



Royal Automobile Club of Victoria (RACV) Ltd

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Title

Transport and Mobility: Challenges, innovations and improvements

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Abstract

Good transport and mobility allows people to access essential services, to participate in social and recreational activities and to have some level of engagement with their community. This report presents the findings of RACV research into mobility services in Victoria. Based on this research, the report develops proposals for a long-term approach for improving mobility services for people who are unable to drive in Victoria.

RACV conducted several investigations in preparing this report. These included a survey of retired drivers, a survey of Local Government about what transport services they provide, and consultations with a range of transport operators and stakeholders. A review of interstate and international practices was also undertaken in order to determine whether there were aspects of mobility services used in other jurisdictions that should be replicated in Victoria. The findings of the Victorian research showed that on the whole the current services for people who are unable to drive are not meeting the needs of the community. When comparing Victoria's mobility services with some of the best practice international approaches, it is evident that Victoria does not have a mobility system, but a fragmented approach that involves small funding grants for discrete programs that operate in isolation from each other. The report outlines several key recommendations to improve the level of mobility and access to services for Victorians who cannot drive. It recommends that the Victorian Government needs to become more proactive in the area of mobility, and commit to developing a more effective and integrated mobility system.

Keywords

Transport Disadvantaged; Mobility; Accessibility; Aged Person; Disabled Person; Adolescent; Community Transport; Public Transport; Private Transport; Transport Mode; Victoria

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We would like to thank all of the stakeholders, from Victoria, other Australian States and from overseas who very graciously allowed us to interview them, and who provided valuable insights into how mobility services operate both in Australia and overseas.

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Executive Summary

Good transport and mobility is vital to enable people to access essential services, to participate in social and recreational activities and to have some level of engagement with their community. Most Australians, regardless of their age, rely on the private motor car as their main mode of transport. However, for some people this is not an option. Those who are not able to drive due to impairment or disability, who cannot afford a car, or who are too young to drive, often experience “transport disadvantage”.

A person’s level of transport disadvantage depends on a range of factors. These include their physical mobility (that is the extent to which they can walk and move about), where they live, what services are offered in their area, and their ability to pay for transport services.

The provision of adequate levels of transport to enable individuals to access services is an important consideration for all areas of Government. A range of health and community policy objectives cannot be met unless transport for people who cannot drive is provided.

As Victoria’s motoring organisation, RACV represents the motoring and mobility interests of over 1.3 million Victorians, or two in every three households in Victoria on average. RACV believes that Governments must recognise that community prosperity and well-being depends on efficient transport and mobility systems being in place. RACV also believes that it has an important role to play in advocating for improvements related to motoring and mobility that impacts on its members and on the Victorian community.

This report focuses on the needs of people who are unable to drive. How these people get around, undertake essential and non-essential trips and engage with the community is referred to in this report as their level of mobility. In many instances this involves the provision of transport, including public transport, community transport and rides with family and friends. However, mobility services are often broader in nature than just the provision of a transport service, and can also include advisory services and support services. How easy it is to get to and use a service can also influence whether individuals can participate in the community. In this report, the term access and accessibility refers to the degree to which individuals can use a service.

The aim of this report is to present the findings of RACV research into mobility services in Victoria, and to determine where improvements can be made.

RACV conducted several investigations in preparing this report. These included a survey of retired drivers, a survey of Local Government about what transport services they provide, and consultations with a range of transport operators and stakeholders including representative groups, support organisations and researchers. A review of interstate and international practices was also undertaken in order to determine whether there were aspects of mobility services used in other jurisdictions that should be replicated in Victoria.

The findings of the Victorian research showed that the current services available for people who are unable to drive often fail to meet the needs of the community. Many people who cannot drive are unable to participate in community activities, with many finding it difficult undertake the most essential trips like buying groceries or getting to medical appointments. For others, especially the young or socially disadvantaged, not having a car or alternative transport limits or denies access to education and employment.

While almost all Victorian Local Government Areas (LGAs) operate or auspice some mobility services for specific groups, the nature and level of services varies enormously between councils. In addition, almost all LGAs reported that they struggled to meet the needs of their community, and this was particularly apparent in rural areas. Despite these concerns, and the awareness of the

growing demands that will be created by the ageing population, few if any initiatives were being developed to address this, at both a local or at a State level.

When discussing the services that exist in Victoria for people who are unable to drive, stakeholders generally identified several key deficiencies in Victoria's approach to mobility. These included:

- The lack of Government recognition, responsibility and co-ordination of many areas of mobility, especially community and local transport.
- The inefficiencies that result at a community level due to different services being funded by different Government programs with no integration or communication across the programs.
- The lack of information about the needs of the community – at a local, regional and State-wide level. Not knowing who needs transport assistance, what they need it for and what type of assistance they require makes it impossible to develop an effective mobility system.
- Regulatory, political and cultural barriers exist that prevent or discourage the participation of private bus, school bus, and taxi services from being part of a broader community mobility system.
- The lack of adequate services for people living in rural areas and on the metropolitan fringe.
- The inequity of the Multi-Purpose Taxi Program especially in meeting the needs of rural people.
- The lack of help for people in identifying whether they might need to stop driving, and in making the transition to a non-driver. There is very little information about what transport and other services are available for people who can no longer drive, or assistance in making the transition from driver to non-driver.

Comparing the effectiveness of each State's transport services for people who are unable to drive is difficult due to a lack of information that measures this. However, it was evident from RACV's research that most other States in Australia are faced with many of the same issues as Victoria. It was also evident that many other States operated better systems than Victoria. The key operational differences between Victoria and other States were that in other States:

- Transport departments take responsibility for community and local transport, which includes the provision of some funding, planning and oversight of this sector.
- There are some initiatives being undertaken to try to involve bus and taxi operators in the delivery of demand-responsive community mobility systems.
- There is more monitoring, education and training for people who deliver community or local transport.
- The Department of Human Services Home and Community Care (HACC) program in every other state has a category and funding allocation for transport.

When comparing Victoria's mobility services with some of the best practice international approaches, it is evident that Victoria does not really have a mobility system, but a fragmented approach that involves small funding grants for discrete programs that operate in isolation from each other. By comparison, best practice countries take a holistic approach and have implemented a mobility system that aims to integrate all forms of transport across all relevant areas of Government. Countries that have comprehensive and effective mobility systems all have Governments that have recognised the benefits of enabling people who cannot drive to access services and participate in the community. The most effective international systems have also collected detailed information about the transport needs of their community and have planned systems around these needs.

Despite the short-comings of how transport and mobility is managed in Victoria, it should be noted that some progress and improvements have been implemented over recent years. One of the most positive initiatives undertaken by the State Government for people who are unable to drive is the Transport Connections Program. Launched in November 2002, the Transport Connections Program

(TCP) is an initiative that is jointly funded and managed by several Government departments which aims to improve access and mobility for people in remote, rural, and regional areas of Victoria. Nine separate projects across rural Victoria have been funded to develop initiatives to optimise existing resources, usually through the appointment of a local co-ordinator.

To date the program has been successful in improving the co-ordination and efficiency of transport within the areas where the projects operate. By having a dedicated employee, even working part-time, significant mobility improvements have been achieved. The challenge for the State Government will be to ensure that the improvements achieved through the TCP are sustained and are expanded to other areas of the State.

To improve the level of transport in Victoria to ensure that future generations of Victorians will have adequate mobility levels, it is recommended that reform is needed in three critical areas. These are:

- **Integration:** Improving the integration and efficiency of all forms of transport and related services for people who are unable to drive to ensure that existing resources are used as effectively as possible.
- **Equity:** Improving the level of mobility and access to services for Victorians living in rural and outer metropolitan areas where the lack of transport services is acute and is having a very detrimental effect on the well-being of people living in those areas.
- **Innovation:** Developing innovative transport solutions that will cater for the growing mobility needs of future generations of Victorians. Developing flexible demand responsive transport systems, using technology to better utilize resources via more advanced dispatch systems and engaging with the private sector more effectively are examples of the types of innovation needed.

In order to improve the level of mobility and access for Victorians who are unable to drive, the following activities need to be undertaken as a matter of priority:

- ***A co-ordinated across-Government commitment***

All relevant areas of Government need to pledge their commitment to achieving better mobility and commit to a whole-of-Government approach. A joint ministerial agreement that outlines all relevant areas of Government's commitment to developing a mobility system is needed.

- ***Regional co-ordination of transport services***

Regional co-ordination is the key to ensuring that local community transport and mobility needs are addressed and that existing services are utilised effectively. To enable this, funding is needed to employ regional co-ordinators who are responsible for ensuring that all forms of mobility are integrated at a regional level.

- ***Policy, regulations and requirements should encourage rather than inhibit fully integrated mobility***

Numerous regulatory, operational and cultural barriers currently exist that need to be eliminated to achieve a fully integrated mobility system. Ensuring that all modes of transport, specifically taxis, private buses, school buses and V-Line trains, can be fully utilised to create an efficient and effective system will require policy and regulatory changes across a number of Government departments. Eliminating these institutional barriers may also encourage new service providers to develop transport solutions.

- ***Information about the current and future mobility needs of the community***

The systematic collection of information about mobility in the community is required, as at present no information about the needs of the community and how these can be addressed is available. Without this information, efficient mobility solutions and planning can not be achieved.

■ **Equitable allocation of resources to meet the community mobility needs**

Once information about the level of need in a community is known, a system that efficiently addresses these needs can be developed and resources can be allocated on a needs basis, utilising all available forms of transport.

■ **A long-term State-wide mobility strategy and implementation plan**

A long-term strategy that considers future mobility needs of Victorians should be developed and funded, in parallel with other relevant State-wide strategies. The Victorian Government needs to become far more proactive in the area of transport and mobility innovations and commit resources to develop a more effective and integrated system that will meet the mobility needs of future Victorians.

Summary of Recommendations

Based on the findings of this report, the following specific recommendations are made:

- *There should be a whole of Government commitment to improving the level of transport for people who are unable to drive. An integrated mobility system needs to be developed and implemented to improve the quality of life of many transport disadvantaged Victorians.*
- *Adequate funding for the provision of regional co-ordination of mobility services should be allocated by the Victorian Government.*
- *The Victorian Government should develop and implement a mobility information system so that the transport needs of Victorians who are unable to drive can be understood.*
- *All regions within Victoria should be required to develop mobility and accessibility plans before they receive any Government mobility funding. The necessary support and assistance should be provided to regions to enable them to develop and implement regional mobility plans.*
- *The Victorian Government should introduce measures to improve the efficiency and equity of existing transport services and programs. Specifically the Government should:*
 - *Review the contracts for bus and taxi operators to ensure the barriers to participation in community based mobility services are eliminated.*
 - *Undertake a review of the Multi-Purpose Taxi Program (MPTP) to determine the most efficient model for the future.*
 - *Develop a system to create incentives for bus and taxi operators to become more involved in the provision of mobility, especially in rural areas.*
 - *Review V-Line timetables and restrictions to ensure these services are meeting community needs.*
 - *Review the contracts for rural school buses so that they can be more widely used in providing mobility in regional communities.*
 - *Provide greater support and assistance for older people in making the transition from driver to non-driver.*
- *A long term strategic Victorian Mobility Plan needs to be developed by the Victorian Government in consultation with all relevant stakeholders, and should specifically include community and local transport policy and planning.*
- *Greater State Government resources should be allocated to developing mobility innovations and finding mobility solutions for future generations of Victorians.*

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1. Introduction

Reliable, efficient, and effective mobility is essential for the well-being of all Australians. The primary mode of transport used by most people is the private car. However, the provision of adequate transport alternatives for people who are unable to drive is important. Ensuring that existing public and community transport services meet the needs of the community, especially those who may be transport disadvantaged, like disabled people, the aged, and those living in rural or isolated areas, is of primary importance. Ensuring that transport services will be able to cater for the increased number of older people in future years also needs to be addressed by all levels of Government.

This report focuses primarily on the needs of people who are unable to drive. How these people get around, undertake essential and non-essential trips and engage with the community is referred to in this report as their level of mobility. In many instances this involves the provision of transport, like public transport, taxis, community transport and rides with family and friends. However, mobility services are often broader in nature than just the provision of a transport service, and can also include activities like advisory services and support services.

How easy it is to get to and use a service can also influence whether individuals can participate in the community. In this report, the term access and accessibility refers to the degree to which individuals can use a service.

1.1 Purpose of report

The area of transport and mobility has been a particular interest of RACV for many years. Earlier reports by RACV (Harris, 2000) and many others (Cobb & Coughlin, 2000; DETR, 2000; Taylor & Tripodes, 2001; Stacey & Kendig, 1997) have highlighted the growing problem of poor mobility for people who are unable to drive.

As Victoria's motoring organisation, RACV represents the motoring and mobility interests of over 1.3 million Victorians, or two in every three households. RACV believes that Governments must recognise that community prosperity and well-being depends on efficient transport and mobility systems being in place. RACV believes that it has an important role to play in advocating for improvements related to motoring and mobility that impacts on its members and on the wider Victorian community.

RACV is concerned for the well-being of many Victorians who are not able to drive due to impairment or disability, who cannot afford a car, or who are too young to drive. RACV is concerned about the inability of existing transport and community services to meet even the basic mobility needs of many Victorians, especially if they do not have access to a private motor vehicle. RACV also believes that this situation will worsen considerably as the population ages, unless the Victorian Government becomes far more committed and active in providing efficient mobility solutions.

The aim of the current report is to not only discuss the findings of RACV research into mobility services in Victoria, but to also investigate the nature of mobility systems operated by interstate and overseas jurisdictions. Based on these findings, a long-term strategy for improving mobility services for Victorians who are unable to drive is proposed.

The specific objectives of the report are to:

- Identify the best practice mobility systems that currently exist in Australia and overseas.
- Determine what features of these systems would be of benefit in Victoria.

- Compare the international best practice mobility systems with the current transport and mobility arrangements in Victoria.
- Propose recommendations that should be implemented within Victoria to improve mobility services.

1.2 Investigations

In order to address these objectives, a number of investigations were undertaken by RACV. These included:

- A survey of 125 older Victorians who had recently ceased driving. This survey was conducted in 2002 and was designed to determine what transport this group use and what their level of mobility is.
- A survey of Local Government transport providers to ascertain their current level of services and what potential improvements are needed.
- Interviews with a number of service operators and co-ordinators of local transport services to gain a better understanding of the issues of usage, eligibility, funding and potential improvements.
- Interviews with a range of Victorian stakeholders to determine their views of how mobility in Victoria could be improved. These included the Department of Human Services, the Department of Infrastructure, Department of Victorian Communities, Bus Association Victoria, Victorian Taxi Association, Municipal Association of Victoria, Victorian Council of Social Services, the Victorian Community Transport Association, and Council on the Ageing.
- A review of how other States structure, fund, and deliver transport systems for people who are unable to drive was undertaken. This involved reviewing published reports from other Australian States and also conducting interviews with government agencies and stakeholders in these jurisdictions.
- An international study tour of selected overseas jurisdictions was undertaken in 2004. Interviews with representatives of Government and community organisations in the United States, Sweden, United Kingdom and France were undertaken.

1.3 Structure of the report

The aim of this report was to not only investigate how effectively mobility services in Victoria are provided, but to also investigate how other jurisdictions implement mobility systems and to provide some clear recommendations for future action.

As such, the report is broadly divided into three areas:

- An overview of the current situation in Victoria and a discussion of the implications if this system continues – in Sections 2, 3, 4 and 5.
- Presentation of practices and systems that operate interstate and internationally – presented in Section 6.
- Recommendations for improvement presented in Sections 7 and 8.

2. Transport needs

In this section, research is presented outlining the number of people who require transport assistance and the forms of transport available to them. The needs of groups more likely to be transport disadvantaged, like the aged, disabled, young people, and those in rural and remote areas are also discussed.

