THE NEIGHBOURHOOD HOUSE COMMUNITY TRANSPORT PROJECT:

An action research approach to building the capacity of Neighbourhood Houses in the Loddon Mallee Region to develop and sustain community transport programs.

THE REGIONAL ASSOCIATION OF NEIGHBOURHOOD & COMMUNITY HOUSES (RANCH)

R·A·N·C·H

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Defining Community Transport

- **The VCOSS Community Transport Snapshot Project (2008)** [1]

Community transport can be broadly defined as not-for-profit transport which is developed to meet the needs of transport disadvantaged people in local communities.

In 2007, the Victorian Council of Social Services (VCOSS), in partnership with the Victorian Community Transport Association (VCTA), convened a community transport roundtable to explore issues around community transport in Victoria in order to develop a strategic approach to supporting the development and sustainability of community transport service provision in Victoria.

The VCOSS **Community Transport Snapshot Project (2008)** documented the outcomes of the roundtable as part of a project focussed on contributing to an understanding of the scope, nature and challenges of community transport services provided by the community services sector in Victoria.

A significant outcome of this work was the development of a clearly articulated definition of "community transport" relevant to the Victorian context.

Central to this definition was the recognition that four characteristics are intrinsic to community transport and distinguish it from other forms of transport. Community transport was defined as transport that is:

- not-for-profit
- flexible
- able to adapt to the level of service required by passengers on the day of travel
- passenger focussed

Community transport services support some of the most vulnerable and isolated groups in the Victorian community.

Community transport clearly has an important role in an integrated transport system, especially for people who face physical and financial barriers to accessing public transport and taxi services, especially in rural areas which lack sufficient accessible transport and have longer distances to travel to access increasingly centralised services.

VCOSS – Community Transport Snapshot Project 2008

In addition, community transport was defined as transport that is designed primarily to support vulnerable and transport disadvantaged members of the community to access services and participate in community life.

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[1] Victorian Council of Social Services: Community Transport Snapshot Project -An overview of community transport in Victoria July 2008

While the **Community Transport Snapshot Project (2008)** acknowledged that community transport is of benefit to a range of people, it emphasised the particular relevance it has to people who:

- live in areas where public transport and taxi services are unviable due to low population density/isolation
- require door-to-door transport but are unable to afford taxis (i.e. travel frequently or long distances)
- have dementia or cognitive impairments
- speak a language other than English
- have extremely low disposable income
- have complex disabilities, especially barriers to communication or behavioural issues
- are very frail and require physical assistance
- require supported transport to access public transport services (e.g. transport to and from stations and bus stops, especially in rural areas)
- would typically use public transport but are temporarily unable to do so (due to illness or temporary disability) and are unable to afford taxis.

Community transport passengers typically:

- *do not or cannot drive*
- *cannot access public transport*
- *require assistance with mobility or communication or other forms of personal support*
- *need a coordinated service and consistency of drivers*
- *experience financial difficulties; and/or*
- *lack family or social network support.*

VCOSS – Community Transport Snapshot Project 2008

The Neighbourhood House Community Transport Project (NHCTP) has explicitly used the work undertaken by VCOSS through the Community Transport Snapshot Project to develop the definitions, tools and frameworks that were needed to implement the project.

By building on the conceptual work undertaken by VCOSS, the NHCTP's limited resources were able to be channelled into other aspects of community transport research and development in the Loddon Mallee region.

Accordingly, we acknowledge and thank VCOSS for the significant contribution that the Community Transport Snapshot Project has had on the development and implementation of the NHCTP.

The Loddon Mallee Region of Victoria[2]

The **Loddon Mallee Region (LMR)** covers about 25% of Victoria and according to the 2016 Census, it has a resident population of 328,518 which is about 5.5% of the population of the state.

The **LMR** comprises 10 Local Government Areas (LGAs) in the north west of Victoria. These LGAs are:

- Buloke Shire
- Campaspe Shire
- Central Goldfields Shire
- Gannawarra Shire
- City of Greater Bendigo
- Loddon Shire
- Macedon Ranges Shire
- Rural City of Mildura
- Mount Alexander Shire
- Rural City of Swan Hill.

- **Disadvantage in the LMR[3]**

The **Loddon Mallee Region 2015,** prepared by the Victorian Department of Health and Human Services, provides a broad range of information relevant to the issue of disadvantage within the LMR. This includes the following:

Disadvantage and social engagement	• The percentage of highly disadvantaged Statistical Area Level 1 (SA1) is the highest in the state. • The percentage of males with income less than $400 per week is the highest in the state. • The percentage of low income families with children is the highest in the state. • The percentage of people with food insecurity is the highest in the state
Health status and service utilisation	• The percentage of people reporting arthritis is the highest in the state. • The percentage of males reporting being obese is the highest in the state, The percentage of people who do not meet dietary guidelines for either fruit or vegetable consumption is the highest in the state. • The rates of avoidable deaths among people aged less than 75 from cancer, cardiovascular diseases and respiratory diseases are the highest in the state. • The percentage of people receiving prescriptions is the highest in the state. • The rate of HACC clients aged 65 years and over per 1,000 target population is the highest in the state.
Diversity	• The percentage of people of Aboriginal and Torres Strait Islander origin is the highest in the state.

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[2] Regional Development Australia, Regional Snapshot, The Loddon Mallee Region (Website)
[3] Loddon Mallee Region 2015, Victorian Department of Health and Human Services (Website)

Loddon Mallee Integrated Cancer Services (LMICS)

Loddon Mallee Integrated Cancer Services (LMICS) is one of a network of 9 Integrated Cancer Services (ICS) across Victoria. It covers the 10 LGAs that comprise the Loddon Mallee Region. The Integrated Cancer Services (ICS) are funded by the Victorian Government and were established in 2004 to facilitate the implementation of the Cancer Services framework for Victoria. Each ICS works with health services and the other ICS to facilitate improvements in the quality and continuity of patient care, and to ensure that appropriate links exist between health and other relevant services to optimise patient pathways for persons affected by cancer. This work involves:

- building relationships between providers, health services and settings to plan cancer services across a geographic area based on access, appropriateness and effectiveness
- implementing best practice models of cancer care
- improving the effectiveness of cancer care through system coordination and integration
- systematically monitoring processes and outcomes of cancer care to improve system-wide performance

Through its engagement and consultation with health services, clinicians and consumers over many years, LMICS has identified transport in the Loddon Mallee region as a significant barrier to the access of cancer and other health services.

The Neighbourhood House Sector

- **Neighbourhood Houses Victoria (NHVic)**

Neighbourhood Houses Victoria (NHVic**)** is the peak body for the Neighbourhood House (NH) sector in Victoria. It represents approximately 400 independent Neighbourhood Houses (NHs). The majority of NHs are governed by volunteer Committees or Boards of Management while others are managed by health, local government or other organisations

The Victorian Government's Department of Health and Human Services (DHHS) provides core funding to NHVic and more than 90% of the state's NHs through the **Neighbourhood House Coordination Program**. DHHS also funds 16 NH Networks that represent and support the development of NHs across geographical regions.

- **Regional Association of Neighbourhood and Community Houses (RANCH)**

The Regional Association of Neighbourhood and Community Houses (RANCH) is the NH Network for the southern Loddon Mallee region of Victoria. It incorporates 28 NHs from a geographical area that spans from Gisborne to Echuca and Boort to Kyabram. These NHs are located in the following Local Government Areas (LGAs):
- Campaspe Shire
- Central Goldfields Shire
- City of Greater Bendigo
- Loddon Shire
- Macedon Ranges Shire
- Mount Alexander Shire

- **Mallee Neighbourhood House Network**

The Mallee Neighbourhood House Network represents 13 NHs located in the following LGAs that form the northern Loddon Mallee region of Victoria:

- Buloke Shire
- Gannawarra Shire
- Rural City of Mildura
- Rural City of Swan Hill.

The Neighbourhood House community development approach is focussed on enabling communities to identify and address their own needs. It starts from the assumption that communities have existing strengths and assets that can be used to develop solutions to community needs. By adopting this approach, many NHs have developed community transport services to meet the particular needs of their communities.

Although many of these services have existed for a number of years, very little is known about the exact nature of these services beyond the communities that they service. While NHVic has collected information about the provision of community transport by NHs through its annual survey, substantial work is required to develop an accurate and meaningful understanding of the role that the NH sector currently plays in the provision of community transport within Victoria.

Establishing the Neighbourhood House Community Transport Project

The NHCTP involved collaboration and partnership between the **Victorian Neighbourhood House sector** and **Loddon Mallee Integrated Cancer Services (LMICS)** at all stages of the project's development, implementation and evaluation.

Community transport services provided by community sector organisations and local government are a significant, but largely invisible, 'third tier' of transport services in Victoria.

VCOSS – Community Transport Snapshot Project 2008

The Funding Proposal

In early 2016, LMICS, NHVic and RANCH developed a funding proposal to undertake a project focused on the community transport services provided by NHs in the Loddon Mallee Region.

The proposal recommended that over a 12 month period, LMICS would work with RANCH and Neighbourhood Houses Victoria (NHV) to:

1. Map and profile the neighbourhood transport programs in the Southern Loddon Mallee Region.
2. Review a set of highly successful neighbourhood house transport programs to identify the factors that make them successful.
3. Develop a toolkit to assist other houses establish or enhance their transport programs
4. Offer seed-funding for two houses in the region to either establish or enhance transport programs for cancer and other patients using the toolkit.

The funding proposal was accepted by LMICS and $30,000 funding was made available to RANCH to manage the NHCTP in late 2016.

The NHCTP Reference Group

In November 2017, a Project Reference Group was established to formalize the collaboration between the NH Sector and the LMICS.

The NHCTP Reference Group members were:
- Ilana Solo, Strategic Manager, LMICS
- Dan Douglass, CEO, Heathcote Health, LMICS Governance Group Member
- David Perry, Policy and Research Officer, NHVic
- Lea Johnson, Coordinator, Swan Hill Neighbourhood House (representing the Mallee NH Network)
- Sue Birch, RANCH (NHCTP Project Manager)

The NHCTP Reference Group met throughout the project to:
- plan and review the work undertaken by the Project Manager
- provide the project with a collaborative approach to decision making , particularly in relation to the allocation of the NHCTP grants.

The NHCTP Budget

The funding provided by LMICS was allocated to the following:

Item	Amount
RANCH Project Manager	$16,000 (320 hours x $50 = $16,000)
RANCH On costs (including travel)	$4000
Neighbourhood House Community Transport Grants	2 x $5000
Total	**$30,000**

In July 2017, additional funding of $5000 was obtained though **Carer Support Services, Bendigo Health** to provide a third NH Community Transport Grant.

Scope, Capacity and Planning

The NHCTP was very ambitious given the timeframes and the resources available. To ensure that the project was delivered within the resources available, it was crucial that the project was supported by planning frameworks that were clearly focused on project outcomes that were achievable given the constraints of the time and resources available.

To achieve this, the following strategies were used:
- An initial scoping process was undertaken to clarify expectations and definitions and to allocate time to specific tasks within the constraints of the resources available
- Project plans were developed and reviewed throughout the project and project milestones were identified and monitored.

The initial scoping exercise and the final NHCTP Project Plan and NHCTP Milestones are included in: **Appendix 1 - NHCTP – Planning Tools**

Methodology

The NHCTP was firmly grounded in Action Research methodology.

Primarily, the NHCTP was concerned with the following questions:

- How do NHs contribute to the provision of community transport across the LMR?
- What types of community transport services do NHs in the LMR provide?
- Who uses these services?
- What community transport service models have been developed by NHs in the LMR?
- What resources exist to support these services?
- What does "good practice" involve in the provision of NH community transport services?
- How can the project support the development of community transport in the LMR using "good practice" approaches?
- What can we learn from existing NH community transport programs in the LMR in order to support the development of viable NH community transport services in other communities?

The project design integrated a continual process of engaging the NHs in the LMR in planned activities that would provide the information required to inform the planning of the next activities. Throughout the project, the NHCTP Reference Group met to discuss the research results and to consider what impact these results might have on other aspects of the project. In some cases this resulted in significant changes to original timelines and sequencing of project activities.

Examples that illustrates this approach include:

- The decision to extend the project's original timelines when it became apparent during the first stage of the project that there was considerably more NH community transport than was anticipated.
- The decision to delay the development of a NH Toolkit until the projects funded through the NHCTP Grants Program were completed and these resources could be included.

The diagram below shows the actual phases of the project and provides a basic understanding of how each task informed the following phase.

Phase 1	Phase 2	Phase 3	Phase 4	Phase 5	Phase 6
Identify NH Community Transport Services	**Map NH Community Transport Services**	**Identify Good Practice**	**Support the development of good practice** **(CT Grants Program)**	**Develop a NH Community Transport Toolkit**	**Evaluate and Report**
(December 2016)	**(January 2017)**	**(Feb- April 2017)**	**(April - Nov 2017)**	**(April -Dec 2017)**	**(January 2018)**
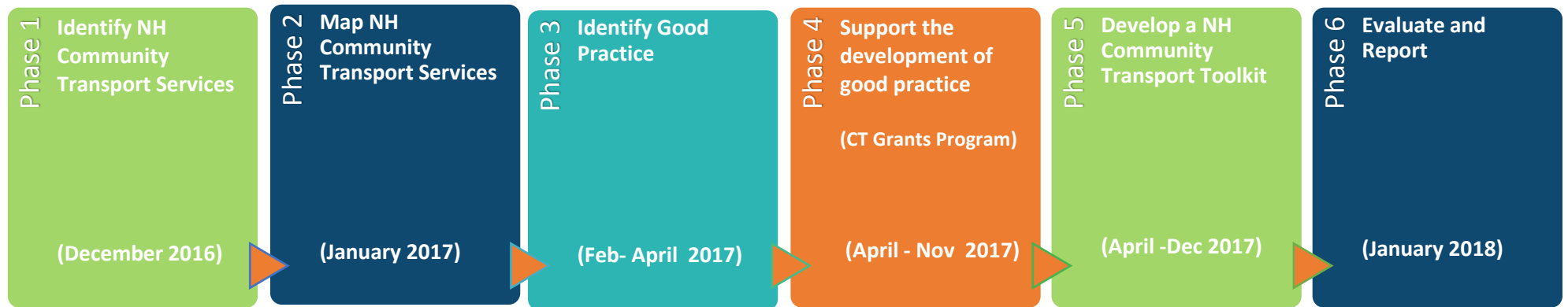
To provide a deeper understanding of the diversity of community transport programs provided by NHs in the LMR, the NHCTP design integrated a narrative approach that enabled NHs to share their experiences directly. This was particularly useful in Phase 3 and Phase 4 of the project.

Phase 1 – Identifying NH Community Transport Services in the Loddon Mallee Region

The first phase of the NHCTP was concerned with identifying what community transport is currently being provided by NHs in the Loddon Mallee region.

It is important to appreciate that this aspect of the NHCTP was not concerned with providing a comprehensive analysis of the community transport provided by individual NHs in the LMR. Given the resource constraints of the NHCTP, this phase was focused on providing a summary of the community transport provided and to identify community transport services that could be reviewed in greater detail as part of the NHCTP.

