Community Transport in NSW – Broadening the Horizon

Helen Battellino[1], Kevin McClain[2]

[1,2] Regional Co-ordination Office
Community Transport in Northern Sydney
Unit 1, 81-83 Grandview St
PYMBLE NSW 2073
hbattellino@absct.org.au

Abstract

Community Transport has been the primary transport service for the frail aged and people with a disability in NSW for over 20 years. Funded under the Home and Community Care (HACC) program by the Federal and State Governments, Community Transport has grown from a few small services to a State wide industry providing transport to the HACC target population who are not able to use mainstream public transport. This paper considers the transport services that are available in NSW for people with mobility problems. The paper draws on a case study of Community Transport operators in Northern Sydney and compares it with the model for the provision of transport for the aged and people with a disability in the US, using a case study from Washington State. The paper also considers the role which the Community Transport sector could play in providing a more flexible transport service which would benefit a wider community, while still being a provider of specialised transport services for the aged and people with a disability.

1. Introduction

Transport is vital for our daily lives. Without it we cannot stay connected to the community, access the services that we need for living and generally live full and productive lives. Conversely, lack of mobility options places people at risk of social exclusion with adverse impacts on health and well being. There is a growing body of evidence in support of these concerns both in Australia and overseas. For example see Stanley & Mulley (2010), Currie et al (2010) and Delbosc & Currie (2011).

The majority of travel in NSW, and Australia for that matter, is undertaken in a private vehicle. According to the 2006 Census only 10% of households in NSW did not have access to a private vehicle. Public transport also plays an important role, particularly for the commute trip in capital cities. The Sydney Household Travel Survey tells us that overall 11% of all trips in Sydney are made by public transport and around 23% for the trip to work. Problems on the public transport system can create chaos across the city for commuters, making headlines and bringing pressure on politicians. The poor performance of public transport in Sydney is a major problem and will continue to be so until the neglect caused by inadequate infrastructure investment and poor planning of the past decade can be rectified.

But what about those in the community who do not have private means of transport and who also cannot access the mainstream public transport system? Rarely do these people make the headlines or come to the attention of the politicians. We are referring to the young, the elderly, people with a disability and those who are financially or spatially transport disadvantaged. These people live across all areas of the State. Problems of access and isolation are often thought of only as issues of remote and regional areas. However an elderly person, or person with a disability, is spatially transport disadvantaged and hence isolated, even if they live in the suburbs of Sydney with mainstream public transport services, but they are not able to walk up the hill to catch the bus.

This paper will consider the transport options that are available for these sectors of the population in NSW, focussing mainly on the needs of the elderly and people with a disability.

2. Transport needs and options

Sections of the population who do not have their own private transport and who cannot access mainstream public transport can find themselves in this position for a number of reasons. These include age (either too young or too old to drive), loss of mobility due to age, a permanent disability, a temporary illness or disability, geographical isolation from the public transport system or financial hardship. In NSW, and the rest of Australia for that matter, there are very few options for these people other than relying on family and friends to provide transport.

2.1 Ageing population and transport needs

The ageing of the population is well documented, as is the need to plan for services to meet the growing demand arising from this population in the future. These concerns are behind the proposed reforms of the health and aged care systems in Australia and the current Inquiry by the Productivity Commission into aged care services (Productivity Commission, 2011). Currently the population of people over 65 years of age is 1,047,225 in NSW and 3,119,999 in Australia. By 2026 this is forecast to grow to 1,665,076 in NSW and 5,265,650 in Australia so that 18% of the population will be over 65 years and, by 2056, 25% will be in this age bracket. This is often represented as a negative effect for the economy and a problem to be dealt with. On the positive side the "elderly" (people over 65 years) are now more active, mobile and still making valuable contributions to the economy and society in both the paid and volunteer workforces. However what is of concern is that we are all living longer so that the older age bracket, over 85 years, is increasing and requiring more support services. In 2010 people 85 years and over made up 2% of Australia's population. This is forecast to grow to 7% in 2056.

Analysis of the trip rates from the Sydney Household Travel Survey (Regional Co-ordination Office, 2009) and also the Melbourne travel surveys (Currie and Delbosc, 2009) show lower travel activity by older age groups compared with younger people. This is consistent with UK findings (UK Sustainable Development Commission 2011) which also show that vulnerable groups in the community travel less than other people. Although the elderly may travel less, there is evidence of increasing trip behaviour over time for older people, both in car travel and public transport use so that older people today travel more than in the past. Research also indicates that trip chaining is a feature of the travel patterns of the elderly (Alsnih and Hensher, 2003, Su and Bell, 2009) which results in an expectation for flexibility not readily afforded by fixed route public transport.

A review of the mobility and accessibility expectations of seniors (Alsnih and Hensher, 2003) found that while older people today are driving more and maintain their drivers licence for longer, mobility reductions become more evident as people reach 80 years of age. Eventually people are forced to give up driving but are faced with a lack of transport choices. Even if it is possible to access the fixed route public transport system, Alsnih and Hensher, believe that this has become the "mode of last resort" as it does not offer the flexibility required.

The "elderly" are not a homogenous age cohort. Their travel behaviour and use of transport modes depends on their capabilities. But with the declining capability associated with age, policy makers need to address the questions of access and flexibility of the transport system if it is going to meet the needs of an ageing population.