2.1 Groups needing assistance

For almost all Australians, regardless of age, the private car is the main mode of transport (Currie, Gammie, Waingold, Paterson, & Vandarsar, 2005). However, for a number of people, whether due to impairment, disability, financial or other constraints, driving or owning a private car is not an option. These people need to rely on other means of transport to ensure their mobility.

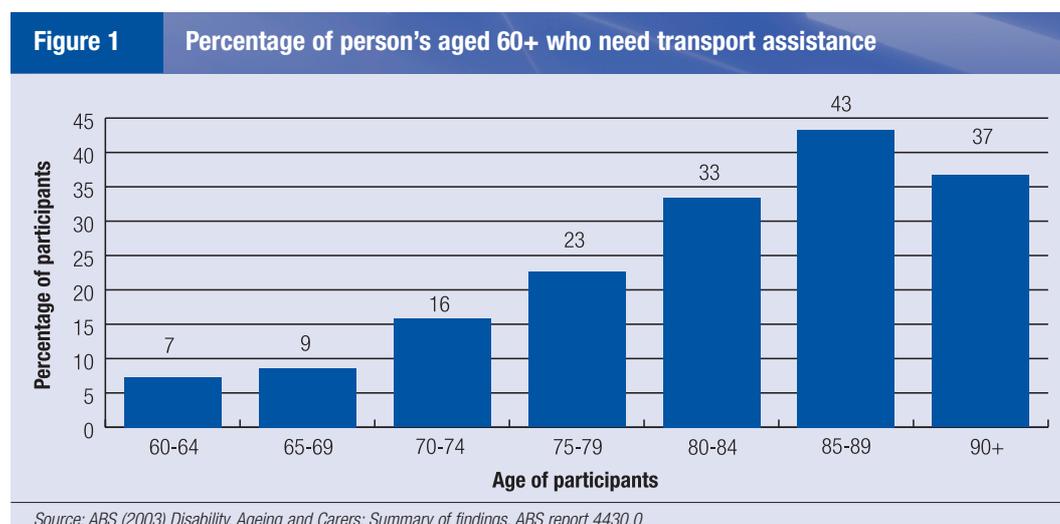
For the most part, the “transport disadvantaged” are a hidden group. They may be older people who have some form of impairment that means they are not able to drive, they may be disabled people who are not able to drive, they may be financially or socially disadvantaged which means they are unable to afford a car, or they may be young people without licences that are having difficulty accessing services due to a lack of transport options. Very little is known about the transport disadvantaged.

While most Australian cities and regional centres have public transport systems, those people who are most transport disadvantaged are those who find it difficult to access these existing transport systems.

The Australian Bureau of Statistics (ABS) recently collected information about the transport needs of aged and disabled people in Australia (ABS, 2003). The study involved 41,386 participants and included people living both in private dwellings and in supported accommodation.

Of those who reported having a disability, 30% reported that they had difficulty using public transport, and 2% reported that they rarely left their homes. The more severe the disability, the less likely people were to be able to use public transport. Only 10% of people with a profound disability reported using public transport.

The ABS (2003) study also found that of participants aged over 60, 51% reported having some form of disability, with 19% reporting a profound disability. Of people aged over 60 years, 41% reported that they needed some forms of assistance in that they could not function entirely independently, and 18% reported needing assistance with transport. Not surprisingly, the percentage of people needing transport assistance increased with age, as can be seen in Figure 1.



Of those in need of assistance, most had their needs either partially or fully met, largely via informal sources of transport. As many as 83% of older people who stated that they needed transport assistance received transport from informal sources, largely from family members. Only 14% received transport assistance from formal sources, 8% using transport services provided by the Government.

2.2 Are current transport needs being met?

To determine whether the mobility needs of community members are being met, the groups that are most likely to be transport disadvantaged were studied. Although there is limited research available about the mobility needs of Australians, what is available indicates that a number of people who cannot drive have very limited mobility options and this can have a very adverse effect on their well-being.

2.2.1 Survey of older non-drivers

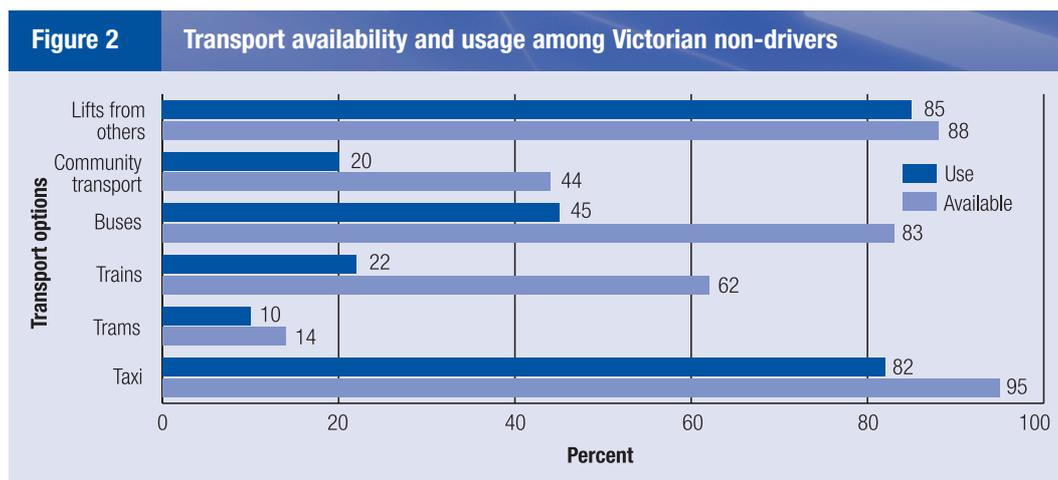
In order to understand the needs of older people who are unable to drive, RACV undertook research in 2002 which involved interviewing a small sample (N=125) of recently retired Victorian drivers, who were all aged over 65 years. The primary aim of the study was to gain an understanding of the impact of no longer driving on the lives of older people, and to determine what mobility options this group utilised, as well as identifying any unmet needs. The sample included participants from metropolitan Melbourne (71%) and regional and rural Victoria (29%).

Respondents were asked to indicate the advantages and disadvantages of no longer driving. Respondents regarded the main drawbacks of not driving to be the loss of spontaneity and independence. Over one third of respondents (35%) also noted the need to rely on others was a drawback of not driving. Saving money was the most commonly recognised benefit of driving cessation, nominated by 36% of respondents.

Table 1		Difficulty of completing tasks without driving			
Activity	Don't do	If do task, how difficult			
		Easy	Neither easy nor hard	Hard	
	%	%	%	%	
Visit your family and relatives	15	28	-	57	
Visit friends	17	31	4	50	
Get to special events or functions (eg christening, funeral)	12	38	5	44	
Go shopping for items other than groceries	13	49	3	35	
Go shopping for groceries	11	52	1	35	
Go on holidays, special trips	31	32	5	32	
Visit the doctor or hospital	5	60	4	31	
Go to the corner store/milk bar	9	60	2	30	
Get to pubs and entertainment venues	60	17	4	19	
Go to local clubs and societies I belong to	37	42	2	18	
Take part in hobbies	47	35	3	16	
Go to church	56	27	1	15	
Do volunteer work	84	9	-	7	

Respondents were also asked to indicate how hard they found particular tasks now that they were not driving. The tasks that respondents nominated as being difficult to complete were: attending social activities such as visiting family and relatives (57%); visiting friends (50%); and getting to special events and functions (44%). Detailed responses are shown in Table 1.

When asked about the types of transport they had used recently, most older non-drivers had relied on lifts from others (85%) and taxis (82%) to get around. While buses were available to the majority of respondents, only about half of those who had access were actually using buses (45% using, 83% had access). One in five respondents used trains (22%) or community transport (20%). This is shown in Figure 2.



Respondents who used the various forms of transport were asked if they had any difficulty using that form of transport. Many people reported having difficulties using formal public transport like buses, trains and trams. The form of transport that older people found easiest to use was taxis. Two in five respondents (38%) indicated that they had difficulty using buses, while one in four respondents experienced difficulties in using trains (26%) and in walking (26%).

The main difficulties that older non-drivers had using **buses** were:

- Stepping on and off the bus
- Standing/walking on the bus
- Walking to the bus stop.

The main difficulties that older non-drivers had using **trains** were:

- Walking to the station
- Standing up on the train
- Stepping off the train.

The only problems nominated with taxis were being able to afford the fare and getting a taxi that would agree to do a very short trip.

Nearly half of the participants (45%) indicated that they did not have any difficulties using any transport alternatives. Respondents who were living with another family member who could drive were also less likely to experience difficulties with their mobility, as these family members provided most of the transport.

Respondents were provided with a list of possible transport initiatives and asked to rate how useful each suggestion would be. Discounted taxi fares were seen as the most useful transport initiative by

respondents. Other useful initiatives included having a car pool organised by local community groups or the council (61%), assistance from a reliable community member when needed (60%), and more community transport (59%). More details of this survey can be found in Appendix A.

2.2.2 Transport needs of young people

Young people living in rural and regional Victoria are another transport disadvantaged group. Those that are too young to be licensed or who cannot afford to buy and run a car are particularly isolated if no adequate alternative transport services operate in their local area.

A recent Australian study (Currie et al, 2005) found that in areas of rural and regional Australia that had poor transport, young people living there had restricted education, employment and social opportunities.

A study of transport in Warrnambool found that young people had difficulty undertaking education and employment opportunities (Stanley & Stanley, 2004). Students often had problems getting to work placements and their options for relevant work experiences were limited. In addition, young people who wanted to undertake an apprenticeship were often not able to do so, due to a lack of transport. The study also found that one of the main problems for university students in Warrnambool was the lack of frequency of public transport services. Often timetables did not align with university hours and the only form of transport was to either drive or to get lifts with others.

2.2.3 Transport needs of rural and regional Victorians

A recent study by Corcoran, James, and Ellis (2005) is one of the few Australian studies that has tried to quantify access to public transport services in a rural area of Victoria. The study investigated whether older residents, aged over 65 years, in the Loddon Mallee region had access to public transport. The study found that 48% of residents in the region aged 65 and older did not have access to any public transport.

In an earlier study in the same region, Kent and Ellis (2004) surveyed Loddon Shire residents over the age of 65 years as well as health professionals working in the Shire regarding social support and transport issues. Some of the major themes that emerged were the general lack of transport services as well as specific problems with existing transport, such as a lack of bus stops and shelters and very few low floor buses. The study revealed that participants were in favour of a coordinated community transport strategy which would meet their needs. It was estimated that 75% of aged people needing assistance had no family in the Shire and therefore did not have ready access to informal transportation options.

In many rural and regional towns the population is declining because young people are moving to the city for employment and education. In contrast, most older rural residents are ageing in place. As this population shift occurs, the proportion of older people living in rural areas will increase. This will not only put a strain on services in the area, but many older people will not have family, especially children, living locally to provide social support and transportation.

3. Mobility and transport services in Victoria

A range of mobility and transport services are offered in Victoria. The access an individual has to the different modes of transport will vary depending on where they live, what their physical and cognitive capacities are, how much money they have, and also what services they are aware of and are willing to use.

How well public transport, taxis, community transport and informal transport meets the needs of transport disadvantaged Victorians is discussed in this section.

3.1 Public transport

A range of public transport options are available across Victoria, although the nature of the services varies considerably across the State. The two main issues relating to public transport is the level of service offered and how accessible the services are.

In terms of how user friendly public transport services are, a range of measures are being undertaken to make all trains, buses and trams more accessible under the requirements of the Federal Disability Discrimination Act (DDA). The Victorian Government has planned to make all public transport compliant under the Federal Disability Standards by 2032 (Victorian Department of Infrastructure, 1998).

While more accessible public transport will certainly assist many transport disadvantaged people, the availability of public transport in Victoria is not comprehensive. Many rural areas have very limited access to public transport, and most remote areas have no public transport services at all.

People living in outer metropolitan Melbourne are also very poorly serviced by public transport. Currie (2004) reported that over two thirds of Melbourne is only serviced by bus, as rail and tram services are too far away from where people live or want to travel to. Unfortunately, many bus services do not provide very comprehensive services. Currie (2004) reported that the average frequency of bus services during peak times in Melbourne is every 40 minutes, and that the average evening finishing time is before 7pm with only 18% of services operating on a Sunday.

Stanley and Stanley (2004) noted how unfavourably Melbourne's public transport services compares with other Australian cities in terms of coverage. They reported that Melbourne has 31 kilometers of public transport services per capita, compared with Hobart that has 39 service kilometres per capita and Canberra which has 72 service kilometres per capita. At present, bus contracts do not require or encourage bus operators to market or to actively promote their services. It has been suggested that marketing incentives be included in route bus contracts (Stanley & Stanley, 2004).

Affordability of public transport, even with concessions, prohibits some lower socio-economic groups from regularly using this mode of transport.

While it is likely that public transport will provide better mobility for people in the future as it gradually becomes more accessible, this will not solve the mobility problems of all Victorians. The cost of fares, the lack of services in many areas, difficulties getting to and from public transport stations or stops and the inability of many people to physically use even DDA compliant public transport means that public transport alone will only provide a component of a mobility system for the transport disadvantaged.

DDA compliant public transport will certainly assist many people, however a substantial number of people who are unable to drive will not have either the physical or cognitive capacity to travel

unassisted on public transport. A US report noted that when many people become impaired to the extent that they are unable to drive, they will also be too impaired to use public transport (US Department of Transportation, 2003). For these people, door to door, escorted travel is needed.

3.2 Taxis

The most widely available form of transport for people who are unable to drive is taxis. Taxis operate throughout most of Victoria and provide door-to-door transport. In Victoria, there are also 335 taxis that are equipped to transport wheelchair passengers.

While taxis do offer the most comprehensive formal transport service in the State, it is also the most expensive. On August 1st, 2005, the Victorian Government announced the first price increase since 2000. The price increase of 8% meant that the average fare in the metropolitan area increased from \$18 per trip to \$19.45 and in rural Victoria increased from \$6 per trip to \$6.50 (based on Victorian Taxi Association 2005 data). While this increase in fares was needed to ensure the viability of the taxi industry, for many people on fixed or low incomes frequent use of taxis is unaffordable.

The only discounts available for taxi travel are for people who are eligible for the Multi-Purpose Taxi Program (MPTP). This program enables eligible users to travel in any taxi at half price, up to a maximum fare of \$60 (of which \$30 is subsidised). To be eligible for the program, users must have a serious and permanent disability that prohibits them from using public transport. An application form signed by a doctor is required.

This program is funded by the State Government and is managed by the Department of Infrastructure. There are 180,000 people who are registered users of the program, although many who are registered are not actively using the program. The Victorian Taxi Directorate report that a total of 5.5 million trips are taken each year and the average subsidy per user per year is \$270. The total cost of the program is approximately \$40 million per annum.

In 2004 several changes were made to the MPTP. These changes included:

- The introduction of an annual cap for users – which was set at \$550 per year and was increased to \$1000 per year in September 2005.
- Exemptions to the cap apply to people in wheelchairs, those who are blind, have dementia, brain damage, an intellectual disability or a major organ disease. Individuals can apply for extensions to the cap if they provide evidence of exceptional circumstances.
- All new applicants are means tested and must be holders of a concession card or Department of Veterans Affairs card to be eligible (this does not apply to people who were users before the changes were introduced).

The Multi-Purpose Taxi Program represents a significant investment in mobility by the Victorian Government for the transport disadvantaged. While the program is clearly intended to assist those in the greatest need, throughout the authors consultations many people commented on several weaknesses of the current system. These include:

- The inequity of the program. Due to the increasing costs of the program, the eligibility criterion has been tightened over recent years. Subsequently, people who apply to the program today would be declined, but people with the same condition who applied 10 years ago, may have been given a MPTP card and still use it regularly today.
- The criteria for determining which conditions are exempt from the cap has been questioned and a more equitable measure of health and physical mobility has been suggested as a fairer system.
- The paperwork that needs to be completed to get an exemption to the cap were regarded by many as too onerous, and as a result, people who were eligible for an exemption did not apply for one.