In December 2016 the 41 Neighbourhood Houses in the Loddon Mallee region were asked to complete an online survey to identify:

- What community transport services are currently provided by NHs in the Loddon Mallee Region?
- Who uses these services?
- How are these services funded?
- How are these services staffed?
- What resources and tools have been developed to support these services?
- What role are NHs playing in the development of community transport services in their communities?

38 NHs completed the online survey. The remaining 3 NHs completed the survey through a telephone interview.

However, through the ongoing engagement between the NHCTP and the NH sector in the LMR, the information collected though the Survey Monkey was updated when significant changes were identified.

Most of these changes related to the involvement of NHs in advocacy and the development of community transport services within their communities. It is worth noting that the NHCTP Grants Program received 3 Expressions of Interest from NHs that had initially indicated that they did not provide any community transport services and were not involved in any community development work focusing on community transport. By June 2017, each of these NHs was actively engaged in the process of establishing a community transport service within their communities.

Overall, only 11 of the 41 NHs indicated that they provide no community transport and are not currently engaged in any work focussed on the development of community transport in their local communities.

1. Community Transport Services Provided by NHs in the LMR

The categories used are consistent with the definitions of community transport services provided by the VCOSS Community Transport Snapshot Project. However, given the NH sector's focus on community development, an additional category, "**Advocacy/community transport development**", was included to capture the work that NHs are involved in that is concerned with developing community transport to meet the needs of local communities. (See the table below).

Assisted transport	Door-to-door transport provided to people who require assistance with mobility, for example: transport for shopping, medical appointments, visiting family and friends, attending functions and community events or transport to specific activities.
Program transport	Door-to-door transport provided by organisations to their clients to support access to their services.
Flexible transport	Affordable transport services provided to people whether or not they require assistance with their mobility to fill gaps in public transport provision such as in small rural communities.
Community group & vehicle sharing hire	Destination based group travel using a community vehicle for example: participants in youth groups, seniors groups, disability groups or sporting teams travelling together to particular activities. This type of transport can be provided by community transport vehicles being lent out to community groups including outside operational hours.
Coordination, advice and referral	This includes: provision of information about transport options, liaison and advocacy to service providers (such as health services) to organize appropriate appointment times, reminder calls to clients, coordination between transport providers, referral to support services and travel training. Some community transport providers also administer a limited amount of transport brokerage and emergency relief such as public transport tickets, taxi vouchers.
Advocacy/community transport development	This work ranges from engagement with local groups and networks involved in advocating for the establishment of community transport services across LGAs through to facilitating community development processes to establish new community transport services located at NHs in the LMR.

The following chart and table show the percentage of NHs in the LMR that provide specific community transport services.
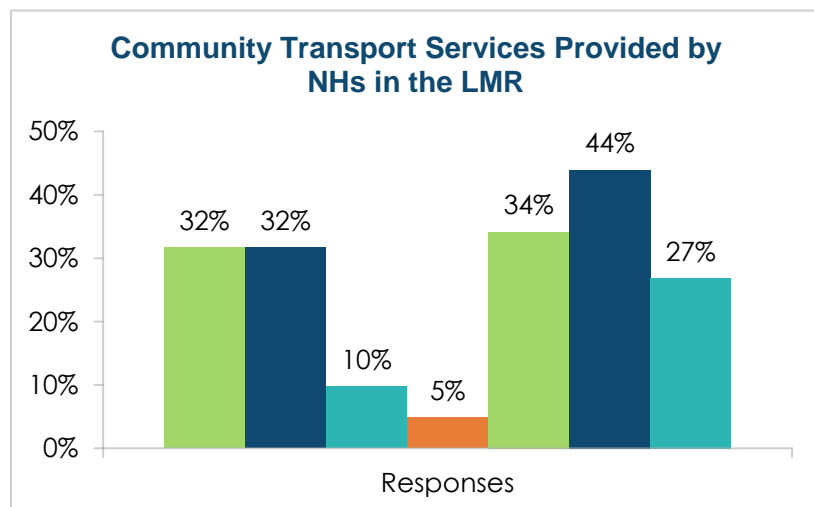
32%	Assisted Transport
32%	Program Transport
10%	Flexible Transport
5%	Community group transport and vehicle sharing/vehicle hire
34%	Coordination, advice and referral
44%	Advocacy/community transport development
27%	None

2. Users of Community Transport Services Provided by NHs in the LMR

The following chart and table are concerned with the NHs that indicated that they provide community transport services (excluding advocacy and community transport development).

The chart and table show the percentage of these NHs that provide community transport services to specific groups within their communities. The categories used have been adapted from the VCOSS Community Transport Snapshot Project's findings in relation to the typical users of community transport services.

Users of NH Community Transport Services in the LMR
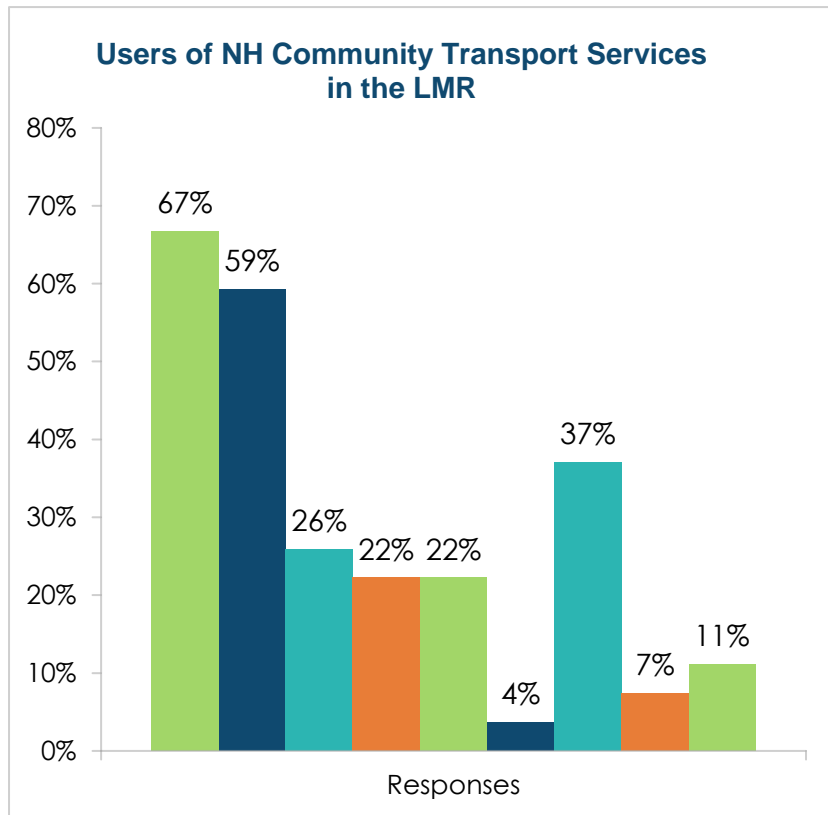
Percent	Description
67%	Older frail people who are unable to drive or access public transport
59%	People of all ages who are unwell or have a disability that prevents them from driving or accessing public transport
26%	Young people who are unlicensed and dependent on parents or others for transport.
22%	Low income earners who are unable to afford to own car or run it or afford cost of public transport.
22%	"At home parents" who may not have access to a family car and may be responsible for transporting children, a pram or baby capsule.
4%	Migrants/new residents who may lack information or language skills to access services
37%	People who live in rural and remote areas who have no access to public transport and have to travel exceptionally long distances just to access basic goods and services
7%	Other community groups
11%	People of all ages and abilities who participate in NH activities and events

3. Funding Sources for Community Transport Services provided by NH's in the LMR

NHs in LMR that provide community transport services (excluding those NHs that only engage in advocacy and community transport development) were asked how their services were funded.

The chart and table show the percentage of these NHs that received each type of funding.

Some NHs received funding through more than one source and this is reflected in the data. For example, Girgarre Community Cottage's community transport service is:
- funded partly by passenger payments and by other funds provided by the NH
- funded by the NH through income earned through a social enterprise (these are the other funds provided by the NH)

It is worth noting that approximately a third of LMR NHs that provide community transport receive no external funding.

Funding Sources for Community Transport Services provided by NH's in the LMR
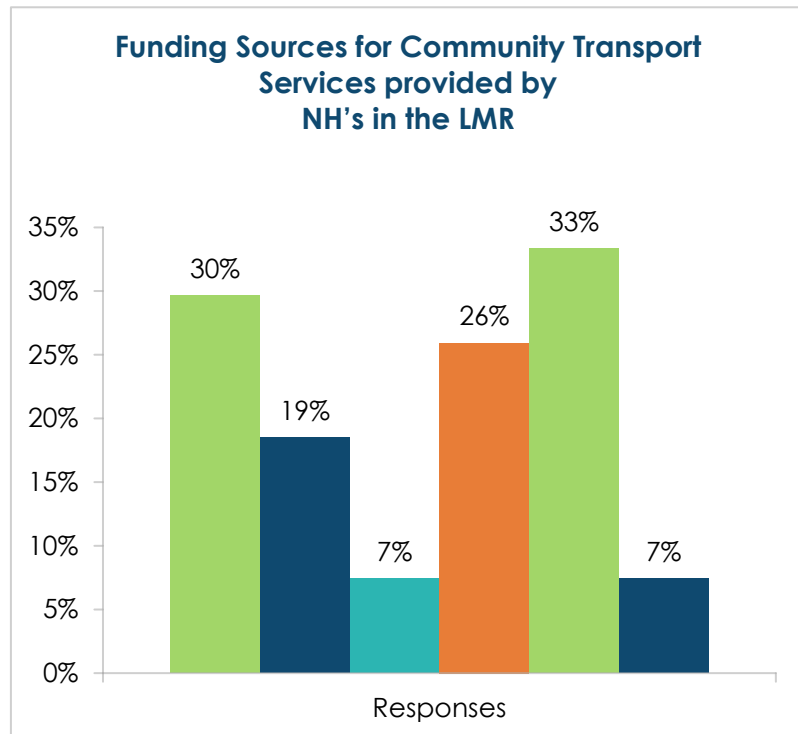
30%	It is self-funded. Passengers pay to use the service and this covers all costs
19%	It is funded partly by passenger payments and by other funds provided by the NH
7%	It is funded by the NH through income earned through a social enterprise
26%	It is funded through a grant or funding provided either directly to the NH or to another organisation that partners with the NH to provide the service.
33%	No external funding. Funded through the NH as part of services provided
7%	Other

4. Staff and Volunteer involvement in the provision of NH Community Transport Services in the LMR

Staff and Volunteer involvement in the provision of NH Community Transport Services in the LMR

- 26% All staff are volunteers
- 7% All staff are paid staff
- 67% A combination of paid and volunteer staff
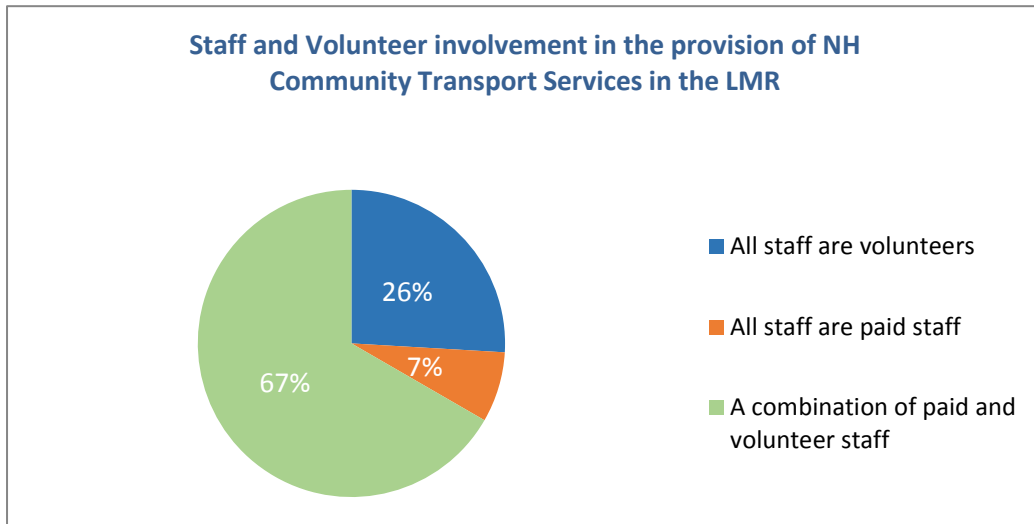
The survey results clearly show the importance of volunteers in the provision of NH community transport programs in the LMR.

A total of 93% of NHs that provide community transport services reported that volunteers were involved in the provision of these services.

Although 26% of NHs reported that only volunteers were involved, it is highly likely that the role of paid staff in relation to volunteer coordination, recruitment and training has been overlooked.

5. NH involvement in advocacy and community transport development in the LMR

One of the most encouraging aspects of the research undertaken by the NHCTP was the discovery that slightly less than half of NHs in the LMR are currently involved in advocacy and/or community development activities focused on community transport.

This work ranges from engagement with local groups and networks involved in advocating for the establishment of community transport services across LGAs through to facilitating community development processes to establish new community transport services located at NHs in the LMR.

NH involvement in advocacy and community transport development in the LMR

- 44% Yes
- 56% No
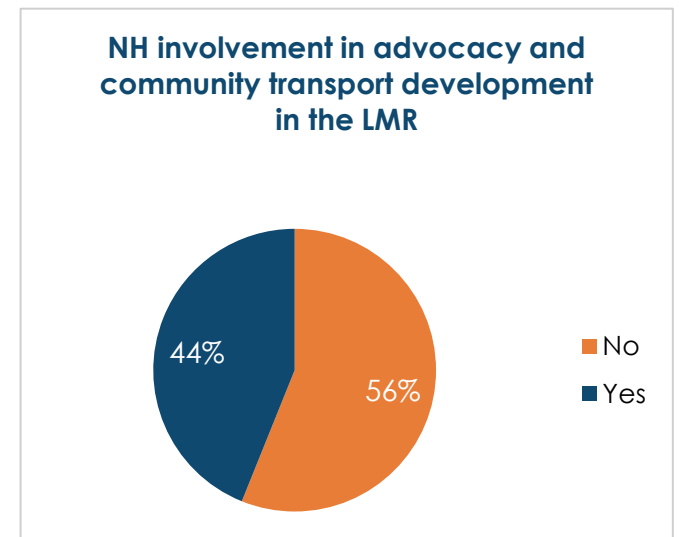
Neighbourhood House community transport services located in the Loddon Mallee Region were mapped using the information supplied through the survey. The following tables show the type of service provided by each NH in the LMR and are grouped according to the LGA that they are located in. The categories used are consistent with the definitions of community transport services provided by the VCOSS Community Transport Snapshot Project with one additional category, "Advocacy/community transport development".