2.1.1. Transport options for the aged

The Community Transport services in NSW are the main transport services for the aged and people with a disability. When talking about Community Transport, this paper is referring to those organisations which are specifically funded under the Home and Community Care (HACC) program in NSW, to provide transport to the frail aged, people with a disability and

their carers. These organisations are auspiced in a number of different ways. Sixty percent are Not for Profit organisations (either stand alone Community Transport specialists or multiservice organisations), another 30% are within local councils and 10% are in agencies of the Department of Health or Department of Ageing Disability and Home Care.

The first Community Transport services were small locally based services filling gaps in transport need. Funding from the HACC program was gradually rolled out from the late 1980's resulting in the growth of the sector to around 130 organisations across the State. Regardless of their funding auspice arrangements, these organisations are still locally based and aligned with one or a few Local Government areas.

In 2009-10 Community Transport services received $37 million dollars of funding under the HACC program which is jointly provided by Commonwealth and State Governments and $2.8 million under the State Government's Community Transport Program (CTP). Data for the industry is not very reliable and the only attempt at a comprehensive collection of the outputs is the annual survey by the Community Transport Organisation (CTO). In 2009-10 with 75% of organisations responding, this survey indicated that Community Transport provided 2.6 million trips to 160,400 people. Indicating that each person received on average 16.2 trips for the year and that 15.6% of the HACC target population received service. No doubt, due to underreporting of trips and nonreporting by 25% of Services, these figures are an underestimation of the outputs of the Community Transport sector. The sector is also not proficient in analysing the cost of service provision, but based on allocation of Government funding, this data indicates that in NSW funding per trip is $15.17 and funding per each person served is of the order of $250 pa.

The funding under the HACC program is the principal source of funds accounting for 80% of trips. The HACC funding requires that services are targeted at HACC eligible clients. Accessing transport involves client assessment, advanced booking of services, in some cases joining a waiting list, and often a restriction on the type of service that can be provided. The funding requirements thus limit the market opportunities of the Community Transport project and restrict the services available to the wider community. There is some scope for accommodating other clients under the HACC spare seat capacity policy, but in practice there appears to be limited opportunity for this as services are often at capacity.

Some flexibility is afforded to those Community Transport services which receive funding from other sources. But this is not equitably distributed across State and depends largely on historical funding allocations and local conditions. Funding from local councils and funding directly from the State under the Community Transport Program (CTP) allows some services to provide limited transport for those in the community who are transport disadvantaged. However CTP funding is very small, $6m pa across the State, and not all Community Transport Services have this allocation.

Partly reflecting the availability of funding, but also driven by local need, the service mix and service delivery models vary between projects and are at the discretion of the project manager and the management committee. There are limited guidelines as to the types of services or the method of provision. In general, services include some form of regular shopping trips to local shopping centres, social outings and trips for personal business purposes, the majority of which are for medical appointments, as shown in Figure 1. Service is usually only available Monday to Friday between 8am to 4pm.

Trips are provided on a group basis and on an individual basis in a variety of vehicles including minibuses, vans and cars. A mix of paid and volunteer drivers is used depending on the availability of volunteers and the resources available to the Service. The ratio of paid to volunteer staff is around 1:3 across the State, though this varies from area to area.

Despite the valiant efforts of Community Transport staff this program is reaching less than 1 in 5 of the HACC target population. All Services report demand for services greater than the resources available and often service has to be refused.

Figure 1. Distribution of Community Transport Trip Purposes 2009-2010
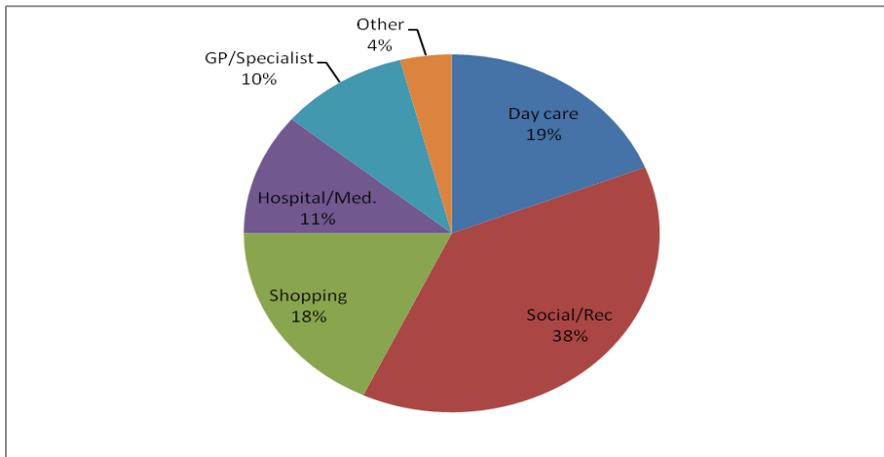
Source: Community Transport Organisation Annual Report 2009-10

Community Transport is the only organised transport service for the aged, people with a disability and anyone who is not able to use mainstream public transport. While it provides a vital service for its target population there is still a big gap in services between Community Transport and mainstream public transport with significant sections of the population left without access to transport.