- The usage rate of the system clearly indicates that most people do not use the program a great deal, but a few use it frequently, and others, like those in regional areas, need to take longer trips. No data exists about who uses the program, for what trips, and at what cost. This lack of data makes planning for future improvements extremely difficult. However, since the 2004 changes to the program were announced, the number of applications for the program has decreased.
- Although people living in rural areas may need to travel greater distances to get to essential services, no additional funding is available to these users of the program.
- The availability of wheelchair accessible taxis, particularly in rural areas was cited as a problem, particularly between the hours of 8am-9:30am and 3pm-5pm.
- Some users of taxis, both MPTP users and others, complain that some taxi drivers are unwilling to take people on short trips. This is a typical need of people who are transport disadvantaged, especially if they are unable to walk any distance, and is a cause of considerable inconvenience.

3.3 Community transport

Community transport can take a variety of forms. Typically community transport is:

- Door-to-door (where a person is collected at their front door) or door-through-door (where a person needs assistance getting out of their house and into the vehicle).
- Locally operated to serve the needs of community members.
- Designed for people who are unable to use other forms of transport.
- A low cost form of transport.

Local Governments or non profit organisations usually take the lead in co-ordinating community transport programs, gaining funding from a range of sources including: Home and Community Care (HACC) grants, local government contributions, other Government grants, fundraising and fares from users. Some community transport programs utilise paid drivers, while others rely heavily on volunteer drivers.

RACV gathered information on how local Governments operate community transport via a survey of all local government areas in Victoria. The outcomes of the survey revealed that all local government areas conduct some forms of community transport, however, the nature, level and commitment to the services operated varied enormously throughout Victoria.

3.3.1 Survey of Local Government providers of community transport

All Victorian Local Government Areas (LGAs) were contacted and invited to voluntarily participate in a survey aimed at identifying community transport services in their LGA. The survey was conducted between July and October 2004 and 65 LGAs participated in the survey.

For a copy of the survey instruments used refer to Appendix B.

Types of transport provided

The main findings from the survey showed that:

- All municipalities surveyed operated some form of community transport, such as community buses (38%), volunteers driver programs (6%), community cars (2%), other programs for older adults (4%), and a combination of the different forms of community transport (50%).
- Municipalities had on average 3.28 buses of which only 13% were low floor buses. Most buses were used for door-to-door transport (77%). The majority of community buses were funded by the municipality (68%).

- On average each municipality had 2.38 cars for community transport. Community cars were funded by municipalities (46%), HACC (39%), and a combination of both municipality and HACC (15%).
- Of the municipalities surveyed, 92% relied on volunteers to help provide community transport. In almost half the municipalities, volunteers used their own vehicles.
- Most municipalities operated community transport only during weekdays (75%), some municipalities (20%) operated community transport seven days per week and some offered it only one or two days of the week (5%).
- Of all community transport provided by municipalities, 34% provide transport for social trips only, 13% provide transport for medical appointments only, and 53% provide transport for both medical and social travel. It was evident that 52% of municipalities did not have a patient transport service available.
- Of those surveyed, 43% of municipalities only operated transport services for older and disabled people. The remaining municipalities (55%) offered some transport services for other groups such as young people.

Funding

Community transport within municipalities is usually funded by the council itself, from HACC grants and from other sources, such as donations and fares from users. While municipalities were asked how much funding was allocated to community transport each year, many were unable to provide this information. Of those who could provide some estimates, the total funding per annum from all sources ranged from \$90,000 to over \$200,000. Metropolitan municipalities reported having the highest funding allocations for community transport compared with rural and outer metropolitan municipalities.

Promotion of transport services

Participants in the survey were asked about the promotion of the services they offered and what their perceptions were about the level of awareness within their community of the services. Interestingly, 33% of municipalities reported not undertaking any form of promotion of their services – the main reason cited for this was an inability to meet the current demands given the available resources. However the remaining proportion did use different means for promotion of their service. These included producing brochures (27%), articles/advertisements in local papers (11%), articles in newsletters (8%) and via word of mouth (6%).

When asked about the level of awareness about their services within the target group half (50%) thought that residents were not aware of their services. The perception that residents were not aware of services provided was highest in outer metropolitan areas, which also was the area that reported providing the least amount of promotion.

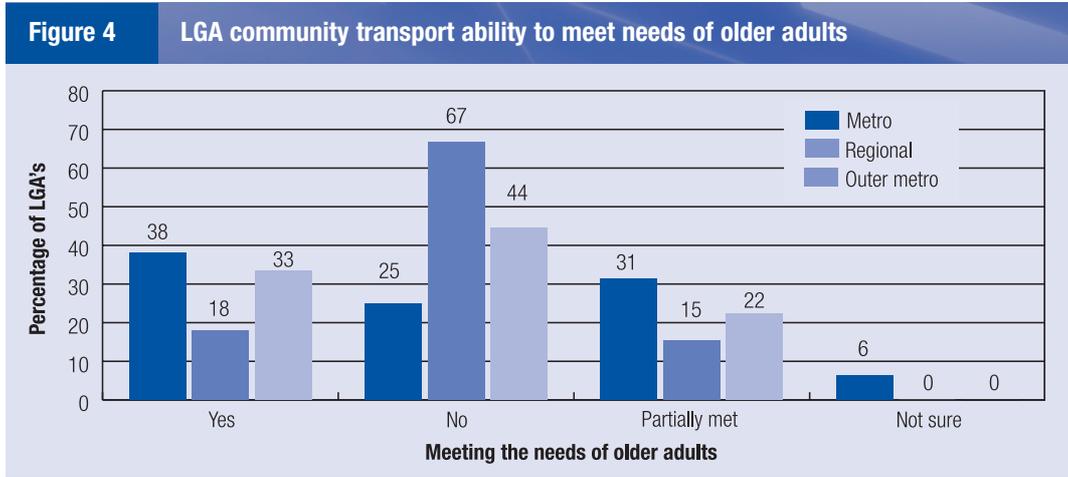
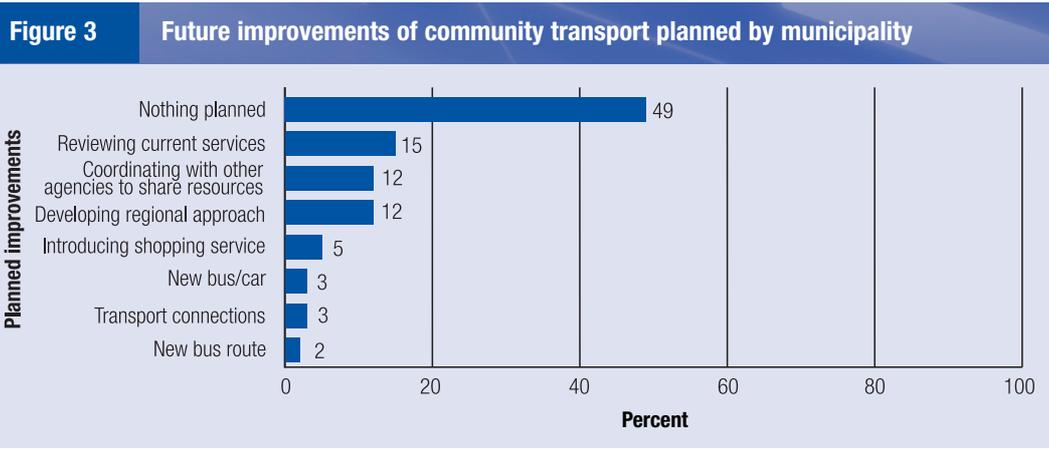
Future improvements

Municipalities were asked to indicate whether any future improvements were planned for community transport in their LGA. As indicated in Figure 3, 49% of councils did not have anything planned.

Impression of Transport

Only 25% of municipalities stated that the services they provided met all of the transport needs of older adults in their areas. As depicted in Figure 4, regional municipalities were more likely to report that the needs of transport disadvantaged people in their areas were not being met.

In terms of co-ordination with other transport providers in the area, 57% of municipalities responded that they had some connections with other providers, however 43% operated in isolation.



3.3.2 Transport Connections

One of the most proactive initiatives undertaken by the State Government aimed at improving mobility for people who are unable to drive is the Transport Connections Program.

Launched in November 2002, by the Department of Human Services, the Department of Infrastructure, Department of Victorian Communities, and the Department of Education and Training, the Transport Connections Program (TCP) is a State wide initiative aimed at improving access and mobility for people in remote, rural, and regional areas of Victoria which currently experience significant transport disadvantage.

Nine separate projects across rural Victoria have been funded and most commenced in mid 2003. The Government has allocated a total of \$700,000 per year over three years for all of the projects.

The TCP aims to meet the key objective of improving access and mobility for people in rural and regional Victoria by:

- Making better use of existing transport resources through new and coordinated approaches.
- Facilitating dialogue between the community, transport providers, and local businesses to develop tailored transport solutions.
- Strengthening links between the community and public transport sectors.

The nine projects that have received funding vary considerably in their size and in their aims. The grant funding is only to be spent on initiatives to optimise the use of existing resources and no funding was available for capital items such as vehicles (Transport Connections Grant Guidelines, 2003).

While an independent evaluation of the Transport Connections Program has been commissioned, early indicators are that the nine projects are addressing the aims of the program and tangible improvements at a local level have been achieved. Some of these improvements have included:

- Establishing local partnerships
- Mapping existing resources
- Undertaking community needs analysis via consultation
- Promoting existing services.

Plans to pilot more flexible service models, explore the greater access to school buses, implement resource sharing arrangement between agencies and work more closely with taxi and bus operators are all scheduled for 2006 (Transport Connections, 2005).

While the three year Transport Connections Program is only partially completed, the benefits co-ordination can make at a local level has been clearly demonstrated in this project. Just by having a dedicated employee, even working part-time, has led to mobility improvements in the areas that have received funding. The other aspect that the TCP has highlighted is that a number of systemic and cultural barriers exist that prevent or block the development of truly integrated mobility systems, even at a local level. Many of these barriers are the result of State Government regulations, contracts or work practices. These issues are discussed in Section 4.

The challenge for the State Government over the coming years is to try to ensure the improvements achieved through the TCP are sustained and that Government funding will be made available to achieve this. The other challenge for the Government is to determine how to expand the success and learning's of these projects to other areas of the State.

3.3.3 Services for Home and Community Care (HACC) clients

One of the main funding agencies for community transport throughout Australia is the Home and Community Care (HACC) Program.

The Home and Community Care (HACC) Program is jointly funded by the Federal and State Governments and is Victoria's principal funding program for services that support frail aged people, younger people with disabilities, and carers. In Victoria, the program supports over 220,000 frail older people and people with disabilities, with the overall aim of keeping these people in their own homes (www.dhs.vic.gov.au/hacc). The funding arrangement is negotiated between the Federal and State Governments every three years. HACC funding provides for services in the community that includes:

- Home care (home help or housekeeping)
- Personal care
- Nursing (community nursing, home nursing)
- Allied health services (physiotherapy, podiatry, dietetics, etc)
- Food services (meals on wheels and centre-based meals)
- Property maintenance
- Respite services
- Volunteer coordination

It has become evident to RACV that many of the community transport services that we have surveyed and consulted with (see Section 3.1.3) are funded at least partially by HACC. Despite this fact, the Victorian Government clearly states that HACC funding is not provided for transport.

Unlike all other Australian States, the Victorian Department of Human Services does not include “transport” as a funding category and therefore does not report any data on transport related services that HACC clients use. Despite this Government rhetoric, transport is essential for getting HACC clients to day centres and to other essential services, and to ultimately achieve the aim of the HACC program, in enabling older people to live within their own homes.

When comparing community transport in Victoria with other Australian States, it is evident that Victorians are disadvantaged by the Victorian Government’s failure to acknowledge some responsibility for HACC related transport. Funding allocations for HACC transport in other States are clearly defined and State Government departments are responsible for overseeing HACC funded transport. This is discussed further in Section 6.

3.4 Informal sources of transport

One of the most utilised forms of alternative transport is informal sources. Relying on family and friends to provide rides is the most common source of transport for most people who cannot drive. Family members, especially partners, parents and daughters provide the greatest number of trips.

Although informal transport is extremely important, it is often overlooked as a valid form of transport. It is worth considering whether the availability of family members to provide rides to the same level that they do today will exist in the future, as demographic changes especially in rural areas may have an impact on this. In country Victoria, for instance, there has been a significant migration of young people from rural towns to the city over the last few decades. As a result, adult children will not be available to provide rides for their elderly parents like they may be today. Similarly, the fact that many women are now delaying having children until their mid-30s will also mean that this generation will be relied upon to care for both their children and their ageing parents at the same time. This is likely to result in an increased demands on government funded transport and mobility services.

4. Deficiencies and weakness in the current system

In addition to the survey of Local Government Areas who provide community transport, RACV held detailed consultations with a number of agencies. These included organisations that deliver or co-ordinate community transport, those that represent related special interest groups, as well as researchers who work within the field. A list of agencies that were consulted is included in Appendix C.

Based on these consultations as well as the outcomes of RACV's survey and other Victorian research on this topic, the main issues, concerns and deficiencies with the current systems of transport and mobility in Victoria is summarised in the following section.

4.1 System wide issues

Recognition that there is a problem and concerns about its consequences

Both providers of transport services and other related agencies recognised that the lack of good alternative transport for people unable to drive themselves was a considerable problem and one that would only get worse with an ageing population. Many stakeholders believed that the lack of mobility services would have severe consequences in terms of community engagement. It was feared that this could result in social isolation and lack of opportunities as well as a reduction in the quality of life and well-being for many individuals.

Poor knowledge of community needs

In developing and operating services, it was apparent that most providers of mobility and transport services had very little, if any knowledge, about the level and nature of mobility needs within their community. No systematic information about who needs transport assistance, where they live and what trips they need to take is available at a community, regional or State-wide level. As a consequence, providers of transport services try to maximise the effectiveness of their resources, but generally just provide services to people who are aware of and know how to access their services. Many providers felt that as a result their transport systems were resource focused, rather than client focused. This lack of information about client needs also means that it is impossible to undertake any planning about how to meet the future needs of the community.

The transport disadvantaged are not a homogeneous group

It became apparent that the transport disadvantaged are not a homogenous group. A variety of different people may be transport disadvantaged. For some it is due to age related impairments, for others a disability, others lack the resources to buy and run a car, and many young people who are not old enough to be licensed and live in areas with little or no public transport are also disadvantaged. In general, those people without a car, the ability to drive, or the presence of a driver and car in the household were regarded as the most disadvantaged.

There are specific issues for rural and remote areas

Some rural and remote areas reported that residents in these areas, especially those not living within larger townships were very disadvantaged. For many, to get to medical appointments or to a supermarket would involve a substantial taxi fare if they could not get a ride with another person. Similarly, access to medical care, especially specialist medical care required significant amounts of travel in some communities, and in many instances not all of these needs could be met by existing services.

Those living in rural areas acknowledged that formal transport services are often not viable as there is not the population density to justify the costs of running the services. However, it was noted that current regulations meant that there was no flexibility in how some services, like V-Line services could be altered to better meet the community needs.

Many transport providers in rural areas also complained about the regulations and restrictions on taxi and bus use, which meant that there was little or no flexibility permitted in how they operated. This meant that they could not be used freely as part of a broader mobility system in the area. Rather than assisting, these regulations were seen as being detrimental to the rural community.

Young people living in rural areas were identified as an important group who were transport disadvantaged. The ability for young rural people to engage in work, education (especially TAFE and other tertiary education) and social opportunities was limited in many areas due to a lack of transport.