More detailed information about the community transport services provided by each NH is provided in: **Appendix 2 - Community Transport Services provided by NHs in the LMR**

RANCH Neighbourhood House Network

Neighbourhood Houses located in the **Macedon Ranges Shire Council**	Assisted Transport	Program Transport	Flexible Transport	Community group /vehicle sharing/ hire	Coordination, advice and referral	Advocacy/community transport development	None
Kyneton Community & Learning Centre Inc.		✓			✓		
Lancefield Neighbourhood House	✓	✓				✓	
MR Further Education Centre Inc.		✓					
Riddell's Creek Neighbourhood House Inc.					✓		
Romsey Neighbourhood House	✓	✓	✓		✓	✓	
Woodend Neighbourhood House							✓

Neighbourhood Houses located in **the Mount Alexander Shire**	Assisted Transport	Program Transport	Flexible Transport	Community group /vehicle sharing/ hire	Coordination, advice and referral	Advocacy/community transport development	None
Castlemaine Community House						✓	
Maldon Neighbourhood Centre Inc.		✓			✓	✓	

Neighbourhood Houses located in the **Central Goldfields Shire**	Assisted Transport	Program Transport	Flexible Transport	Community group /vehicle sharing/ hire	Coordination, advice and referral	Advocacy/community transport development	None
Dunolly & District NC Inc.		✓			✓		
Goldfields E & L Centre							✓
Maryborough Community House		✓					

Neighbourhood Houses located in the City of Greater Bendigo	Assisted Transport	Program Transport	Flexible Transport	Community group /vehicle sharing/ hire	Coordination, advice and referral	Advocacy/community transport development	None
Bendigo Neighbourhood Hub	✓				✓	✓	
Eaglehawk Community House		✓					
Heathcote Community House		✓			✓	✓	
Kangaroo Flat Community Group Inc.							✓
Long Gully Neighbourhood Centre							✓

Neighbourhood Houses located in the Loddon Shire	Assisted Transport	Program Transport	Flexible Transport	Community group /vehicle sharing/ hire	Coordination, advice and referral	Advocacy/community transport development	None
Boort Resource & Information Centre							✓
Inglewood CNC Inc.	✓		✓	✓	✓	✓	
Pyramid Hill Neighbourhood House	✓						
Wedderburn Community House							✓

Neighbourhood Houses located in the Campaspe Shire	Assisted Transport	Program Transport	Flexible Transport	Community group /vehicle sharing/ hire	Coordination, advice and referral	Advocacy/community transport development	None
Echuca Neighbourhood House						✓	
Crossenvale Community House						✓	
Girgarre Community Cottage	✓	✓			✓		
Kyabram Community & Learning Centre Inc.	✓	✓	✓		✓	✓	
Lockington Neighbourhood House					✓	✓	
Rochester Community House							✓
Rushworth Community House	✓						
Tongala Community Activities Centre		✓				✓	

Mallee Neighbourhood House Network

Neighbourhood Houses located in the **Buloke Shire**	Assisted Transport	Program Transport	Flexible Transport	Community group /vehicle sharing/ hire	Coordination, advice and referral	Advocacy/community transport development	None
Birchip Business and Learning Centre							✓
Donald Learning Group						✓	
Sea Lake Community House	✓		✓			✓	
Wycheproof Resource Centre	✓					✓	

Neighbourhood Houses located in the **Ganawarra Shire**	Assisted Transport	Program Transport	Flexible Transport	Community group /vehicle sharing/ hire	Coordination, advice and referral	Advocacy/community transport development	None
Cohuna Neighbourhood House							✓
Kerang and District Community Centre		✓		✓			
Quambatook Community Resource Centre		✓					

Neighbourhood Houses located in the **Swan Hill Rural City Council**	Assisted Transport	Program Transport	Flexible Transport	Community group /vehicle sharing/ hire	Coordination, advice and referral	Advocacy/community transport development	None
Robinvale Network House							✓
Swan Hill Neighbourhood House	✓				✓	✓	

Neighbourhood Houses located in the **Mildura Rural City Council**	Assisted Transport	Program Transport	Flexible Transport	Community group /vehicle sharing/ hire	Coordination, advice and referral	Advocacy/community transport development	None
East End Community House							✓
Murrayville Neighbourhood House	✓						
Ouyen Neighbourhood House	✓				✓	✓	
Red Cliffs Community Resource Centre					✓	✓	

Phase 3 - Identifying Good Practice

Using the results of the survey, **five** Neighbourhood House community transport programs were identified and reviewed to explore the issue of "good community transport practice" and to identify factors and resources that contribute to the development, effectiveness and sustainability of NH community transport services. The following **NHCTP Good Practice Tool** was developed by adapting a similar tool used in the VCOSS Community Transport Snapshot Project:

Background to the service	Why was the service established? How was the service established? What is the geographical area covered by your service?
Amount of transport provided	What transport is provided? How is it provided? How often is it provided?
Characteristics of client group and transport need	Who uses the service? Why do these groups use the service?
Access to health services	How does your service increase access to health services? How do users find out about your service? Have you established any referral pathways or partnerships with health services to provide community transport?
Funding and cost of service provision	What costs are associated with the service? How is the service funded?
Staff and volunteers	How is the service staffed? What role do volunteers play in the provision of the service?
Unmet transport needs	What transport needs are currently unable to be addressed by the existing service? What resources are needed to be able to address these needs?
Resources and tools	What policies, procedures, and information/promotion packages or data collection tools have you developed to support your community transport service?
Effectiveness and sustainability	What are the key factors that have contributed to the success of your community transport program?

The NHCTP Reference Group identified community transport services provided by the following NHs as examples of "good practice":

- Swan Hill Neighbourhood House
- Girgarre Community Cottage
- Inglewood
- Lancefield Neighbourhood House
- Romsey Neighbourhood House

Each of these NHs completed the **NHCTP Good Practice Tool** and participated in a face to face interview to:

- clarify issues relating to the service and modify their responses to the NHCTP Good Practice Tool
- review any resources that had been developed that could potentially contribute to the development of the NH Community Transport Toolkit

In addition, each of the NHs provided a summary of the key factors that have contributed to the success of their community transport programs:

Girgarre Community Cottage	Inglewood NH	Swan Hill NH	Romsey NH	Lancefield NH
Amazingly dedicated volunteers and a town that refuses to give up, despite many setbacks. Being self-funded and promoting the Car as a Community owned enterprise begets overwhelming support of the wider community which assist us in maintaining our income stream. We hope this continues to build giving us perpetual avenues for transport	*Sound administration and protocols* *Reliability* *Trustworthiness* *Respect and admiration for what we do* *Compassion and understanding*	*Our networks* *Our flexibility* *Our drivers* *Our staff* *Ability to negotiate times with health services* *Pickup/drop-off times and locations are negotiable* *Fee for service and some organisations able to fund with fuel vouches or invoices to enable the fee to be paid.*	*Having a pool of reliable, known and trusted volunteers sometimes willing to respond with limited notice.* *Finances to subsidize the initiative further*	*It hasn't relied on having volunteer drivers.*

The information provided through this process has been developed into case studies that provide a more detailed "snapshot" of the diverse range of community transport services currently provided by NHs in the LMR. The case studies also provide a deeper understanding of the developmental work that is required at the community level to establish, operate and sustain a NH community transport service.

The LMR NH Community Transport "Snapshots" are provided in: **Appendix 3: Community Transport in the LMR: NH "Snapshots"**

Phase 4 - Supporting the development of good practice

Funding for the NHCTP included provision of 2 x $5000 project grants to support the development of NH community transport programs in the Loddon Mallee Region using "good practice" approaches.

In April 2017, a **Community Transport Grants Program (CTGP)** was developed and in May 2017, NHs across the Loddon Mallee Region were invited to submit Expressions of Interest to the NHCTP Reference Group. Expressions of Interest for the Community Transport Grants Program were assessed against the following criteria:

Demonstrated need for the project	• What community transport need is the project aiming to address? • How has this need been identified?
Ability to demonstrate how the project will address this need?	• What will the project achieve?
Community engagement and participation	• How will the project engage and consult with community members and groups to ensure that community development principles are integrated into the project?
Relevance to the community transport needs of cancer and other patients	• How will the project assist members of the community to access health services?
Appropriate budget to implement the project	• How will the funding be used? • What other resources will be needed to implement the project?
Ability to demonstrate how the project will be evaluated	• What methods and measures will be used to show that the project has been successful?

The NHCTP Reference Group received 5 Expressions of Interest including 2 applications that were submitted by partnerships between 2 NHs. After assessing each application against the criteria developed through the CTGP, the NHCTP Reference Group identified 3 projects that were of an exceptionally high standard. These projects were developed by:

- A partnership between Lancefield NH and Romsey NH
- Wycheproof Community Resource Centre
- Bendigo Neighbourhood Hub

Given that the Bendigo Neighbourhood Hub project involved an explicit focus on providing advocacy and support to patients and carers who face language and cultural barriers when accessing health services, additional funding of $5000 was obtained though **Carer Support Services, Bendigo Health** to provide a third grant

The Community Transport Grant Program EOI package and the 3 successful CTGP Grant Acquittals are included in: **Appendix 4: The NHCTP Community Transport Grants Program**

A brief description of each of the funded projects edited from submitted EOIs follows:

Lancefield NH & Romsey NH

The Lancefield and Romsey Neighbourhood Houses plan to run a combined transportation project with three main aims:

1. *To map the public transportation available within the communities and identify where the gaps are*
2. *To run a small scale trial of transportation provision*
3. *Develop a comprehensive community transport package*

Part 1 will be achieved by researching what transportation is available, how accessible it is financially and physically (particularly to people with compromised mobility/health), and how regularly it is utilised by people from the identified target groups within the communities. Where gaps are identified, research will be undertaken in the form of community consultation and agency interviews to identify what public transport options are available for the groups their service targets and what the gaps in transportation are.

Part 2 will involve information collected form part 1 will inform the provision of a small scale travel service trial. Potential options for travel services will include use of private cars; scheduled trips in a small minibus and use of a larger bus (only if the mini bus is filled). Feedback will be collected from the community members who use the services.

Part 3 will be achieved by using information from the first two sections of the project to inform the development of a comprehensive community transport package. The package will also include the development of procedures and protocols for using volunteer drivers, the parameters for privately requested cars, marketing material created and funding options explored.

Wycheproof Community Resource Centre

The Wycheproof Community Car Project aims to provide a basic but much-needed service in our rural and ageing community: affordable and accessible transport to and from out-of-town medical appointments. Wycheproof residents are disadvantaged in terms of their rural location, with the nearest regional centre of Swan Hill 96kms to the north and Bendigo 135kms to the south. In 2014, after much research and consultation with the community, fundraising began in earnest and a volunteer working group was established. By the end of 2016, through community and philanthropic support, WCRC was able to purchase a new Nissan X Trail.

In May 2017, the community car hit the road with its first client and has been receiving steady bookings to date. The community car is currently operating under a trial period… At the end of the trial period, the working group will meet to evaluate the program in its current form and look at ways of expanding the service to ensure the car is utilised as effectively as possible….

Our volunteer drivers and carers are key to the success and longevity of our project and we wish to invest in their development and training. We would specifically like to provide our volunteers with training/refresher courses in the following areas: first aid and CPR, basic occupational health and safety and driver skills and knowledge.

We would also like to look at how we can better support our volunteers and improve our overall service delivery by developing solid foundations in terms of policies and procedures. WCRC staff, with the help and guidance of members of the Community Car Working Group, will carry out the necessary research and consultation to develop these resources.

Bendigo Neighbourhood Hub

*This is not just another community transport strategy – it's a community transport strategy with a twist, or what we at Bendigo Neighbourhood Hub (BNH) refer to as '**Beyond Transport – an empowering community transport strategy'**.*

What makes BNH's transport strategy go beyond regular community transport is that our approach is multi-faceted. Through this initiative, BNH will provide both transport to required locations but will also, where required, provide an advocate that provides support to people during appointments.

The title of our transport initiative incorporates the word 'empowering'. We specifically chose this word because our transport initiative is absolutely grounded in its focus on empowering the people we are supporting. The aim of this transport initiative is to set support structures in place that build upon the knowledge, skills and confidence of the people we are supporting. Our aim is to provide support that can be slowly withdrawn as people develop the confidence to navigate these situations independently – where possible, we want to create independence not dependence upon our transport assistance.

The funding received through this grant will enable BNH to develop a range of Community Car resources and training packages that will allow us to both formalise and expand our transport initiative. BNH have the car (recently purchased from Bendigo Nissan who have agreed to sponsor the car for 5 years) and a financial strategy for covering associated costs. The resources developed through this grant will enable us to really get this initiative up and driving.

Phase 5 – Developing a NH Community Transport Toolkit

Throughout the NHCTP, resources were identified that could potentially contribute to the development of a Community Transport Toolkit to assist Neighbourhood Houses to establish or enhance their existing community transport programs.

An excellent toolbox specifically focussed on community transport was identified early in the project and although it was developed in Queensland in 2006, it contains useful and comprehensive information and tools to support the development of Community Transport Programs using community development approaches. The **Community Based Transport Queensland Toolbox[4]** was included in the NHCTP Grants program package to assist NHs to develop projects that were firmly grounded in community development approaches to community transport development.

The Survey Monkey tool used to identify and map NH community transport services in the LMR included a question that asked NHs if they had developed resources to support their community transport programs. However, only 14 of the NHs in the LMR indicated that they had developed specific resources to support their community transport services. Although most of these NHs indicated that they would be willing to share these resources with other NHs, almost half commented that they thought their resources required substantial development before they could be used as part of a NH Community Transport Toolkit.

A preliminary review of a number of resources currently available, revealed that the quality of these resources vary considerably and although some of the NHs have provided a substantial amount of transport over a long period of time, they have had only limited capacity to fully develop the resources required to support their services.

In addition, the community transport models developed by NHs are very diverse and it appears that each NH has developed a unique approach to meeting the community transport needs of their community. These unique approaches have been supported by policies, procedures and resources that have developed over time to manage the particular issues inherent in the operational issues specific to the model and geographical location.

However, a small sample of relevant, high quality resources were identified through the process of reviewing the 5 examples of "community transport good practice". These resources combined with new resources developed through the projects funded by the NHCTP Grants program and the **Community Based Transport Queensland Toolbox** are currently included in the NH Community Transport Toolkit under the following categories:

Establishing NH Community Transport Programs using community development approaches	Policies and procedures to support NH Community Transport Programs	Tools and templates for data collection and evaluation	NH community transport marketing and promotion resources	Resources to support volunteer and staff training and professional development

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[4] Community-based Transport Queensland Toolbox, State of Queensland and Local Government Association of Queensland 2006,

The fundamental questions that need to be considered at the conclusion of an action research project are:

What did we learn?

How can we use what we have learned?

What do we now need to learn?

What will we do next?

What did we learn?

- A greater number of NHs in the Loddon Mallee Region provided community transport than was expected. This supports the suggestion that community transport provided by the community services sector tends to be "invisible" outside the communities and population groups that it services.

