



The Lancefield and Romsey Community Transport Project Final Evaluation Report 'Community Driven' Evaluative Report

- Towards Creating a Sustainable Model of Community Transport

June 2020



Acknowledgement of Country

Both the Romsey and Lancefield Neighbourhood Houses are located on Wurundjeri Country.

We would like to pay our respects to their Elders past, present and emerging.



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Executive Summary

Funded through the Flexible Local Transport Solutions Program, the project focussed on the development of community transport for Lancefield/Romsey residents, particularly for the most isolated and vulnerable members of the two communities.

The project was administered by a local committee including members of the Lancefield and Romsey Neighbourhood Houses (LNH and RNH respectively), and a Department of Transport (DoT) representative. A comprehensive project plan was developed and Milestone reports were provided to DoT throughout the project.

Our intention is to share the results of the report with DoT, program volunteers, and both RNH and LNH Coordinators and their committees. This report will enable these stakeholders to gain knowledge and suggest improvements and recommendations.

Engagement, advocacy and collaboration are critical components of Community Transport development at the community level. The Lancefield Romsey Community Transport Program (LRCTP), **Community Driven**, is not designed to be the sole solution to the community's transport needs. The project focused on identifying and filling gaps left by current transport services and establishing strategic partnerships in order to adapt and evolve to meet the unmet transport needs of those most vulnerable.

Through a transport mapping exercise the project established that **Community Driven** does not duplicate existing services. It confirmed the need for the service to fill gaps left by the current transport service, public transport and commercial transport services.

While the project sought to improve strategic partnerships for greater sustainability, no financial partnerships have been established at this point. Nevertheless, significant relationships have been made and given time, these may develop into more formal partnerships.

Driver recruitment is key to a sustainable community transport model. The ability to attract and retain caring, supportive and skilled driver volunteers is imperative to delivering the service. In response, the project created a promotional and marketing plan that incorporates recruitment strategies to sustain driver engagement and ensuring the long-term viability of the project.

The project evaluated the **Community Driven** model and clearly identified that a cost-neutral model was not feasible as the most vulnerable residents in the community are unable to pay for the service. However, **Community Driven** could be sustained by:

- expanding the program to encompass broader community transport needs
- continuing to recruit, train and engage volunteers
- continually improving processes and procedures to provide a more reliable and flexible service.

While **Community Driven** has made significant improvements to procedures, communication resources and volunteer staffing, a dedicated, paid coordinator is required to manage and maintain these resources. RLNH coordinators are unable to absorb this additional program into their current workload.

As well as local research, the project examined community transport models implemented elsewhere which helped shape the design of a trial community taxi model to better meet the needs of the Romsey and Lancefield communities. The feasibility of a community taxi service was investigated by modelling several options.

Through a community taxi service, the project seeks to address the issue of lack of affordable and flexible transport options currently available. It is currently envisaged that \$30,000 - \$35,000 a year would be required to maintain both the medical and community taxi services.

The project acknowledges the need for cooperation between government departments, local service providers and the community to develop a sustainable solution. Recommendations include:

- Continued engagement with local agencies and businesses to promote the service and improve strategic partnerships.
- Expansion of the current service to address unmet social, educational, employment and recreational transport needs. Further funding is required to effectively implement and oversee the operation of a 12 month trial, monitor performance and implement strategies to move the service toward cost neutrality.
- Purchasing a people carrier vehicle should be investigated as an option to increase income by having the vehicle available for hire for other purposes such as community outings, sporting club events, airport runs etc.
- Core Annual funding (\$30,000-\$35,000) is required to ensure the sustainability and ongoing development of **Community Driven**.



Background

The inability to access conventional public transport makes it difficult for some community members to access health services, shopping, activities and community support services. This can lead to social and economic exclusion and can be detrimental to health and wellbeing.

Transport disadvantage is more common in regional and rural areas which often lack sufficient accessible transport and have longer distances to travel to increasingly centralised services. The VCOSS Community Transport Snapshot Project defined community transport as *'transport designed to support vulnerable and disadvantaged members of the community to access services and participate in community life'*¹.

Community Transport plays a critical role in filling gaps in the transport network, especially for people who face physical and financial barriers to accessing public transport and taxi services.

Lancefield and Romsey Community Transport – A Brief History

Romsey and Lancefield are 8km's apart and share many community organisations and services. The Melbourne-Lancefield road links the two towns and is located between the Calder and Northern Highways. Transport to larger towns and the associated work, education and social opportunities are a consistent issue for residents, particularly those most vulnerable.

The table below provides a brief summary of the population demographics of the two communities relevant to the issues of transport disadvantage.

| | Low household income (less than \$650/week) | Age over 60 | Unemployed | Needing assistance due to age or disability | No internet connection |
|----------------------------|--|-------------|------------|---|------------------------|
| Romsey population 4,752 | 14.5% | 20.7% | 4.3% | 4.6% | 9.7% |
| Lancefield population 2451 | 18.2% | 24.3% | 3.9% | 4.3% | 13.7% |

Table 1: 2016 Population Demographics of Lancefield and Romsey (Profile.id, 2020)

The following groups within the Lancefield and Romsey communities are identified as the most likely users of a community transport service:

- Older residents who no longer drive
- Younger residents not yet able to drive
- Financially disadvantaged residents
- Residents with mobility issues

¹. Victorian Council of Social Services - Community Transport Snapshot Project 2008

The Neighbourhood House Community Transport Project

The Neighborhood House Community Transport Project (NHCTP)

In 2017, as part of the Neighbourhood House Community Transport Project, the RLNH's collaborated with the Regional Association of Neighbourhood and Community Houses (RANCH) to engage in an action research project.

As part of this project a survey of community members and service providers found:

- 96% of respondents identified the need to travel outside the area for medical appointments.
- 43% have missed or delayed appointments due to travel constraints.
- The majority of residents are driving themselves or getting friend/family to drive them to appointments.
- The most accessed areas for medical appointments are Kilmore, Sunbury and Melbourne. These are also the locations people find most difficult to get to.
- 54% have used public transport but only 20% have used public transport to attend medical appointments.
- Most residents report the public transport schedule either does not support social or medical activities, or they are simply unaware of the available services.
- Local doctors report significant trouble sourcing transport for patients and often reschedule or delay important appointments due to inadequate options.

As a result, RLNH implemented the Lancefield Romsey Community Transport Program (LRCTP) to transport vulnerable local residents to medical appointments. The core mission of LRCTP was to support emotional, physical and social wellbeing within our community. There are many social and economic circumstances that can impact a person's wellbeing, and LRCTP aimed to address these issues by providing a grass roots, door to door, volunteer driver based transport program to connect people to health based services.



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 Neighbourhood House Community Transport Project -Towards Sustainable Models - *An action research approach to building the capacity of Neighbourhood Houses to develop and sustain community transport programs.*

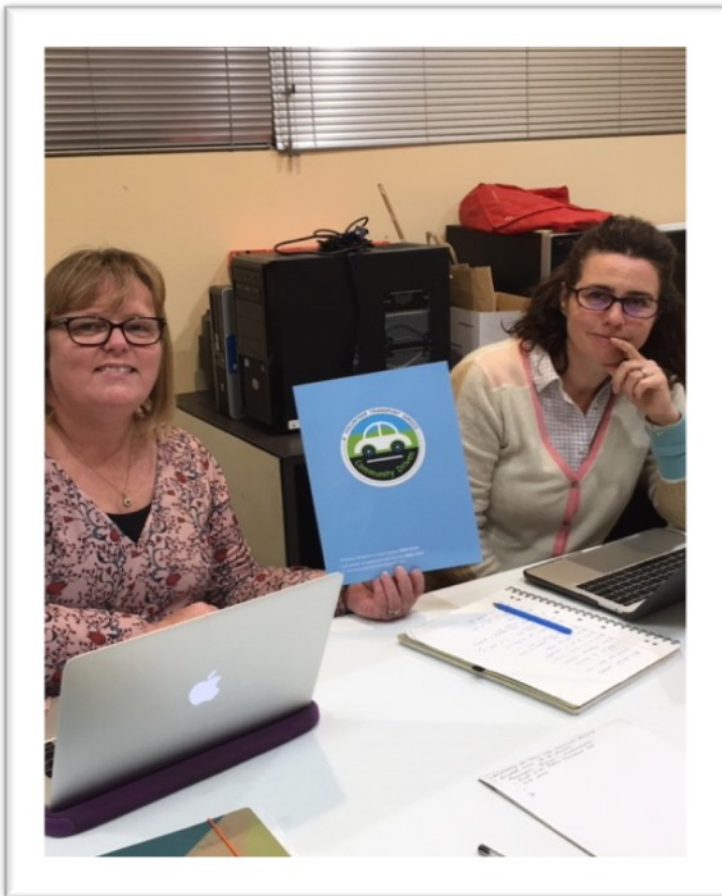
The Equity Model

The Equity Model

Building on the work undertaken by the Neighbourhood House Community Transport Project, in 2018/2019, RANCH collaborated with NHs in the Loddon Campaspe Region to engage in an action research approach to develop four models of NH community transport that have the potential to provide sustainable community transport in rural and remote areas.

