighted in Table 5 below.

Table 5
Economic, Demographic & Land use factors

BARRIER	AVAILABLE	INTERVENTION
Low income – Unable to afford to own or run a car or pay for taxi services	some AMS	Subsidised transport services
‘Mother with young children without access to a car’	some AMS	Subsidised transport services
‘Culturally and linguistically diverse backgrounds who lack support networks and have limited transport options’	some AMS	Transport services Access program
Dispersed population – People who live in a location that is a long way from many frequently used destinations and unable to use the mainstream pillars	some AMS	Transport services Planning controls Rating scheme

One of the most powerful reasons why people cannot access the two mainstream transport pillars is an inability to pay. However not everyone who needs the support of the third pillar is unable to pay. This distinction is not always recognised by community transport services that often do not charge for services. The inability or unwillingness to charge fees and fares in relation to people’s capacity to pay profoundly weakens the service for those who cannot afford to pay.

Traditionally and appropriately, community transport services have sought to serve niche groups. The last group in the table above (dispersed population) is about to grow significantly (ABS, 2015). Older Victorians who live long distances from regular destinations such as shops with weak alternative services and who then lose access to driving will shift the scale of the service from small scale to large scale.

Infrastructure and service gaps

Mobility is compromised when people fall into a mobility gap because the infrastructure or services needed to support alternative mobility strategies are not present such as those instances shown in Table 6 below.

Table 6
Infrastructure & Service Gaps

GAPS INFRASTRUCTURE	INTERVENTION
No footpath	Gap, link identification, Capital works program
No bike path	Gap, link identification, Capital works program
No Internet	Gap, link identification, Capital works program
No mobile coverage	Gap, link identification, Capital works program
People without a myki (ticket for public transport)	Application support
Uncertain or fearful about using public transport	Pre-use public transport training
SERVICE	
No service	Negotiate service change Service provision
Service does not operate at certain hours	Negotiate service change Service provision
Service does not link to destination	Negotiate service change Service provision
Service does not pick up at or near origin	Negotiate service change Service provision

Infrastructure and service gaps put extra load on community transport services but also offer readily identifiable ‘prevention’ or service provision opportunities. Providing a footpath from a retirement village to the local shops will support increased mobility and reduce pressure of the service – in a similar way that helping someone get their drivers licence or read a public transport timetable helps to reduce pressure on community transport services.

The review found a number of successful community transport student bus services that had been established in service gaps. Some of these ‘student’ services carry non-students in need of transport. In Victoria there is a relatively straight-forward process that involves the school principal agreeing for non-students to use the school bus service.

Behavioural factors

Mobility is compromised when people face behavioural barriers that prevent them using the complex set of skills and habits that support alternative mobility. These barriers can lie dormant until people find they cannot drive. At this point, these people can be at risk of compromised mobility even in a context rich in alternatives. Some typical barriers of this type are highlighted in Table 7 below.

Table 7
Behavioural & Infrastructure Factors

BARRIERS	INTERVENTION
Not used to walking	Training, support through the stages of change
Not used to riding a bicycle	Training, support through the stages of change
Not used to using taxis	Training, support through the stages of change
No myki	Application support
Not used to using mainstream public transport	Training, support through the stages of change
Not used to paying for each trip	Training, support through the stages of change
Not used to the Internet at all or to support mobility	Training, support through the stages of change
Not used to smart phones at all or to support mobility	Training, support through the stages of change
Mobility shock – experiencing all the above at once	Training, support through the stages of change

These behavioural barriers are not typically a focus of current community transport services. This oversight puts the service under significant pressure and risks the duplication of mainstream and community transport services.

A key definition of the third pillar of mobility is that its core role is to provide trips to people ‘permanently prevented from using other available services’. If the definition used in the research paper referred to above is substituted and services are provided to people who ‘do not like’ public transport or walking, then the service will simultaneously give itself an impossible task and undermine the alternatives.

This strategic risk is also present when mainstream services are weak.