Some funding is available directly to aged care service providers for provision of transport, usually for specific programs such as transport to day care centres and centre-based meals. This dispersal and disaggregation of funding has resulted in a proliferation of vehicles in the community, many of which are underutilised and poorly maintained as transport is not the core business of the service provider.

Transport can also be provided under the Commonwealth care packages for high needs clients. These clients usually not only require transport but also support from a qualified support worker to access services. These programs could not be thought of as a transport system, but the provision of social support, as that is the primary task.

2.2 People with a disability

Transport for people with a disability has been approached on a number of fronts in NSW. The improvement in the accessibility of the mainstream public transport services under the Disability Standards for Accessible Public Transport (2002), albeit at a reasonably slow pace, will no doubt improve access for people with a disability and others with mobility restrictions. These improvements have included making some rail stations accessible with lifts and ramps and arrangements for access of wheelchairs on trains and wheelchair accessible buses. However there is still much to be done around the accessibility of the infrastructure to access the bus and rail services. Although there are currently still limitations in the accessibility of the public transport system, making the mainstream services accessible to all in the community so that everyone can participate equally is a laudable goal.

Funding for disability transport is also provided under the HACC program to the Community Transport services and also under disability funding directly to disability service providers. Due to the nature and history of development of Community Transport services, Community Transport is essentially a transport system for the elderly. While the split of services between the aged and younger people with a disability is not known across the State and undoubtedly varies by area, a study in South West Sydney estimated that only 15% of trips by the Community Transport provider were for "young people with a disability" (Battellino et al. 2007). The design of services, such as the shopping trips and social outings cater to the needs of older people. A major limitation in providing transport for younger people with disabilities is that under the HACC program transport is not to be provided to go to work or to

an educational institution. Information collected in the extensive study of the transport needs of younger people with a disability in South West Sydney (Battellino et al. 2007) found that the main concerns of younger people with a disability were around the cost of transport to access work opportunities and also finding suitable transport for social activities at nights and weekends.

Transport funding is also provided for disability service providers which usually results in the purchase of a specialised wheelchair accessible vehicle. These services are generally used for high needs clients for access to day centres and for social outings. The only HACC funded service which provides transport only for people with a disability is the Disabled Access Road Transport Service (DARTS) which operates in Northern Sydney and takes people in wheelchairs to activities and on social outings.

The Taxi Transport Subsidy Scheme (TTSS) provides subsidised taxi vouchers for people who have a permanent and severe disability. Clients report that due to the very stringent criteria, it is difficult to get access to the scheme, and even though the scheme pays half the taxi fare (to a maximum of $30 per trip), it is still very expensive for people who need to make long trips and/or regular trips. Unreliability and long delays are also reported when trying to access wheelchair taxis (Battellino et al 2007).

Transport for children with a disability to school is provided by the Department of Education which contracts appropriate providers to provide these services.

Although there are several schemes and approaches to providing transport for people with disabilities in NSW, unlike other countries, there is no organised disability or para transport service in NSW or Australia.

2.3 Transport to health services

The Department of Health is responsible for emergency ambulance transport and non-emergency patient transport ambulances, which primarily deal with inter-facility transports.

Growing demand for non-emergency transport to access medical services is being experienced by the Community Transport sector. Across the State it is estimated that trips for medical purposes account for 30% of all Community Transport trips. Trips for medical purposes are generally provided on an individual basis by car or small van and account for nearly all of these types of trips. They are also the most expensive trips for services to provide and hence require a large proportion of the Service's budget to the detriment of provision of transport for other purposes such as social outings or other personal business reasons. An interesting phenomenon is being observed whereby clients, aware of the limitations on resources, triage their need for trips, prioritising the medical trip over other trip purposes.

Approximately $10 million pa is provided by the Department of Health to Community Transport services for transport, an amount which has not been increased in real terms for over 10 years. Subsidies for transport are also provided under the Isolated Patient Travel and Accommodation Assistance Scheme (IPTAAS) if a patient lives more than 100km from their medical service. However the kilometre rate paid and accommodation contribution are very low and still leave patients faced with large travel expenses, especially if they have to make the trip regularly. The need for an upfront payment and extensive paper work to claim the assistance, also deters users.

The centralisation of medical services has exacerbated the transport problem in the State, so that the major task of most regional Community Transport services is taking clients long distances to regional medical centres. The resources provided to the sector fall short of meeting the demand. A study into transport for medical treatment in NSW (Denmark et al. 2005) found that 90,000 medical trips go unfulfilled every year because of lack of transport.

Clients are not able to undertake the medical treatments that they need because they cannot access them.

As discussed, Community Transport and the other disability transport schemes, have fairly rigid criteria for assessing clients for eligibility for service. As a result there are segments of the population who are in need of transport assistance but who do not qualify under these criteria. One such group is those who have a temporary disability due to a medical condition but do not meet the age or permanent disability criteria for HACC services or the TTSS. These people often have great difficulty especially accessing follow-up treatment and rehabilitation. Other patients experiencing difficulties are people needing regular services, especially dialysis, as the local Community Transport Service usually does not have sufficient resources to be able to provide long-term service for one client at the expense of others in the community. Even HACC clients requiring transport to regular medical treatments such as chemotherapy and hydrotherapy often have difficulty getting transport for these trips from the local Community Transport operator.