Integration across services is poor

In some areas, particularly those that are part of the Transport Connections Program, significant improvements in the co-ordination of all transport services at a regional level was occurring. However, this regional co-ordination is only occurring in some areas, predominantly those which have received funding to employ a person to undertake this co-ordination role. For the most part, it was evident that across Victoria, community transport operated in isolation from taxi operators, who also operated in isolation from bus, train and other transport services. Many stakeholders felt this problem was exacerbated because Government funding, regulations and management of each of these forms of transport operated in separate departments or divisions. With no one department taking responsibility for the overall integration and strategic planning for mobility in Victoria, achieving good integration was regarded as unlikely occur.

Land use planning

The issue of land use planning was raised by several stakeholders. How well land use planning is undertaken can have a large impact on the mobility of the community in the area. Where aged care and retirement facilities were built was a common example cited by stakeholders. In some communities these facilities were not near essential services or public transport. This poor planning often created mobility problems within the community. Ensuring that the current and future mobility needs of the community are catered for should be an imperative of land use planning.

4.2 Public transport

More tailored services are needed

Public transport services were criticised by some stakeholders for not being cognizant of the transport needs of older or disabled people. The nature of the service, the routing and timetabling, as well as the design of trains, buses and trams, and the stops and waiting areas were all areas that were criticised. Another area of frustration was the unwillingness or inability of some operators, especially bus operators to offer more flexible services like demand responsive services rather than traditional fixed route services.

Encouraging greater use of public transport

It was acknowledged that many people, even if they had unmet transport needs and were physically able to take buses or other forms of transport, were unwilling to do so. Encouraging people who have been car dependant for most of their lives to use public transport, particularly in rural areas, is an area that needs some further work. Greater tailoring of services, promotion and also travel training for people using the services might all help to increase the potential of formal public transport in meeting the needs of the transport disadvantaged.

Utilising the rural school bus network

School buses operate throughout rural Victoria to transport children living in rural areas free of charge to the nearest Government school. The school bus network is extensive, with over 1,582 services operating at a considerable cost to the State Government.

A common criticism raised by many people working in rural transport is that school buses are a potential transport resource that is not fully utilised. Potential uses could involve allowing other

people (i.e. non students) to ride on the bus while on its school route. This might be a good transport option for local apprentices, TAFE students and others, whose travel needs coincide with the school bus timetable and route. The other potential use for the buses (and potentially the drivers) is to allow them to operate at other times during the day for community related transport.

In order to achieve greater flexibility in the use of school buses, changes to the school bus contracts and changes in policy should be considered by the Victorian Government.

4.3 Taxis

Taxis are also a very important form of transport for the community, and are the only formal type of transport that can provide a door-to-door service. The main concerns stakeholders had regarding taxis largely related to the Multi-Purpose Taxi Program (MPTP) and the integration of taxis with other forms of alternative transport.

Improving affordability of taxis and improving the MPTP

While the MPTP was discussed earlier (section 3.2), many concerns about the MPTP were raised by rural stakeholders. They noted that the introduction of a usage cap had a severe impact on many rural people. Those people who lived in smaller townships and had previously relied on subsidised taxi fares to get to larger centres to visit health professionals and access essential services were particularly disadvantaged. Many people were choosing not to use the taxi for these trips, and to save their MPTP trips for emergencies. As a result, many people had become a lot more isolated. This feedback was received prior to the increase in the cap to \$1000 that was announced in August 2005. What effect the most recent changes will have on addressing the mobility problems in rural Victoria will need to be examined.

Lack of integration with other forms of community transport and public transport

There has been some suggestion from both taxi operators and from community transport operators that these two forms of transport compete with each other. Most of the stakeholders we spoke with thought this either was not, or did not need to be the case. The area of greatest potential noted by most stakeholders was to encourage more promotion and utilisation of taxi services. Seeing taxi services as a key transport resource and integrating this service with other forms of transport, especially community transport, was seen as vitally important. Ensuring that taxi regulations and guidelines allow and even encourage such integration to occur was seen as particularly important by rural stakeholders.

4.4 Community transport

While the nature of community transport services differs considerably from region to region, similar responses emerged from stakeholders about what is needed to improve community transport within Victoria. These are outlined below:

Need State level commitment to funding on equitable, dedicated basis

The fact that the State Government accepts no responsibility for local or community transport was noted by almost all stakeholders. This lack of responsibility means that there are no State-wide standards for the delivery or monitoring of services, no systematic and adequate funding source and no connection to senior Government when policy issues arise. It is accepted that community transport needs to reflect and respond to community needs, and does not need to be overly regulated centrally. However, some level of State-wide co-ordination, monitoring and standards is required.

The lack of standards were highlighted as a concern by many within the community transport sector and a number of proactive groups had developed their own operational guidelines. However, issues like safety standards for volunteer drivers and vehicles, standards for transport of vulnerable

passengers (e.g. securing wheelchairs in vehicles) and goods (e.g. oxygen cylinders) are all left to the individual operators.

Similarly the lack of monitoring in terms of achieving performance standards was also raised as an issue. While many organisations operating community transport received funding from HACC, despite the Government rhetoric that HACC funding is not for transport, the services actually delivered in terms of transport are not necessarily recorded or monitored.

Another issue that arises from the lack of Government responsibility in the area of community transport is that funding is allocated to those who take the initiative to apply for grants. This means in some instances that certain regions receive a large number of grants, and others, who may not have the same awareness or expertise in applying for grants, receive very little funding. This is regardless of the level of need within the community.

Assistance at the ground level is needed to share knowledge and processes to raise the status of the industry

In addition to the State Government taking some responsibility for community transport, there is also a need for greater training and sharing of knowledge among the sector. While this may not be the sole responsibility of State Government, in other jurisdictions, State Governments have provided funding to Community Transport Organisations to develop training programs for the industry. Raising the standards of the industry and their profile in the community would assist in creating better services at a ground level. This might also address the variability in the level of expertise of those co-ordinating community transport across the State.

Alternative delivery models need to be investigated

Traditionally, organisations operating community transport had their own bus or buses and also a number of cars. They then either paid for drivers or used volunteer drivers. In the past, some areas established a transport brokerage, whereby a number of community transport operators pooled their vehicles and drivers and serviced their collective client groups in this manner.

Recent changes to HACC funding criterion has made it more difficult to get funding to buy or replace vehicles. This, together with concerns about insurance fees, has meant that many operators are reluctant to share vehicles.

Some stakeholders have suggested that the number of small community transport operators is too great and that a more efficient system would be for operators to become service providers rather than transport operators. That is, they wouldn't own and maintain vehicles, but use funding to buy this service from either larger community transport operators, or from local bus or taxi operators. This would allow smaller community transport providers to concentrate on assisting their clients, and would enable the transport provider to achieve a larger scale operation, therefore achieving greater efficiency and use from the vehicles available.

Utilising local bus and taxi services may be attractive to both community transport operators and the commercial services if a flexible service and rate of payment could be negotiated. Local bus and taxi operators may be attracted to this proposition as it would be utilising their services at non-peak times, therefore making their services more viable – which is a challenge especially in rural Victoria.

5. Key issues for Government: The old and the young

The largest influence on what the future mobility needs of the community will be is the ageing population. The implication of this population shift is discussed in this section, as are the specific needs of young people.

5.1 Mobility implications of the ageing population

The ageing population will see a significant increase in the number of older people who will not be able to drive and will need to find alternative transport. Not only will the proportion of older people increase in the future, the profile of an older person will also change. It is anticipated that the “baby boomer” generation will have significantly different activity patterns in their old age than people today. As most baby boomers have enjoyed a lifetime of automobility, it is suggested that they will be more active and demand greater transportation than previous generations (Cobb & Coughlin, 2000).

The level and nature of transport currently available to people who cannot drive is clearly not meeting demands or community expectations. Obviously this situation will get worse as the population ages and considerable effort is needed to address the situation to ensure at least a basic level of transport is provided for the ageing Australian population.

5.2 The importance of adequate mobility services

Poor transportation and mobility will have a detrimental effect on the health and safety of older people and one would anticipate that the associated health and community costs will increase dramatically if attention to the issue of alternative transport is not addressed in the near future.

Driving cessation

If there are inadequate mobility options available, many older people may choose to continue to drive, albeit with some self-regulation, even if they may not be safe to do so. During focus group research conducted by RACV (Harris, 1998) it was found that older people living in rural Victoria often admitted that they would continue to drive, despite medical advice not to, as they did not feel they had any alternative.

The availability of acceptable transport alternatives is a vital consideration in people's decision to voluntarily stop driving. The decision to stop driving is eased by the availability of adequate alternative transport, as people still feel they have some independence (Stacey & Kendig, 1997).

Health consequences

Research has found that many older people who stop driving due to poor health have to cope with loneliness and isolation, and this is particularly the case if they have no family nearby (Johnson, 1995). Driving cessation alone is associated with increased depressive symptoms in older people (Marottoli, Mendes de Leon, Glass, Williams, Cooney, Berkman, & Tinetti, 1997), and it is expected that depressive symptoms may continue or even worsen if alternative transport is not available (Fonda, Wallace & Herzog, 2001).

Social and community consequences

The decreased social participation of people who can no longer drive and who have inadequate alternative transport options means the community loses a valuable resource. People who can no longer drive are less likely to be involved in local clubs and associations and to undertake paid or unpaid volunteer work if they do not have a means of transportation (Cobb & Coughlin, 2000). While this can have a detrimental affect on the person themselves, it also means that the community loses a valuable resource that it has come to rely on.

Older people are also frequent consumers of local goods and services. Poor transportation or mobility means that people are less able to access local shops. This means less money will be spent at local businesses, thus having a negative economic impact on the local community. The economic impact will increase in future years as the population of older people increases (NRMA/ACOSS, 1995).

Research clearly shows that some older people have considerable difficulty adjusting to life as a non-driver. One way in which an individual's adjustment can be improved is if they maintain high levels of social participation and feel a sense of belonging or connectedness to their local community. Social participation not only assists people in coping with the transition from driver to non-driver, but has also been found to be a protective factor in preventing depression and illness as people age (Marottoli, Mendes de Leon, Glass, Williams, Cooney, Berkman & Tinetti, 2000).

It is anticipated that poor transport and mobility impacts on the level of trauma among the elderly and also on the health and well being of older people. Any increase in road trauma, higher incidences of mental health problems and depression, as well as increases in illnesses will all lead to a need for greater Government spending on health services. While the link between mobility and health and well-being has been established, we do not know the extent of increased health care costs associated with poor mobility, or what these costs will be in the future (US Department Of Transportation, 1997). Therefore further research investigating the impacts of reductions of mobility on health care expenditure, road trauma, longevity, and quality of life, is needed.

5.3 Needs of young people

Another group of people who are transport disadvantaged are young people. A review in the UK found that social exclusion does not only effect older or disabled people, but also young people, especially those aged under the licensing age living in rural areas (Harper, 2005). They reported that poor transport meant young people had difficulties accessing social facilities, difficulties in accessing education and difficulties accessing employment, especially part-time employment while studying. The time taken to travel on public transport, including waiting for buses or having to travel on long and in-direct routes, were regarded as a major disadvantage. This was in addition to the costs associated with travel regardless of whether they were traveling for education, social or employment reasons.

Research conducted in Australia (Currie et al, 2005; Stanley & Stanley, 2004) found very similar issues with young people and transport, and this will continue to be a problem unless more adequate transport systems are established.

5.4 Implications for Government policy

Developing long-term and sustainable strategies to ensure adequate mobility for Victorians is needed urgently. Demands on mobility services are likely to increase considerably over the next few decades.

As outlined previously, the consequences of inadequate mobility has far-reaching effects on a person's quality of life and their physical and psychological well-being.

At a policy level, inadequate mobility systems will also have an impact on how well other Government policy objectives are met. For instance, one of the key components of Australia's aged care strategy is to keep older people living in their own homes (Commonwealth of Australia, 2001). This is not only the preferred situation for most older people, but is also by far the most affordable way of dealing with an ageing population, especially given the very high costs of residential or nursing home care. However, for people to be able to live in their own homes, they need to have access to basic services, which requires some form of transport.

Similarly, recent policy frameworks released by the Victorian Government, like "A fairer Victoria", (Victorian Government, 2005) proposed that Victoria will address disadvantage by:

- Reducing barriers to opportunity
- Ensuring that universal services provide equal opportunity to all
- Strengthening assistance to disadvantaged groups
- Providing targeted support to the highest risk areas
- Involving communities in decisions affecting their lives.

While these are all valid approaches to improving community well-being, none of these can be addressed if people do not have access to some suitable form of transport.

Transport and mobility is not needed for its own sake, but it is essential to enable people to access services and to participate in the community. If mobility needs are unmet the implications can be far-reaching. From a Government perspective this means that health, safety, community, education, employment and housing policies and objectives will not be achieved. Consequently, the need to develop a mobility system that better serves the current and future needs of all Victorians is critical to all areas and levels of Government.

6. Interstate and international approaches to mobility

6.1 Interstate approaches

A review of mobility systems throughout Australia revealed that some States have recognised the need to improve transport services for people who are unable to drive. While their systems are not perfect models, at least this need has been recognised by Government and is being systematically addressed. The mobility systems that operate in New South Wales, South Australia and Queensland were reviewed for this report.

6.1.1 New South Wales

In New South Wales (NSW), the mobility options for people who cannot drive are similar to those in Victoria and includes a range of public, private, and community transport options. The main differences between the NSW and the Victorian system are as follows:

- In NSW, there is a division within the Transport Department for Local and Community Transport which is responsible for administering community transport.
- The HACC funding that is dedicated to transport is clearly and transparently stated each year. In addition to HACC funding, the Department of Transport also funds community transport making a total pool of funds of approximately \$27 million per annum.
- There is a system of monitoring and managing the performance of community transport operators to ensure that the agreed standards are being met.
- Government helps to fund the NSW Community Transport Organisation to deliver training and education programs for community transport operators.
- The brokering of partnerships between community transport operators and the bus and taxi industries has occurred at a local level through the development of contract rate agreements and/or taxi discount clubs.
- The NSW Department of Transport has appointed 12 Local and Community Transport Regional Co-ordinators to ensure that all forms of transport at a regional level operate in an integrated and efficient manner.

Another positive initiative being developed in NSW is the introduction of “Community Kilometres”. This is a concept aimed at utilising the excess capacity of the school bus fleet to benefit community groups. It is planned that provision for “Community Kilometres” will be included in all new bus contracts although details and a funding model are still being finalised.

While the NSW system has many elements that are superior to the Victorian system, it needs to be acknowledged that the NSW system still has many flaws and is not currently a system that should be replicated.

The NSW Government has publicly acknowledged the need to improve local and community transport and have developed plans to:

- Streamline funding for community transport as funding currently comes from a range of sources and is not co-ordinated. The NSW Government is trying to form one funding agreement which will help reduce the administrative overhead.
- Continue undertaking measures to enable greater involvement of commercial bus and taxi operators as part of the community transport pool.

- Reviewing the subsidised taxi program to improve the service for disabled people and make the service more effective.
- Developing one logo for all community transport organisations to create a brand and to lift the profile of the industry.

6.1.2 Queensland

Mobility in Queensland operates in a similar manner to Victoria, in that a mix of public transport and community transport is provided to community members. However, there are a number of key differences:

- Queensland Transport is responsible for regulating some aspects of community transport and is obligated under legislation to consider how unmet transport needs should be addressed (Queensland Transport, 2001).
- Queensland Transport has a Community Transport Solutions Unit that is responsible for policy and planning related to community mobility, and has overseen a number of demonstration projects to assess the potential at a local level of initiatives to encourage demand-responsive transport systems and the wider use of taxis as part of a more integrated community mobility system. The Community Transport Solutions Unit has also undertaken work to investigate how to achieve a “whole of Government” approach to mobility.
- Queensland has fewer regulatory barriers than other States in relation to bus and taxi operators, allowing for more flexibility in utilising these types of vehicles for community transport.
- HACC allocates funding each year to community transport and takes an active role in monitoring the services they fund.
- Fare paying passengers are permitted to travel on school buses. This is at the discretion of the school bus operator, and on the proviso that student travel takes priority. However, it is not thought that many fare-paying passengers utilise this transport option.
- Queensland also operates a half-price taxi scheme. The scheme is only for people with severe disabilities, but people with temporary conditions are eligible. All of those people registered for the program are re-assessed every five years.