Mainstream service weaknesses

Mobility is compromised by weaknesses in alternative mobility services. There are probably more people living in areas where alternative services are weak than living in areas where there are no alternative services or strong services.

Service weaknesses take many forms usually characterised by unreliability. This can be true of shops, restaurants, taxis and public transport services as well as unreliable Internet, mobile data and delivery services.

Taxi services provide an example of this risk to community transport services. This review found that in areas with professional taxi services, some regional towns in Victoria for example, community transport services view the strong local taxi service as part of the community transport offer. In other areas, some areas of metropolitan Melbourne for example, community transport services view unreliable taxi services as another mobility gap they have to fill.

The maintenance and development of an effective taxi service should be the first concern of all community transport service providers (as it can dramatically reduce demand for scarce resources).

The same is true of bus services. To reduce the risk of compromised mobility all poorly targeted, poorly used bus services could be adapted until they are successful or handed over to community transport services.

The risk of providing compensatory services can be reduced through integrated service provision.

The lack of integrated service provision

A lack of efficient and effective mainstream public transport services can lead to compromised mobility in certain areas.

One illustrative example is a regional service that travels between A and B on successive days requiring people making the return trip to spend the night at the destination before returning.

Inefficient and ineffective services are in general at the margin of the public transport service in Victoria. Understandably, they receive less attention than areas of the service that experience overcrowding for example. However, these services are a focus of concern to community transport services, which often try to compensate for these weaknesses. It is likely that the mainstream service designers and evaluators are unaware of this parallel or compensatory effort.

The lack of a system-wide integration of services between public transport and community transport services, means there is no established mechanism by which low frequency, low load mainstream public transport services can be identified, discontinued and the task (along with all or some of the funds) transferred to local taxis or community transport service providers. The same process could happen in reverse if a community transport services became heavily used.

There are instances in Victoria in which such handovers have been implemented including:

- Maxi taxis which can function as a subsidised, specialist community transport on one trip and a standard minivan taxi on the next trip
- Services like the Yarrawonga and Mulwala FlexiRide Service in which the bus route was replaced with a taxi that picks up on demand from defined stops around the route.

7 Discussion and Next Steps

RACV commissioned this research to better understand the alternatives to traditional public transport that exist to support mobility beyond driving in Victoria. This report documents a scan of some Victorian community transport services, an international literature review and feedback garnered through consultation with providers, volunteer coordinators and state/local government representatives.

The research identified strengths and weaknesses in three key areas of the community transport sector: strategy, front of house operations and back of house operations as illustrated in Table 8 below.

Table 8

Behavioural and Infrastructure Factors

AREA OF SERVICE	STRENGTHS	WEAKNESSES
Strategy	<ul style="list-style-type: none"> • Focus on important and significant area of need • Philosophy of inclusion • Ethos of service is exceptional • A shared commitment to high quality outcomes for volunteers and service users 	<ul style="list-style-type: none"> • No formal shared charter • Focus on the individual rather than responding to the needs of a particular cohort • Services are delivered by organization's that have other (competing) priorities • Lack of shared stories for advocacy purposes
Front of House	<ul style="list-style-type: none"> • A strong focus on quality and customer service • Recognition that individual need can vary from trip to trip • Sets a high service standard for volunteers to aspire to 	<ul style="list-style-type: none"> • Can be arbitrary and inconsistent. • Services can be limited and unreliable • Piecemeal manner in which groups respond undermines their significance and also governments understanding of operations
Back of House	<ul style="list-style-type: none"> • High levels of volunteer satisfaction 	<ul style="list-style-type: none"> • Little inter-service coordination and collaboration • Competition between services • General absence of sustainable governance structures

The research shows that there is generally little detailed understanding about community transport and the manner in which it operates, who it services and how it is sustained. There is also so much diversity across the sector (i.e. program governance, client base, etc) that it is difficult to shape a 'shared' or 'common' vision towards which groups can agree and collectively advocate. Based on these findings, there are a number of opportunities in the area of community transport services. They fall into three broad categories and are outlined in the following sections:

- advocacy at a strategic level
- facilitation to increase awareness and use of alternative mobility strategies
- initiatives to support capability development and delivery of community transport

Advocacy opportunities at a strategic level

- Better integration between traditional public transport services and community transport to avoid duplication of services, improve efficiencies and maximise coverage.
- Inclusion of community transport options on public transport information websites to promote one seamless travel system.
- Better data collection about the nature, extent and coverage of community transport services in Victoria to inform planning for public transport
- Better data collection about the nature and extent of community transport users across Victoria to understand who is using community transport and the benefits community transport provides to mobility and wellbeing.
- Bringing together key stakeholders from across the state to inform the development of a shared story for community transport and a strategic advocacy statement

Initiatives to increase awareness and the use of alternative mobility strategies

Through this research and previous work commissioned by RACV it was evident that older drivers (and service providers) wanted access to better information and channels. The following initiatives could help raise awareness amongst Victorians about the community transport options available to them and connect more people with providers in their area:

- Scope development of online tools and information to help Victorians identify and connect with community transport providers in their local area. Ultimately, such tools could help identify operators state wide and present opportunities for organisations to promote their services, information and volunteer opportunities.
- Trial the development of travel maps which detail both traditional transport (eg walking, cycling, public transport) as well as community transport options available in a sample local government area (LGA).

Initiatives to support capability development and delivery of community transport

- Support events and initiatives that facilitate ongoing collaboration and knowledge sharing across the community transport sector (eg conferences, online resources, etc)
- Support the promotion and sharing of information about successful models, best practice and common systems that could be adopted across the sector
- Support the role of technology and the internet to streamline processes and manual handling, resource allocation and sharing

A Appendix A

At Risk Groups

This Appendix considers some of the at-risk groups listed in the introduction.

People without a licence

A group that cannot access private-car-based mobility are the people without a driver's licence. This group includes everyone younger than 18 by definition. Between the ages of 30 and 65, 90% of people in Victoria have a driving license. In the middle years of life the no-licence group includes people with disabilities that disqualify them from driving such as epilepsy, people who choose not to have a license even though they are capable and eligible, those whose license has been suspended or voluntarily relinquished.

As Figure A below shows, the no-licence group grows again among older cohorts until it reaches half of the population over 85. The increase in the number of unlicensed people in later life has been summed up in the United States in the principle that 'everyone lives 10 years longer than their licence'.

(From a community transport perspective, this group includes the people who hold a licence but have disqualified themselves from using it for some or all trips.)