2.4 Spatially transport disadvantaged

Public transport services are concentrated in the Australian capital cities and at best outer metropolitan areas. Rural and regional areas have very poor public transport services. In NSW country areas often the only bus service is the twice daily school bus and the Community Transport operator.

Even in metropolitan areas bus services are sparse in outer suburban areas, especially at nights and weekends. Mobility restrictions due to age or a disability, permanent or temporary, can also result in transport disadvantage despite the presence of a local public transport system if that system cannot be accessed.

The reform of the Sydney bus network over the past 7 years has focussed services on cross regional routes and on providing fast reliable services for commuters. These reforms were greatly needed. Unfortunately they have been at the expense of the local networks. When this system of reform was recommended under the Unsworth Review of Bus Services 2003, other actions were also recommended to support the local networks. None of these have taken place.

Under the bus service contracts in NSW, service is supposed to be guaranteed so that 90% of households are within 400 metres of a bus route. Work by Mulley and Daniels at the University of Sydney (2010) has demonstrated that 11 out of the 15 Sydney metropolitan bus contract regions do not meet the criteria of 90% of households within 400 metres and 200,000 households are not within 400m of a bus route.

However the 400m rule is not relevant to people who are elderly or with a disability who are not even able to walk 400m to the bus stop. Community Transport clients, receive a door to door service with assistance, and most generally would not be able to walk very far, especially if this trip is made difficult by uneven footpaths, heavy traffic, lack of pedestrian crossings and even the slightest gradient.

2.5 Accessing transport for the mobility restricted

As described above Community Transport is the only transport system outside the mainstream public transport service and while there are a number of other schemes for people with disabilities, knowing what is available and how to access the appropriate services and arrange the appropriate leave of support is difficult.

Figure 2 shows the options and pathways for a person in NSW with mobility restrictions attempting to find an appropriate transport solution. It indicates the complexity of the system and the need to meet quite rigid criteria in order to get transport. Also as the different schemes are managed and funded through various government departments, the client needs to know about many different options and how to access them. This also means that

the client is responsible for seeking their own solution through this maze and that there is no one place or agency to assist the client in ensuring that they can access transport.

Figure 2. Finding a transport solution in NSW
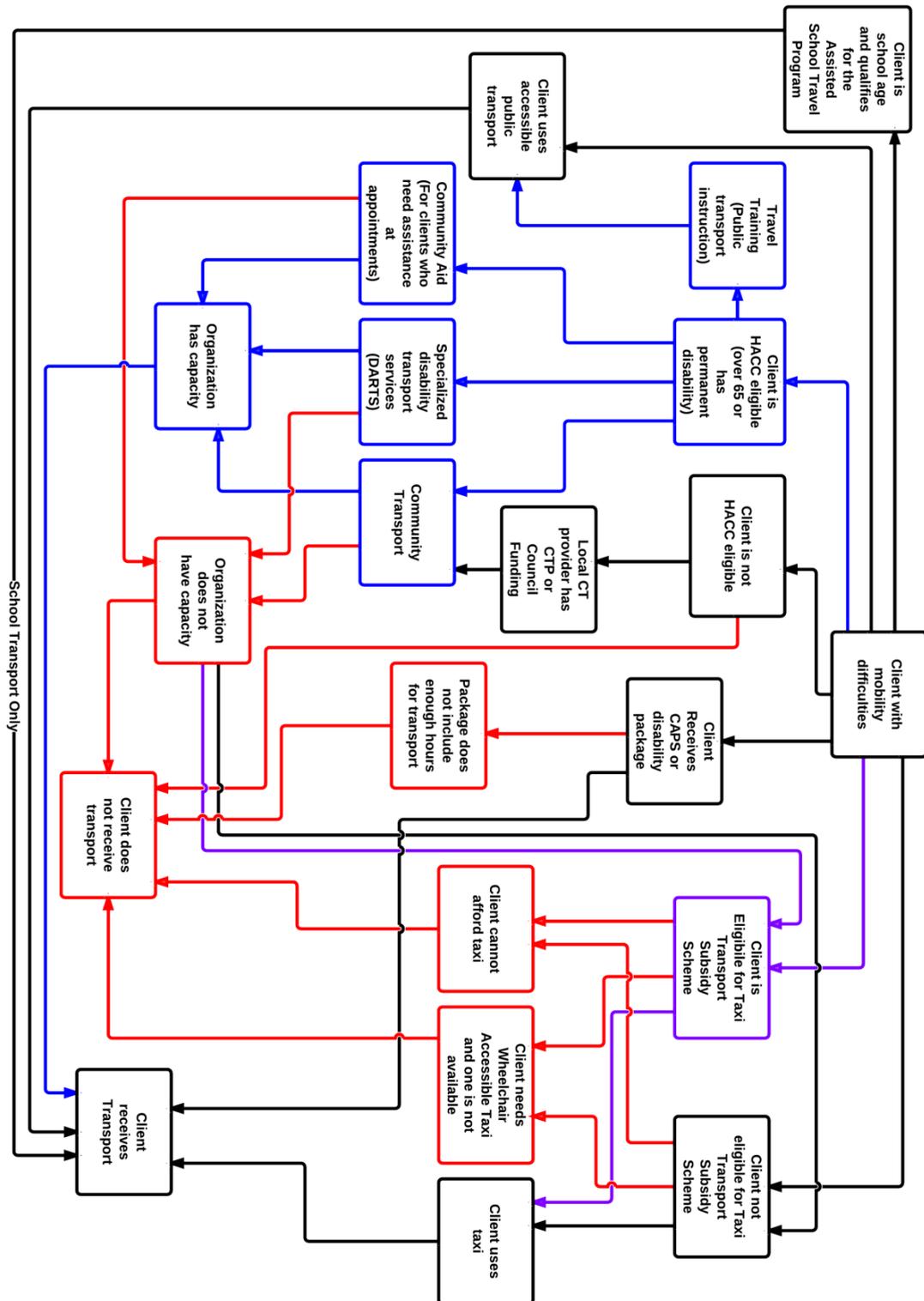
3. The US Model