6.1.3 South Australia

Like NSW and Queensland, South Australia relies on a mix of public and community transport services to cater for the needs of transport disadvantaged people.

Unlike Victoria, the South Australian Department of Transport, through the Office of Passenger Transport, is involved in funding and overseeing some community transport programs and for developing policy related to community based transport.

The Department of Transport works closely with HACC funded transport services and has focused most of its efforts to date on improving the utilisation of existing resources in regional areas. By providing funding for regional co-ordination and encouraging the shared use of all community transport resources, many improvements have been noticed at a local level.

Unlike Victoria, there are few regulatory barriers to prevent the use of taxis and buses in wider community-based mobility services. Private bus and taxi services are often contracted to undertake community transport work, especially in the provision of demand-responsive transport.

Most of the focus in South Australia has been in working on regional schemes to improve the use of existing resources at a local level. In the future, greater efforts will be made in reviewing the use of rural school buses and in also improving mobility services in the metropolitan areas.

South Australia also operates a taxi subsidy scheme for people who are severely disabled. This program has two levels of rebate, 50% and 75% depending on the level of disability and immobility. The maximum trip value is \$30, and the program is also capped in the number of trips that can be used per person per month. Each eligible user of the program is issued with 10 trip vouchers per month, for one-way trips.

6.2 How does this compare with Victoria?

There are a number of initiatives that have been implemented in other States that Victoria could consider adopting. These include:

- legislation that clearly identifies a Government Department as being responsible for community and local transport
- the use of other forms of transport like taxis and buses in the delivery of community transport services
- the transparent use of HACC funding for community transport
- the provision of regional co-ordinators to ensure that all areas of mobility are effectively managed and integrated at a regional level.

A summary of each State's mobility programs is included in Appendix D.

6.3 What is best practice internationally?

The principal author undertook a brief international study tour in September 2004. The aim of the study tour was to examine how selected overseas countries have addressed the issue of mobility for people who are unable to drive.

The key activities undertaken during the 10 day study tour were to attend the International Conference on Best Practice in Elderly Mobility, in Detroit, Michigan and to meet with key agencies in the United Kingdom (UK) and Europe.

While in the UK and Europe, meetings were held with:

- Community Transport Association, UK
- Mobility and Inclusion Unit, Department for Transport, UK
- "Help the Aged" Charity, UK
- Centre for Accessible Transport, University College London, UK
- Ministry of Industry, Employment and Communication, Sweden
- Department of Infrastructure, France
- Manager of Access and Inclusion Working Group - European Council for Ministers of Transport (ECMT)
- Head of Centre - ECMT/OECD Transport Research Centre.

This study tour was limited and did not include many European countries which are implementing sound mobility systems. However it was evident from the brief tour that there were a few key areas many countries are focusing on. These include:

- *Improving the accessibility of mass public transport* - so it can be more readily used as a main mode of transport for people who cannot drive.

- *Developing effective para-transport systems* – para-transport is usually the curb-to-curb or door-to-door transportation of a number of people using a small bus or vehicle that is demand-responsive. The nature of these services varies, and developing efficient systems is emerging as a priority for most jurisdictions, especially given the anticipated increase in older people who will need the service in the future.
- *Operating efficient specialised transport systems* – specialised transport is usually door-to-door or assisted transport for people with very limited physical mobility. The key focus of these programs is on ensuring those (and only those) who need these services can access them, and that they are operated as cost effectively as possible.
- *Driver to non-driver transition* – examining when a person might stop driving and how the transition from driver to non-driver can be made as easy as possible.

It was evident from the information presented at the conference and the study tour that many European countries and the United Kingdom have far more effective mobility systems and policies than the USA and Australia. Some States within the USA have begun to implement State-wide mobility programs, but there is considerable variability regarding the services delivered, between States.

A brief description of the key components of the mobility systems of the countries visited is detailed in the following sections. Further findings of the study tour are included in Appendix E.

6.3.1 Mobility systems in the United Kingdom

Transport services for people who are unable to drive in the United Kingdom are largely funded by both central and regional Governments, and via charitable funds and grants. The main focus is making existing public transport more accessible for aged and disabled people. Newly designed buses and changes to train services and facilities have been introduced recently and further improvements are planned over the next 10 years.

Specialised and para-transit systems in the UK are managed by local authorities and include dial-a-ride and community transport systems that are operated by a mix of paid and volunteer staff.

The allocation of funding and establishment of regulations for all of these transport systems is managed by the Mobility and Inclusion Unit, within the Department for Transport. This Unit is also responsible for policy development, strategic planning, and program implementation related to mobility systems in the UK.

Some of the best aspects of the UK system that may be worth considering within Victoria are:

- Government funding to regional authorities is only allocated to regions after they prepare local accessibility plans.
- Extra assistance for para- and specialised transport operators from Government comes in the form of petrol reimbursement schemes and tax exemptions for vehicle maintenance.
- The UK Government is investing in mobility centres which are designed to assess older drivers and to help them find ways of enhancing their mobility and safety, either as a driver or as a user of other forms of transport.
- The existence of the Mobility and Inclusion Unit within the Department for Transport ensures that a central body is responsible for legislation, research, planning, and implementation of mobility systems in the UK.
- A large and relatively well-funded Community Transport Association provides practical assistance for community transport organisations in the form of training, guidelines, and professional support.

- The UK Government requires that all new Government policy be reviewed to ensure that the policy will not have any detrimental effects on the levels of mobility and social inclusion, within the community.

Some short-comings of the UK system are:

- The separation of health related travel from social trips. The general lack of access to medical travel is regarded as the biggest short-coming of the UK system.
- The non-inclusion of taxis in the para and specialised transport systems due to industry and regulatory barriers.

6.3.2 Mobility systems in the USA

Transport systems in the United States are a State Government responsibility. Subsequently, the nature of how each State manages transport varies considerably.

Similar to Australian States, para and specialised transport is largely funded through Government grants and donations from charitable or philanthropic organisations. Volunteer labour is the most common form of labour in many mobility systems for the transport disadvantaged.

One of the better States in terms of the management of mobility is Michigan, where a very extensive research and planning process has been undertaken. The Michigan State Government has researched the mobility needs of its residents, and has tried to develop transport services that match the needs within their various communities.

The Michigan State Government acts as a co-ordinating body. It has encouraged private and commercial organisations to get involved in providing mobility solutions and has committed to ensuring that all areas of the State will receive at least a basic level of transport in the future. This has involved a commitment from Government to fund at least a base level of transport and mobility service in every county in the State.

6.3.3 Mobility systems in Sweden

Scandinavian countries, due to their extensive social systems, have been regarded as leaders in developing and implementing effective mobility systems. In particular, Sweden and Finland have been especially innovative in developing accessible transport options.

In Sweden, legislation requires that county and regional councils jointly fund and manage public and specialised transport. All regions provide public, para and specialised transport and they generally deliver consistently high levels of service.

The usage rates of public transport across the entire population is high with 25% of all trips in Sweden and over 40% of all trips in Stockholm being on public transport, compared with metropolitan Melbourne where 9% of all motorized trips are on public transport (Victorian Government 2004).

Specialised transport, the most intensive form of transport for individuals who require considerable assistance usually in the form of door-to-door or escorted transport, is entirely funded and managed by regional Governments. Vehicles used for specialised transport are predominantly taxis that are contracted by the regional Government. Regional Governments run the call and dispatch systems for specialised transport. In most cases, the call centre staff try to arrange for multiple passengers to share the trip to reduce costs. No volunteers are used in this system and Government funds all of the contracts and staff.

Currently all levels of Government in Sweden are trying to improve public and para transport systems to reduce the usage of specialised transport due to the very high costs associated with this type of transport.

The various Government departments that are responsible for the different elements of the transport system work collaboratively and a special cross-government project has been established to ensure accessibility on all forms of transport is enhanced.

The best aspects of the Swedish mobility system include:

- Recognition from Government of the importance of mobility for all citizens and commitment to providing accessible transport.
- Dedicated and adequate Government funding for all forms of transport for people who are unable to drive.
- Inter-departmental Government co-ordination of mobility systems.
- A Government grants program for people who have a disability to cover the costs of vehicle modifications which will allow them to drive and maintain their mobility for longer.
- Sweden has also trialed a very successful para-transit scheme called Flexiline that features the use of specially designed vehicles and intelligent dispatch and monitoring systems. This scheme is now being implemented in a number of areas across Sweden.

The disadvantages of the Swedish system are:

- The separation of medical trips and social trips where medical related trips are operated by the Health Department.
- The current high levels of mobility services will become increasingly expensive in future years given the likely increased demand for services due to the ageing population.

6.3.4 Mobility systems in France

Different organisations across various levels of Government manage public transport and specialised transport in France. Specialised transport is managed locally by regional authorities. Funding for special transport vehicles comes partly from Government and partly from local councils.

Like other European countries, significant funding is directed to making public transport more accessible for disabled or aged people. The aim of this is to reduce the reliance on more specialised transport schemes which are more expensive, and to meet agreed accessibility targets.

The positive aspects about the French mobility system are:

- Taxis are considered part of the mobility system and undertake a lot of the specialised transport work.
- New legislation is being developed to address the cost inequity of the mobility system. It is hoped that in the future, each trip will cost the same, regardless of the form of transport used, for instance, if a single trip on the Paris Metro costs €1.50, then so will a trip on para-transport, a trip on a regional bus or a taxi ride that is part of a specialised transport service.
- Smart technology and Intelligent Transport Systems (ITS) is being utilised to help improve the efficiency of para and specialised transport services, with a particular focus on dispatch and booking services.

Some negative aspects of the French system include:

- Medical trips are treated differently and are organised and paid for by the social security department.
- Regions vary in the amount and quality of services they offer.
- Improvements to make mass transit more accessible are not happening as quickly as in the United Kingdom or Scandinavia.

6.4 Comparing international systems with Victoria

The best elements of all of the mobility systems reviewed to date are summarised in Table 2. These best practice elements outline the type of improvements that are needed in Victoria to improve the level of mobility and access for transport disadvantaged people.

Table 2 Best Practice Mobility Systems		
Best practice	Best examples	Victorian experience
Government recognise responsibility for mobility for transport disadvantaged.	Sweden/UK – Governments have mobility and social inclusion units.	There is some Government recognition and programs but no overall strategy or policy exists
Whole of Government approach to improve mobility.	Sweden – use committee structure with Govt. Ministers reporting to the PM on mobility – each Dept. has clear area of responsibility.	Across Govt. projects exist but there is not yet any formal commitment at senior or ministerial level to develop a whole of Government approach.
Adequate funding and clear and equitable distribution model.	Sweden/UK- funding in Sweden is all provided by Govt. UK allocate funds to regions based on their accessibility plans and demonstrated needs.	Funding in Victoria comes from a variety of sources and is not necessarily allocated on a needs basis as the level of need in most areas is unknown.
Regulations and monitoring of service delivery.	UK/Sweden – these countries have national regulations and monitor service delivery at a local level to ensure the needs of the community are met.	Monitoring of funded services, especially HACC services is minimal and no state-wide regulations for community transport exist.
Audit of Government policies for mobility implications.	UK – has introduced a practice whereby all proposed Govt. policy (e.g. housing, education etc) is audited for its mobility implications before being implemented.	Does not occur in Victoria.
Programs and targets to increase level of accessibility of mass transit systems.	Sweden/France – like other European cities are actively trying to meet accessibility targets on mass transit by 2010.	Targets for making public transport DDA compliant have been set – although some targets will not be achieved.
Effective para-transit systems.	Sweden is investing in smart systems (called Flexiline) that cater for people with reduced mobility using specialised mini-buses, with trained drivers and smart technology to allow for demand responsive door-to-door services.	Specialised, demand-responsive transport is not common in Victoria despite its potential.
Utilisation of Intelligent Transport Systems (ITS) in mobility solutions.	Sweden/France – both are trialing advanced technology for use in automated call and dispatch systems for para-transit operations.	Most transport solutions in Victoria do not use advanced technology.

continued overleaf

Table 2		Best Practice Mobility Systems - <i>continued</i>	
Best practice	Best examples	Victorian experience	
Education, training and support for industry.	UK – via a very active Community Transport Organisation has well established training and codes of practice systems for people operating local and community transport programs.	The Victorian Community Transport Association is a volunteer organisation with minimal funds and no revenue stream – hence proactive training programs are not developed.	
Programs to assist disabled drivers continue driving.	Sweden – has implemented a grants program where people with a disability can receive grants to modify their vehicle so that they can continue to drive.	There is no such program in Victoria.	
Programs to assist transition from driver to non-driver and help with mobility planning.	UK – has established a network of mobility and vehicle assessment centres that can help assess a person's fitness to drive. They either provide assistance to keep people driving or in using other forms of transport if they need to stop driving.	Although transition from driving to non-driving is recognised as an important area, no specific programs have been developed.	
Efficient use of taxis as part of the mobility system.	Sweden – utilises only contracted taxi services to provide specialised door-to-door transport. This operates through regional call centres and users may be required to share taxis.	On the whole this does not occur due to taxi regulations and in some instances animosity between taxi operators and community transport. However, some trial projects (including a TCP project) have integrated taxis into community transport programs with good outcomes.	
Systems to encourage and support volunteers.	UK/US – a range of measures are used in some countries to encourage volunteer drivers – programs provide volunteers with community discount cards, and also with ride credits if they need to stop driving in the future.	No systematic support at a State level to assist organisations attract and retain volunteer drivers.	
Involvement of businesses in finding solutions.	UK/US – some local businesses have seen the benefits of ensuring good mobility – especially local retail and recreational businesses - and have helped to fund local community transport initiatives.	More private businesses could play a role in community mobility.	

7. Creating best practice in Victoria

If Victorians who are unable to drive are to have adequate opportunities to participate in the community then the Victorian Government needs to address the lack of effective mobility services and implement a far more holistic and strategic approach to create a sustainable mobility system.

Based on overseas and interstate experiences, effective mobility systems ideally:

- Enable all people to have at least a minimum level of mobility
- Provide mobility services that match the needs of the users
- Ensure that people can travel with safety and security
- Provide services that are affordable and equitable.

RACV believes that this can be achieved if the following areas are addressed:

- There is a whole-of-Government commitment to mobility for transport disadvantaged in Victoria
- Existing and future mobility resources are used in a more efficient way through effective co-ordination at a regional level
- Information about existing mobility levels is obtained and used to plan an efficient mobility system
- Regulatory, operational and cultural barriers to creating a fully integrated mobility system are eliminated
- A long-term strategy for mobility in Victoria is developed and implemented.

Each of these areas is discussed in more detail below.

7.1 Co-ordinated Government commitment

Currently in Victoria no area of Government is responsible for ensuring that the needs of the transport disadvantaged are being met and no area of Government is responsible for developing a strategy to improve mobility, nor to plan for future needs. RACV believes this situation needs to be rectified if an effective, efficient mobility system is to be implemented in Victoria. It is imperative that the health, community, education and transport sectors all work together to ensure that the best outcomes are achieved.

It needs to be expressed that the problem related to Government commitment is not necessarily one of lack of funding.

The current level of total State Government expenditure on mobility is significant. Total funding of mobility in Victoria includes:

- HACC funding of community transport
- Local government funding of transport services
- Government funding of the Multi-Purpose Taxi Program
- Government funding of public transport subsidies
- funding allocated for rural school bus transport from the Victorian Department of Infrastructure
- funding for veterans transport allocated by the Commonwealth Department of Veterans Affairs
- hospital related transport

- one-off funding grants like those for community buses under the Fairer Victoria initiative
- \$2.1 million being spent on the Transport Connections Project.