The Lancefield and Romsey NHs were active participants in this project and the work undertaken by the LRCTP was included as one of the models outlined in the project

The model developed through the LRCTP is essentially an equity model, focused on ensuring that access to the service does not depend on the passenger's ability to pay. Given that it is often the most economically vulnerable in the community that have the most transport disadvantage, financial viability of the service cannot rely on passenger contributions. It requires an alternate funding source and relies on volunteer drivers to reimbursements to a minimum. The Equity Model of community Transport developed through LRCTP engagement in the NHCTP – Towards Sustainable Models is included in [Appendix 1](#).



The LRCTP Flexible Local Transport Solutions Project

The LRCTP Flexible Local Transport Solutions Project

The Victorian Department of Transport **Flexible Local Transport Solutions Program** provides funding and support for flexible, innovative, transport services or trials, and small scale infrastructure projects in regional Victoria.

In 2019, the LRCTP obtained funding of \$23,130 through the FLTSP to improve local transport solutions for Romsey and Lancefield by the design of customised transport options that match the identified needs of local communities.

Project Structure

The LRCTP Steering Group

In July 2019, a Project Steering Group was established to formalize the collaboration between the Lancefield and Romsey NHs and other stakeholders including a representative from the Department of Transport,

The LRCTP Steering Group members :

- Allan Irvine-RNH Committee Member
- Bryan McEwan -PTV Representative
- John Evans – RNH Committee Member
- John Todd – Community Transport Driver
- Kevin Cusack -Community Transport Driver
- Michelle Balthazar- RNH Coordinator
- Peter Quinn -LNH Committee Member
- Vivien Philpotts -LNH Coordinator

The Committee Terms of Reference is included in [Appendix 2](#).

The LRCTP Steering Group met throughout the project to:

- plan and review the work undertaken by the Project Worker
- provide the project with a collaborative approach to decision making.

The LRCTP Budget

The LRCTP Budget

The funding provided by the FLTSP was allocated to the following :

| Item | Amount |
|----------------------|-----------------|
| Project Coordination | 16,480 |
| Room Hire | 500 |
| Meeting travel | 400 |
| Catering | 558 |
| Advertising | 1036 |
| Program Continuation | 1551 |
| Software | 1742 |
| Administration | 863 |
| Total | \$23,130 |

Project Objectives

The project was focussed on the following objectives:

- improve strategic partnerships for greater sustainability, particularly the major stakeholders, MRSC, Cobaw, Heathcote Flying Doctors transport, etc
- investigate strategies to recruit and sustain volunteer driver base;
- improve referral pathways to improve service accessibility and investigate linkages between key stakeholders;
- evaluate the project to develop a sustainable business model;
- further investigate developing a model to address the social, educational and recreational needs still not being addressed in the community;
- create user friendly resources to improve access to transport services via physical resources, workshops, travel companions; and
- investigate viability and sustainability of a community vehicle model and investigate a community 'uber' model.

Scope, Capacity and Planning

The LRCTP 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:

Project Outcomes

- 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.
- Developing a marketing strategy which included the rebranding of LRCTP to **Community Driven**.
- Detailed actions and strategies can be found in the LRCTP Project Evaluation Plan included in **Appendix 3**.

Project Outcomes:

1. Improve Strategic Partnerships for Greater Sustainability

The intent of this objective was to bring together community groups, transport providers, health providers and local businesses to develop transport solutions that support the needs of the community, particularly those most vulnerable. Additionally, to sustain the community transport program financially in the long term, it is imperative to seek out financial partnerships.

1.1 Engagement with Key Stakeholders

- Key stakeholders were originally identified as:
- Macedon Ranges Shire Council (MRSC),
- Cobaw Community Health
- Macedon Ranges Health
- Heathcote Health, in partnership with the Royal Flying Doctor Service Victoria.

A significant amount of time was invested in building relationships with MRSC, Cobaw and Macedon Ranges Health. These organisations offer transport services with eligibility restricted to those with HACC funding and aged over 65 years.

Ongoing meetings with Macedon Ranges Shire employees and Cobaw's General Manager and CEO have shown they are very supportive of **Community Driven**. Although no commitment to formally partner has been achieved, a significant improvement in relations has resulted in:

- **Community Driven** receiving higher referrals from these major stakeholders.
- **Community Driven** processes being updated to record referral details which will assist in approaching agencies for partnerships in the future.

Heathcote Health was approached to investigate the potential of sharing processes and booking services, as well as the possibility of expanding their service to cover the Macedon Ranges region. The findings were that their processes are not transferable and as a health service they were limited due to their operational parameters.

As a local healthcare provider, we recommend this service to many of our clients as it offers a cost-effective, safe and reliable way for vulnerable members of our community to attend important health appointments, both locally and in Melbourne or Bendigo. It also provides a valuable opportunity for social connection'

Julie Cairns -Cobaw Community Health

'Community Driven are invaluable in assisting our community members to travel to and from Kyneton Health to attend specialist and health care appointments.'

Shannon Storey – Central Highlands Rural Health

Additional Stakeholder Engagement

1.2 Additional Stakeholder Engagement

The project identified additional potential stakeholders through research, reviewing previous transport studies and attending conferences and forums. Formal engagement with potential stakeholders included:

- **Victorian Community Transport Association (VCTA)**

Whilst attending the Victorian Community Transport Association (VCTA) conference, RLNH was invited to represent small, grassroots organisations on the board. This has offered a great opportunity to develop relationships with other organisations and highlights that community transport services, such as **Community Driven**, fill a gap not met by other VCTA representatives.

- **Macedon Ranges Community Network Roundtable**

The Macedon Ranges Neighbourhood House Network is a cluster group of six Neighbourhood Houses located in the Macedon Ranges Shire. This group convenes quarterly Community Round Table forums with Shire wide community stakeholders to provide the opportunity to collaborate to address identified needs in the community. These forums have consistently identified that lack of transport as a major issue for all providers.

The forums provided the opportunity for **Community Driven** to engage and strengthen relationships with future potential partners. The forums also highlighted that **Community Driven** is one of the only programs working towards addressing these gaps in transport provision.

- **Local Job Network Providers**

New stakeholder relationships have been established with local Job Networks to explore the use of mutual obligation clients as drivers. This is a new relationship and due to the Covid-19 pandemic changing mutual obligation rules, it has not yet yielded results. As restrictions are lifted and the relationship is re-established it is expected that mutual obligation drivers will be recruited, helping the program to be more financially sustainable.

While engagement with major stakeholders has established **Community Driven** as a credible, professional service that local organisations feel confident in referring their clients to, it has been a challenge to establish formal partnerships that could support the sustainability of **Community Driven** within the short timelines of the project.

However, RLNH has received a small amount of grant funding from Bendigo Bank and Macedon Ranges Shire Council (MRSC) to maintain the medical transport model for the 2019/20 financial year.

'Not only does Community Driven provide a valuable service to the passengers who use it, but it also provides an opportunity for rewarding engagement for the community members who volunteer as drivers.'

Mary Ann Thomas – State Member for Macedon

Investigate Strategies to recruit and sustain volunteer driver base

2. Investigate Strategies to Recruit and Sustain Volunteer Driver Base

Investigations into driver recruitment and sustainability focused on communication and consultation, analysis of driver data and policy review.

Community transport drivers are recruited through a combination of online and traditional channels including regular presentations to local organisations such as the Red Cross, Probus, Rotary, Lions, Senior Citizens and Zonta. Strategies to strengthen recruitment are included in the promotion and marketing plan developed through the project.

Driver workshops and surveys were conducted focusing on how volunteers found the program, motivation behind registering, processes and procedures, feedback and measurement of volunteer engagement and satisfaction. Approximately 40% of drivers attended the workshop and a survey response rate of 50% was recorded providing a great range of driver perspectives.

It is imperative for the retention of volunteers that volunteers continue to feel motivated. One of the most encouraging aspects of the findings was the discovery that drivers recorded a high rate of satisfaction .