Figure A. Proportion of Victorians with a driving licence¹

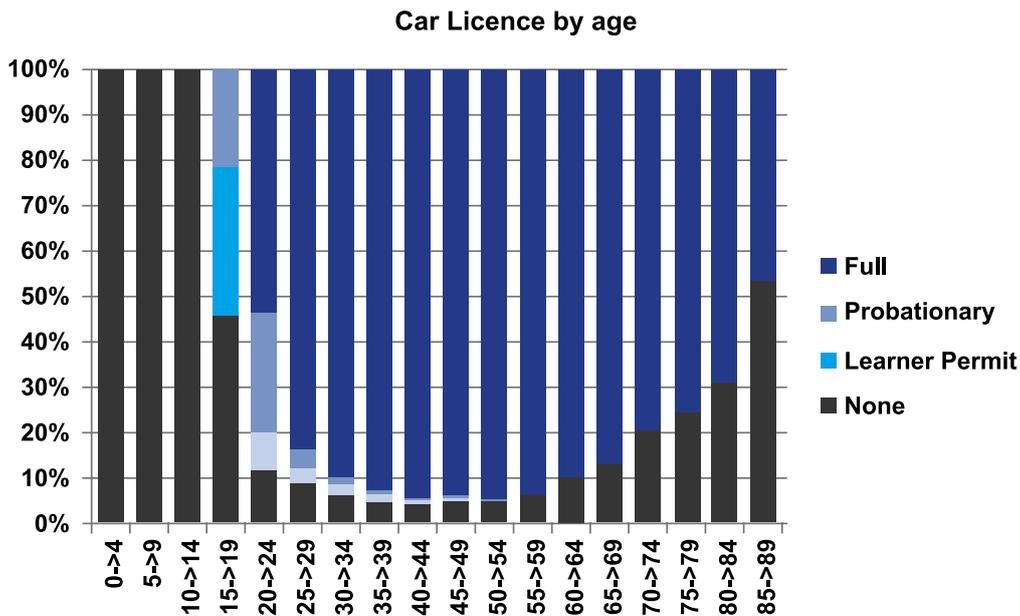


Figure A

Proportion of Victorians with a driving licence

People without a car including people on a low income

Many people without a car cannot access private-car-based mobility. Within this group are the people who cannot afford to pay for a car and the people – such as older drivers in transition – who have a car and a licence but cannot use it for all trips or could afford to have a car but have sold it because they cannot drive it.

From a community transport perspective, this group does not include the people without a car who have access to private-car-based mobility through car rental services such as car share.

¹ Charting Transport, Trends in drivers licence ownership in Victoria at <https://chartingtransport.com/2015/03/09/trends-in-drivers-license-ownership-in-australia/>

People who live in areas where Alternative Mobility Strategies (AMS) are inadequate

People without a licence and without a car do not necessarily have compromised mobility. This group can access a range of 'alternative mobility strategies'.

The quality of the AMS portfolio varies from place to place and from time to time depending on the infrastructure and service profile of each element. A wealthy inner city resident who lives near destinations and within a short distance of car share, public transport, bicycle facilities and footpaths and can call on driver services, deliveries and fibre-based Internet is less likely to have compromised mobility.

The regional or rural 'subsistence' pensioner, who has just moved in to an area where they do not have strong social connections, and who lives a long way from the regional centre is likely to have compromised mobility. In between these two extremes, there are many local variations in the level of AMS available. Table 9 shows a number of ways in which the elements of the AMS portfolio can fail to support mobility.

Table 9
The ways alternative mobility strategies can fail

AMS (Alternative mobility strategies)	INFRASTRUCTURE	ACCESS	SERVICE REACH/ SPAN	PERSONAL BARRIERS	SKILL
Self drive hire (car share)	No service beyond 10km from GPO	No licence	No nearby vehicles	Requires joining	Must be able to drive
Hire of car & driver	Poor booking and payment options	Cost	Unavailable at peaks and late at night	Dislike, fear of driver	Knowing where to wait, timing bookings and pick ups
Public transport services	No shelter or light at stops, no platform	Difficulty getting on board	No nearby stops or stops near destination	Fitting in with the timetable	Knowing routes and stops
Bicycle or e-bike	No footpath or bicycle lanes	Balance coordination	Infrequent service	Dislike or fear of other passengers	Correct size and suitable style. Avoiding falling off, carrying things, riding at night or in the rain
Walking trip	No footpath	Physical strength	Distance	Fear of Myki	Good shoes, carrying things, walking at night or in the rain
Deliveries	No service	-	Distance	Fear of collision with motor vehicle	Negotiating the Internet
Internet	No service, poor service	No computer or smartphone	-	Dislike of technology, Dont own/have access to relevent techonlogy	Negotiating the Internet

People who have not learned Alternative mobility strategies (AMS)

People have not learned AMS and do not have access to a car are at risk. Learning to drive is a process that, from L-plates to lower insurance premiums, takes eight years. People on this pathway have to pass formal stages of the graduated licensing system. To develop their skills during this process they can turn to training and support programs such as the L2P program. The process ends when their hard won skills become second nature.