An evaluation in Queensland estimated that a total expenditure on transport and mobility for transport disadvantaged people was approximately \$250 million per year (Queensland Transport, 2001). RACV would estimate the level of expenditure in Victoria is at least equivalent to this figure, if not much higher.

The current short-comings of mobility and transport for people who are unable to drive largely relate to a lack of co-ordination and ineffective use of resources. Government funding is allocated by each program or department in isolation and as a result services are not integrated.

The structural inefficiencies of the current system mean that all of the funding and resources are not being used effectively and as a result the systems that are in place do not meet the needs of the community.

Recommendation

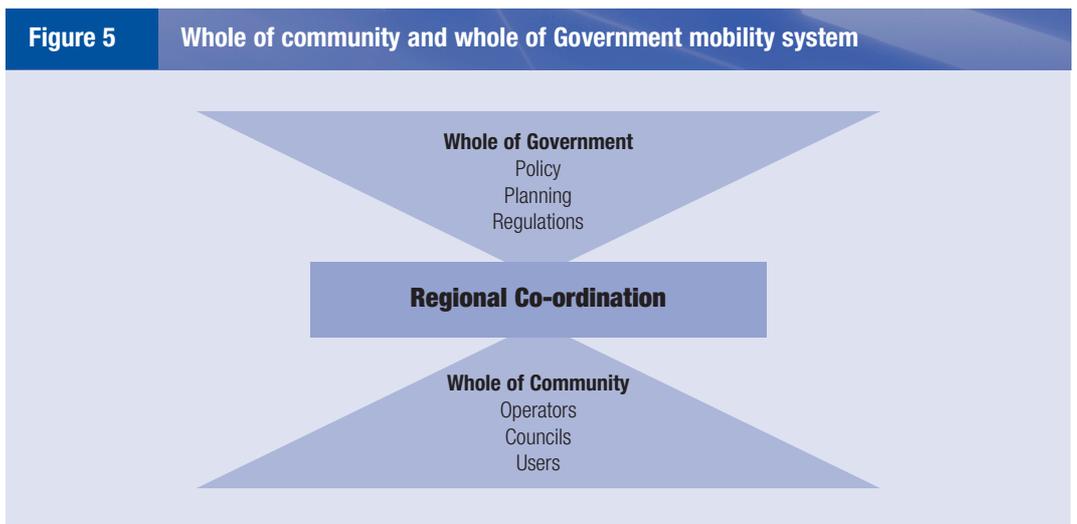
There should be a whole of Government commitment to improving the level of transport for people who are unable to drive. RACV recommends that an integrated mobility system needs to be developed and implemented to improve the quality of life of many transport disadvantaged Victorians.

7.2 Regional co-ordination

Better co-ordination at a senior Government level alone will not create an effective mobility system. Co-ordination at a regional level is also needed. Better regional co-ordination together with a whole of Government commitment to achieving improved mobility represents both a top down and bottom up approach to developing a mobility system.

As has been demonstrated in New South Wales and in Victoria through the local stages of the Transport Connections Program, the funding of a dedicated position to bring key agencies together with the aim of greater co-ordination of services and resources has considerable benefits.

Regional Co-ordinators can determine and respond to the needs of the local community and ensure that all forms of transport, community, public and private work in a co-ordinated manner to provide local mobility services. This is illustrated in Figure 5.



Recommendation

Adequate funding for the provision of regional co-ordination of mobility services should be allocated by the Victorian Government.

7.3 Information about current and future needs

The ability to implement the most efficient mobility system cannot be achieved unless further information about the transport and mobility needs of community members is known. Currently very little information is known about how many people need mobility assistance in the community, what their level of need is and how well these needs are being met by the current services.

Without the knowledge of community needs it will be impossible to plan for the future and develop an effective and efficient mobility system.

Consistent State-wide data should be collected at a regional level regularly (for instance every five years) and regional accessibility and mobility plans should be developed in light of this information. Without this information and level of planning, Victoria's approach to transport disadvantage will continue to be ad hoc and inefficient.

The nature of the information that should be collected at a regional level, and assimilated on a State-wide basis should include:

- Information about how many people have unmet mobility needs
- Where these people live
- What services they need to access
- Where they need or want to travel to
- What types of transport they can access
- What can they afford to pay for transport
- How aware are they of transport options
- What types of transport mode do they prefer to use.

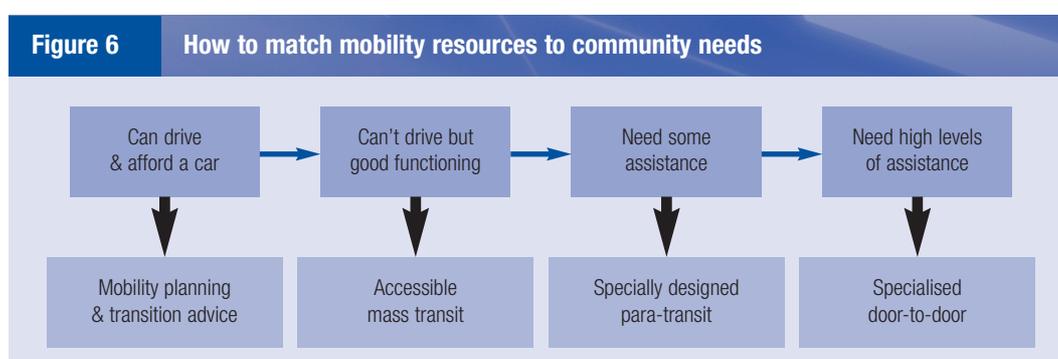
Recommendation

The Victorian Government should develop and implement a mobility information system so that the transport needs of Victorians who are unable to drive can be understood.

7.4 Resources matched to community needs

Only when accurate information about the level of mobility community members need is known can efficient planning and allocation of resources occur. This information can enable resources to be developed and offered based on need.

Victoria should develop a mobility system that meets the needs of the community. This will result in an individual's mobility needs being met by the most appropriate form of transport. They will not be offered transport that they cannot access, nor will they be offered transport solutions that over-cater for their individual needs. This approach is illustrated in Figure 6.



Once information about the mobility needs of a given community is determined, regional plans should be developed. Regional planning should not only include how to structure the existing transport resources like community transport, but also utilise other service providers, like taxis, contract buses, school buses and train services. The plan should also determine the best way of ensuring people have access to services, either through providing transport to the service, or changing the location or nature of the service to better meet the community needs.

Funding allocations for mobility services should not only require that a community has a well developed plan, but the nature and level of funding should reflect the communities' needs. This approach will help to overcome the variability in mobility services that currently exist throughout Victoria and should close some of the existing transport gaps.

Recommendation

All regions within Victoria should be required to develop mobility and accessibility plans before they receive any Government mobility funding. The necessary support and assistance should be provided to regions to enable them to develop and implement regional plans.

7.5 Elimination of barriers

It is very apparent from this research that a number of regulatory, policy and operational barriers exist that prevents a co-ordinated, integrated and efficient mobility system from being developed in Victoria.

It is imperative that these barriers and operational short-comings be addressed by the responsible departments. In addition to a whole of Government commitment, RACV believes that Government departments and agencies need to review and reform many existing programs and policies related to mobility and transport.

Recommendation

The Victorian Government should introduce measures to improve the efficiency and equity of existing transport services and programs. Specifically the Government should:

- *Undertake a review of the Multi-Purpose Taxi Program to determine the most efficient model for the future.*
- *Review the contracts for bus and taxi operators to ensure the barriers to participation in community based mobility services are eliminated.*
- *Develop a system to create incentives for bus and taxi operators to become more involved in the provision of mobility, especially in rural areas.*
- *Review V-Line timetables and restrictions to ensure these services are meeting community needs.*
- *Review the contracts for rural school buses so that they can be more widely used in providing mobility for regional communities.*
- *Provide greater support and assistance for older people in making the transition from driver to non-driver.*

7.6 Developing a long-term state-wide mobility strategy

While urgent action is needed to address the fragmented and inefficient mobility system in Victoria, with an ageing population the demand for mobility services will increase dramatically.

To address the mobility needs of Victorians in the coming decades a long-term mobility strategy needs to be developed. This strategy will need to address what future demands will be and how best they can be met. Investment needs to be made in developing innovative mobility solutions for the future. For instance, a greater utilisation of demand-responsive transport may provide some cost effective mobility solutions for Victoria, as could greater use of intelligent technologies.

A Victorian Mobility Plan needs to be developed and should dovetail with other relevant strategic plans like Melbourne 2030, a Fairer Victoria and the Victorian State Disability Plan 2002-2012.

The Victorian Government needs to invest in both long-term planning for mobility and in innovative solutions so that the future mobility needs of Victorians will be met.

Recommendations

A long term strategic Victorian Mobility Plan needs to be developed by the Victorian Government in consultation with all relevant stakeholders, and should specifically include community and local transport policy and planning.

Greater State Government resources should be allocated to developing mobility innovations and finding mobility solutions for future generations of Victorians.

8. Conclusions

Transport and mobility options for people in Victoria who are “transport disadvantaged” in many instances are not meeting the needs of the community. The consequence of this is that individuals cannot access essential services and also have limited opportunities to socialise and engage with their local community. This has an adverse effect on quality of life and can lead to isolation, depression and illness.

There have been some improvements over the last five years, with the Victorian Government undertaking some projects that reflect a more integrated Government approach, like the Transport Connections Project. It is important that the Government continue this program and expand it to other areas of the State. It is also vital that the State Government heed the feedback from those involved in implementing these projects at a local level about the barriers that exist in Victoria that prevent a truly integrated mobility system. Until this occurs, the fragmented, non-integrated approach by the Victorian Government to mobility that RACV reported on in 2000 will continue.

The current report has found that mobility services in Victoria are extremely variable, are not designed to address community needs and in many instances the resources that are available are under-used and in some instances overlap with other of services. Many local stakeholders criticised the lack of Government commitment to mobility and also highlighted many regulatory barriers that prevent the development of a more efficient and integrated system.

To improve the level of mobility and access in Victoria and to ensure that future generations of Victorians will at least have adequate mobility levels, RACV believes that the Victorian Government needs to focus on three key areas. These are:

- **Integration:** Improving the integration and efficiency of all forms of transport and related services for people who are unable to drive to ensure that resources are used as effectively as possible.
- **Equity:** To improve the level of mobility and access to services for Victorians living in rural and outer metropolitan areas where the lack of transport services is acute and is having a very detrimental effect on the well-being of people living in those areas.
- **Innovation:** Developing innovative transport solutions that will cater for the growing mobility needs of future generations of Victorians. Developing flexible demand responsive transport systems, using technology to better utilize resources via more advanced dispatch systems and engaging with the private sector more effectively are examples of the types of innovation needed.

In order to achieve these long-term aims, RACV proposes the following key recommendations:

- ***A co-ordinated whole of Government commitment*** - To oversee the implementation of a mobility system in Victoria.
- ***Regional co-ordination*** – The appointment of regional mobility co-ordinators to ensure that all forms of mobility are integrated at a regional level.
- ***Information about current and future needs*** - The systematic collection of information about community needs so that a mobility system that is community based rather than resource based is implemented.
- ***Resources matched to community needs*** – By using information about the level of need in a community, a system that most efficiently addresses these needs can be developed and resources can be allocated on a needs basis.

- ***Eliminating barriers*** – Numerous regulatory, operational and cultural barriers exist that need to be removed to enable a fully integrated mobility system.
- ***A long-term State-wide mobility strategy*** - A strategy that considers future mobility needs of Victorians and also utilises innovative ways of addressing these needs should be developed, in parallel with other relevant State-wide strategies.

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Appendix A Results of retired driver survey

Transport research among non-driving older people *

Anne Harris

Abstract

Good transportation allows people to travel independently to undertake both essential trips, as well as provide access to social and recreational activities. For people who cannot drive, especially those who are elderly, the availability of good transport options is vital to their health and well-being. In order to determine how well existing transport provisions are servicing older non-drivers, RACV undertook a small qualitative and quantitative study among 125 older Victorians who had recently stopped driving. Survey respondents were asked what transport services they used regularly, what difficulties they had with different forms of transport, and what improvements to transport they thought would be beneficial.

Introduction

Reliable, efficient and effective mobility is essential for the well-being of all Australians. The primary mode of transport used by most people is the private car. However, the provision of adequate transport alternatives is important. Ensuring that existing public and community transport services meet the needs of Australians, especially the transport disadvantaged like disabled people, the aged, and those living in rural or isolated areas, is of primary importance. Ensuring that transport services will be able to cater for the increased number of older people in future years is also an important issue that needs to be addressed by all levels of Government.

Older people and people with disabilities are more likely to be transport disadvantaged than other groups. The inability to drive themselves, difficulty in accessing public transport services, and economic issues can all contribute to making these groups transport disadvantaged. The level of disadvantage can worsen if these people live in regional or rural areas, or if they have little family or community support.

Australia's population is ageing. The proportion of persons aged 65 years and older in the Australian community is predicted to increase from 11.1% in 2001 to 24.2% in 2051. While the number of persons aged 65-84 years is predicted to approximately double, the percentage of persons aged 85 years and above is predicted to increase four-fold (ABS, 1999).

The changing population demographic will have a significant impact on the need for transport services for older people. It could be expected that a certain proportion of older people will not be able to drive themselves for their entire lives, and will consequently be reliant on alternative forms of transport. Population growth estimates suggest the overall number of older people in this situation will increase markedly over the next few decades, and therefore a greater number of adequate transport alternatives will be needed.

Existing transport options

Most older people rely on driving their private car as their main mode of transport. However, when a person needs to stop driving, either permanently or temporarily, they become reliant on the transport alternatives.

* This paper was presented at the ARRB Conference, May 2003, Cairns, Queensland.

The extent of transport and mobility alternatives available to older people who cannot drive largely depends on where a person lives. Some older people who live in inner urban areas report the transport services available are very good and meet most of their needs. This transport is usually in the form of formal public transport such as buses, trains, taxis and trams, as well as less formal transport options like getting rides with others, using community transport, courtesy buses, walking or using motorised scooters. However, other older people, particularly those living in outer urban and regional areas have access to limited formal transport options. Some people living in remote areas have no formal transport options available at all, and need to rely solely on the availability and goodwill of family and friends, to transport them.

Family members who provide lifts for non-drivers are an important form of alternative transport. When individuals are no longer able to drive themselves, many rely on a spouse or family member to provide transport (Taylor and Tripodes, 2001 and Fonda et al, 2001). However, the availability of family members as a form of alternative transport will diminish in future years especially in rural areas. Current population trends show young people are moving away from rural areas to seek employment and education in urban areas. This means that the proportion of older people living in rural areas is increasing (DOI, 1996), and the availability of family members living close by is reducing. Similarly, the increased participation of women in the workforce will mean that daughters, who have been relied upon in the past to care for and chauffeur older parents, will be far less available.

Impact of poor mobility

A lack of transport services, resulting in decreased mobility, can influence many areas of an individual's life.

If there are inadequate mobility options available, many older people may choose to continue to drive, albeit with some self-regulation, even if they are not safe to do so. During focus group research conducted by RACV (Harris, 1998) it was found that older people living in rural Victoria often admitted that they would continue to drive, despite medical advice not to, as they did not feel they had any alternative.

The availability of acceptable transport alternatives is a vital consideration in people's decision to voluntarily stop driving. The decision to stop driving is eased by the availability of adequate alternative transport, as is the extent of loss of mobility and independence when driving ceases or is reduced (Stacey and Kendig, 1997).

Research studies have found that many older people who stop driving due to poor health have to cope with loneliness and isolation, and this is particularly the case if they have no family nearby (Johnson, 1995). Driving cessation alone is associated with increased depressive symptoms in older people (Marottoli, Mendes de Leon, Glass, Williams, Cooney, Berkman, & Tinetti, 1997), and it is expected that depressive symptoms may continue or even worsen if alternative transport is not available (Fonda et al, 2001).