- Only 11 of the 41 NHs indicated that they provide no community transport and are not currently engaged in any work focussed on the development of community transport in their local communities

- NHs are active in providing community transport in all 10 LGAs within the Loddon Mallee Region

- Almost a third (32%) of all LMR NHs provide transport services that are directly concerned with assisting community members to access health services.

- (44%) of all NHs in the LMR are currently involved in advocacy and/or community development activities focused on community transport

- A total of 93% of NHs that provide community transport services reported that volunteers were involved in the provision of these services.

- The community transport models developed by NHs in the LMR are very diverse and it appears that each NH has developed a unique approach to meeting the community transport needs of their community

- These unique approaches have been supported by policies, procedures and resources that have developed over time to manage the particular issues inherent in the operati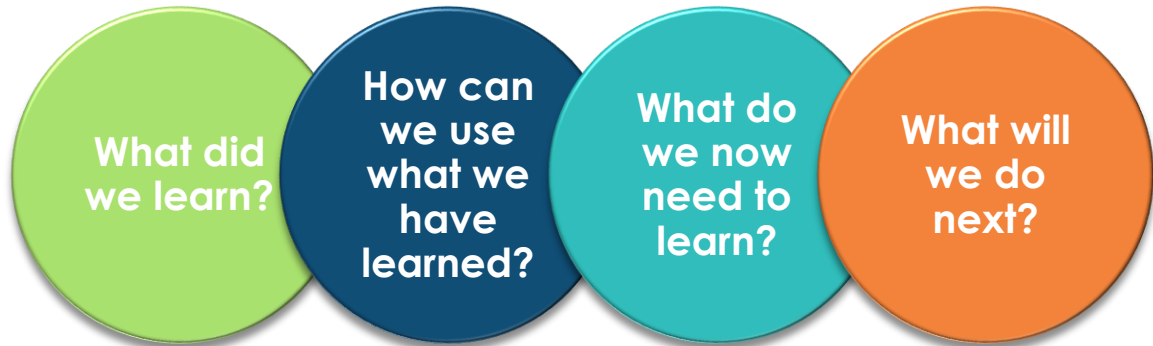onal issues specific to the model and geographical location. The quality of these resources vary considerably and although some of the NHs have provided a substantial amount of transport over a long period of time, they have had only limited capacity to fully develop the resources required to support their services.

- While initially, it was anticipated that the project would identify clear commonalities that would inform an understanding of a best practice approach to community transport service delivery at the NH level, it has now become apparent that a number of discrete models are potentially useful across the NH sector.

How can we use what we have learned?

The process of building the NH Sector's capacity to develop and sustain viable and responsive community transport services is challenging and ambitious. However, apart from providing the NH Sector with a deeper understanding of the level and type of NH community transport that currently exists in the LMR, the NHCTP will contribute to the NH Sector's capacity and development in the following ways:

- Frameworks and tools that were developed to identify the levels and types of NH community transport in the LMR can be used by the NH Sector to undertake similar research in other regions of Victoria.
- The NH Community Transport Toolkit will provide NHs with access to resources that will assist them to develop community transport services using "good practice" approaches
- The NHCTP will be presented at the 2018 NHVic Annual Conference and other forums to generate broader engagement with the issue of NH community transport

What do we now need to learn?

Through work undertaken by the NHCTP, it appears that the NH Sector can play an important role in addressing transport barriers, particularly for vulnerable and isolated people living in rural and remote communities.

However, substantial work will be required to conceptualise, assess and document the diverse range of models identified by the NHCTP to provide the NH sector with options that could be replicated depending on the particular needs, location and capacity of specific communities. This work was not able to be completed within the constraints of the initial project

What will we do next?

- **The NHCTP Stage 2 (Sustainable Models)**

LMICS has provided additional funding to the Regional Association of Neighbourhood & Community Houses (RANCH) to build on the research and outcomes of the NHCTP.

Commencing in November 2017, over a 14 month period, LMICS will work with the RANCH Network and Neighbourhood Houses Victoria (NHVic) and other members of the NHCTP Reference Group to:

- Identify and engage with a broad range of stakeholders to conceptualise and document at least 4 community transport models that could be adopted by Neighbourhood Houses to increase accessibility to cancer services for people living in rural and remote communities
- Develop a financial framework for each model to assist the NH Sector to advocate for sustainable funding to deliver particular types of community transport services in rural and remote locations
- Develop resources, policies and procedures to support each community transport model.

References

References

1. Victorian Council of Social Services: Community Transport Snapshot Project -An overview of community transport in Victoria July 2008
2. Regional Development Australia, Regional Snapshot, The Loddon Mallee Region (Website)
3. Loddon Mallee Region 2015, Victorian Department of Health and Human Services (Website)
4. Community-based Transport Queensland Toolbox, State of Queensland and Local Government Association of Queensland 2006,

THE NEIGHBOURHOOD HOUSE COMMUNITY TRANSPORT PROJECT: PLANNING TOOLS

Appendix 1

NHCTP – Project Scope and Responsibilities
November 2016

Required Task in Contract/Milestones	Timeframe	Hours	Issues/Scope & Responsibilities
The Contractor shall develop a survey tool to the satisfaction of LMICS.	October-November	50	The NH Transport Project Reference Group (NHTPRG) will need to clarify expectations, definitions, scope and methodology at the November meeting The NHTPRG will need to review and endorse the "draft survey tool" at the November meeting
The Contractor will conduct a gap analysis of community transport at Neighbourhood Houses in the Loddon Mallee Region.	November-December	50	Given that the project scope is the LMR consideration must be given to how the project engages with the Mallee Region. This work will be intensive and will most likely involve travel and overnight expenses. The focus and scope of this gap analysis needs to be clearly defined
The Contractor will identify and review approximately **five** successful neighbourhood house transport programs to identify the factors that make them successful.	January	50	This work will involve travel and overnight expenses if identified NHs are in the Mallee, Loddon and/or Campaspe. This type of evaluation needs to include engagement with community stakeholders and consumers
The Contractor will map and profile the neighbourhood house transport programs in the Southern Loddon Mallee Region.	January February	30	I assume that this is the RANCH region
The Contractor will develop a toolkit to assist other houses establish or enhance their transport programs. The toolkit is to be made available on the Neighbourhood Houses Victoria website.	March	50	It will be important to develop this toolkit within the time allocated for this task.
The Contractor shall develop acceptable criteria and offer seed-funding for two Neighbourhood Houses via an expression of interest process in the region to either establish or enhance transport programs for cancer and other patients using the toolkit developed at Item above.	April	40	The NHTPRG will need to clearly define the criteria and process for allocating the 2 grants There is no requirement within the contract to assist these NHs beyond the provision of the toolkit and the seeding funding. Is there an expectation that one NH will be selected from each region?
The Contractor shall prepare a final report to the satisfaction of LMICS that will be made available prior to the annual Neighbourhood House Victoria Conference.	May June (December?)	50	It is unlikely that that the project will be completed in time to present the final report to the 2017 NHV Conference in early May. It would be more realistic to extend the project timelines to ensure that enough time is available to produce the final report and the presentation occurs at the 2018 NHVic Conference
	TOTAL	320	40 weeks x 8hrs = 320 hours 320 hours x $50 = $16,000

Neighbourhood Houses Community Transport Project
Project Plan
November 2016 – May 2018

Objectives	Actions	Timelines	Responsibilities
The Contractor will conduct a gap analysis of community transport at Neighbourhood Houses in the Loddon Mallee Region	Survey Monkey Tool developed to identify current community transport activity by Neighbourhood Houses in the Loddon Mallee Region developed and endorsed by Reference Group.	November 2016	Project Officer Reference Group
	Survey Monkey completed	December2016	Project Officer
The Contractor will map and profile the neighbourhood house transport programs in the Southern Loddon Mallee Region.	Community transport programs delivered by NHs in the Southern Mallee Region identified and documented	January 2017	Project Officer
The Contractor will identify and review approximately **five** successful neighbourhood house transport programs to identify the factors that make them successful.	7 potential NH Community Transport Programs selected to review to identify success factors	February 2017	Project Officer
	5 NH Community Transport Programs selected to review to identify success factors	March 2017	Reference Group
	Reviews conducted of identified NHs	April 2017	Project Officer
The Contractor will develop a toolkit to assist other houses establish or enhance their transport programs. The toolkit is to be made available on the Neighbourhood Houses Victoria website.	Appropriate tools and resources identified through review of NHs engaged in good practice approaches	April 2017	Project Officer
	NHCT Toolkit developed	November 2017	Project Officer
	NHCT Toolkit made available to the NH sector via the NHV or RANCH website	January 2018	Project Officer
The Contractor shall develop acceptable criteria and offer seed-funding for two Neighbourhood	Criteria developed to inform seeding grant selection process	March 2017	Reference Group
	Seeding grant application package developed and endorsed by NHCT Reference Group	April 2017	Project Office Reference Group

Houses via an expression of interest process in the region to either establish or enhance transport programs for cancer and other patients using the toolkit developed at Item above.	Expressions of interest for 2 x $5000 grants invited from Loddon Mallee Neighbourhood Houses	May 2017	Project Officer
	Expressions of Interests reviewed by NHCT Reference Group and successful recipients identified	June 2017	Reference Group
	Grant recipients provide RANCH with a brief report including a financial acquittal of funds received through the NHCT project.	November 2017	Project Officer
The Contractor shall prepare a final report to the satisfaction of LMICS that will be made available prior to the annual Neighbourhood House Victoria Conference.	Draft final report prepared and circulated to NHCT Reference Group	January 2018	Project Officer
	Final report completed, endorsed by NHCT Reference Group and submitted to LMICS	January 2018	Project Officer Reference Group
	Final report made available to Neighbourhood House sector through the Neighbourhood House Victoria Website	February 2018	Project Officer NHVic Rep
	NHCT project presented at 2018 Neighbourhood Houses Conference	May 2018	Project Officer NHVic Rep

NHCT - Project Milestones February 2017 – May 2018		
Date	**Milestone**	**Responsibility**
November 2016	Survey Monkey Tool developed to identify current community transport activity by Neighbourhood Houses in the Loddon Mallee Region developed and endorsed by Reference Group.	Project Officer Reference Group
December	Survey Monkey to identify current community transport activity by Neighbourhood Houses in the Loddon Mallee Region completed	Project Officer
January 2017	Community transport programs delivered by NHs in the Southern Mallee Region identified and documented	Project Officer
February	Seven NH community transport programs identified as potential examples of good practice:	Project Officer
March	5 NH Community Transport Programs selected to review to identify success factors	Reference Group
	Criteria developed to inform seeding grant selection process	Project Officer Reference Group
April	Reviews conducted of identified NHs	Project Officer
	Appropriate tools and resources identified through review of NHs engaged in good practice approaches	Project Officer
	Seeding grant application package developed and endorsed by NHCT Reference Group	Project Officer Reference Group
May	Expressions of interest for 2 x $5000 grants invited from Loddon Mallee Neighbourhood Houses	Project Officer
June	Expressions of Interests reviewed by NHCT Reference Group and successful recipients identified	Reference Group
November	Grant recipients provide RANCH with a brief report including a financial acquittal of funds received through the NHCT project.	Project officer
	NHCT Toolkit developed	Project Officer
January 2018	Final report completed, endorsed by NHCT Reference Group and submitted to LMICS	Project Officer Reference Group
February	Final report made available to Neighbourhood House sector through the Neighbourhood House Victoria Website	Project Officer NHVic Rep
May	NHCT project presented at 2018 Neighbourhood Houses Conference	Project Officer NHVic Rep

THE NEIGHBOURHOOD HOUSE COMMUNITY TRANSPORT PROJECT: COMMUNITY TRANSPORT SERVICES PROVIDED BY NEIGHBOURHOOD HOUSES IN THE LODDON MALLEE REGION (2017)

Appendix 2

Kyneton Community & Learning Centre Inc.

Services currently provided	Users of Service	Funding	Staffing	CT Development
Providing transport to enable participation in Neighbourhood House activities (e.g. to attend educational or social activities) Providing community members with assistance to identify and access community transport services provided by organisations other than the Neighbourhood House	Young people who are unlicensed and dependent on parents or others for transport.	Funded through the Youth Development Unit of the Macedon Ranges Shire Council	All staff are paid staff	

Lancefield Neighbourhood House

Services currently provided	Users of Service	Funding	Staffing	CT Development
Occasional, door to door transport for people who are unable to drive or access public transport due to temporary illness or disability and are unable to afford taxis. Providing community members with assistance to identify and access community transport services provided by organisations other than the Neighbourhood House. Providing transport to enable participation in Neighbourhood House activities (e.g. to attend educational or social activities)	People of all ages who are unwell or have a disability that prevents them from driving or accessing public transport	Funded by the NH through income earned by a social enterprise.	All staff are paid staff	In partnership with Romsey NH, currently engaged in a project to identify the CT needs of the 2 communities and develop a pilot project to trial a viable model of CT. this project has been funded by the NHCTP. Participated in the Loddon Campaspe Local Transport Forum (3/11/2017**)**

Macedon Ranges Further Education Centre Inc.