Key findings included:

- drivers heard about the program at local medical centres, through word of mouth, or by volunteering at RLNH.
- drivers are satisfied with the reimbursement rates and procedures
- drivers indicated the level of training was sufficient
- submitting passenger payments was an inflexible, problematic process
- drivers found paper based booking sheets inefficient
- lack of feedback procedures
- driver concern around not knowing if an advertised trip had been assigned.

In response, a number of improvements have been developed and implemented including:

- the installation of two locked boxes at RLNH for drivers to leave passenger contributions at any time
- the development of an online SMS system that includes an acknowledgement to drivers when a job had been filled. Changes to the SMS messaging procedure has resulted in a small cost increase but is justified by the highly-engaged group of volunteers who prefer more communication
- the introduction of an ongoing feedback system to inform future improvements
- providing drivers with complimentary passes for the monthly community lunch, Feed It Forward. The monthly community lunch is an opportunity to connect and develop relationships between drivers, passengers and community members and reinforces community connections and provides further opportunities for driver recruitment.

Policies and Procedures to support volunteers

2.1 Policies & Procedures to Support Volunteers

Reviews were undertaken of the relevant Neighbourhood House policies with regards to community transport and Information security to ensure policies meet the project needs.

• Age Restrictions

The existing Community Transport policy restricted drivers under the age of 25 from using the community car although the current car insurance policy includes cover for drivers with an Australian Drivers License held for at least a year. RLNH supports up to 20 students per year who have Australian drivers licenses but are under 25 years of age. This restriction narrows the potential volunteer base, as a result, the community transport policy was changed to include drivers holding an Australian license for at least a year. Removing the age restriction allows greater recruitment opportunity. In the event of an accident there is an increase in excess although the Committee determined that the benefit of recruiting younger drivers was worthwhile. Increasing recruitment has the additional benefit of reducing volunteer fatigue and allowing more flexibility to fulfil urgent requests.

• Criminal Record Checks

The recruitment process was streamlined by the adoption of Crimcheck to provide volunteer police checks. Resulting in a saving of \$400 per year and with the added benefit of providing annual reminders and making the recruitment process faster. As a result of the reviews, the Neighborhood House Privacy Policy was redeveloped to incorporate the adoption of Crimcheck criteria regarding the secure storage of private information in a digital environment.

Overall, this objective has been met through the creation of a recruitment strategy, promotional plan, streamlined recruitment processes and increased driver engagement opportunities. The project will continue to monitor driver jobs to determine whether implemented changes and greater opportunities for driver engagement will result in increased job uptake.

3. Improve Referral Pathways to Improve Service Accessibility and Investigate Linkages Between Key Stakeholders

3.1 Transport Service Mapping

A mapping of transport services was undertaken to understand how Community Driven could provide support without service duplication.

Investigations looked at the cost, frequency and accessibility of current transport services available within the Macedon Ranges Shire and the potential links to Community Driven. It is worth noting that The Victorian Patient Transport Assistance Scheme requires patients to travel at least 100 km to be eligible for financial assistance. Given that the Lancefield and Romsey communities are less than 100ks from metropolitan Melbourne, passengers traveling to medical services in Melbourne are not eligible for financial assistance from this source.

Transport and Service Mapping

- **Public Transport**

Public transport in the eastern corridor of the Macedon Ranges Shire has improved since 2019 after a major advocacy campaign to the state government resulted in more frequent bus runs and improved linkage between bus and train schedules. Regardless, linkages to major public transport hubs remain an issue. A major gap in the east/west linkages where the closest, larger townships to Romsey/ Lancefield are still exists

- **Macedon Ranges Council and Macedon Ranges Health**

Macedon Ranges Council and Macedon Ranges Health offer community transport for medical appointments and local social outings. To be eligible it is a requirement that they have either My Aged Care or HACC funding. Costs are minimal and bookings need a week's notice.

- **Cobaw Community Health**

Cobaw Community Health offers a social program linking people with the community through organised outings but does not have a community transport service.

- **Campaspe Family Practice**

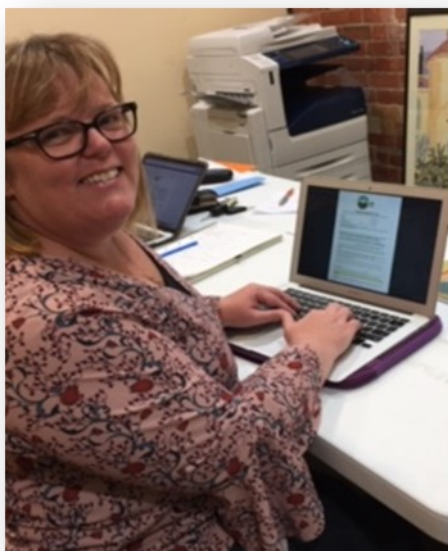
Campaspe Family Practice in Kyneton offer door to door transport to and from their clinic.

- **Red Cross Transportation**

Red Cross Transportation services metropolitan areas as far as Sunbury and regional areas such as Bendigo and Ballarat but currently do not have the capacity to include Lancefield and Romsey.

- **LINK Community Transport**

LINK Community transport has the largest coverage for community transport in the northern metropolitan region but does not extend its service past Sunbury.



The table below summarizes the current community transport services in the Macedon Ranges:

| | Community Driven | Macedon Ranges Shire Council | Benetas Macedon Ranges Health | Travellers Aid | Gisbus | Flexiride | Multi Purpose Taxi Program | Cobaw Community Health |
|------------------------------------|---|---|--|--|---|---|---|--|
| Organisation details | Romsey and Lancefield NH | Social Support | Macedon Ranges Health | Companion Service | Gisbus | Flexiride | MPTP | Cobaw Health |
| Booking requirements | Require 2 business days | Require a weeks notice | Require a weeks notice | 3 business days | On demand must be by 8pm prior to day of travel | On demand | Must have a MPTP card to access 50 % discount on fare up to \$60 | CCH has a service for people to join for bussed outings to set activities |
| Passenger eligibility | Nil but must register for program | Pax must be HACC eligible | Pax must be HACC eligible, capped at 2 services per month | Nil but must have MYKI | Nil but must have MYKI | Nil but takes cash only | Have a permanent or severe disability and cannot use public transport | NA |
| Service boundaries | Nil | Melbourne CBD and Bendigo furthest distance | Nil | Must commence travel on V Line or Metro service | Gisborne | Woodend fixed timetable | Nil | NA |
| Frequency | As requested | Monthly | As requested | As requested | Available as permanent route or on demand service | Permanent fixed route | As requested | NA |
| Costs | Equity model | | | Free | Nil if connecting to rail, \$2.40 adults 2 hours and \$1.20 children and pensioners | Concession \$1.20, Full fare \$2.40 for 2 hours | Flag fall \$3.70 then \$1.88p/km | \$7.50 booking fee plus program fee |
| Under 20 km | \$10 | \$10 | \$10 | | | | \$32 | NA |
| 20-100km | \$15 | \$25 | \$15 within shire, \$25 outside | | | | \$120 | NA |
| 101-200km | \$30 | \$25 | \$25 | | | | \$270 | NA |
| 200km + | \$35 | \$41 | | | | | | NA |
| Further Program information | Volunteer driver run program, passenger must register to use service. | Service is means tested and relies on pool of 6 volunteer drivers | Service relies on volunteers, will not transport passenger after a procedure/on oxygen, difficulty filling requests for Melbourne CBD appts, no drivers in Romsey or Lancefield. | Excellent option for Melbourne based appts, companion will accompany anywhere on network free or taxi (at passenger expense) | | | | Flagged potential to use CCH vehicles for transport overflow with JC Feb 20 pre Covid19. |

Comparisons were also undertaken between locally run commercial services and our program. The following table highlights the significant variance in cost

| Distance | Community Driven | Kyneton rideshare | Taxi | Uber |
|-------------|------------------|-------------------|-------------|-------------|
| 0-20 km | \$10 | \$20 | \$39 | \$30 |
| 20km-100km | \$15 | \$45 | \$39-\$168 | \$39-\$122 |
| 101km-200km | \$30 | \$120 plus tolls | \$168-\$330 | \$122-\$238 |
| Over 200km | \$35 | \$180 plus tolls | >\$330 | >\$238 |

Table 3: Cost comparison between Community Driven and Rideshare models

Overall, there are several transport options available in the Macedon Ranges Shire but due to eligibility criteria, affordability or lack of flexibility, a significant gap in transport options remain for the Romsey and Lancefield communities, particularly for those most vulnerable.