In the United States, community transport is provided by all public transport providers as a para-transit (parallel transport) system. Under the 1990 Americans with Disabilities Act (ADA), providers of fixed route bus and rail services must provide community transport "with service levels (including response times, trip length, and fares) that are comparable to public transportation services provided to people without disabilities" (Easter Seals, 2011, p. 14). Thus public transport services go hand in hand with community transport services. The ADA regulations require that this service be provided to anyone who cannot access a bus stop or board a vehicle due to a disability. Those who are not able to travel without assistance or supervision also qualify. All trips that originate and terminate within ¾ of a mile (1.2km) of a bus route or train station requested by those with qualifying disabilities, must be provided. The trips must be provided within an hour before or after the time requested. Requests must be made by the close of business the day before the trip (Easter Seals, 2011).

The ADA requirements have strongly impacted the way that community transport service is delivered in the United States. The fact that qualified clients must be given the trips that they request at the times requested has made it difficult to group trips efficiently. In addition, community transport services must be provided whenever regular fixed route services are in operation. For large cities, this means that community transport must remain open twenty four hours a day and seven days a week. These restrictions have severely limited the methods available to community transport providers to reduce costs and increase efficiency.

3.1 A US example of community transport

King County Metro Transit is the main public transport provider for King County, Washington State. King County has a population of 1,916,441 (US Census Bureau, 2009) and is made up of Seattle and its suburbs as well as several rural communities. King County Metro has an annual operating budget of US$560 million. In order to satisfy the requirements of the ADA, King County Metro Transit operates a community transport service called King County Metro Access. Access has annual operating expenses of US$47.3 million and provides 1.23 million annual rides, including 430,687 where a lift was used (Access Monthly Report December 2010, 2011). This equates to nearly eight percent of annual operating costs for King County Metro.

Because Access is a large organization, it has been able to take advantage of economies of scale in the delivery of its services. This includes one centralized call centre that takes all bookings, schedules and dispatches all trips and also provides customer service. This has allowed for different parts of the process to be separated into different departments and positions. One department schedules all of the rides onto routes. Specific schedulers work on routes only within one area and thus develop knowledge about their particular area. Access has also implemented onboard computers on all of its 327 vehicles. These computers keep track of the vehicles geographic position, allow for communication between dispatcher and driver and display and map the location of the next pick up or drop off.

In order to reduce the costs of providing community transport King County has taken advantage of the fact that the ADA requirements only require alternative service when using public transport is impossible for the client for that specific trip. If a public transport trip presents a client with difficulties, but is not impossible, then Access is not required to provide the trip. Identifying trips that clients are able to make using public transport is done using two methods: travel training and pathway review. Travel training is a service where a client is trained on how to use public transport. A trainer works with a client to develop a public transport route that fits the client's abilities. Then the trainer goes with the client on the route, training the client to take the trip on their own. Once training is complete, the client is able to use public transport, and no longer needs community transport for that trip.

Pathway review involves examining specific trips that a client takes to see if they could use public transport instead. When a client applies for community transport, they are evaluated by an independent physician who decides what issues might present a barrier for them. This includes things like inclines, uneven footpaths and the need for pram ramps. This can also include restrictions on how far a client can walk. Given these issues, Access reviews the pathway to and from bus stops/train stations to see if any of the barriers are present. If they are not, then the client can use public transport and therefore does not qualify for community transport.

These methods are estimated to have saved Access nearly US$1.8 million during 2010 and have allowed Access to prioritize service for clients who need it the most. This is essential due to the high cost of providing the service and the inability to refuse trips.

Because Access is part of King County Metro Transit, the public transport provider for the region, there is a financial incentive to ensure that services are as accessible as possible. For example, if a client who is only capable of walking 200m lives 250m from a bus stop, Access will estimate how much would be saved if the bus stop were relocated to within 200m of the client's home. A decision will then be made about whether to move the bus stop based on the potential savings, the cost of moving the bus stop and the potential effects on the bus route. There are also funds available to repair footpaths or to create landing pads for wheelchairs for boarding and alighting the vehicle, which are allocated, in part, based on issues identified during the travel training and pathway review process.