The pathway to AMS skills is similarly long and difficult. The student of AMS has to:

- Establish multiple accounts and logins for the different services, each of which has different ways of comparing trips, booking and payment.
- Develop a mental map of service routes, pick up and drop off points as well as the quality of access such as footpath connections, shelter and real-time information
- Become proficient in travel planning comparing different routes and services by cost and time, running scenarios making trade-offs and learning from experience.
- Consider the capabilities of AMS when choosing the location of services and when making appointments.
- Learn service boundaries, timespan of services, rules and constraints; being able to adapt for public holidays or weekends for example and remembering price changes by time such as day rates, peak rates, overnight rates and surge pricing. (For taxis in Victoria there are eight special rates in addition to the three standard tariffs as well as 10 toll road charges. These fees have regional variations.)
- Like the driving student faced with a flat tyre, the AMS student has to cope with service disruptions, find alternative stop locations and be able to implement a backup plan

This knowledge and these skills have to be learned through experience – there are few training and support

programs. The process ends when the knowledge and skills become second nature.

People in ‘mobility shock’

Another group at risk are those suffering from ‘mobility shock’. This describes the people who have based their mobility solely on access to a private car without developing any knowledge or skills in Alternative Mobility Strategies (AMS) and then found themselves unable to use a private car and is illustrated below in Table 7.

When car-dependent people with low AMS skills lose access to their car – because they have had their licence suspended, because their car is unavailable, or because they are an older driver in transition, or a former driver – they suffer what could be called mobility shock.

The shock occurs because the end of private car based mobility requires a significant – and often unwelcome – change in behaviour. It is likely that car-dependent people follow a similar pathway to people navigating other significant changes such as dieting or giving up smoking. A theory of how people handle these changes has been put forward by Prochaska and widely used in public health strategies. In his book Changing for Good Prochaska proposed six stages:

- Precontemplation refers to the stage where ‘people have no intention of changing their behaviour and typically deny having a problem. Although their families, friends, neighbours, doctors or co-workers can see the problem quite clearly, the typical precontemplator can’t.’ Precontemplators resist change. They may change if there is enough constant external pressure, but once the pressure is removed, they quickly revert. Precontemplators are often demoralised and don’t want to think about their problem because they feel that the situation is hopeless.’
- Contemplation describes the stage when people make the decision to address the problem. ‘Contemplators struggle to understand their problem, see its causes, and begin to wonder about possible solutions.’ People can remain at this stage for years.
- Preparation describes a period of ambivalence when people are planning to make changes in the near future.
- Action can follow from preparation. These actions require determination and energy and are visible to others.
- Maintenance describes the need to spend time and effort consolidating new habits
- Termination (perhaps the least helpful term) describes the establishment of behavioural norms and signals the end of the journey of change.

People who have developed Alternative Mobility Strategy (AMS) skills before the loss of access to private car based mobility are likely to be able to navigate the change with less disruption.

Table 10
Compromised Mobility of Different Age Groups

MOBILITY CHALLENGE	YOUNG PEOPLE (u 18)	MIDDLE YEARS	OLDER PEOPLE
People without a licence (or unable to use it)	All	Not permitted a licence Licence suspended Licence not gained	Drivers in transition Former drivers Some people over 65 More people over 75
People without a car (or unable to drive one)	All	People with low income	
People who live in areas where AMS alone cannot sufficiently support mobility	Those in outer metropolitan, regional and rural Victoria	Licence not gained	Some people over 65
People with low AMS skills	Young people who have been driven everywhere by their parents	Car dependent people who lose access to a car	More people over 75
People suffering mobility shock from a combination of loss of access to a car and low AMS skills	Not applicable	Loss of ability to drive, Loss of licence, Loss of ability to pay for a car.	Drivers in transition Former drivers

B Appendix B

Workshop results

Three workshops were conducted as part of this review in Melbourne, Bendigo and Horsham with existing community transport service providers, volunteer coordinators, state government representatives and local government. The following tables 11 through 13 summarise the feedback from the sessions.

Table 11
What is working well?