The project has established **Community Driven** does not duplicate existing services and confirms the need for the **Community Driven** to fill the gaps left by current services, public transport and commercial transportation services.

3.2 Referral Pathways

A number of organisations, including local medical providers and local government departments were approached and asked about their services and referral requirements to identify issues and gaps.

Key findings:

- A significant amount of time and resources are used to organise non-emergency patient transport.
- In one case a medical provider has resorted to transporting patients themselves.
- Some medical centres were not aware of the **Community Driven** program.
- Medical Centres would like their passenger referrals for transport to be confirmed by email and to be informed of the service being provided or not.
- Many people find accessing My Aged Care difficult or do not know of its existence.
- Approval for My Aged Care service packages can take up to 18 months.
- Requests for transport services to be added to My Aged Care packages can take considerable time to be activated.
- Funding for transport within My Aged Care packages are costly, other services provided by the packages often take priority.
- Transport costs under My Aged Care - \$57 per hour plus \$1.45 per km or approximately \$300 for a 40km round trip.
- Many residents are not aware they can add transport to their My Aged Care package.

In response, **Community Driven** procedures have been updated to incorporate the communication needs of our medical stakeholders and the documentation of referrals.

3.3 Promotion and Marketing

To improve referral pathways a promotion and marketing strategy was developed, highlighting *Community Driven's* ability to meet the gaps identified in the key findings.

A promotion and marketing plan was created and a new logo designed creating a visual representation of the brand. The program was rebranded as "*Community Driven*" to represent the fundamental shift to a broader community transport service meeting medical, social and wellbeing needs.

The plan included the development of information brochures, business cards, promotional materials, presentations and mail outs. Rebranding has strengthened the programs presence, presenting a more professional image which assists in building greater credibility when seeking strategic partnerships

This included the development of a resource kit for stakeholders containing *Community Driven* information and registration forms. The kit also includes information about access and help with public transport including the Travellers' Aid Society which supports passengers across the public transport network.

These strategies have resulted in increased referrals from Lancefield Medical Centre as well as new referrals from MRSC, Macedon Ranges Health, Sunbury Hospital and Kyneton Psych. This is evidence that the strategy is making a difference and with continued marketing and time, it is envisaged higher referrals will be received.

The Community Driven Promotion and Marketing Plan is included in [Appendix 4](#).



Evaluation of the Project to Develop a Sustainable Business Model

4. Evaluation of the Project to Develop a Sustainable Business Model

'Sustainable' community transport is often understood as meaning that the costs of providing the transport service are covered by passenger fees and the service is therefore cost neutral. However, given the focus **Community Driven** has on providing transport for the most vulnerable and isolated members of our communities, this is not possible. In rural areas, developing and providing community transport services that are cost neutral are even more unlikely as services are usually focussed on the transport needs of low-income passengers, travel distances are generally longer and lower numbers of passengers in rural areas result in lower revenue making a "cost neutral" business model unfeasible.²

Although **Community Driven** suggests a modest passenger contribution fee for service, data highlights that not all passengers are able to pay, as seen in the Summary Report 2019 – Passenger Contributions below

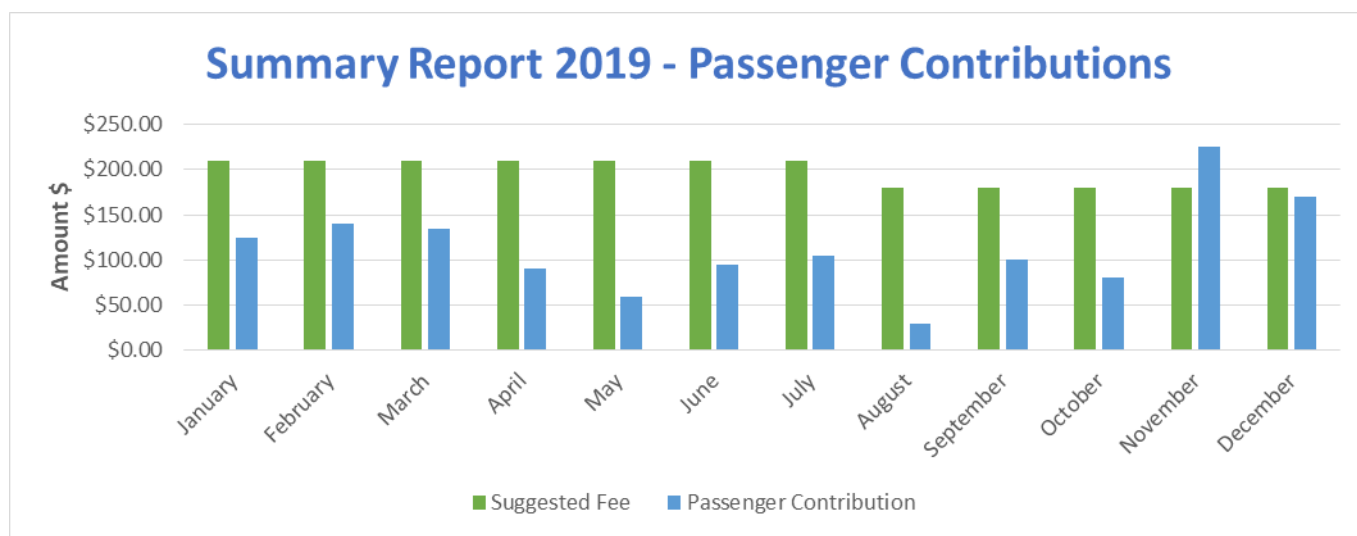
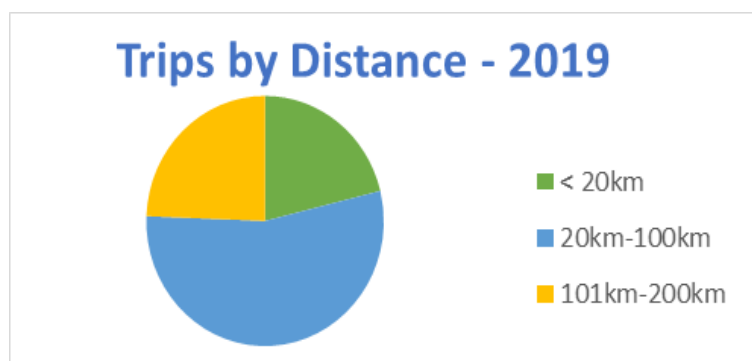


Table 4: Comparison of suggested fees to passenger contributions

In 2019, the contribution return was 63%. Improvements to processes and promotion has resulted in an increase of passenger contributions to approximately 83% in 2020.

² The Neighbourhood House Community Transport Project -Towards Sustainable Models - *An action research approach to building the capacity of Neighbourhood Houses to develop and sustain community transport programs*

Approximately 25% of trips were greater than 100kms and 80% of trips were between 20 km and 200km, as seen in diagram below:



Given the constraints to delivering a cost neutral community transport service in Romsey and Lancefield, the project focussed on identifying the real costs involved in the establishment and provision of a community transport service, from this we can estimate the relatively small amount of recurrent funding that is be required to ensure sustainability of the transport service.

Costs involved in maintaining the **Community Driven** program, servicing medical appointments only, would be approximately \$35,000, which includes the cost of a coordinator. The **Community Driven** service would cease to exist or at best be significantly disrupted without the services of a paid coordinator. The ability to recruit, train and sustain a group of volunteers to maintain this project would require a paid coordinator for a minimum 10 hours per week. This cost excludes the cost of a vehicle - **Community Driven** currently uses a donated 1997 Holden Commodore which will need to be replaced in the near future.

Through the modeling process it became apparent that the core infrastructure in place for the medical model created capacity to deliver a share-ride model without increasing the net deficit. Therefore, financial sustainability can be increased by integrating a number of models. Expanding the current program to meet social, educational, employment and recreation needs using set fees would increase income, offsetting some of the operating costs of the medical model.

Costs involved in establishing and maintaining the expanded service, excluding the cost of a vehicle, would be approximately \$30,000, although income could increase as the program is established. This is reiterated in the NHCTP (2019) Towards Sustainable Models project report, suggesting a reoccurring ingestion of funds of \$30,000-\$35,000 is required to support a community transport program. Engagement with our key medical and health stakeholders will continue with the aim to establish potential for funding opportunities and partnerships bringing the model closer to cost neutral. However, the sustainability of Community Driven is dependent on collaboration between state, local government and community agencies.