Services currently provided	Users of Service	Funding	Staffing	CT Development
Providing transport to enable participation in Neighbourhood House activities (e.g. to attend educational or social activities)	People of all ages who are unwell or have a disability that prevents them from driving or accessing public transport	No external funding Funded through the NH as part of services provided	A combination of paid and volunteer staff	

Riddells Creek Neighbourhood House Inc.				
Services currently provided	**Users of Service**	**Funding**	**Staffing**	**CT Development**
Providing community members with assistance to identify and access community transport services provided by organisations other than the Neighbourhood House	• Older frail people who are unable to drive or access public transport • People of all ages who are unwell or have a disability that prevents them from driving or accessing public transport • Low income earners who are unable to afford to own car or run it or afford cost of public transport. • "At home parents" who may not have access to a family car and may be responsible for transporting children, a pram or baby capsule. • People who live in rural and remote areas who have no access to public transport and have to travel exceptionally long distances just to access basic goods and services.	No external funding Funded through the NH as part of services provided	A combination of paid and volunteer staff	

Woodend Neighbourhood House				
Services currently provided	**Users of Service**	**Funding**	**Staffing**	**CT Development**
None				

Romsey Neighbourhood House				
Services currently provided	**Users of Service**	**Funding**	**Staffing**	**CT Development**
Occasional transport to a larger town or city to enable users to access services that are not available in their community Occasional, door to door transport for people who are unable to drive or access public transport due to temporary illness or disability and are unable to afford taxis. Occasional, door to door transport for people who are unable to drive or access public transport due to permanent disability or illness and are unable to afford taxis Providing transport to enable participation in Neighbourhood House activities (e.g. to attend educational or social activities) Providing community members with assistance to identify and access community transport services provided by organisations other than the Neighbourhood House Driving people to and from hospital for medical procedures which the Red Cross and other transport assistance programs won't do.	• Older frail people who are unable to drive or access public transport • People of all ages who are unwell or have a disability that prevents them from driving or accessing public transport • Young people who are unlicensed and dependent on parents or others for transport. • People who live in rural and remote areas who have no access to public transport and have to travel exceptionally long distances just to access basic goods and services.	No external funding Funded through the NH as part of services provided	A combination of paid and volunteer staff	In partnership with Lancefield NH, currently engaged in a project to identify the CT needs of the 2 communities and develop a pilot project to trial a viable model of CT. this project has been funded by the NHCTP. Participated in the Loddon Campaspe Local Transport Forum (3/11/2017

Castlemaine Community House				
Services currently provided	**Users of Service**	**Funding**	**Staffing**	**Community Transport Development**
None				As part of the Age Friendly Communities Project, **Mount Alexander Shire Council** has received funding from **DHHS** to deliver a range of projects, including the **Better Community Buses Project**. **Maldon Neighbourhood Centre** and **Castlemaine Community House** have been contracted by **Mount Alexander Shire Council** to deliver the overall Age Friendly Communities Project using the funding from DHHS. The **Better Community Buses Project** involves; • Researching previous work carried out by the Transport Connections Project • Researching existing transport services and resources in the community, • Identifying gaps in transport services • Involving older community members in determining their transport needs and co-designing a pilot program to trial as a foundation for implementation • Researching community transport models being implemented elsewhere. • Bring all providers of community transport together to inform the project about current services and facilitate collaboration • Work with transport providers to inform the community about existing and new services • Support existing providers to identify how they can better meet community needs with a sustainable model • Determine the feasibility of implementing these options. • Improve community transport services to better meet the needs of older people • A collaborative model of community transport buses • Increased independence and social connectedness for older users • Improved awareness in the community of transport services • Communicating the availability of transport services, including community transport

	Maldon Neighbourhood Centre Inc			
Services currently provided	Users of Service	Funding	Staffing	Community Transport Development
Providing transport to enable participation in NH activities (e.g. to attend educational or social activities)	Young people who are unlicensed and dependent on parents or others for transport	It is funded through a grant provided either directly to the NH or to another organisation that partners with the NH to provide the service.	All staff are volunteers	Currently working in partnership with Mount Alexander Shire Council and Castlemaine Community House on an **Age Friendly Communities project** (see above) The **Better Community Buses Project** will involve a strategic approach to community transport development in the Mt Alexander Shire. This fits with the Tarrangower Community Plan and the strategic direction of the Maldon Neighbourhood Centre Participated in the Loddon Campaspe Local Transport Forum (3/11/2017)

Dunolly & District Neighbourhood Centre Inc.

Services currently provided	Users of Service	Funding	Staffing	CT Development
Providing community members with assistance to identify and access community transport services provided by organisations other than the Neighbourhood House. Providing transport to enable members of the community to attend activities and events. This involves the NH hiring the Dunolly Community bus.	A broad range of community members	It is self-funded. Passengers pay to use the service and this covers all costs	All staff are volunteers	

Goldfields Employment and Learning Centre

Services currently provided	Users of Service	Funding	Staffing	CT Development
None				

Maryborough Community House

Services currently provided	Users of Service	Funding	Staffing	CT Development
Participants from various areas and programs often car pool or offer lifts to people who don't have a car or to save on fuel costs	Residents who don't own a car, live alone, aged or not living in close proximity to the local bus route.	No external funding Funded through the NH as part of services provided Residents/volunteers make their own arrangements regarding payment	A combination of paid and volunteer staff	

Bendigo Neighbourhood Hub

Services currently provided	Users of Service	Funding	Staffing	CT Development
Driving people to appointments when they are unable to get there independently due to language barriers (mainly refugee new arrivals)	• Older frail people who are unable to drive or access public transport • Young people who are unlicensed and dependent on parents or others for transport. • Low income earners who are unable to afford to own car or run it or afford cost of public transport. • "At home parents" who may not have access to a family car and may be responsible for transporting children, a pram or baby capsule. • Migrants/new residents who may lack information or language skills to access services.	No external funding Funded through the NH as part of services provided Some shared payments from passengers	Paid and volunteer staff	We are actively involved in developing our community transport service. Allocated NHCTP Grant

Eaglehawk Community House

Services currently provided	Users of Service	Funding	Staffing	CT Development
Providing transport to enable participation in Neighbourhood House activities (e.g. A volunteer picks up and drops off an elderly person to enable them to attend our community lunch)	Older frail people who are unable to drive or access public transport	No external funding Funded through the NH as part of services provided	Paid and volunteer staff	

Heathcote Community House

Services currently provided	Users of Service	Funding	Staffing	CT Development
Providing transport to enable participation in Neighbourhood House activities (e.g. to attend educational or social activities) Providing community members with assistance to identify and access community transport services provided by organisations other than the Neighbourhood House We currently advocate and assist and encourage all within our community to advocate for improved, extended and new transport options. Advocacy is generally in collaboration with other organisations	We do not have our own transport system currently, but arrange transport where needed for any programs, activities or events. This is usually for the districts school children to come together for the Heathcote Community Games, and also for some of the Youth Aged children with a disability to attend school holiday activities in Bendigo at the YMCA for example.	Any transport we have had to arrange in the past is covered by the community house program funding, or has been given as sponsorship	Paid and volunteer staff	We have been working alongside Heathcote Health Services and other Town Community Plan action groups, to advocate and encourage PTV to extend the Junortoun line services - already in the Heathcote to Bendigo corridor, and then to include a Heathcote Neighbourhood service also. A proposal is currently before PTV. We have also attended in 2016 PTV consultations and written submissions, facilitated and collected surveys by our towns people, for the extension of these current services

Kangaroo Flat Community Group Inc.

Services currently provided	Users of Service	Funding	Staffing	CT Development
None				

Long Gully Neighbourhood Centre Inc

Services currently provided	Users of Service	Funding	Staffing	CT Development
None				

Inglewood Community Neighbourhood House Inc.

Services currently provided	Users of Service	Funding	Staffing	CT Development
Our House owns and operates a Community Bus Service. We meet the transport needs of people with a disability and the broader community. Our service travels from Inglewood to Bendigo 5 days per week and is available for hire to Community Groups and not-for-profit organisations on the weekends. A regular transport service to enable users to access public transport services (e.g. transport to and from stations and bus stops) A regular transport service to a larger town or city to enable users to access services that are not available in their community Occasional, door to door transport for people who are unable to drive or access public transport due to temporary or permanent illness or disability and are unable to afford taxis. Community vehicle sharing (e.g. hiring a vehicle owned by the NH to other community organisations and groups for community activities) Providing transport to enable participation in Neighbourhood House activities (e.g. to attend educational or social activities)	• Older frail people who are unable to drive or access public transport • People of all ages who are unwell or have a disability that prevents them from driving or accessing public transport • People who live in rural and remote areas who have no access to public transport and have to travel exceptionally long distances just to access basic goods and services. • We support 14 families across the Loddon Shire and the city of Greater Bendigo on a weekly basis.	It is funded partly by passenger payments and by other funds provided by the Neighbourhood House It is funded through a grant provided either directly to the Neighbourhood House or to another organisation that partners with the NH to provide the service. Nominal hire fee charged to Community Groups to cover costs only. The service is supported by the Inglewood & Districts Community Bank,(R) Bendigo Bank, Bendigo Toyota and the Helping Hands Mission	A team of dedicated community minded members are the volunteer drivers.	It's an ongoing issue for our community. Where possible we promote the use of the Community Bus Service to meet a need. Currently we are discussing the possibility of our Bus returning to Inglewood one day per week to pick up people from Bridgewater to enable them to visit Inglewood for the day to access the new Goldfields Library Agency. Potentially passengers could spend time at the new Community Hub, do some supermarket shopping, visit the doctor then be returned to Bridgewater when the bus returns to Bendigo to collect the morning passengers. It's early days so not outcome has been achieved at this time

Boort Resource & Information Centre Inc.

Services currently provided	Users of Service	Funding	Staffing	CT Development
None				

Pyramid Hill Neighbourhood House

Services currently provided	Users of Service	Funding	Staffing	CT Development
Occasional, door to door transport for people who are unable to drive or access public transport due to permanent disability or illness and are unable to afford taxis	• Older frail people who are unable to drive or access public transport • People of all ages who are unwell or have a disability that prevents them from driving or accessing public transport	It is self-funded. Passengers pay to use the service and this covers all costs Our service is 'volunteer driver' where one of our volunteers drives a community member to Bendigo, Swan Hill, Echuca, Kerang etc. for medical/health related appointments. There is a set reimbursement fee for the volunteer's fuel costs	All staff are volunteers	

Wedderburn Community House

Services currently provided	Users of Service	Funding	Staffing	CT Development
None				

Girgarre Community Cottage

Services currently provided	Users of Service	Funding	Staffing	CT Development
A regular transport service to a larger town or city to enable users to access services that are not available in their community Occasional, door to door transport for people who are unable to drive or access public transport due to temporary or permanent illness or disability and are unable to afford taxis. Providing transport to enable participation in Neighbourhood House activities (e.g. to attend educational or social activities)	• Older frail people who are unable to drive or access public transport • People of all ages who are unwell or have a disability that prevents them from driving or accessing public transport • People who live in rural and remote areas who have no access to public transport and have to travel exceptionally long distances just to access basic goods and services.	It is funded partly by passenger payments and by other funds provided by the Neighbourhood House It is funded by the NH through income earned through a social enterprise	All staff are volunteers	

Echuca Neighbourhood House

Services currently provided	Users of Service	Funding	Staffing	CT Development
None				Developed a NHCTP funding proposal with Crossenvale CH to begin the process of establishing a partnership based NH community transport service in Echuca

Crossenvale Community House

Services currently provided	Users of Service	Funding	Staffing	CT Development
Unofficially, our volunteers sometimes drive community members to the pharmacy etc.	Low income earners who are unable to afford to own car or run it or afford cost of public transport.	No external funding	Volunteers	Developed a NHCTP funding proposal with Echuca NH to begin the process of establishing a partnership based NH community transport service in Echuca

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Kyabram Community and Learning Centre Inc.				
Services currently provided	**Users of Service**	**Funding**	**Staffing**	**CT Development**
Occasional transport to a larger town or city to enable users to access services that are not available in their community Occasional, door to door transport for people who are unable to drive or access public transport due to temporary or permanent illness or disability and are unable to afford taxis Providing transport to enable participation in Neighbourhood House activities (e.g. to attend educational or social activities) Providing community members with assistance to identify and access community transport services provided by organisations other than the NH	• People of all ages who are unwell or have a disability that prevents them from driving or accessing public transport • "At home parents" who may not have access to a family car and may be responsible for transporting children, a pram or baby capsule. • People who live in rural and remote areas who have no access to public transport and have to travel exceptionally long distances just to access basic goods and services	It is funded through a grant provided either directly to the NH or to another organisation that partners with the NH to provide the service.	Paid and volunteer staff	Currently working towards expanding transport delivery
Lockington Neighbourhood House				
Services currently provided	**Users of Service**	**Funding**	**Staffing**	**CT Development**
Providing community members with assistance to identify and access community transport services provided by organisations other than the Neighbourhood House	• Older frail people who are unable to drive or access public transport • People of all ages who are unwell or have a disability that prevents them from driving or accessing public transport • Young people who are unlicensed and dependent on parents or others for transport. • Low income earners who are unable to afford to own car or run it or afford cost of public transport. • "At home parents" who may not have access to a family car and may be responsible for transporting children, a pram or baby capsule. • People who live in rural and remote areas who have no access to public transport and have to travel exceptionally long distances just to access basic goods and services.	Transport service is available through the Lockington Bush Nursing Centre	Paid and volunteer staff	Discussions with Lockington Bush Nursing Centre planned to collaborate to enhance the service already provided.

Rochester Community House				
Services currently provided	**Users of Service**	**Funding**	**Staffing**	**CT Development**
None				

Rushworth Community House				
Services currently provided	**Users of Service**	**Funding**	**Staffing**	**CT Development**
Occasional, door to door transport for people who are unable to drive or access public transport due to temporary illness or disability and are unable to afford taxis. Occasional, door to door transport for people who are unable to drive or access public transport due to permanent disability or illness and are unable to afford taxis	• Older frail people who are unable to drive or access public transport • People of all ages who are unwell or have a disability that prevents them from driving or accessing public transport	The service is funded through HACC and passenger payments	Paid and volunteer staff	

Tongala Community Activities Centre				
Services currently provided	**Users of Service**	**Funding**	**Staffing**	**CT Development**
Providing transport to enable participation in Neighbourhood House activities (e.g. to attend educational or social activities)	All ages and demographics to participate in social and education outings and planned day activities	It is self-funded. Passengers pay to use the service and this covers all costs	Paid and volunteer staff	Liaising with the Rural Access worker at the Shire of Campaspe and contributing to any questions and surveys.

Community Transport Services provided by Neighbourhood Houses located in the Buloke Shire (Mallee Network)

Birchip Business and Learning Centre

Services currently provided	Users of Service	Funding	Staffing	CT Development
None				

Donald Learning Group

Services currently provided	Users of Service	Funding	Staffing	CT Development
None				Actively involved in establishing a CT service for the Donald Community. Applied for a NHCTP grant.

Sea Lake Community House

Services currently provided	Users of Service	Funding	Staffing	CT Development
A regular transport service to a larger town or city to enable users to access services that are not available in their community	• Older frail people who are unable to drive or access public transport • People of all ages who are unwell or have a disability that prevents them from driving or accessing public transport • "At home parents" who may not have access to a family car and may be responsible for transporting children, a pram or baby capsule. • People who live in rural and remote areas who have no access to public transport and have to travel exceptionally long distances just to access basic goods and services.	It is self- funded. Passengers pay to use the service and this covers all costs	Paid and volunteer staff	Involved in ongoing development of Community transport in local area.