MELBOURNE	BENDIGO	HORSHAM
Higher level of service than public transport	Train and bus connections to Melbourne	Train and bus connections to Melbourne
Taxis expensive and poor service	Bendigo, Echuca Taxi service	Horsham Taxi service
-	Local buses have improved Shuttle to airport	Public transport in larger towns
Lower cost to user	Low cost transport	Multipurpose Taxi Scheme
Regional solutions Peninsula Transport Assist, Eastern Get About	Strathfieldsaye School Bus service	Specific services: Dimboola to Horsham CT service, VET bus service for students
New vehicles		Vehicles available for rent from Shire
Provides a chance to contribute	Volunteers including high level of satisfaction	Volunteer services especially local 'taxi' services
Support for the services from others including Police	Red Cross medical transport	Medical appointment support in some towns
-		Load planning in Inglewood
Strong team spirit	People trust local service	People are prepared to pay
Shared understanding of need and sense of mission	Growing recognition of the need	Recognition of the need
Regional collaboration	Informal solutions, SunAssist Mildura	Local ownership and contribution
-	Integration with Meals on Wheels and L2P - Mildura	-
-	Complements other services	-

Table 12
What is putting the services under pressure?

MELBOURNE	BENDIGO	HORSHAM
Growing demand	Growing demand & expectations	Train and bus connections to Melbourne
Unclear strategic aims and priorities	Turning people away	Horsham Taxi service
Increasing costs including compliance funding is uncertain and narrow	Funding	Public transport in larger towns
Poor service reliability	Weakness of existing services	Multipurpose Taxi Scheme
Inadequate, old, inappropriate vehicles, IT costs	Fleet and equipment replacement and maintenance	Specific services: Dimboola to Horsham CT service, VET bus service for students
Lack of coordination and communication with outside agencies	Little understanding and respect for services and the role they fulfil from Governments	Vehicles available for rent from Shire
Fewer volunteers, inflexible paid staff, ageing Board	Fewer volunteers	Volunteer services especially local 'taxi' services
Stress on staff to fill multiple roles	Skill gaps, for example dealing with mental disabilities	Medical appointment support in some towns
Fragmented, uncoordinated, inefficient, little collaboration, no scalability	Inefficiency, inconsistency and competition	Load planning in Inglewood

MELBOURNE	BENDIGO	HORSHAM
	Rural and regional distances and low population densities	People are prepared to pay
	Affordability of alternatives	Recognition of the need
	Centralisation of services in regional Victoria	Local ownership and contribution
-	Internet service and access	Internet expectations

Table 13
Opportunities

MELBOURNE	BENDIGO	HORSHAM
Improve recognition of CT	Develop awareness	Community engagement
Mutual support	Turning people away Statewide and regional CT systems	CT Collaboration
	Copy successful models	
Attract sponsorship, cut costs, strengthen government funding	Stable funding	More money
	Increase CT revenue	
Common practice and systems	More effective volunteering	Improve CT service delivery, structures and systems
Increase services, usage, wider eligibility		Wider eligibility
Set a statewide policy framework	Normalise and mainstream CT	
	Improve other services	Improve alternatives, move services to people
	Planning that reduces need	
	Partnerships with others including PTV	
	Leverage Internet and technology	

C Appendix C

On line survey summary

The RACV offered members an opportunity to provide feedback on community transport services through an online survey. 358 people completed the survey:

- 68 said they used community transport
- 70 responded on behalf of others

This section provides a summary of the feedback of these two subgroups. Responses without percentages reflect one or a number of comments in open question fields. Of the group:

- 39% were current drivers
- 18% were drivers in transition
- 25% were former drivers
- 18% did not drive

This group used community transport services:

- 38% less than once a month
- 24% 1-7 days a week

Eligibility:

- 38% reported having to provide documentation usually a pension, seniors, health, or veteran's card
- 11 of the group needed a wheelchair lift

Typical destinations:

- Medical 70%
- Recreational trips 22%
- Community services library or swimming pool 21%
- Regular recreational destinations 15%
- Support services such as Centrelink 12%
- Education 3%

Other destinations included hairdressing, social activity, senior citizens, visiting nursing home.