The decreased social participation of older people who can no longer drive and who have inadequate alternative transport options means the community lose a valuable resource. Older people are less likely to be involved in local clubs and associations and to undertake paid or unpaid volunteer work if they do not have a means of transportation (Cobb and Coughlin, 2000). While this can have detrimental effects on the older person themselves, it also means that the community loses a valuable resource that it has come to rely on.

Previous transport research among older populations

In 2000, RACV conducted a survey of 400 older Victorians (drivers and non-drivers aged 65+ years) living in rural areas about transportation (Harris, 2000). The aim of the research was to determine what types of transport older people in rural Victoria had access to and how satisfactory they thought

the transport availability in their area was. Most respondents indicated that taxis (81%), buses (79%) and trains (50%) were all available in their area. Almost half the respondents noted the availability of community transport (46%), of lifts with other people (45%) and courtesy buses (31%). However, four per cent stated they were not aware of any forms of transport alternatives in their area, with many of these people (11%) living in areas with a population of less than 3000 people.

In general, rural respondents thought the availability of transport services in rural areas was either poor or rated the availability as neither good nor poor. Taxis were the highest rated service in terms of availability (50% said good or very good), followed by train services (33% said good or very good), bus services (24% said good or very good) and community transport (15% said good or very good).

There was also a lack of awareness of some forms of alternative transport, with many people being unaware or lacking any details about the transport services available in their area. One issue that emerged during the research was the unwillingness of older people to use available public transport, especially while they are still drivers. Many respondents commented that they had not used public transport for decades and do not know anything about using it.

Objectives of research

After reviewing the available literature about older people and transport usage and mobility, it was apparent that very few studies had been conducted among non-driving older people – the main group of people most reliant on alternative transport services. Subsequently, the current research project was commenced in August 2002 and involved interviewing a small sample of recently retired Victorian drivers, who all were aged over 65.

The primary aim of this study was to gain an understanding of the impact of no longer driving on the lives of older people, and to evaluate existing mobility options for this group, as well as identifying any unmet needs.

Research methodology

Initially, a series of 25 unstructured and semi-structured qualitative interviews were conducted with older people who had ceased (or significantly decreased) their driving. These interviews were conducted in inner and outer metropolitan Melbourne. Information gathered in these qualitative interviews helped in the formulation of the quantitative interview questionnaire.

A structured quantitative interviewing stage was then undertaken and 100 interviews were conducted with older people who had recently stopped driving. Interviews were conducted face to face in the respondent's home or a convenient location. The sample was split between metropolitan Melbourne (n=71) and regional and rural Victoria (n=29).

Respondents were recruited from RACV's membership database that comprises over 1.3 million drivers. The database was interrogated to find a sample of recently retired older drivers. Persons aged between 65 and 95 who had cancelled or not renewed their RACV roadside product in the past year were contacted by RACV to ascertain if they were now a non-driver. Those who had ceased driving, or who had reduced their driving significantly (defined as now driving less than once a month) and were aged over 65 were included in the study.

Information was collected via face-to-face interviews with the respondents, which took place in the respondent's home and lasted approximately 30 minutes.

Research findings

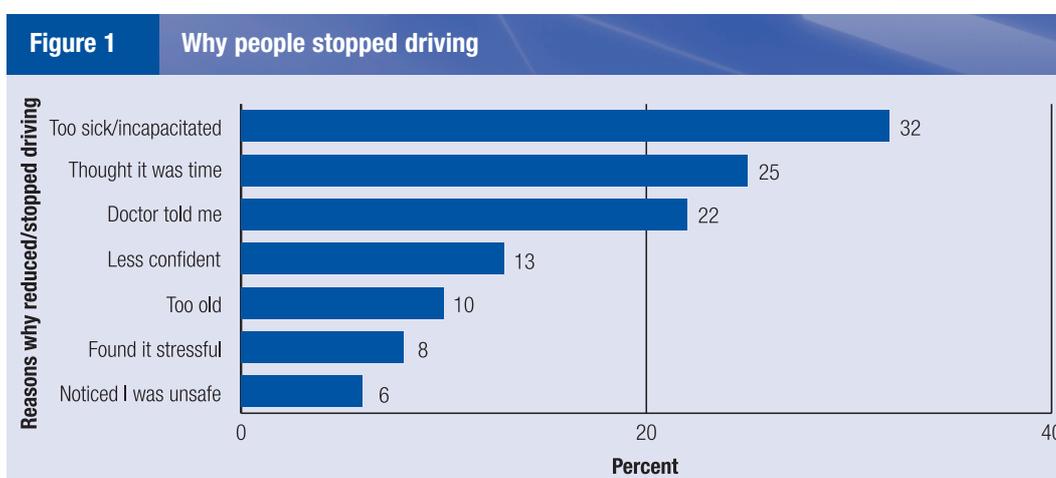
The research findings from the 100 quantitative interviews are presented in this report. The details of the sample obtained for the study are shown in Table 1.

Respondents were asked a series of questions about their experiences when they stopped driving and what transport they now use and for what trips.

Table 1	Profile of older non-driver sample	Appendix A		
		Total (N=100) %	Men (n=47) %	Women (n=53) %
Age group				
	65 – 75 years	17	19	15
	75 – 84 years	57	52	59
	85 years or older	27	29	26
Living arrangements				
	Single, lives alone	59	25	87
	Couple, living without family	32	68	6
	Living with others	9	7	8
Level of daily assistance required				
	No help required	71	65	77
	Some help required	17	14	20
	Always need help	12	22	4
Main source of income				
	Self funded annuity or pension	29	36	22
	Government pension/Centrelink benefit	54	49	58
	War/war widow pension	17	15	19
Type of assistance received				
	Home help from council	44	36	51
	Meals on wheels	14	15	13
	Visits from district nurse	8	17	-
	Assistance from an organisation	8	8	8
	Other form of community support	9	5	11
	No assistance	32	39	27

Driving cessation

Most participants in the study stated that they stopped driving due to a medical or health problem. The types of medical conditions varied, as did their onset. For some people, they were aware of a health condition that was slowly worsening and realised that there would be a time in the future that they would need to stop driving. For others, the medical condition had a sudden onset, like a stroke, when they went from being a driver to non-driver almost immediately. Details of why people stopped driving are shown in Figure 1.



Medical or health reasons were the most commonly cited reason why people stopped driving. One in two (51%) respondents felt that the decision to cease driving was their own choice. Of those who were influenced by others, the most common people involved in the decision were doctors (26%) or other health professionals (15%). One in five (17%) consulted their children and one in ten (7%) consulted their partner.

Reaction to stopping driving

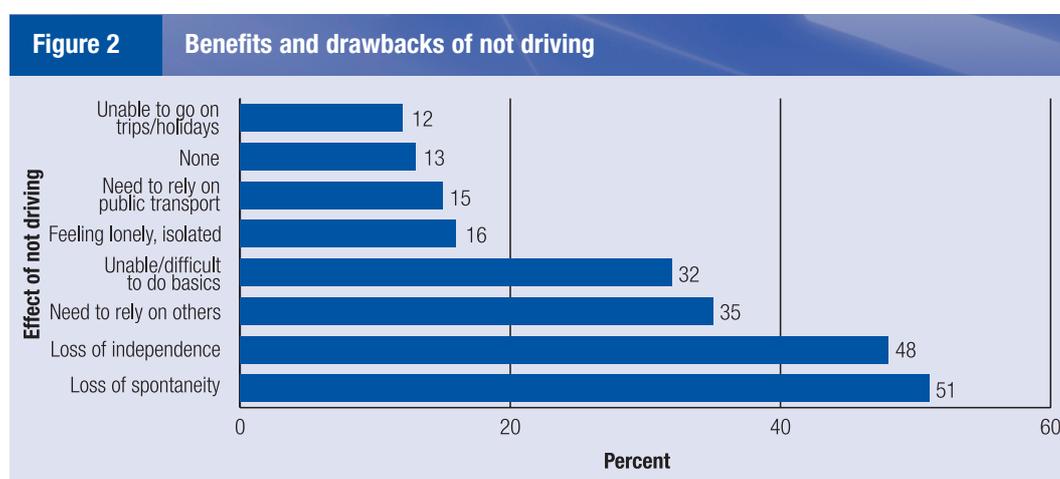
Just as the reasons why people need to stop driving can vary, so do the reactions of people who have stopped driving.

When asked to rate on a scale of 0-10 how hard it was to adjust to not driving there appeared to be a clear segmentation among the respondents, as:

- one in two respondents (56%) indicated that it was ‘hard’ to adjust to the change in their driving (rating of 7-10)
- 20% stated that the adjustment was average (rating of 4-6)
- 24% stated that they found it easy to adjust (rating of 0-3).

Similar proportions of men (54%) and women (58%) found the transition to be difficult (giving a rating of seven to ten), but those living alone were more likely to find it hard to adjust than those living with other people. Two in three (63%) of those living alone indicated that it was ‘hard’ to adjust, compared with 46% of those living with other people.

Respondents were asked to indicate the benefits and drawbacks of no longer driving. The findings are shown in Figure 2.



As expected, the main drawbacks of not driving were the loss of spontaneity and independence. Four in ten respondents (35%) also noted that the need to rely on others was a drawback of not driving. One in four respondents (39%) indicated that there were no benefits in stopping driving; these were more likely to be people who found adjusting to non-driving to be hard. Saving money was the most commonly recognised benefit, nominated by four in ten respondents (36%).

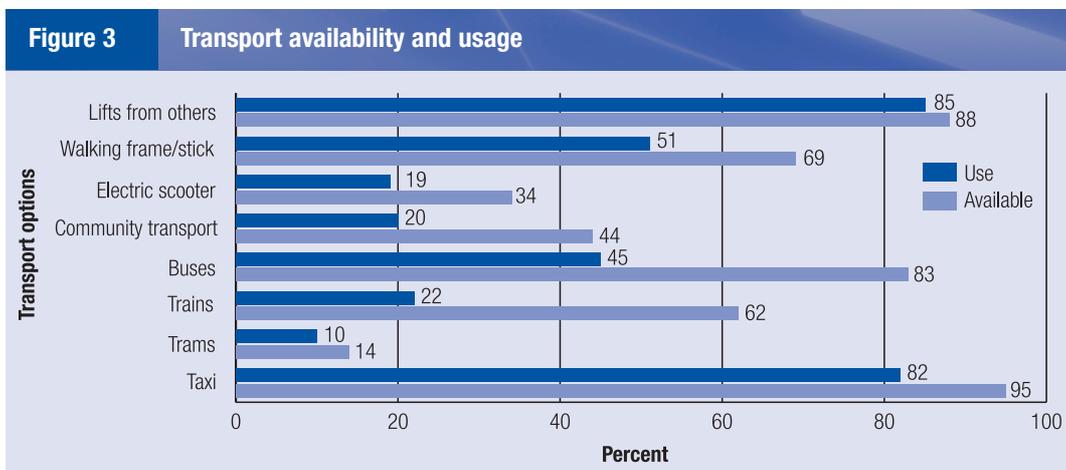
Respondents were also asked to indicate how hard they found particular tasks, now that they were not driving. Among the tasks that respondents nominated as hard to complete without driving were attending social activities such as visiting family and relatives (57%), visiting friends (50%) and getting to special events and functions (44%). Detailed responses are shown in Table 2.

Tasks	Don't do	If do task, how difficult		
	%	Easy	Neither easy nor hard	Hard
Get to pubs and entertainment venues	60	17	4	19
Visit your family and relatives	15	28	-	57
Visit the doctor or hospital	5	60	4	31
Go to the corner store/milk bar	9	60	2	30
Visit friends	17	31	4	50
Keep in touch with what's happening in my neighbourhood	22	59	4	15
Go to local clubs and societies I belong to	37	42	2	18
Go shopping for items other than groceries	13	49	3	35
Go shopping for groceries	11	52	1	35
Get to special events or functions (eg christening, funeral)	12	38	5	44
Go on holidays, special trips	31	32	5	32
Go to church	56	27	1	15
Take part in hobbies	47	35	3	16
Do volunteer work	84	9	-	7

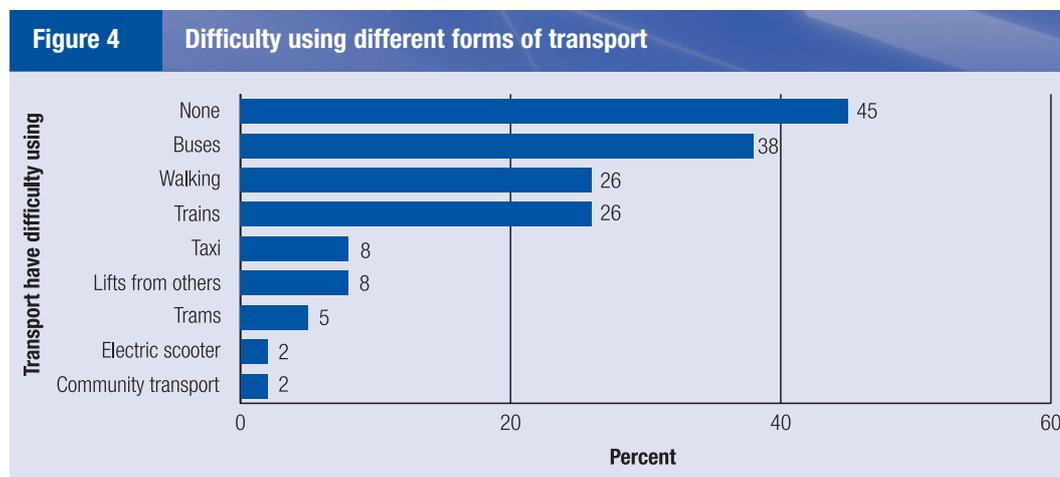
Alternative transport options

Most older non-drivers were relying on taxis (82%) and lifts from others (85%) to get around. While buses were available to the majority of respondents, only half of those who had access were actually using buses (45% using, 83% had access). One in five respondents used community transport (20%) or trains (22%). These findings are shown in Figure 3.

Respondents that did use the various forms of transport were asked if they had any difficulty using that form of transport. Many older people have difficulties using formal public transport like buses, trains and trams. The form of transport that older people have the least number of difficulties with



was taxis. Two in five respondents (38%) indicated that they had difficulty using buses, while one in four respondents experienced difficulties in using trains (26%) and in walking (26%). These responses are shown in Figure 4, below.



Nearly one in two respondents (45%) indicated that they did not have any difficulties using any of the transport options listed. Respondents who were living with another family member were less likely to experience difficulties with these transport options, with 67% indicating they did not have difficulties, compared with 37% of those living alone.

The main difficulties that older non-drivers had using buses was:

- Stepping on and off the bus (68%)
- Standing/walking on the train (57%)
- Walking to the bus stop (36%)

*(n=42).

The main difficulties that older non-drivers had using trains was:

- Walking to the station (61%)
- Standing up on the train (38%)
- Stepping off the train (30%)

*(n=32).

The only problems nominated with taxis (where n=42) were being able to afford the fare (10%), and getting a taxi that would agree to do a very short trip (9%).

Usefulness of Transport Initiatives

Respondents were also provided with a list of possible transport initiatives and asked to rate how useful each suggestion would be. Discounted taxi fares was seen as the most useful transport initiative for these respondents, described as 'very' or 'a little useful' by 95%.

Other useful initiatives included having a car pool organised by local community groups or the council (61%), assistance from a reliable community member when needed (60%) and more community transport (59%).

Discussion

The ageing population and transport needs

The ageing population will see a significant increase in the number of older people who will not be able to drive and will need to find some forms of alternative transport. Not only will the proportion of older people increase in the future, the profile of an older person will also change. It is anticipated that the “Baby Boomer” generation will have significantly different activity patterns in their old age than people today. As most baby boomers have enjoyed a lifetime of automobility, it is suggested that they will be more active and demand greater transportation than previous generations (Cobb and Coughlin, 2000).

The level and nature of transport currently available to older people is clearly not meeting demands or community expectations. Obviously this situation will get worse as the population ages and considerable effort is needed to address the situation to ensure at least a basic level of transport is provided for the ageing Australian population.