Wycheproof Resource Centre

Services currently provided	Users of Service	Funding	Staffing	CT Development
Occasional, door to door transport for people who are unable to drive or access public transport due to temporary or permanent illness or disability and are unable to afford taxis	• Older frail people who are unable to drive or access public transport • People of all ages who are unwell or have a disability that prevents them from driving or accessing public transport	It is self-funded. Passengers pay to use the service and this covers all costs. Passengers can claim Victorian Patient Transport Scheme payments	Paid and volunteer staff	Our service commenced in May 2017 and we are in the process of developing our systems and processes. Allocated NHCTP Grant

Community Transport Services provided by Neighbourhood Houses located in the Gannawarra Shire (Mallee Network)

Cohuna Neighbourhood House

Services currently provided	Users of Service	Funding	Staffing	CT Development
None				

Kerang and District Community Centre

Services currently provided	Users of Service	Funding	Staffing	CT Development
Community vehicle sharing (e.g. hiring a vehicle owned by the Neighbourhood House to other community organisations and groups for community activities) Providing transport to enable participation in Neighbourhood House activities (e.g. to attend educational or social activities	• Older frail people who are unable to drive or access public transport • People of all ages who are unwell or have a disability that prevents them from driving or accessing public transport • Community groups ,e.g scouts, cubs or volunteers needing to access training	It is self-funded. Passengers pay to use the service and this covers all costs	Paid and volunteer staff	

Quambatook Community Resource Centre

Services currently provided	Users of Service	Funding	Staffing	CT Development
Providing transport to enable participation in Neighbourhood House activities (e.g. to attend educational or social activities We have use of a Community mini bus for a fee, but it is not owned or managed by us.	Older frail people who are unable to drive or access public transport	No external funding Funded through the NH as part of services provided	All staff are volunteers	

Community Transport Services provided by Neighbourhood Houses located in the Swan Hill Rural City Council (Mallee Network)

Robinvale Network House				
Services currently provided	Users of Service	Funding	Staffing	CT Development
None				

Swan Hill Neighbourhood House				
Services currently provided	Users of Service	Funding	Staffing	CT Development
A regular transport service to a larger town or city to enable users to access services that are not available in their community Occasional, door to door transport for people who are unable to drive or access public transport due to temporary or permanent illness or disability and are unable to afford taxis	• Older frail people who are unable to drive or access public transport • People of all ages who are unwell or have a disability that prevents them from driving or accessing public transport • Young people who are unlicensed and dependent on parents or others for transport • Low income earners who are unable to afford to own car or run it or afford cost of public transport • "At home parents" who may not have access to a family car and may be responsible for transporting children, a pram or baby capsule • People who live in rural and remote areas who have no access to public transport and have to travel exceptionally long distances just to access basic goods and services.	A variety of funding is used: • fee for service, which covers running costs, mainly cost of fuel (clients can claim fees back through VPTAS so minimal out of pocket expense incurred) • ongoing grant commitment from local service club which covers additional running costs (services, tyres, cleaning, volunteer police checks etc) • expectation that the income received via both grants and fee for service allow us enough surplus to change the vehicle over every 2-3 years	Paid and volunteer staff	Involved in ongoing development of Community transport in local area.

East End Community House				
Services currently provided	**Users of Service**	**Funding**	**Staffing**	**CT Development**
None				

Murrayville Neighbourhood House				
Services currently provided	**Users of Service**	**Funding**	**Staffing**	**CT Development**
A regular transport service to a larger town or city to enable users to access services that are not available in their community	• Older frail people who are unable to drive or access public transport • People of all ages who are unwell or have a disability that prevents them from driving or accessing public transport	It is self-funded. Passengers pay to use the service and this covers all costs	All staff are volunteers	

Ouyen Neighbourhood House				
Services currently provided	**Users of Service**	**Funding**	**Staffing**	**CT Development**
Occasional, door to door transport for people who are unable to drive or access public transport due to temporary or permanent illness or disability and are unable to afford taxis.	• Older frail people who are unable to drive or access public transport • People of all ages who are unwell or have a disability that prevents them from driving or accessing public transport	It is funded partly by passenger payments and by other funds provided by the Neighbourhood House It is funded through a grant provided either directly to the NH or to another organisation that partners with the NH to provide the service.	Paid and volunteer staff	Participates in activities that are concerned with the development of community transport in local area.

Red Cliffs Community Resource Centre				
Services currently provided	**Users of Service**	**Funding**	**Staffing**	**CT Development**
Providing community members with assistance to identify and access community transport services provided by organisations other than the NH. We direct people to Sunnasist for transport needs.	Older frail people who are unable to drive or access public transport	No external funding Funded through the NH as part of services provided	Paid and volunteer staff	In conjunction with DIGGERLAND welfare services, in the process of developing a partnership for the use of their bus. This will be used to transport groups of people in the community for cultural events.

THE NEIGHBOURHOOD HOUSE COMMUNITY TRANSPORT PROJECT: COMMUNITY TRANSPORT IN THE LMR: NEIGHBOURHOOD HOUSE "SNAPSHOTS"

Appendix 3

Girgarre Community Cottage

Girgarre is a small community located In the Campaspe Shire. Echuca is 44kms to the North West and the distance to Melbourne is approximately 210kms.

Girgarre recorded a total population of 561 at the 2016 Census with a median age of 43 years. 18% of the population is over 65 years of age.

While 25% of the households had a weekly income below $650, the median weekly household income was $1,032.

1. Background to the service	
Why was the service established?	*The Girgarre community has almost no access to public transport. The Girgarre transport service was established to provide transport for community members to access medical and other services located in surrounding towns, regional cities and Melbourne.*
How was the service established?	*The Girgarre Community Cottage obtained their first Community Car (a 1978 Kingswood Station Wagon) in 1983. Funding for the vehicle was raised by the Girgarre community through a community operated nursery*
What is the geographical area covered by your service?	*The Community Car travels mainly to Shepparton, Bendigo, Benalla, Albury, Kyabram and Melbourne. However, if required, transport is also provided to other locations.*
2. Amount of transport provided	
What transport is provided?	*The service provides door-to-door transport from Girgarre and surrounding towns to medical appointments. Currently only 2% of transport users access shopping or other services on their return trip.*
How is it provided?	*Community members contact the Girgarre Community Cottage to book their travel.* *Volunteers drive the Girgarre Community Car and coordinate the pick-up and drop off of passengers. Drivers are rostered and generally drive the car one day a week. Without the driver's co – operation the car would not be able to operate.* *All operating costs are met from the fares paid by passengers and from the local craft and produce market. Originally, no Government, or any other assistance, subsidy or funding was used to support this service. However due to increasing costs (e.g. insurance, services, petrol) a small amount of fundraising and grant applications now occurs.Also due to the high usage of the vehicle, we look to trade in and upgrade on a three-year cycle.*

	As the need for the car continues to grow, we have a number of volunteers, who use their own vehicles, to allow us to transport more than one client per day. The cost of the trip goes to the driver, to cover petrol etc.
How often is it provided?	The Community Car is available for bookings on weekdays.

3. Characteristics of client group and transport need

Who uses the service?	*Mainly the elderly and infirmed.*
Why do these groups use the service?	*Door to door service, customized for their appointment/s time. Ease of use, no transferring or waiting, personal and attentive service if required.*

4.   Access to health services

How does your service increase access to health services?	*Availability, after hours' transport e.g. 9am appointment in Melbourne we can leave at 5am. Return trips or drop off and alternative pick up dates. Instead of catching*
How do users find out about your service?	*Car pamphlets, word of mouth, fundraising events and through "Green Thumbs Nursery" at the Girgarre Market*
Have you established any referral pathways or partnerships with health services to provide community transport?	*Informal through Scope Medical Centre, Kyabram and Kyabram District and Health services-Hospital*

5. Funding and cost of service provision

What costs are associated with the service?	*The running cost for the car in 2016 (minus services as they are currently covered by the extended warranty) were:*

Fuel	*$3140*
Registration	*$382.80*
Insurance	*$438.45*
RACV	*$225*
Tyres	*$1178*
Service	*$55*
Volunteer Driver Police Checks	*$260*
CityLink	*$480*
TOTAL	*$6,459.25*

	In addition, we also offer our volunteer drivers $20 per trip to cover food and beverages. Not all accept this offer, however some of those on pensions do. Approximately $300 was used for this purpose in the last 12-month period. *The cost of parking is not included as most parking occurs in disabled parking bays or our drivers have the knowledge of where to go in Melbourne for free parking.* *It is worth noting that in 2016, the work undertaken by our volunteer drivers was calculated to be worth $17,000. This figure is based on $28 per hour for each hour our volunteers were involved in transporting passengers.*
How is the service funded?	*The major funding for the community transport service has always been through the Green Thumbs Nursery. Prior to 2005 the nursery was run out of a volunteer's home garden. In 2005, the Green Thumbs Nursery was established at the Girgarre Community Cottage. The nursery is open to the public on two days a week and it also supplies all of the plants for the stall at the Girgarre Farmers and Craft Market which is held once per month. The nursery generates on average $1000 per month.* *Passengers are charged a set fee to access the service. For example, the fee for a return trip to Bendigo is currently $55 while a return trip to Melbourne is $100.* *Passengers who cannot afford the service are provided assistance to complete the Victorian Patient Transport Assistance Scheme (VPTAS) for reimbursement.* *Girgarre Community Cottage also works closely with a small community based organisation, "The Gift Kyabram", to ensure that members of the community that cannot afford any out of pocket expense are provided with financial assistance. The Gift raises funds and provides financial and practical support to local community members who are experiencing cancer*
6. Staff and volunteers	
How is the service staffed?	*The service is staffed by volunteers supported by the NH Coordinator and Administrative assistant.*
What role do volunteers play in the provision of the service?	*Volunteers raise funds through the Green Thumb Nursery to support the service.* *The service is coordinated by volunteers who take booking and find available drivers* *All drivers are voluntary. Drivers are rostered and generally drive the car one day a week. Without the drivers' voluntary contribution the service would not be able to operate.*

7. Unmet transport needs

What transport needs are currently unable to be addressed by the existing service?	Our immediate catchment clients' needs are being met. However, there has been an increasing demand from Echuca, which unfortunately we have had to decline our services to.
	Providing local transport to assist community members to attend medical appointments would appear to be a growing need. For example, if a client uses the public transport bus service and has a half an hour appointment in Kyabram, they still need to be in Kyabram for a 5-hour period. If an appointment is in Shepparton, the bus arrives at approximately 10.30am and departs at 1.30pm. Gaining a specialist appointment within this time frame can prove difficult and also most specialists are not located close to the bus stop.
	Finally, a taxi from Girgarre to Kyabram one way is approximately $35.00.
What resources are needed to be able to address these needs?	Given that we have access to individuals' vehicles, we are currently meeting needs. In an ideal world we would have two Cottage cars, although the running costs of two vehicles may be out of our financial reach.

8. Resources and tools

What policies, procedures, and information/promotion packages or data collection tools have you developed to support your community transport service?	Car promotional flyer, 2009 policy and procedure, Car booking procedure, DHHD Car report.

9. Effectiveness and sustainability

What are the key factors that have contributed to the success of your community transport program?	Amazingly dedicated volunteers and a town that refuses to give up, despite many setbacks. Being self-funded and promoting the Car as a Community owned enterprise begets overwhelming support of the wider community which assist us in maintaining our income stream. We hope this continues to build giving us perpetual avenues for transport.

Inglewood is a small community located in the Loddon Shire. It is approximately 200kms from Melbourne and Bendigo is 45kms to the South East.

Inglewood recorded a total population of 855 at the 2016 Census. While 34% of the community were over 65 year of age, the median age was 53 years. While $779 was the median weekly household income, 38% of households earned less than $650 per week.

1. Background to the service	
Why was the service established?	*To meet a need identified by local families who have young people with a disability who, after turning* *18 years of age, were no longer eligible to use the Education Department bus service*
How was the service established?	*A number of effected families approached the Inglewood & Districts Community® Bank requesting that they provided funds to purchase a bus that the mother's would drive. The families were advised that this model would not be possible and for them to speak to the NH.* *We then became involved.* *The NH created a submission that demonstrated how we would manage the project.* *Glynn Jarrett was on our Board at the time and it was his proposal that was presented to the Bank. On the strength of this, $20,000 was provided to purchase our first bus.*
What is the geographical area covered by your service?	*Approximately a 250klm round trip daily. Wedderburn, Calivil, Inglewood, Bridgewater, Newbridge, Marong, Long Gully & Eaglehawk*
2. Amount of transport provided	
What transport is provided?	*In 2010 we purchased a 1999 model Toyota Hi Ace Commuter Van. It came with a wheel chair hoist.* *In 2015 we were again supported by the Community® Bank with additional sponsorship and purchased a 2015 model Toyota Hi Ace Commuter Van. As this was a new vehicle, we had to modify it to include the wheel chair hoist and step.*
How is it provided?	*We provide a door to door service for the vast majority of our passengers. Some passengers who live in outlying rural areas meet us as designated collection points. Passengers purchase a pre-paid weekly ticket valued at $30. Passengers can also elect to pay daily which is $3 per one way trip.*

	The bus is also available to community groups and Not for Profit to hire.
How often is it provided?	We provide a 5 day per week service. The bus leaves Inglewood at 7.45am and arrives in Bendigo at approximately 8.30am. The goal is to have passengers at their destinations by 9am.

3. Characteristics of client group and transport need

Who uses the service?	The majority of our passengers are young people with a disability. They need socialisation and their families need time out. Our drop off points vary from Day Centre Activities and paid employment provided by several different disability service providers
Why do these groups use the service?	Because they have no other option. No other services available in the Loddon Shire that are able to meet their special needs.

4. Access to health services

How does your service increase access to health services?	On occasion we have supported people who have health issues and need to be taken to medical appointments. These appointments are often; dialysis, Wound Dressing, Chemo etc.
How do users find out about your service?	Mainly word of mouth as all service providers are aware of the service we provide. Our service is also heavily advertised in local newsletters and community notice boards and social media via our Facebook page
Have you established any referral pathways or partnerships with health services to provide community transport?	Not officially but as previously stated, most service providers know about the service we provide. They inform the family and the family contacts us. Often enquiries around health issues are hard to manage as the patient is unable to leave at Inglewood at 7.45am and be returned at 4.30pm.

5. Funding and cost of service provision

What costs are associated with the service?	Annual Income is approximately $ 12,000 Annual Expenditure is approximately $ 7,000
How is the service funded?	$3.00 per one way trip for regular passengers. $5 per one way trip for ad hoc passengers.

	Hire to Not-for-profit and Community Groups - $60 per day plus fuel Annual Major Fundraiser: Tree Drive - $6,000 per year. Community and business donations - $1,200
6. Staff and volunteers	
How is the service staffed?	*From my allocated 20 hours per week, (NH Coordination funding) I estimate 5 hours per week are spent administering the project.* *Often this time is spent after hours in my own time and is reactive to family/passenger need.*
What role do volunteers play in the provision of the service?	*We have a team of 3 drivers and 3 On-call drivers. One of these volunteers also cleans the bus*
7. Unmet transport needs	
What transport needs are currently unable to be addressed by the existing service?	*Any requested transport service that is needed between 9am and 3pm.* *At a guess we have had in excess of 15 of these requests annually.*
What resources are needed to be able to address these needs?	*We would need another bus with the capacity to double the service.*
8. Resources and tools	
What policies, procedures, and information/promotion packages or data collection tools have you developed to support your community transport service?	*Copies of all relevant documentation has been provided;* *1. Original Proposal* *2. Passenger Registration Form* *3. Volunteer Driver Hand Book* *4. Volunteer Driver Registration Form* *5. Weekly schedule* *6. Flyers used for advertising and community information*
9. Effectiveness and sustainability	
What are the key factors that have contributed to the success of your community transport program?	*1. Sound administration and protocols* *2. Reliability* *3. Trustworthiness* *4. Respect and admiration for what we do* *5. Compassion and understanding*

Lancefield Neighbourhood House

Lancefield is located in the Macedon Ranges Shire Council. It is approximately 85kms from Melbourne and 94kms from Bendigo. Lancefield recorded a population of 2,455 in the 2016 census, the median age being 43 years and only 16% being over the age of 65 years. While $1,415 was the median weekly household income, 20% of households grossed less than $650 per week in income.