Although outside the scope of this project the purchase of a people mover vehicle could be explored to further increase potential income through a vehicle hire model, providing transport for other purposes such as community outings, sporting club events, airport runs etc.

Investigate Developing a Model to Address the Social, Educational and Recreational Needs Still Not Being Addressed in the Community

Given a cost neutral model is not possible, the project has focussed on the broader issues of sustainability such as:

- Increasing engagement within the communities to identify local demand for community transport and meeting that demand.
- Providing a reliable service that is flexible and passenger focussed.
- Recruiting and retaining volunteers to undertake as many components of the project as possible.
- The following strategies have been developed to address these:
 - Continued engagement with medical centres and potential new referral networks.
 - Increased promotion of the service within the community.
 - Clear information package outlining Community Driven services
 - The design of a ride share model to provide vulnerable residents travel options, supporting them to feel connected to the community and enjoy a more active fulfilled life.
 - Increase community engagement for drivers and passengers through community lunches, workshops and forums
 - Volunteer Recruitment drives
 - Volunteer training
 - Refined processes

Overall, the project evaluated the **Community Driven** model and identified a cost-neutral model was not feasible, as it supports the most vulnerable residents in the community, many who are unable to pay for the service. However, **Community Driven** can be sustained by meeting the transport needs of the community with an expanded program, continuing to recruit, train and engage volunteers and by continually improving processes and procedures to provide a reliable and flexible service. While **Community Driven** has made significant improvements to procedures, communication resources and volunteer staffing, a dedicated, paid coordinator is required to manage and maintain these resources.

The Community Driven Business Model is included in [Appendix 5](#).

5. Investigate Developing a Model to Address the Social, Educational and Recreational Needs Still Not Being Addressed in the community

To access major facilities and services such as medical, sporting, education or training, residents must travel to one of its nearest major town centres which are a minimum 30-minute drive. Links to the nearest rail services of Riddells Creek and Clarkefield are limited, there is one daily V/Line coach service to Melbourne and while local bus operators provide services to the larger towns of Sunbury, Kyneton and Gisborne, mobility issues, financial difficulty and long wait times can make it a challenge to use.

It can be difficult to attend appointments in places such as Melbourne CBD, Bendigo or Sunbury, particularly if people have a reduced capacity to navigate public transport or walk the distances required at either end after undergoing treatment.

Transport limitations impact community participation in education, employment, social and exercise opportunities and limit access to essential support services such as Centrelink and Foodbank. **Community Driven** is concerned with connecting local community members to activities and services that can assist in the prevention of anxiety, depression, and suicide and provide access to support for people feeling socially isolated or vulnerable.

RLNH worked with Social Innovation Research Institute at Swinburne University in a 'Wellbeing' forum conducted by Cobaw Community Health to explore what rural communities are doing about mental health and wellbeing, and to identify local actions that could be undertaken.

'The cost to the Australian economy of mental ill-health and suicide is, conservatively, in the order of \$43 to \$51 billion per year. Additional to this is an approximately \$130 billion cost associated with diminished health and reduced life expectancy for those living with mental ill-health.' (Productivity Commission 2019, p.2).

The current **Community Driven** model is limited to providing transport to and from medical appointments. The forum substantiated the need to extend service capacity to other areas including education, employment, social and recreational.

In addition, extensive consultation with other community groups and stakeholders at round table meetings have consistently identified the lack of affordable and flexible transport as a major problem to overcoming the issues of clients accessing services and the challenge of overcoming the social isolation that exist within the Macedon Ranges. Stakeholders at these meetings include Macedon Ranges Shire Council, Cobaw Community Health, Schools, local medical centres, local authorities and local community groups.

Insight from a community survey showed the top 4 priorities for community transport included addressing access to larger shopping centres, linking with the VLine train at Clarkefield, appointments and social outings with the top destinations being Melbourne and Sunbury followed by Kyneton.

The community Shareride model was designed to support the employment, educational, social, and recreational transport needs of:

- Young people – unlicensed and dependent on parents or others.
- Non-car owners – difficulty getting to services, employment or training.
- Older people – reduced functionality can affect their ability to drive.
- Low income earners – lack of money to own a car.
- People with disabilities – functionality can affect their ability to drive or use public transport.

Table 5 shows a proposed weekly timetable offering transport to assigned destinations and will integrate with public transport connections and Travellers Aid for passengers needing to go to Melbourne or Bendigo.

| <i>Route</i> | <i>Day</i> | <i>Pickup Time Lancefield</i> | <i>Pickup Time</i> |
|------------------------------|------------|-------------------------------|--------------------|
| Romsey/Lancefield | Monday | On demand | On-demand |
| Romsey/Romsey | Monday | On demand | On demand |
| Lancefield/Lancefield | Monday | On demand | On demand |
| Romsey/Lancefield to Kilmore | Tuesday | 10:30am | 10:45am |
| Romsey/Lancefield to Kyneton | Wednesday | 10:30am | 10:45am |
| Romsey/Lancefield to Sunbury | Thursday | 9:00am | 9:15am |

Table 5: Weekly timetable of the Community Driven Ride Share program

Three models were investigated:

1. Using volunteers to drive the community car – will possibly be reliant on access to “mutual obligation” volunteers.
2. Volunteer drivers using their own cars and being reimbursed a flat fee for each trip.
3. Volunteer drivers using their own cars and being reimbursed at a 68 cents per kilometer rate.

It is worth noting that all options rely on the ability to attract and retain caring, supportive and skilled volunteers to deliver the service.

Realistically, service is likely to be a combination of model option 1 with either 2 or 3. The costs associated with the service include the operational costs of community car, marketing and equipment, and operational costs of administration, insurance, maintenance and registration of vehicle, fuel, staff wages, training and volunteer expenses.

Funding sources to support the service will come from passenger fees, subsidies, reimbursements and grants. Modelling estimates indicate an ingestion of funds ranging between \$30,000-\$35,000 a year would be required to maintain the medical model and develop the shareride model program. This includes volunteer retention and recruitment, stakeholder engagement and ongoing program evaluation.

Full modelling details can be found in [Appendix 5](#).

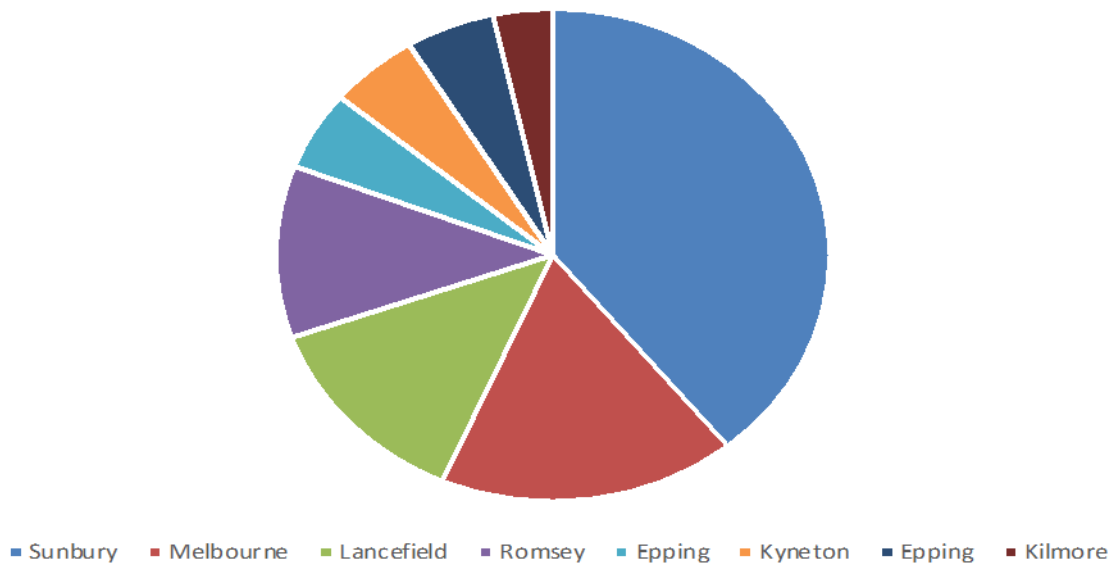
Create User Friendly Resources to Improve Access to Transport Services

6. Create User Friendly Resources to Improve Access to Transport Services

The project looked at existing public transport services within the Romsey and Lancefield region to investigate ways Community Driven could support passengers to access these services. Public transport options available within the Shire were examined to evaluate if these services would be accessible to vulnerable residents. Furthermore, strategies to inform and resource the community were developed to help improve access to public transport using a combination of physical and online resources.