All improvements to transport for older people do not necessarily have to involve only formal transport modes. Greater recognition and encouragement of non-formal transport services, such as rides provided by family members as well as community transport services is likely to be particularly beneficial for older people, as this is often their preferred mode of transport. Utilising and co-ordinating informal services with more formal transport would provide a more effective and integrated system.

Public transport planners will also need to be far more cognisant of the transport needs of older people with the design of formal transport services – the nature of the service, the routing and timetabling as well as the design of trains, buses and trams, and stops and waiting areas. Taxis are also a very important form of transport for older people, and are the only formal type of transport that can provide a door-to-door service. Greater promotion and utilisation of taxis services, as well as ensuring that taxi services are integrated with other forms of transport, especially community transport, will be vitally important in the future.

Improving transport services and developing a far more integrated approach that includes both formal public transport and informal supplemental transport will achieve many other associated benefits.

Social and health impacts

The current study clearly shows that some older people have considerable difficulty adjusting to life as a non-driver. One way in which an individual's adjustment can be improved is if they maintain high levels of social participation and feel a sense of belonging or connectedness to their local community. Social participation not only assists people in coping with the transition from driver to non-driver, but has also been found to be a protective factor in preventing depression and illness as people age (Marottoli, Mendes de Leon, Glass, Williams, Cooney, Berkman and Tinetti, 2000).

To enable this, local communities need to ensure that older people can at the very least access some form of transport. This does not necessarily need to be formal public transport services. In many cases, older people who can no longer drive need door-to-door transportation. While most communities offer some forms of formal and informal community transport, many older people are not aware of these services.

Poor transportation and mobility will have a detrimental effect on the health and safety of older people and one would anticipate that the associated health and community costs would increase dramatically if attention to the issue of alternative transport is not addressed in the near future.

Government policy and funding issues

Some areas of government have implemented policies that have also impacted on the transport needs of older people. The closure and downgrading of many rural and regional hospitals and health services has had a profound impact on the transport needs of older people living in rural Victoria. It appears that the mobility and transport impact of these policies were not considered

when they were developed. As a result, the transport sector has had to make provisions for the results of policies made by other government sectors. A report by Department of the Environment, Transport and the Regions (2000) in the UK recommended that all non-transport policies should be audited for their transport implications with a transport impact assessment, and where transport impacts will be adverse, should be modified accordingly. Such an approach would also be beneficial in Australia.

Key policy issues related to mobility are whether Australians have a right to some form of lifelong mobility, how much mobility are groups or individuals entitled to, who should provide it and who should pay for it.

Obviously there are limitations on the amount of transport that can be provided in a community. However, the pure economic question that needs to be addressed is what level of investment in mobility and transport for older people is required to alleviate some of the resultant costs of health care and road trauma. What is the optimum level of spending on transport and mobility services for older people who are not able to drive themselves?

In addition to undertaking transport and economic research, a range of initiatives are needed now to improve the level of transport services for older people who can no longer drive. Understanding the transport needs of this small but growing population group as well as being aware of the severe and far-reaching impact of poor transport, is the first step in improving transport services for older Australians.

Conclusion and recommendations

Research, planning and policy work is needed urgently to ensure that the hundreds of thousands of older people who will need alternative transport in the future will have access to a reasonable level of transport.

More emphasis and assistance needs to be placed on adequate and appropriate transport for older people now and in the future.

Initiatives are required at many levels to address this. These could include:

- development of integrated transport plans that include all forms of public and community transport, including taxis
- encouragement of all areas of government, like health and housing areas, to address the mobility implications of their policies
- better information about available transport options for older people and their families
- greater support and assistance for local government and other providers of community and supplemental transport
- more education and information for older people about alternative transport options and how to maintain the same social contacts and activity levels they had when they could drive
- programs to urge older people to consider and plan for their mobility needs as they grow older
- more information about what services, like transport, home-help and other local supports are available for older non-drivers
- innovative workplace policies that permit family members the flexibility of providing trips or other support to elderly family members, during work hours.
- better alternative transport services, especially in rural and outer metropolitan areas and a greater promotion of these services
- specific programs to encourage and facilitate greater social participation among non-drivers.

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Appendix B LGA survey instruments

LGA telephone questionnaire

1. Do you have any transport programs in place targeting older adults, in particular those who have stopped driving?
2. How much does it cost to use?
3. How much funding is allocated? From who – HACC? Council? Other sources?
4. How many vehicles do you have? Buses? Cars? Are they for group or individual use?
5. What are the criteria used the eligibility for your transport programs?
6. What times are these services available? Do they operate after hours?
7. What is the nature of trip criterion? Medical only, social only, mixed?
8. Is there a patient transport service available in your local government area that offers transport to and from local hospital for non-trauma patients?
9. Do you have connections established with other transport providers? (i.e. public transport, taxis, other providers such as red cross, churches, etc.)
10. Do you think these programs meet the needs of older adults? What are their needs and how do they meet their needs?
11. What areas do you think need improving? OR What are the gaps in the services?
12. Are you intending to implement any future projects that will improve mobility in older adults?
13. Have you evaluated the effectiveness of these programs? (E.g. Number of trips, no. of people, no. of km, cost satisfaction, accessibility, affordability, availability, acceptability). If they have a report ask for a copy (if made public).
14. What information do you rely on for developing such programs?
15. How do you promote your services to potential users?
16. Do you think people are aware of transport options?
17. Do you think the public transport in your local area is “senior friendly”?
18. Are there other transport services for youth, or other specific groups?
19. What do you think would improve the system at council level?
20. As you are probably aware there is an aging population in your area. Does the council have any long term strategies that address needs in your area?
21. What improvements could be made at a statewide level?

RACV mobility survey

Thank you for completing the telephone survey on this topic recently. We would appreciate it if you could please complete the following brief questionnaire, which is a follow-on from the telephone survey and will help us quantify the information you provided. All information is confidential and will only be used for research purposes. Any results that are published will not contain any identifying information. Please complete and return via email to mobility_survey@racv.com.au, fax (03) 9790 2629, or by mail to: Mobility Survey RACV Public Policy Department, 550 Princes Hwy, Noble Park North, Victoria 3174.

Name of Organisation: _____

Local Government Area: _____

1. Please tick which of the following community transport services your organisation operates.

(Tick all that apply).

1 Community buses	<input type="checkbox"/>	Go to question 2
2 Community cars	<input type="checkbox"/>	Go to question 3
3 Volunteers driver programs	<input type="checkbox"/>	Go to question 4
4 Other programs	<input type="checkbox"/>	Go to question 5

2. Community Buses

2a. How many buses do you have? _____

2b. What is the level of usage for this service
Trips _____ Individuals _____

2c. What criteria do users have to meet in order to use this service? _____

2d. Are your buses fitted with low floors? (Please circle)

1	Yes
2	No
3	Some, but not all

2e. Please indicate what type of service/s your organisation operates.

1	Door to door service
2	Fixed route
3	Dial-a-bus
4	Stop on request
5	Other (please specify)

2f. Who funds the community buses? _____

2g. What other groups or organisations also use the buses? _____

3. Community Cars

3a. How many cars do you have? _____

3b. What is the level of usage of this service?
Trips _____ Individuals _____

3c. Please indicate whether the drivers are volunteers or paid.	1 Paid
	2 Volunteers
	3 Both

3d. Who funds the community cars?

4. Volunteer Driver Programs

4a. Do the volunteers drive and use their own vehicles?	1 Yes
	2 No

4b. How many volunteers do you have?

4c. What is the level of usage of this service	Individuals
Trips	

4d. How many trips are undertaken per year?

4e. Who funds the volunteer driver program?

5. Other Mobility Programs

Please describe program(s) with reference to funding and eligibility criteria for users.

Funding

If possible, please provide an *estimate* of how these programs are funded..

6. What is the total expenditure on community transport, from your organisation per year?	\$
6a. How much of this does council provide?	\$
6b. How much is provided by HACC?	\$
6c. How much is provided from other sources? Please specify source	\$

Performance

7. How well do you think the services you provide meet existing demands within your community?	1	2	3	4	5
	Not very well		Average		Very well

8. How do you think the provision of community transport could be improved?

Thank you for time. A copy of the report will be emailed to you as soon as it is completed.

Appendix C List of consultations

Local government

City of Kingston

City of Bendigo

Mornington Peninsula Shire

Bass Coast Shire – Transport Connections

Wellington Shire Council – Lets Get Connected Gippsland East Transport Project

Gannawarra Shire Council – Southern Mallee Transport Connections

Community transport operators

Link Community Transport – Hume Transport Links Project

Eastern Transport Access Network (ETAN)

Upper Hume Community Health – Valley to City Efficiently Project

Community Access Inc. Wodonga

Red Cross Victoria

Stakeholders

Council on The Ageing (COTA)

Victorian Council Of Social Services (VCOSS)

Municipal Association of Victoria (MAV)

Victorian Taxi Association (VTA)

Bus Association of Victoria (BAV)

Victorian Community Transport Association (VCTA)

Institute of Transport Studies - Monash University – Prof. Graham Currie

NSW Community Transport Organisation (CTO)

Government

Policy and Strategic Projects Division – Department of Human Services

Home and Community Care (HACC) - Department of Human Services

Home and Community Care (HACC) – Australian Department of Health and Ageing

Planning Division and Policy – Department of Infrastructure

Public Transport Division – Department of Infrastructure

Multi-Purpose Taxi Program – Department of Infrastructure

Office of Senior Victorians - Department of Victorian Communities

Local and Community Transport Unit – NSW Department of Transport

Community Solution Unit – Queensland Transport

Office of Passenger Transport – SA Department of Transport

Appendix D Interstate Mobility Programs

The table below summaries the key differences between each of the States.

	Victoria	NSW	Qld	SA
Level of Govt. interest	Low-Moderate	High	Moderate	Moderate
% of HACC clients using transport	?	25%	19%	18%
Government Department responsible for community transport	None	Local and Community Transport Group within Department of Transport.	Community Transport Solutions Unit within Queensland Transport.	Office of Passenger Transport within Department of Transport.
Taxi schemes	<ul style="list-style-type: none"> • Half price fares up to \$50. • Eligibility criterion, annual cap of \$565, means tested. • 180,000 eligible users. • Cost of \$38 million per annum. 	<ul style="list-style-type: none"> • Half price taxis fares, up to \$60. • Strict eligibility criterion, no annual cap, or means test. • 50,000 users. • Cost of \$15.3 million per annum. 	<ul style="list-style-type: none"> • Half price fares up to \$50. • Eligibility criterion – applicants reviewed every 5 years. • Temporary membership permitted. • No means test or cap. 	<ul style="list-style-type: none"> • Two levels of rebate – for disabled half price up to \$30, for the very disabled, 75% rebate up until \$30. • Program capped on number of trips per month – with 10 vouchers issued per person per month.
School buses	Not available for use by non-students.	Community use of buses being negotiated.	Non-students can pay a fare and travel on school bus routes.	Not generally available for non-student use.

Appendix E International Mobility Innovations

A range of innovations in mobility were discovered during the international study tour. These included innovations in:

- Retiring from driving
- Para-transport
- Specialised door-to-door transport.

These innovations are outlined below.

1. Innovations in retiring from driving process

Mobility centres – UK

The Department of Transport in the UK has invested in the development of 12 mobility centres across Britain. The Mobility Advice and Vehicle Information Service (MAVIS) was initially established by the Transport Research Laboratory (TRL) and provides disabled and older motorists with information and practical advice about their driving, vehicle adaptation and suitable types of vehicles for them.

The Centres offer driving and health assessments as well as information about retaining mobility if a person can no longer drive. The centres employ a range of staff with relevant skills to undertake these services and also conduct training and education for health and driving professionals working with older or disabled drivers.

The service is heavily subsidised by the Central Government and users pay a fee of £45 – although if people are unable to pay a charity usually covers their fee.

Education programs – USA

An innovative education program called U Decide has been developed by the Area Ageing Agency which is similar to local government aged care services in Australia. The program is designed to help older people plan for their mobility futures. The program has two components, a group session and individual sessions. At the group session, topics related to mobility are discussed. The group sessions involve peer discussion and problem solving and operate in a supportive environment. The individual sessions involve one-on-one mobility planning, counseling and support for people who may be deciding to stop driving. Take up rates have been high although participation is far greater among females than males. The program is funded by State and Federal funding grants and participants can self-refer or can be referred by other health professionals. It is operated by aged care professionals not road safety people and this provides the opportunity for better support and linkages with other local initiatives and services for the aged.

2. Innovations in Para-Transit systems

Sunshine Bus Florida

This project has been operating for some years in St Augustine, Florida which has a very large older person's population. The bus follows a set route which has been developed after researching the travel needs of older people in the community. The bus is bright yellow and will stop to pick up or drop off at any intersection anywhere on the route – it is a low floor bus, is staffed by aged friendly drivers and each trip costs \$1. It has been well promoted and is very well patronized.

Rural Wheels in Cumbria, UK

This is a very well regarded and cost effective rural program in the UK. It involves a dial-a-bus service driven by local volunteers. Users are given a “smartcard” to pay for travel and the value of the card can be topped up at local post offices, libraries etc. Travel is booked 24 hours in advance and users may need to share transport.

Flexiline – Sweden

This is an elderly friendly on-demand bus service first trialed in Goteburg. It uses Global Positioning System technology to streamline bookings and is now being implemented throughout Sweden. It involves a fleet of minibuses, modified to be low-floor and able to carry people using zimmer frames and is staffed by specially selected and trained drivers. People wanting to use the service call the dispatch centre and record their request. They are called back 15 minutes before the pick up time. They then go to their nearest bus stop – which are all within 150 metres of the person’s home. Severely impaired people are collected at their homes. This service has been very popular and the friendly nature of the driver and the social aspect of the bus are the key factors to its popularity. This service is funded by National and regional Governments and although it is heavily subsidised it is regarded as far cheaper than door-to-door specialised transport and it is justified in terms of the savings to the Government on health care and other community costs.

3. Innovations in specialised door-to-door transport

Volunteer Friends Program – California, USA

This program has been piloted as a simple, low cost and non-resource intensive mobility solution. People needing transport ask one or more friends to be their “volunteer” drivers. They register their volunteer friend with the co-ordinating organisation. The user then organises trips directly with their friend, and the co-ordinating organisation reimburses the volunteer friend for the travel. This eliminates the need for the co-ordinating organisation to find volunteers and to schedule trips. The amount of re-imbusement is capped. This is a suitable program for people who are unable to drive, but have adequate cognitive abilities to arrange their own rides.

Ealing Community Transport - UK

The Ealing Community Transport Project operates buses within its borough in London. In order to secure its future and gain more funding for buses, it established a successful recycling venture which was a profitable side venture to fund the activities of the organisation. It is now one of the more wealthy Community Transport Organisations in the UK.

Independent Transportation Network, Maine USA.

The Independent Transport Network (ITN) is a good example of social entrepreneurship – people who are aged 65+ or who are visually impaired can become members of the ITN for an annual fee (\$35) and then are able to book rides. Rides cost about \$5 per trip, although there are discounts for people who ride share or who may be having financial hardship. The model is designed to be self funding, but a large amount of grants have been obtained to establish the venture. It has been innovative in attracting and maintaining volunteers via:

- Establishment of a community discount card for volunteers
- Granting long-term volunteers free membership when they want to join as a member
- Having high profile volunteers – eg. mayor and others
- Utilising the local media very effectively to promote the project.

Shop Mobility – UK

In some areas of the UK, particularly rural cities, a number of local businesses have purchased mobility scooters to enable disabled people to get around shopping centres. This has grown to local businesses, like Sainsburys investing in buses that operate in either as a fixed route stop on request bus or as a dial-a-ride service to enable older and disabled people to get to local shopping centres. The business donates the bus (which features their logo) and provides some funding, and it is operated by the Community Transport Organisation in the area.