1. Background to the service	
Why was the service established?	*Recognised as a need in our future planning session in 2013. Realised a bus was not an option and thought paying for someone to drive when there is a real need was possibly a better option than buying a car*
How was the service established?	*Through consultation with local doctors surgery and local (private) nursing service*
What is the geographical area covered by your service?	*To Melbourne and up to Bendig0*

2. Amount of transport provided	
What transport is provided?	*Private nursing service transport*
How is it provided?	*Need decided by local doctors surgery, who book service, who in turn invoice the NH*
How often is it provided?	*As needs basis*

3. Characteristics of client group and transport need	
Who uses the service?	*Unwell residents who have no other means of transport to an appointment or procedure who need extra care from the nurses (what a taxi would not be able to provide). E.g. put into bed , medications given etc. when they get home, someone able to care for them and provide support during the journey, e.g. if they need to vomit or are incontinent*
Why do these groups use the service?	*Desperate need for someone to drive them to medical appointment.*

4. Access to health services	
How does your service increase access to health services?	*This is the main purpose of the service to date. It is used for people where there are no other transport options to attend appointments or for procedures.*

How do users find out about your service?	Is not an advertised service. Doctors use their discretion to offer service to patients they see have no other suitable option.
Have you established any referral pathways or partnerships with health services to provide community transport?	This is the main thing we do

5. Funding and cost of service provision

What costs are associated with the service?	Community rate offered by service approximately $110 per hour
How is the service funded?	We established a successful social enterprise "Op Shop" in the main street that has been operating for a number of years. We are able to use the funds generated from the Op Shop to support our work in the Lancefield community. Our transport service is fully supported by these funds.

6. Staff and volunteers

How is the service staffed?	We employ a professional service who offer nursing assistance as well as driving eg if person needs help to settle in once they get home
What role do volunteers play in the provision of the service?	Fundraising through working at our Op Shop

7. Unmet transport needs

What transport needs are currently unable to be addressed by the existing service?	A more general service, not just for medical appointments needing assistance. Youth transport needs
What resources are needed to be able to address these needs?	Volunteer drivers, maybe a car. Policies and procedures put in place

8. Resources and tools

What policies, procedures, and information/promotion packages or data collection tools have you developed to support your community transport service?	None other than list of times service has been utilised.

9. Effectiveness and sustainability

What are the key factors that have contributed to the success of your community transport program?	It hasn't relied on having volunteer drivers. Finding suitable people has been difficult in the past.

Romsey is located in the Macedon Ranges Shire Council. It is approximately 70kms from Melbourne with 4,746 people usually residing there according to the 2016 Census. With only 15% of the population being over 65 years of age, the median age was 41 years. While only 16% of households had a weekly income below $650, the median weekly household income was $1,613.

1. Background to the service	
Why was the service established?	*Our patient transport assistance was developed in direct response to the identified need expressed by a number of our House users.* *These users identified a major gap in the service system as they were unable to access the general patient transport services on referral when they were undergoing a hospital procedure and needed to be driven to and from hospital after a procedure or undergoing cancer treatment.* *Our second initiative was transporting elderly and citizens with Acquired Brain Injuries in local nursing homes to the House so that they can participate in House activities such as in our monthly Morning Tea, computer courses etc.*
How was the service established?	*To address this need, we established a helping hand initiative where people could register to give a helping hand to others in the form of transport through to other types of assistance such as picking up mail, medication, gardening, etc.*
What is the geographical area covered by your service?	*From Romsey to Melbourne, Lancefield, Kilmore, Kyneton etc. based on hospital they are attending.*
2. Amount of transport provided	
What transport is provided?	*Volunteer car vehicle or coordinators car.*
How is it provided?	*On demand as requested*
How often is it provided?	*At a minimum monthly*

3. Characteristics of client group and transport need	
Who uses the service?	*Cancer patients, terminally ill, those with degenerative health issues, elderly or with ABI / disabilities who also can't afford other types of transport services due to cost such as taxi transport or Shire transport across regional area and or to Melbourne.*
Why do these groups use the service?	*They either can't afford anything else, or there was no existing service that could assist them or that they are socially isolated and have limited social support networks of their own to ask for support.* *Public transport isn't an alternative as they may be too unwell after the procedure. We also ensure that they are settled in and check on them after the procedure to see if they are OK.*

4. Access to health services	
How does your service increase access to health services?	*It helps to ensure that people from regional areas are able to make their appointments for hospital and/or cancer treatment where public transport might not be accessible, viable or where affordable alternatives are available to them.* *Some of our clients have waited up to 18 months for their hospital procedure*
How do users find out about your service?	*We offer a referral and linkage service at the House to firstly link people into existing services, if they get no success we can offer this service as an alternative*
Have you established any referral pathways or partnerships with health services to provide community transport?	*Yes we had a partnership with Haven Home Safe in Bendigo for the nursing home access program.* *We also have a close relationship with local medical centres who link clients into us and vice versa.*

5. Funding and cost of service provision	
What costs are associated with the service?	*It's only the cost of petrol for the driver of the car.*
How is the service funded?	*The House generally absorbs all costs if we reimburse a volunteer for transport otherwise quite often the volunteer does the service as a donation*

6. Staff and volunteers	
How is the service staffed?	*Service is staffed by volunteers of the House or the Coordinator*

What role do volunteers play in the provision of the service?	*Essential – as they generally provide the service*

7. Unmet transport needs

What transport needs are currently unable to be addressed by the existing service?	*We find that current patient transport services refuse to take patients who are going in or are being discharged from hospital after treatment and may be unwell or otherwise alternatives are not affordable to the patient.* *Being in regional Victoria we have limited access to public transport options particularly from between Shires such as from Romsey to Kilmore Hospital, as well as regularly to Melbourne, this is often not a viable alternative as the patient is too unwell, taxi for this user group is too expensive as they are generally on a pension or from a lower social-economic group.*
What resources are needed to be able to address these needs?	*To be able to meet the demand if we properly promoted the service to its full capacity, funding would be required to provide travel reimbursement to volunteers who are able to do this service on a regular basis or alternatively a community car service.*

8. Resources and tools

What policies, procedures, and information/promotion packages or data collection tools have you developed to support your community transport service?	*Volunteers are required to be screened through our Volunteer Induction process which includes Working with Children Check and for this program we require an additional police check for patient peace of mind.* *They are also required to have comprehensive car insurance. We also tend to match patients to volunteers. Ie. Women to women etc.*

9. Effectiveness and sustainability

What are the key factors that have contributed to the success of your community transport program?	*Having a pool of reliable, known and trusted volunteers sometimes willing to respond with limited notice.* *Finances to subsidize the initiative further*

Swan Hill Neighbourhood House

Swan Hill is located in the Rural City of Swan Hill and is approximately 350kms from Melbourne and 190kms from Bendigo. Swan Hill recorded a total population of 10,905 at the 2016 Census. 20% of the population is over 65 years of age and the median age is 39 years. While 27% of households had a weekly income below $650, the median weekly household income was $1,098.

1. Background to the service	
Why was the service established?	*Discussions had been happening for a long time across the Swan Hill community around insufficient access to public transport or other transport options for people that are isolated, elderly and living in rural, and remote locations.* *In particular, there was concern about the ability of transport disadvantaged people being able to access medical treatment that was not available in the Swan Hill area.* *Around this time, the Coordinator of the SHNH was travelling to Kerang and Bendigo with her mother for chemo and oncology visits. In every waiting room, every time, there were other Swan Hill people, often half a dozen or more. The need for a coordinated approach to providing transport to enable access to medical services was obvious.*
How was the service established?	*The Southern Mallee Transport Connections Partnership had been working on pilot projects for community transport across the Mallee region for a number of years. The Coordinator of the SHNH was on the advisory committee at the time the project was finalised.* *There was an amount of funding left in the project and a new car was available. After lengthy discussions, it was agreed that the car and funding ($25,000.00) could be transferred to SHNH to trial a community transport service for 3 – 5 years and to evaluate outcomes, usage and sustainability* *SHNH then engaged with a broad range of other community organisations to identify opportunities for collaboration and support for the community transport service. The Lions Club and Murray Downs Golf & Country Club (MDGCC) had also been discussing how to get a community transport service established and it was agreed that supporting an existing (new) service would be better than duplicating. The service clubs were happy to encourage their members to become volunteer drivers and MDGCC were keen to support the program with a recurring funding amount of approximately $10,000.00.* *The service commenced in 2013*
What is the geographical area covered by your service?	*Swan Hill and district is the main catchment for our clients. Transport is usually provided to Kerang, Bendigo, Melbourne, Ballarat and Mildura. On occasions, transport is also provided to Deniliquin, Boort, Donald, Sea Lake and Wycheproof*

2. Amount of transport provided	
What transport is provided?	• *Medical appointments but not patient transport* • *Visits to family in aged care facilities in other towns* • *The service does not duplicate local services and does not offer local trips that can covered by taxis/buses* • *If appointments can be accessed in a suitable and time effective manner by train, then we encourage this. Usually train times are early morning and late night, so often this is not a reasonable option.*
How is it provided?	• *One vehicle* • *Volunteer drivers* • *Clients call and book a date for travel through the SHNH* • *SHNH organises volunteer drivers* • *Driver collects client, attends appointment and returns* • *Client pays driver and receives receipt* • *Clients claim via Victorian Patient Transport Assistance Scheme (VPTAS)*
How often is it provided?	*Transport can be provided on weekdays dependent on the availability of drivers. Trips are rarely cancelled due to unavailability of drivers.* *However, the service receives more requests for transport than it can provide. To maximise the ability to cater for the high need for transport, SHNH assists clients to schedule medical appointments so that If there is more than ONE request for Bendigo on the same day for example, we encourage clients to request appointments at similar times.*
3. Characteristics of client group and transport need	
Who uses the service?	• *Elderly* • *Isolated, remote* • *Transport disadvantaged* • *Those without family or friends/social support* • *Hospital departments (Palliative Care)* • *Other health services (Bendigo Health)* • *Aged care facilities (visiting spouses in other towns)* • *Cancer/Oncology clients* • *Families with children with complex health needs*

Why do these groups use the service?	• *Unable to access public transport* • *No access to family or friends for support* • *Elderly people who can drive locally but are not confident or well enough to travel long distances* • *Our service and drivers are fabulous; friendly; supportive; encouraging and available*
4. Access to health services	
How does your service increase access to health services?	• *Flexible and easy to use* • *Prepared to go where client needs to go; pick up and drop off points are open* • *Affordable; claiming through Victorian Patient Transport Assistance Scheme (VPTAS) means clients are not out of pocket*
How do users find out about your service?	• *Word of mouth; our drivers and clients are our greatest advocates/supporters* • *Talks at other network/staff meetings* • *Newspaper articles* • *Regular announcements at events/forums we attend* • *Our term brochure* • *Doctor's clinics both locally, regionally and in metro areas (we have talked to them directly and provided brochures)*
Have you established any referral pathways or partnerships with health services to provide community transport?	*We have established strong links with health services at the local, regional and metropolitan levels. Many of these services refer clients to us and occasionally they fund client trips.*
5. Funding and cost of service provision	
What costs are associated with the service?	• *Administration; bookings, volunteer management* • *Vehicle expenses – fuel, repairs, maintenance, registration, insurance, parking* • *Vehicle changeover costs* • *Volunteer expenses – we pay a "Lunch allowance" of $15/driver for trips over 2 hours*
How is the service funded?	*There is a fee charged for the service (depending on destination) and this, along with ongoing support from MDGCC, assist the sustainability of the service. Clients are able to claim costs back through VPTAS.* *We rely on the fees to cover the majority of expenses and the recurrent funding amount of $10,000.00 from MDGCC*
6. Staff and volunteers	
How is the service staffed?	• *SHNH staff (3) take booking calls (by phone, email or in person at the office)*

	• *Volunteer drivers (6 -10) are emailed with trip details and respond if they are willing and able to do the dates/locations advised*
What role do volunteers play in the provision of the service?	*All drivers are volunteers; we recruit, train and allow volunteers to choose their preferred destinations (many do NOT want to drive in Melbourne).*

7. Unmet transport needs

What transport needs are currently unable to be addressed by the existing service?	• *Higher needs clients; that require personal care for example* • *Sheer numbers eg. Weekly we are unable to fulfil requests* • *Local needs eg: children in care needing short term transport to stay in school – (eg: Kerang for 2 weeks, kinder from out of town – when families are displaced, car breakdowns etc)* • *Shopping and local service visits for people out of town – eg. Zac and Julie (ride bikes, cab price prohibitive, bus at the end of one of their roads but not bike navigable when really wet and can be full of prickles!)* • *Short term needs that can be funded but not delivered – foster children*
What resources are needed to be able to address these needs?	• *One additional car possibly different configuration to cater for more people, higher needs* • *More volunteers for metro travel* • *Dedicated paid volunteer/service coordinator*

8. Resources and tools

What policies, procedures, and information/promotion packages or data collection tools have you developed to support your community transport service?	• *Policy & Procedure Manual* • *Booking sheets – manual and electronic which capture data* • *Flyer* • *Term Brochure* • *Annual report to support recurrent funding from Murray Downs Golf Club*

9. Effectiveness and sustainability

What are the key factors that have contributed to the success of your community transport program?	• *Our networks* • *Our flexibility* • *Our drivers* • *Our staff* • *Ability to make changes with health services eg: negotiate times (not 8.00am appointments for Melbourne)* • *Pickup/drop-off times and locations are negotiable* • *Fee for service and some organisations able to fund with fuel vouches or invoices to enable the fee to be paid.*

THE NEIGHBOURHOOD HOUSE COMMUNITY TRANSPORT PROJECT: THE COMMUNITY TRANSPORT GRANTS PROGRAM

Appendix 4

The Neighbourhood House Community Transport Project (NHCTP)

In late 2016, the Regional Association of Neighbourhood and Community Houses (RANCH) obtained a $30,000 grant from the Bendigo Health Care Group (Loddon Mallee Integrated Cancer Services) to undertake a project focussed on the issue of Neighbourhood House involvement in providing community transport across the Loddon and Mallee regions.

Initial activities undertaken by the NHCTP have included:
- Identifying and mapping all community transport provided by NHs in the RANCH and Mallee Networks
- Identifying and profiling 6 NH community transport programs to identify examples of "good practice" and the factors that have contributed to the success of these services
- Identifying resources that could be compiled into a NH Community Transport Toolbox to assist NHs develop or enhance community transport services. The Toolbox will be available to all NHs through both the RANCH and NHVic websites.

The Community Transport Grant Program

Expressions of Interest are now invited from NHs in the RANCH and Mallee Networks for funding under the Community Transport Grant Program.

What funding is available?

Included in the NHCTP funding is an allocation of $10,000 to be used to provide 2 x $5000 "seeding grants" to NHs

What is the funding for?

The funding is available to NHs or partnerships between NHs to design and implement projects that will develop or enhance community transport provision within local communities.

Projects will need to be completed, evaluated and acquitted by the end of March 2018.

Who can apply?

NHs in the RANCH and Mallee Networks are eligible to apply for the grants. Partnership projects involving more than one NH are also eligible to apply for funding?

How can NHs apply for a grant?

Application can be made by completing the **Expression of Interest** form (attached).