The following diagram shows the top 8 destinations for Community Driven trips in 2019. Sunbury and Melbourne equate to almost 60% so focus was given to existing transport services for these destinations.

Summary Report 2019 - Top 8 destinations



Based on data for the five most requested destinations in 2019 travel time was calculated using **Community Driven** and the public transport alternatives, both rail and bus. These can be seen in Table 6.

| Destination | Number of trips in 2019 | Drive time | Time using PTV Journey Planner | Frequency of Public transport daily services |
|-------------------|-------------------------|------------|--------------------------------|--|
| Sunbury | 45 | 1 hour | 1 hour | 10 |
| Melbourne | 20 | 1 hours | 2-3 hours | 4 |
| Lancefield/Romsey | 15 | 10 minutes | 20-30 minutes | 12 |
| Epping | 12 | 40 minutes | 4-5 hours | 1 |
| Kyneton | 6 | 30 minutes | 1 hour | 1 |

Table 6: Calculated Travel time and frequency to top 5 destinations

Time is based on a round trip estimate and does not include waiting for connections and time to walk to the station and appointment locations. It also assumes the passenger is mobile enough to walk.

Feedback from Community Driven passengers regarding challenges utilising public transport include:

- Scheduling medical appointments to match public transport timetable
- Appointments commencing before public transport can get them to their destination
- Walking distance from public transport stops to medical centres not manageable i.e. Sunbury bus terminates at Sunbury station a 10-15-minute walk to Sunbury Day Hospital or Lakeside Imaging
- Mobility issues and capacity to navigate the distances between station and appointment too great
- Bus route from Lancefield to Sunbury has 10 services operating Monday to Friday however only 3 stop at Clarkefield station on the Bendigo line linking Melbourne CBD and Bendigo and none after 9am
- Kyneton bus timetable allows 30 minutes in Kyneton before return service begins, this isn't enough time for any medical appointments to be completed and there is only one daily service.

Travelers Aid

Community Driven can provide door to door service for those who need it. Alternatively, Community Driven can integrate with public transport options by providing delivery to public transport connection points and assist with organizing Travellers Aid.

Travellers Aid is a free resource to assist passengers arriving into Melbourne CBD at Southern Cross or Flinders Street and travelling on the public transport network. Passengers need to book with a minimum of three working days before travel and they can be accompanied anywhere on the public transport network. Utilising Travellers Aid provides an option for passengers to attend appointments at major metropolitan hospitals with the security of a companion who will navigate and assist them to the appointment, wait during the appointment and then assist them back onto a train service home.

Community Driven Transport Resource Kit

For those passengers that have the means and ability to use the public transport system, a resource kit has been created and located at RLNH. The kits include MYKI cards, timetables for all local bus and rail services and information about Travelers Aid.

Training has been developed to enable volunteer staff at RLNH to assist people who want to plan and book public transport and require support to do so and instructions on the use of the online Journey Planner has been added to the resource kit.

With support from our volunteer staff, passengers may be able to schedule their appointments to coordinate with public transport. Highlighting positive public transport initiatives like free seniors travel between the towns on weekends could be used to drive positive coverage and encourage usage.

Investigate Viability and Sustainability of a Community Vehicle Model

7. Investigate Viability and Sustainability of a Community Vehicle Model

Several community vehicle models were investigated to ascertain if a community vehicle model would be viable and sustainable for RLNH.

[Flexiride](#) in Woodend and [Gisbus in](#) Gisborne are transport services set up by State Government. These services provide low cost, frequent and flexible travel options for their community and were the result of considerable community advocacy to establish the programs in these towns.

Preliminary discussions with the locally based manager of the Woodend Flexiride services suggested that the costs of setting up a similar program in Romsey and Lancefield would start at \$80,000. The prohibitive establishment costs and fixed schedule ruled this type of transport service out for Romsey and Lancefield.

Investigations into rideshare models looked at whether a system like a community taxi or Uber could be implemented for our community transport needs.

The biggest challenge with these models are the high cost of accrediting volunteer drivers. Current accreditation costs approximately \$300 and includes:

- Driver accreditation fee \$76.30 (annually \$34)
- Medical assessment and health questionnaire, estimate a long appointment time cost \$140)
- Police check cost \$16.30

Admin support and processing for volunteer drivers estimate 2 hours at \$33 p/hr ³.

Currently [Community Driven](#) has 32 drivers registered and they can choose which jobs they take with no minimum number of jobs required. Accreditation renewal is required yearly which equates to an additional cost of \$10,000 annually.

Financial modelling relevant to the establishment of a Community Vehicle Model is included in [Appendix 5](#).

³. Commercial Passenger Driver Accreditation

Conclusions & Recommendations

The Lancefield and Romsey Neighbourhood Houses' close connection with the local community mean they are in an ideal position to develop, maintain and deliver a flexible community transport service to address shortcomings in local transport.

However, in rural areas, developing and providing community transport services that are “cost neutral” are simply not possible for the following reasons:

- Community transport services are usually focussed on the transport needs of low income passengers which limits the amount of revenue generation possible through passenger fees.
- Given the longer distances that are often involved in the provision of transport in rural areas, low income passengers are simply unable to pay the level of fees that would be necessary to cover the full costs of this long distance transport.
- Lower numbers of passengers in rural areas results in lower revenue which makes a “cost neutral” business model impossible.⁴

The work undertaken through the FLTSP project has clearly established that:

- The current Community Driven model is not sustainable without a regular injection of funds. Regular and agreed financial support from government and/or philanthropic bodies should be sought. The cost of supporting **Community Driven** pales into insignificance compared to a government funded service.
- The current service offering would be severely disrupted without a paid coordinator. The ability to recruit, train and sustain a group of volunteers to maintain this program would require a paid coordinator for a minimum of 10 hours per week.
- Expansion of the current service to support social, educational, employment and recreation could not take place without a coordinator managing the project. This would require an additional 10 coordinator hours.
- A shared community car service should be trialled to evaluate if it meets the needs of residents to engage and maintain a community connection and be able to participate in a broad range of activities, not accessible without flexible and affordable transport. Although out of scope for this project, the trial should run for a period of 12 months to allow sufficient evidence to provide a comprehensive evaluation. This will allow time for passenger confidence to increase, as passenger numbers have reduced due to current pandemic restrictions. Further funding is required to effectively implement and oversee the operation of the trial, monitor performance and implement strategies to move the service closer to cost neutrality.
- Purchasing a people carrier vehicle should be investigated. This could provide increased income by having the vehicle available for hire for other purposes such as community outings, sporting club events, airport runs etc.
- The annual recurrent funding required to maintain and develop **Community Driven** is consistent with earlier modelling undertaken through the NHCTP -Towards Sustainable Models Project. (\$30,000 - \$35,000). This includes the purchase of a suitable vehicle and funding to employ a part-time community transport coordinator.

⁴ The Neighbourhood House Community Transport Project -Towards Sustainable Models - *An action research approach to building the capacity of Neighbourhood Houses to develop and sustain community transport programs*

Appendix I.



Lancefield Romsey Community Transport Program



Equity Model of Community Transport

The core mission of the Lancefield Romsey Community Transport Program (LRCTP) is to support emotional, physical and social wellbeing within our community.

There are many social and economic circumstances that can impact a person's wellbeing, and through this program we aim to address some of the individual, community and structural factors that impact our community's health outcomes. Specifically, transport services to the Lancefield and Romsey area have been long identified as inadequate, reiterated through a recent extensive consultation via a community survey, where many reported they had missed medical appointments due to transport difficulties also the role lack of transport plays in social isolation and inherent mental health issues.

Transport limitations impact community participation, particularly for marginalised members, in education, social and exercise opportunities and access to essential support services such as Centrelink and Foodbank. This program aims to address this problem by providing a grass roots, volunteer, door to door, driver based, transport program to connect people to critical health based services and activities.

The LRCTP is an equity model, in that access to the service does not depend on the client's ability to pay for the service. This means that the financial viability of our service does not rely on client income, has other means of sourcing funding and keeps driver reimbursement to a minimum. It is the most vulnerable in the community that have the most transport disadvantage, with financial concerns often eliminating other alternative transport options. It is important that access to our service does not put further financial pressure on clients and prioritises access to those that are most vulnerable, who are falling through the gaps of accessing other transport services.

To ensure that we are meeting the needs of the local vulnerable members of our community relationships with local service providers is essential. In our community local GP clinics and Community Health Provider are vital referral pathways and partners in the LRCTP. Nurses, Doctors and Administration staff within the GP clinic can provide client referrals and appropriate background information to assess suitability of transport and financial situation, ensuring those most in need are linked in to the program. The Neighbourhood Houses are also well placed to connect with community members in need of transport assistance and work with many other community partners.