People had heard about the services from:

- 48% reported hearing by word of mouth or a family member
- 38% from Councils
- 30% from carers or medical staff
- Other sources were Assessment Officers and Care Managers and advertisements from service providers

Desired improvements identified included:

- Increased operating times 27%
- More vehicles 20%
- Wider service area 10%
- More helpful staff 4%

Feedback on booking:

- 12% reported difficulty booking

- 50% of bookings were by phone
- 5% were online
- 14% had someone else book for them

Cost:

- 7% reported difficulty with the cost
- One respondent mentioned the cost of overnight accommodation necessary because of infrequent services

A series of open questions were asked to draw out feedback on:

- What community transport services were available
- The barriers to increased use
- The additional services or improvements people would like to see
- Any unmet needs

The following summary draws on responses to these questions.

When asked about the community transport services that are available:

- Half the group (53) referred to traditional community transport services such as Community Buses
- A similar number answered in reference to mainstream public transport services (45) or a mix (7) of community transport services and mainstream public transport services:
 - o Community bus, taxi, sometimes help from Shire
 - o Community car, Bus, VLine, Taxi
 - o HACC, Red Cross, Stewarts Bus, Friday foundation bus
 - o Taxi and community bus
 - o Taxi at great expense. Community car, Red Cross
 - o Taxi or community bus
 - o Town Bus, Council Community Bus

This response is interesting as it suggests that passengers have a definition of 'community transport services' that is broader than the providers or funders.

Open-ended Comments

The problems that people identified in the open-ended questions are summarised below. To some extent, the responses referred to both community transport services and public transport services.

Service availability:

- Not available, booked out or irregular
- Withdrawal of Red Cross community transport services
- (No footpaths)

Misalignment:

- Days and times are not convenient
- Limited schedules, stops running too early, only school hours
- Limited services

Limited trip purposes:

- Medical appointments or council services shopping
- Cannot use if appointment involves chemo therapy radiotherapy or procedures involving anaesthetics
- Cannot use it to get to the hairdresser
- Cannot use it to get to volunteer work

Inconvenience:

- Need to be on the bus for one hour while picking up the other clients
- Heavily booked need to book a week ahead

Unable to use the service:

- Hard to get to: health issues, weather, steps to bus, vehicle steps difficult with mobility aid, seat availability, height of seat
- No accessible vehicles for wheelchair user
- Young mothers with prams and babies

When asked 'Is there a role for RACV in improving community transport options in your area? If so, please describe what the role might be'. Some participants restated the problem, for example:

- Community Transport in rural areas is unfunded and unsustainable
- It would be ideal to have affordable transport for the aged & people with disability in rural areas
- Insufficient bus and train services
- Flexible, affordable transport to Melbourne
- There is definitely a need for a better bus service in Maffra. We have an ageing population that is better off the roads.

Respondents suggested a number of ways RACV could help including:

- Promote what it does for example in Port Phillip [ie promote information about what community transport services are available in particular areas]
- Assist with raising government awareness of the barrier that lack of transport has on those who do not drive
- Advocate for the train to stop in Harcourt, a benefit to all.
- Better and more prompt phone customer services from public transport and taxi
- Advocating for coordination of services at a regional level
- Encourage better coordination between services
- Advocate to other organisations in community transport:
- Red Cross and local government to put more resources into community transport services
- Maybe to advise Council of the need for better routes (Mildura doesn't even have a stop at the TAFE/University) and later operating times to curb irresponsible behaviour on our roads.

Information:

- More information on what's available
- More opportunities for information sessions at different times of the day/evening for people still working
- Let people know of services availability for example Travellers Aid
- Education around what there is available and schemes available
- Assisting not-for-profits to address gaps e.g. provision of vehicles to the Red Cross who have supported transport previously
- Support them through advertising and grants

- Provide a bus/Providing a small bus for the community to run regular shopping and outings within the Shire
- Provide cars/Supporting/sponsoring another community car vehicle
- Make available a car that can take a client from isolated area shopping not only medical
- A travel card for those who do not meet the criteria of the Taxi Directorate
- Getting more people to where they need to go
- Volunteer involvement to take people shopping or to medical appointments/Volunteer program/
Organise voluntary drivers

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