Who will decide what NHs will be allocated funding?

The NHCTP Reference Group will decide which applications for funding are successful.

What criteria will be used to allocate the 2 grants?

Expressions of Interest will be assessed against the following criteria:

1. **Demonstrated need for the project**
- What community transport need is the project aiming to address?
- How has this need been identified?

2. **Ability to demonstrate how the project will address this need?**
- What will the project achieve?

3. **Community engagement and participation**
- How will the project engage and consult with community members and groups to ensure that community development principles are integrated into the project?

4. **Relevance to the community transport needs of cancer and other patients**
- How will the project assist members of the community to access health services?

5. **Appropriate budget to implement the project**
- How will the funding be used?
- What other resources will be needed to implement the project?

6. **Ability to demonstrate how the project will be evaluated**
- What methods and measures will be used to show that the project has been successful?

What are the timelines for the Community Grant Program?

Monday 8 May 2017	**Expressions of Interest will be invited from eligible NHs**
Friday 9 June 2017	**Closing date for accepting Expressions of Interest**
Friday 16 June 2017	**Expressions of Interest will be assessed by NHCTP Reference Group and successful applicants identified**
Friday 23 June 2017	**All applicants will be notified of the outcome of the assessment process**
Friday 30 June 2017	**Funding will be provided to the successful applicants**
Friday 1 December 2017	**Grant recipients will provide RANCH with a brief report including a financial acquittal of funds received through the NHCT project.**

What resources are available to assist me to develop a community transport project?

An excellent toolbox specifically focussed on community transport has been identified as part of the NHCTP and although it was developed in Queensland in 2006, it contains useful and comprehensive information and tools to support the development of Community Transport Programs using community development approaches.

The *Community Based Transport Queensland Toolbox* can be accessed by clicking on the following link:
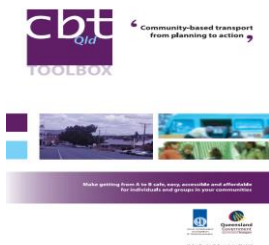
How can I find out more about the Community Grants Program?

Sue Birch, RANCH Project Officer is available to answer any questions about the Community Transport Grants Program. Sue can be contacted by email ranchprojects@ranch.net.au

How do I submit an Expression of Interest?

Completed Expressions of Interested need to be emailed to Sue Birch ranchprojects@ranch.net.au by **Friday 9 June 2017**

Community Transport Grant Program
Expression of Interest

Neighbourhood House contact details

If the project involves a partnership, please include details of all NHs involved and indicate which NH will be the primary contact.

Name of the NH

Contact person

Contact details

Project summary (200-500 words)

What does the project involve? What will you do?
What do want to achieve?
How will the project contribute to the development of a new community transport service or enhance an existing service?

Project Need (200-500 words)

What community transport need is the project aiming to address?
If your project is concerned with enhancing an existing service, what need are you addressing?
How has this need been identified?

Community Engagement & Participation (200-500 words)

How will the project engage and consult with community members and groups to ensure that community development principles are integrated into the project?

Relevance to the community transport needs of cancer and other patients (200-500 words)

How will the project assist members of the community to access health services?

Project Budget

How will the funding be used? (please provide a budget that shows exactly how a $5000 grant would be used)
What other resources will be needed to implement the project? How will these be provided?

Project Evaluation (200-500 words)

How will you know that your project has been successful?
What methods and measures will be used to show that the project has been successful?

Additional Information (200-500 words)

Is there any other information that you would like to provide to support your EOI?

Project Outcomes

What did you achieve?
How did the project contribute to the development of a new community transport service or enhance an existing service?

Our Project has three main aims:

1. *To map the public transportation available within the communities and identify where the gaps are*
2. *To run a small scale trial of transportation provision*
3. *Develop a comprehensive community transport package*

Part 1:
Through a comprehensive study of local service providers, including local doctors surgeries, council, aged care providers and the community it was identified that a key area our community lacks transport is for medical and health related appointments.

- *The community was surveyed and reported that 43% had delayed medical appointments for transport reasons.*

- *The local doctors also report significant trouble sourcing transport for needy patients and often have to reschedule important appointments due to inadequate options.*

- *The community reported that they travel mostly to Sunbury, Kilmore and Melbourne for medical appointments however, it was also found that these locations were the hardest to get to.*

- *The services currently available to reach these destinations are either too expensive, too difficult to use due to timing or the person did not feel they had the physical or mental capacity to navigate the public transport network (such as multiple public transport services required to attend a city appointment, or the ability to navigate busy city traffic).*

- *Local providers such as Macedon Ranges Health and Macedon Ranges Shire Council do offer some services through HACC and other funding sources, however, they are over stretched and many in our community do not meet their eligibility requirements.*

- *Only 54% of our responders have used public transport options, indicating a lack of service availability but also difficultly in navigating the public transport network.*

- *Whilst transport for medical and health needs has been identified as a priority, the community also reports that the transport options available for social and educational are also inadequate and prevent participation.*

Part 2:

In order to meet the needs of our community for medical and health appointments and within the project budget constraints a volunteer driver program will be trialled for early 2018. We will work with local doctors surgeries to offer patients in need low cost door to door transport to medical appointments in Melbourne, Sunbury or Kilmore. Other locations will be negotiated on a case by case basis.

For the safety of the driver this pilot project will take people who are able to ambulate into the vehicle themselves for non-procedure based appointments. People requiring a higher level of assistance will be encouraged to have a carer along for the trip.

Drivers will be reimbursed at $0.30 per km for petrol with associated parking fees also paid for by the project. Whist transport for medical and health purposes will be a priority, where possible we will also attempt to address transport for social needs.

Part 3:

To inform the pilot project, policies and procedures have been gained from other organisations carrying out similar community based transport programs. To date these are being collated and tailored for our community and will form the policies and procedures for our trial.

Once completed, the evaluation from our trial, the policies and procedures and key learnings will be incorporated into a wider community transport package ready for future funding opportunities.

Community Engagement & Participation

How did the project engage and consult with community members and groups to ensure that community development principles were integrated into the project?

Community development principals are at the core of this project.

The analysis phase of this project involved surveying the community and local stakeholders. Surveys were located around town, in key locations such as Neighbourhood Houses and local doctor's surgeries. Promotion of the surveys was also done through local media outlets, posters around town, local newsletters and Facebook. Local volunteers were utilised in gathering data and would also sit with people helping them fill out the surveys when required.

We wanted a diverse cross section of the community's voices to be heard and needs considered.

Local stakeholders have been encouraged to take joint ownership of the project, diversifying access points for information, allowing different members of the community to be contacted and have their say along with different perspectives gathered as to the size and scope of the problem.

Financial Report

Please provide details to show exactly how the $5000 grant was used

1. Analysis Phase (to date)

Consultation costs	Hours	Pay/hour	Expenses	Total
Project coordinator	*70*	$ 27.31	$1911.70	
Admin, photocopying, print, phone, travel			$ 200.00	
Community meetings, venue hire, catering, promotion			$ 250.00	
Total				$2361.70
In kind	**Hours**	**Pay/hour**		
Student/Volunteer	100	$ 23.25	$ 2325.00	$ 2325.00
Total Analysis Cost including in-kind				*$ 4686.70*

2. Trial & Evaluation Budget – to be fully acquitted 30 March 2018

Consultation costs	Hours	Pay/hour	Expenses	Total
Project coordinator	40	$ 27.31	$1092.40	
Admin, photocopying, print, phone, travel			$ 100.00	
Community meetings, venue hire, catering, promotion			$ 150.00	
Total				$1292.40
In kind	**Hours**	**Pay/hour**		
Student/Volunteer	100	$ 23.25	$ 2325.00	$ 2325.00
Trial costs *Example vehicle cost (1 trip/wk x 3)*	*Number of trips*	*Round trip cost*		
Trips to Melbourne (140km)	10	$ 42.00	$440.00	
Parking, Melbourne	10	$ 23.00	$230.00	
Trip to Sunbury or Kilmore (80km)	10	$24.00	$240.00	
Police Check	10	$24.00	$240.00	
Miscellaneous	1		$220.00	
Total Trial costs				$ 1,350.00
Total Trial & Evaluation Cost including in-kind				$ 4967.40

3. Total Project Costs

Expenses	5004.10
In Kind	4650.00
TOTAL	***$9654.10***

Project Evaluation

How did you evaluate the project?What did you learn through the evaluation?How will you build on the project outcomes?

Part 1: Transport Map:
Evaluation was based on quantity and diversity of responses to the survey Ability to use data to determine a clear picture of transport needs was the desired outcome of the survey and this was achieved.

We had around 80 people respond to our survey from across our community. They responded both to our paper surveys and also our online Survey promoted through Facebook and other promotional material.

Our community survey matched the outcomes we expected through discussions with our organisational stakeholders.   43% have delayed appointments due to transport issues and our local doctors report this is effecting health outcomes   and the majority of responders find the public transport network inadequate.

Part 2:
Our trial will be run in early 2018 and will be evaluated on our ability to attract volunteers to the program, both as drivers and as buddies, the number of participants and the feedback we get from participants.

Part 3:
Policies and procedures are already being developed for a volunteer driver solution and will be finalised and approved by the NH committees of management prior to the trial. The success of these policies will be evaluated at the completion of the trial by their ability to meet the needs of the trial. Are they robust enough to meet legislative requirements, however flexible enough to meet the needs of the community?

The launch of a permanent community transport solution will be the ultimate goal of the project

Additional Information

Is there any other information that you would like to provide about your project?

Other lessons and outcomes:

Many in our community are not using the Public Transport options we do have available. We will as a result advertise out local public transport timetable in a format and location that is accessible to our community. We will also investigate utilising volunteers as Public Transport Experts in order to assist our community access and navigate the public transport options available.

We will also continue to advocate for improved public transport options for our community, particularly to increase social inclusion.

Wycheproof Community Resource Centre

Project Outcomes

What did you achieve?
How did the project contribute to the development of a new community transport service or enhance an existing service?

- *We have enhanced our existing service to better support our volunteers by creating a Volunteer Driver & Carer Handbook and Information Sheet for Users. We have also created a new 'emergency policy'. A project plan will be developed as part of our ongoing efforts to ensure the sustainability of our service.*

- *We have provided opportunities for our volunteers to partake in full or refresher First Aid/CPR training (Nov 17), occupational therapy/health and safety workshop (Nov 22) and driving skills and knowledge workshop (Nov 22) for no cost.*

Community Engagement & Participation

How did the project engage and consult with community members and groups to ensure that community development principles were integrated into the project?

WCRC consulted directly with community car drivers and volunteers to determine the most relevant training needs.
WCRC also consulted and continues to consult the Community Car Working Group to help develop the Volunteer Driver and Carer Handbook and policies.

Financial Report

Please provide details to show exactly how the $5000 grant was used

Planning and implementation of induction/training sessions for 14 volunteer drivers and carers including OH&S, occupational therapy, driver skills and knowledge workshops and "refresher" driving lessons. 1 staff member @ 8 hours x $50 per hour	$400
Catering for induction session	$100
First aid training & CPR refresher courses for 14 volunteer drivers & carers (ongoing)	$1600
Consultation, research and development of Volunteer Driver & Carer Handbook (including car manual & policies & procedures), user information sheet, driver & passenger registration forms, emergency policy. 1 staff member @ 50 hours x $50 per hour	$2500
Admin, photocopying, printing, materials & phone calls	$400
TOTAL	*$5000*

Project Evaluation

How did you evaluate the project? What did you learn through the evaluation? How will you build on the project outcomes?

- *We have created a clear and detailed document for our volunteers to follow and solid foundations in terms of operational guidelines, policies and procedures*

- *Our volunteers have had the opportunity to partake in personal/professional development workshops to ensure they are comfortable and confident in their duties. This meets quality assurance and risk management processes relevant to driving a community vehicle. We have received extremely positive feedback from volunteers on the workshops and training opportunities.*

- *We will build on these project outcomes by developing a project plan, which will outline the goals, objectives and scope of the project.*

Bendigo Neighbourhood Hub

Project Outcomes

What did you achieve?
How did the project contribute to the development of a new community transport service or enhance an existing service?

Through funding received for this project BNH were able to develop a range of resources for our newly purchased community car. These resources included:
- *Statement of Purpose*
- *Community Car Manual*
- *Travel Record*
- *Sponsorship letters*
- *Policies and procedures*
- *Driver education training sessions*

This funding enabled us to develop the above resources which in turn ensured our community car was up and ready to run shortly after we acquired it from Bendigo Nissan. The resources particularly enabled us to train and prepare staff and volunteers to be part of our new community transport initiative. BNH are confident that these resources ensure our transport initiative will be more effective in meeting the transport needs within our community.

Community Engagement & Participation

How did the project engage and consult with community members and groups to ensure that community development principles were integrated into the project?

Throughout this project the following strategies occurred the promoted community consultation and involvement in the completion of the project:
- *Consultation with other service providers: BNH held meetings with other service providers, particularly those servicing people from CALD backgrounds, these included: Bendigo Community Health, Bendigo TAFE, Karen Organisation of Bendigo, Seventh Day Adventist Church, the Karen Culture Social Support Foundation.*

- *The resources created throughout this project were the result of many collaborative community sessions that included people from CALD backgrounds, Community Leaders from CALD community groups, TAFE students on placement with BNH, the project co-ordinator volunteers and staff*

- *The opportunity to be a community transport volunteer at BNH was opened up to our community*

- *Training sessions were conducted with staff and volunteers to ensure their eligibility to be part of the community transport team*

- *All resources were assessed by a panel of 3 people who reviewed them and make recommendations for change*

- *The resources were reviewed and accepted by our Committee of Management*

Financial Report

Funds from this grant were used for:

Statement of Purpose development – 2 community meetings X 2 staff X 4 hours per session X $55.00 per hour	*$880.00*
Catering for meetings	*$284.00*
Development of a Community Car manual, policies and procedures (including driver and passenger registration forms, application forms, driver training resources). 55 hours X $52.00 per hour	*$2860.00*
Development and distribution of promotional materials (including design, printing and distribution): 15 hours X $52.00 per hour	*$780.00*
Driver training sessions – 6 sessions X 2 hours per session X $55.00 per hour	*$660.00*
Total expenditure	**$5464.00**

Project Evaluation

How did you evaluate the project? What did you learn through the evaluation?How will you build on the project outcomes?

The evaluation process of this project was an inclusive process that included members and organisations within the community that have been involved in the planning, development and delivery stages and people who have utilised the service developed through this project. The evaluation process included:

1. *Identifying what the project was developed to achieve – it was identified that the resources, training and promotional material for this project have been achieved. The feedback from community transport drivers is that they feel well informed, trained and equipped for their role as a driver.*

2. *Community participation – throughout this project there has been significant levels of community engagement and consultation which demonstrates the community support for the project*

3. *Data –BNH collected data that demonstrates the use of the community car. This data confirms that there was a strong need for the BNH community car.*

Additional Information

Is there any other information that you would like to provide about your project?

Thanks to RANCH for providing funding the enabled BNH to develop a quality community transport strategy.