Key Principals of the LRCTP:

- Driver safety is an essential component in every transport;
- Client safety is an essential component in every transport
- Support emotional, physical and social wellbeing within our community, through providing volunteer driver opportunities and access to services for clients;
- Respect clients and volunteers, seeking to preserve and promote their dignity, individuality, rights and responsibilities;
- Recognise and respect the worth of all individuals, clients and volunteers regardless of their race, religion, age, gender, sexual and gender diversity, and other individual differences



Lancefield Romsey Community Transport Program



- Acknowledge that health is an extremely personal matter and client decisions must be respected and supported;
- Work to address and redress inequity and injustice affecting the lives of clients, particularly around access to medical and support services;
- Maintain client confidentiality, understanding that clients may disclose personal and health related information in the arrangement of transport services.

Advocacy and networking must form a critical component of the Community Transport Program, to continually increase the provision of local services, to link people in to the most appropriate service for their needs and to minimise duplication of services. The LRCTP is not designed to be the sole solution to the communities transport needs, but to adapt and evolve to meet the unmet transport needs.



Lancefield Romsey Community Transport Program



Key Decision Matrix

| Issue | Background | Decision |
|--|--|---|
| Client Safety | Our passengers/clients are likely to be vulnerable members of society. | All drivers to have passed a police check within the 12 months prior of registering as a driver within the program. |
| Transporting children | Car seat laws are complex and relate to the size of a child and how the specific car seat fits their body. The driver is liable at all times for a minor to be properly restrained in a car. | A driver may transport their own child as a driver companion at their own risk/liability. Research into a legal way of transporting children accompanying their parents will be undertaken with other community transport providers. |
| Working with Children's Check | Both Neighbourhood Houses are committed to child safety and have a zero tolerance to child abuse. Each house has a Child Safe Policy. | No children under 16 will be travelling alone. Once research is completed into what other providers do a decision will be made about whether a WWCC will be required. |
| Client medical condition | We aim to transport those most vulnerable members of our community. This often means those with disability, illness and mental health conditions. | <p>Clients must be able to manage their own health during transport, or have a carer along who can take responsibility.</p> <p>Should a client require further assistance to access appointment a support driver can be requested.</p> <p>Our drivers are not medically trained and are instructed to call 000 should a situation arise with a clients medical condition.</p> <p>Driver safety is paramount and needs to be considered for each transport request. The LRCTP reserves the right to refuse a booking on the grounds of driver safety in instances such as intoxication of the client, aggression, or contamination concerns.</p> |
| Transporting clients after a procedure | Many other transport programs do not transport clients after a procedure. After discussing this with local GP, it was decided that the risk is relating to a general anaesthetic and the potential complications afterward. Typically the hospital will require these patients to be accompanied home and over | <p>To remove liability to our drivers, after a general anaesthetic a client must have a carer in attendance with them.</p> <p>Transport after a procedure is a particular needed for our clients, so it is important to have provision within the program for this type of transport.</p> |



Lancefield Romsey Community Transport Program



| | | |
|-------------------------------|---|--|
| | night. | |
| Booking timeline restrictions | Many other existing services have restrictions on the frequency of bookings and minimum lead time. | Such restrictions create a barrier to access and timing of appointments is often outside of the control of the client. Appointments are often also scheduled in blocks and at short notice. We have no restrictions on making bookings, however clients are to understand that we cannot accommodate every request. Relationship development with local service providers helps them understand our requirements and limitations. |
| Driver Reimbursement | ATO recommends/allows \$0.66 per km for driver reimbursements, to cover fuel costs and wear and tear to car | Decision to reimburse drivers approx. \$0.20 per km (worked out at a staged amount) to ensure project costs are kept low to keep project sustainable. Funding is being sought to provide drivers with a drink and meal gratuity should trip duration exceed 3 hours including waiting time. |
| Community Car insurance | Community Car has restrictions on its insurance: | Driver must meet the following requirements: <ul style="list-style-type: none"> • Driver has a full, unrestricted licence • Driver has had no convictions for driving under the influence of alcohol or drugs (DUI) and/or exceeded the prescribed contend of alcohol (PCA) in the last 3 years • Driver has not had a licence suspended or cancelled in the last 5 years • Driver has not had any at fault motor claims or accidents in the last 3 years • Driver has not been convicted of a total of more than 2 traffic (excluding parking) in the last 3 years |
| Community Car usage | Community car needs to be able to be moved/maintained/cleaned outside of use in Community Transport Project | All drivers taking clients to medical appointments must be registered to the program and will need to have a police check prior to transporting people. Volunteers supporting a Neighbourhood House program may not be registered drivers but this would be preferable. |



Lancefield Romsey Community Transport Program



Program Pros and Cons

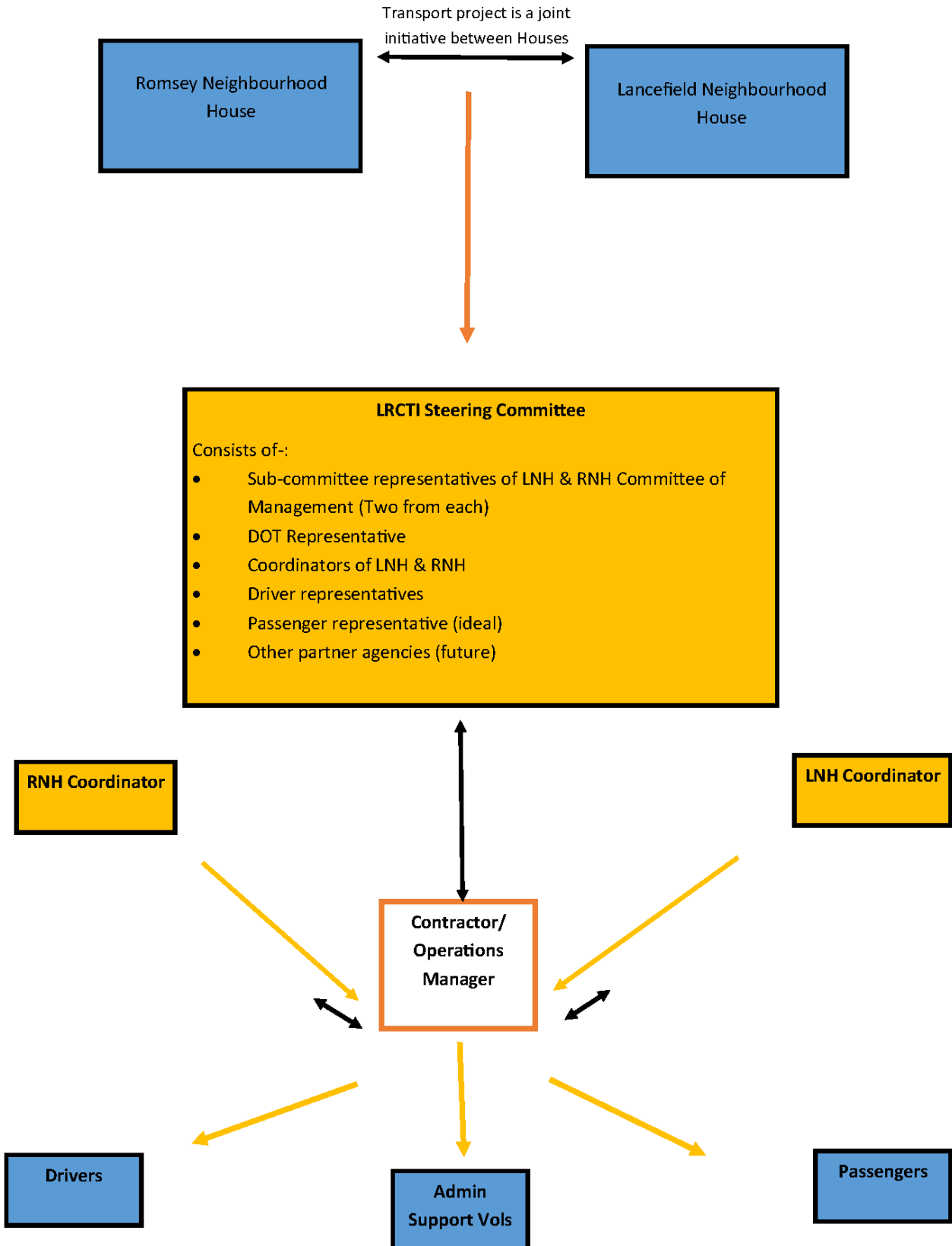
Con's

1. Volunteer Coordinator
2. Program contingent on attracting and retaining volunteer drivers
3. Responsiveness and reliability of coordinator could be of a concern due to volunteer nature
4. Limited capacity to meet social needs, demand exceeds current driver availability.
5. Still needs detailed community needs analysis

Pro's

1. Quick to set up
2. Low overhead – payment to drivers
3. No capital costs
4. Can utilise many of existing NH policies, such as grievance, dispute resolution
5. Is covered by Neighbourhood House insurance policy
6. Provides volunteer opportunities to members of the community
7. Engenders social inclusion and community support networks
8. Is fluid and adaptable to the needs of drivers and clients.
9. Can monitor balance demand vs growth of project to meet capacity of drivers

Romsey Lancefield Community Transport Project Initiative Structure and Terms of Reference



Acknowledgement of Country

Both Romsey and Lancefield Neighbourhood Houses are within the Macedon Ranges Shire which is on Dja Dja Wurrung, Taungurung and Wurundjeri Countries in particular the Wurundjeri land.