In order to serve clients who do not meet the ADA requirements, Access also partners with smaller community transport providers. These providers are often more like Australian community transport providers in that they only have a few vehicles, often rely on volunteers and serve smaller areas. If someone is not eligible, then Access will refer them to one of these services, if appropriate. These groups provide approximately 250,000 trips annually in King County.

3.2 Accessing the system

Figure 3 illustrates the process for a client with mobility restrictions finding a transport solution in the US. While there are a number of steps and options, it should be noted that all the steps within the black outline are within the one organisation, hence a client's mobility issues are being managed by one provider which is an advantage for the client as they do not have to find out about and navigate a number of different agencies as in NSW. Also the transport is provided by the public transport provider, a logical place to look for a transport service.

4. Comparison between the US Model and NSW

4.1 The models

The models used by Community Transport in NSW and the United States are very different. In NSW, the organizations typically cover a small area with only a few vehicles. There are often a variety of services available in one area and a potential client needs to navigate through all of them to determine which is the appropriate service, whether they are eligible for the service and if the service has capacity. Because there are several programs in an area, there is no co-ordinating organization with the responsibility to ensure that a frail aged or a person with a disability receives transport.

In the US, organizations like Access, are the major transport provider for the frail aged and people with a disability. By having one organization, it is possible to achieve economies of scale and to ensure that all of the clients who need transport receive it. The para-transit model also provides public transport providers with financial incentives to ensure that the fixed route services are as accessible as possible.

Figure 3. Accessing Community Transport in the United States
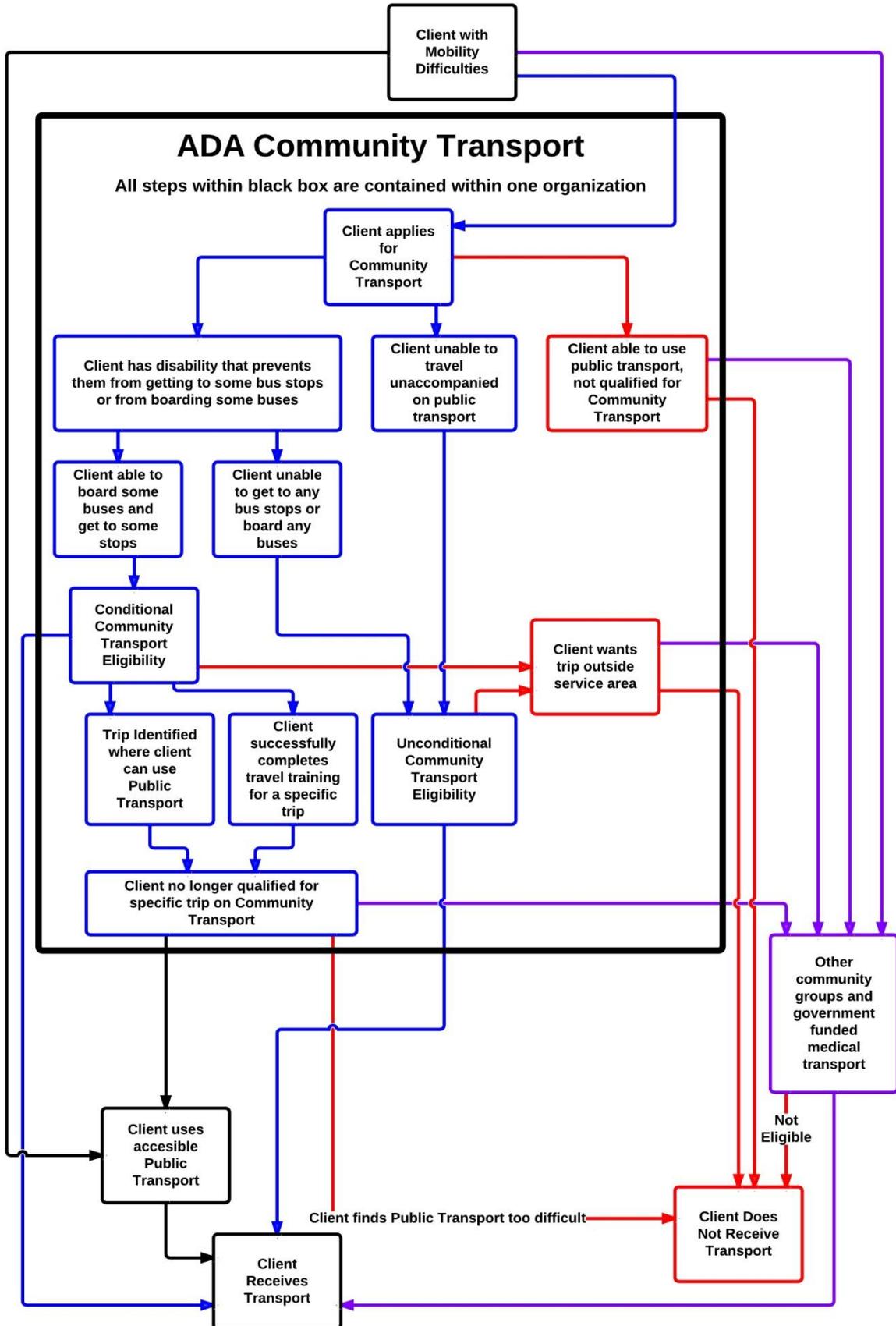
The US system makes the public transport provider responsible for those who cannot use the public transport system. Thus if a public transport system ignores the needs of its less mobile passengers, it ends up paying more in para-transit costs. Transport providers who put the resources into making their services accessible are rewarded with lower para-transit costs. This differs from the NSW system where Community Transport is funded through the HACC program and there is no coordination between Community Transport and the mainstream public transport system.

However, the US model results in significantly higher costs per trip provided compared with the Community Transport services in NSW. Some of this stems from the ADA requirements that force providers to satisfy all transport requests made by qualified clients. NSW providers are able to group clients with similar trips together, such as shopping services, only operate for restricted hours and do not have to accommodate clients if services are full. Community Transport trips in NSW could be said to be supply driven in that the number of trips provided and the number of clients served depends directly on the amount of funding received. Some Services keep costs down by using volunteers, and while there is some scope for initiative and good management on the part of the service provider to squeeze as many trips as possible out of any given funding allocation, generally there is not a lot of difference in the number of trips per funding dollar. On the other hand in the US, the number of trips provided is demand driven as transport must be provided by all who ask for it, subject to meeting the eligibility criteria.

4.2 Some cost comparisons

In Northern Sydney there are five Community Transport providers, which together have a business which is considerably smaller than Metro Access in King County. Table 1 shows a comparison of the two regions in terms of area, clients, vehicles and trips provided. The five Community Transport services in Northern Sydney operate independently and with very little technology for trip scheduling and vehicle management. They each cover a small area and a small number of clients, hence are not able to enjoy economies of scale of investment in technology, nor of route efficiencies by working together and scheduling clients as a region. Having said that, even though Access covers a much bigger area of King County, its business operation model is still based on smaller regions for trip scheduling and service delivery. Intuitively it could be expected that there would be economies of scale, particularly for overheads related to administration, and for capital investment in technology for scheduling and fleet management. But there is little, if any, research into the optimum size of operation of a Community Transport service, an area which needs to be explored. A Community Transport service needs to achieve the right balance between maintaining local connections to meet the needs of its community and operating efficiencies.

Table 1 also shows that Access clients individually receive a higher level of service with more than four times as many trips annually compared with trips received by clients in Northern Sydney. This reflects the flexibility of service provided and the fact that service is available seven days a week, 24 hours a day, thus presenting clients with more opportunities for travel. This could also be considered as an indication of the level of unmet demand in Northern Sydney under the current system.

In the US there is a much higher level of funding from the Government for para-transit services than there is for Community Transport in NSW. Access spends US$47.3 million annually providing para transport in its region with a population of just fewer than two million, a total of US$24 per head of population. In contrast, the NSW government spent $39.8 million in funding Community Transport services for the whole of NSW with a population of just over seven million, which amounts to $6 per head of population. In Northern Sydney Government funding for Community Transport amounts to $4 per head of population, lower than the State average. (Transport NSW Annual Report, 2010 & Australian Bureau of Statistics, 2011).

Despite the disaggregation of service and the lack of opportunity for economies of scale, the cost per trip in Northern Sydney is much lower at A$24.91 compared with that in King County of US$38.64. Again this cost reflects the obligation of the US operators to meet all the regulations for travel under the ADA.

Table 1. Community Transport – a US and an Australian example

	King County Metro Access	Northern Sydney Region	Northern Sydney as % of King County Metro Access
Area Served	2,176 sq km	904 sq km	41.5%
Population	1,916,441	766,226	40.0%
Total Trips	1,229,039	127,724	10.4%
Individual Clients	11,699	5,823	49.8%
Total Vehicles	327	40	12.2%
Operating Costs	US$47,262,820	A$3,181,038	6.7%
Trips Per Client	105	22	20.8%
Trips per Vehicle	3,758	3,193	84.9%
Cost Per Trip	US$38.46	A$24.91	64.8%
Cost (funding) per Client	US$4,039	A$546	13.5%
Percent of Population Served	0.61%	0.76%	124.6%
Cost (funding) per Head of Population	US$24	A$4	16.7%

Sources: Access Monthly Report December 2010 (2011), King County Population from US Census Bureau (2009). Unpublished data from Northern Sydney Community Transport Providers, Australian Bureau of Statistics.

While the ADA requirements may result in decreases in efficiency, there are aspects of the para-transit model that may be desirable. The Productivity Commission's Draft Report on Caring for Older Australians (2011) stresses the need to move to a client directed model of care (CDC), a model where choices about which services are used, and when they are used, are made by the client. By requiring that trips be delivered to clients when and where they request them, the ADA regulations deliver part of the CDC model. The client is empowered to make the choices about when they do their shopping, when they go to medical appointments and when they visit their friends. The organization delivering the service does not make the decision for the client based on availability or cost.

This model would require a much greater level of funding for transport than is currently provided in Australia. While such an increase is not likely in the short term, consideration does need to be given to providing a more flexible transport service which meets the needs, not only of the HACC target clients, but also those of the wider community who are not well served by the existing fixed route public transport system.

5. Filling the gaps in services in NSW

A significant body of research has been undertaken into flexible transit systems, particularly in the UK and Europe where they are a much more common feature of transport systems than in Australia. Flexible transport systems can take many forms, often involving multi mode options and degrees of flexibility in terms of route and passenger mix. They are useful in situations where patronage demand is low, and or, where specialised transport services are required for particular population segments such as the aged and people with a disability.

In Australia we are familiar with some examples of flexible transport services or demand responsive systems, though these have not been widely adopted. The Telebus in Melbourne is perhaps the longest and most successful of the Australian flexible transport services. As Currie (2007) reports most of the flexible transport services have not been financially viable. In NSW a couple of notable examples of the 1990's, the Shellharbour Demand Responsive Trial Service and the Penrith Nippers, were tried and later removed, on the basis of both technical difficulties and financial viability. The NSW metropolitan bus contracts, under which operators are paid on a per kilometre basis, do not encourage the introduction of flexible services by mainstream operators. Recommendations were made in the 2003 Unsworth Review of Bus Services in NSW for co-operation of bus operators and other transport providers, such as the Community Transport services, to develop more flexible services. Unfortunately funding for these types of systems has not been forthcoming from the NSW Government.

As discussed in this paper there are a range of people in the community for whom transport is difficult. The transport options available to them are limited and the system of access is often confusing, convoluted and difficult to navigate. In addition to these needs for "specialised transport" many in the community are rendered transport disadvantaged due to lack of, or inadequate, fixed route service coverage. Gaps in service provision have been documented in the Community Transport Plan for Northern Sydney (Transport Planning and Management, 2005) and in work by the Western Sydney Community Forum (2009). Flexible transport systems could work to meet both these needs in the community.

Daniels and Mulley (2010) explore the barriers to flexible transport systems in NSW. They point out a number of market opportunities for which flexible transport services have been used and which also exist in NSW. One of their main conclusions is that the Passenger Transport Act 1990 in NSW is a major factor behind the institutional barriers to the operation of flexible transport services in NSW.

Although flexible transport systems have not been a policy initiative of the NSW Government, some services supported by local authorities have been introduced in response to local needs. Community Transport services, are innovative in attempts to maximise service delivery and opportunistic in seeking other funding sources. Primarily working with the support of local councils, several shuttle services have been introduced which do not have the restrictions of eligibility as do HACC funded services. Such services as the North Sydney Easy Rider service and the South Sydney Village to Village services are very popular with the local communities and fill gaps in the local transport system.

The costs associated with running a parallel para-transit system as in the US indicate that this is an expensive approach and may not be the best approach to meet the needs for equitable transport access for all members of the community. As discussed in Nelson et al (2010) "these traditional DRT services (or Specialised Transport Services – STS or para-transit) have often been criticised because of their relatively high cost of provision, their lack of flexibility and inability to manage high demand". Consequently there is a move away from specialised transport services to general flexible services in Europe as they are both more cost effective and provide greater social benefit in that they serve the needs of the wider community.

Australia seems to have missed the phase of development of a specialised transport service. In NSW the Community Transport and HACC funded disability transport options could be seen as an ad hoc, piecemeal approach to providing specialised transport. Community Transport, though currently still largely restricted by the HACC eligibility criteria, is quick to seize opportunities for innovation where possible. Community Transport was recognised by most stakeholders in the research undertaken by Daniels and Mulley (2010) as "the most probable operators of flexible transport in NSW". Community Transport in NSW has considerable investment in infrastructure in the form of specialised vehicles and expertise in managing aged and disability clients. There is also a trend towards larger service units and

adoption of technology to make larger scale route and patronage scheduling possible. Appropriate technology is widely available and in use in Europe. NSW operators need to achieve a size of operation to support investment in these systems.

The current reform of the health and aged care services in Australia, to which NSW is a party, will remove the restrictions created by HACC assessment criteria. The allocation of funding by the Commonwealth Government and an emphasis on consumer directed care should encourage larger and more efficient operating units. These developments could provide the impetus for Community Transport to broaden its horizons and extend its expertise beyond its current client group to provide more flexible services which could fill the gap of transport disadvantage in the community.

6. Conclusions

There is a need in NSW for policy makers to give greater consideration to transport for the aged, people with a disability and others who cannot access mainstream public transport services. Community Transport is currently the only system that attempts to meet this need. However, being funded under the HACC program, Community Transport providers are predominantly an aged care service, rather than a transport operator. They are not recognised or accredited under the 1990 Public Transport Act and there are no links between the sector and the public transport system.

Being a predominantly HACC funded service, Community Transport is a subject of the current review of the health and aged care systems in Australia. There is a danger, and probably the most likely outcome, that Community Transport will be considered and remain an aged care service. However there is also an opportunity for policy makers to take a broader perspective and consider the most effective means of filling these transport gaps in the community. Community Transport could, if freed of its current eligibility restrictions and given appropriate funding and regulatory support, provide a transport system which meets the needs of all transport disadvantaged in the community.

The current system for providing transport for the aged and people with a disability is complex and difficult for clients to navigate. The system does not give the client the opportunity of making their own transport decisions and is not able to fulfil the demand. In addition there are very little, if any, transport options for those who are transport disadvantaged, but do not meet the eligibility criteria for aged and disability transport. Lessons need to be drawn from the systems in both the US and Europe in relation to the operation of both flexible and para-transit services. This could be a time of great opportunity for transport developments in NSW.

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