We would like to pay our respects to their Elders past, present and emerging.

Vision

To provide a transparent, transferable and sustainable transport model which addresses the needs of our local community.

Values and Principles

Collaboration

- We work with our partners and others knowing that whole of community change is only possible through alignment of effort.
- We collaborate in an open, respectful and transparent way and share expertise and skills to progress the agreed objectives. This is to be reflected in all external communications eg media releases, social media

Capacity building

- We work to build the capacity of individuals, agencies, organisations and communities to understand and act to change barriers to access through lack of transport services
- We acknowledge that there is equity between all members of our community and endeavour to deliver an equity model to ensure access to services through community transport particularly for those most vulnerable in our community.
- We will apply rigor to our evaluation process and be accountable to each other and our community.

Equity Model

- We aim to provide an equity model where access to service provision is maximised and not restricted due to financial restraints or unnecessary beaurocratic red tape which restricts access to service.

Background

The Lancefield Romsey Community Transport Project (LRCTP) has a sub-committee as outlined in attached diagram which oversees the running of the project and which reports to the Committee of Management of both Neighbourhood Houses on the ongoing operations of the project.

The project started in April 2017 in response to identified needs by community members for an alternative to public transport particularly in relation to access to medical appointments. A comprehensive community consultation was then undertaken to identify the extent of the need. The sub-Committee was formed in June 2019 to strengthen collaboration amongst stakeholders in addressing community transport in our area as well as to oversee the executing of funds received through PTV.

Purpose

The purpose of the Project Objectives

The project aims to: improve transport service provision to the communities of Lancefield and Romsey, particularly around access to key medical/health care sites with the view of extending the service to cater for social, recreational and educational transport needs.

The role of the Sub-Committee is to oversee and support the initiative and in particular the execution of the project in adherence with meeting the funding objectives.

PTV Funding is provided to:

- improve strategic partnerships for greater sustainability, particularly major stakeholders, MRSC, Cobaw, Heathcote Flying Doctors transport, etc.;
- investigate strategies to recruit and sustain volunteer driver base;
- improve referral pathways to improve service accessibility and investigate linkages between key stakeholders;
- evaluation of the project to develop a sustainable business model;
- further investigate developing a model to address the social, educational and recreational needs still not being addressed in the community;
- creating user friendly resources to improve access to transport services via physical resources, workshops, travel companions; and
- investigating viability and sustainability of a community vehicle model and investigate of a community 'uber' model.

| Project Deliverables and Payments Table | | | | | |
|--|---|------------------|---------------------------------------|-------------------|---|
| <small>(Note: GST AMOUNT and TOTAL PAYMENT columns are optionally completed)</small> | | | | | |
| Deliverable or milestone | Demonstrating the deliverable is complete | Due date | Payment amount (excluding GST) | GST amount | Total payment amount (including GST) |
| Milestone 1 | Detailed Project Plan Budget documentation Established Steering Committee and Terms of Reference (including a DoT representative) Evaluation Plan | 1 September 2019 | \$5,000 | \$0 | \$0 |
| Milestone 2 | Feedback from workshops and engagement with key partners to develop strategic partnerships, improve referral pathways and outline next steps to embed partnerships. Draft templates for promotional material and resources. Proposal to develop the sustainable business model. | 1 December 2019 | \$13,000 | \$0 | \$0 |
| Milestone 3 | Finalise promotional material. Draft of Sustainable business model Draft Evaluation Plan | 1 March 2020 | \$5,130 | \$0 | \$0 |

Roles & Responsibilities of RNH

- Lead and contracting agency
- Financial and legal responsibility for project
- Contracting agency
- Resourcing, support and advisor to project
- Acquittal of project funding
- Overall major decision –making for project

Roles & Responsibilities of LNH

- Partner agency in project
- Resourcing, support and advisor to project
- Co-overall decision-making body for project

RNH &LNH Coordinator Roles & Responsibilities

- Joint supervisors to the Volunteer Coordinator
- Day to day resourcing & support and directional guidance towards implementing project
- Review of day-to-day operations and project tracking
- Support the meeting of milestone requirements by Vol Co-ordinator and/or any contractor

Roles & Responsibilities of Coordinator

- Coordinator of day-to-day operations of project
- Supervised by NH Coordinators
- Setting up of systems, policies and procedures towards creating a transferable equity transport model
- Recruitment, training and support of admin. team
- Resourcing and support of volunteer drivers and passengers
- Implementing scope of works requirements, meeting milestones and funding requirements
- Provide monthly written report to Steering Committee and LNH and RNH

Membership

LRTP Sub-Committee membership is inclusive and consists of interested community members, service providers and stakeholders who are committed to addressing the issue of transport in our local community through the LRCTP.

At least two members of the Lancefield and Romsey Neighbourhood House Committees must be a member of the LRTP Subcommittee and regularly attend sub-Committee meetings to report on the project's activities. If both nominated representative(s) cannot attend a Sub-Committee meeting then another COM member will be delegated to attend in their place.

The membership includes representatives of:

- Sub-committee representatives of LNH & RNH Committee of Management (Two from each)
- Department Of Transport Representative
- Coordinators of LNH & RNH
- Driver representatives
- Passenger representative (ideal)
- Other partner agencies (future)

At the request of the Sub-Committee, external persons may be strategically invited to attend meetings and join working groups to provide advice and assistance where necessary.

Objectives

The objective of this group is to develop and implement actions that will:

- Advise and assist with project direction, and provide feedback towards creating a transferable model
- Resourcing and support to volunteer/paid coordinator
- Overseeing of funding work requirements, meeting milestones and outcomes
- Receiving financial reports and monitoring of project progress
- Approving acquittal of funding
- Provide support to project coordinator and volunteers
- Assist as required to forward the development of the project
- Provide project feedback from Vol. coordinator back to NH committees

Role & Responsibilities

The LRTP is committed to achieving its purpose and objectives and members will:

- work in accordance to the Terms of Reference
- attend and actively participate in meetings
- join a LRTP working group
- respect the confidentiality of materials and discussions that is presented 'in confidence'
- accurately represent the values and views of the LRCTP and Neighbourhood House member organisation/networks/clubs and communicate meetings minutes back to them if appropriate
- maintain the Sub-Committee's focus on the agreed purpose and objectives
- develop and work to an action plan that is endorsed by the RNH, LNH and PTV.

Sub-Committee Roles & Responsibilities

- Advise and assist with project direction, and feedback towards creating a transferable model
- Resourcing and support to volunteer/paid coordinator
- Overseeing of funding work requirements, meeting milestones and outcomes
- Receiving financial reports and monitoring of project progress
- Approving acquittal of funding
- Provide project feedback from Vol. coordinator back to NH committees

Responsibilities of the Chair:

- Guide the meeting according to the agenda and time available
- Ensure that all participants have an opportunity to express their ideas and opinions
- Ensure all discussion items end with a decision, action or definite outcome
- If the chair is unable to attend they must delegate the chair function to another member of the sub-c.

Decision making / communication process

The LRTP Sub-Committee is accountable to the RNH & LNH Committee and does not have the authority to make decisions on behalf of the Committee other than where a specific delegation of authority has been made (see attachment 1 diagram). As outlined, its function is of an advisory nature to support the implementation of the project and to oversee the execution and acquittal of funding milestones as per MOU agreement with PTV.

A quorum will only be attained when a RNH and LNH representative are present and there is greater than 50% of members present. Decisions will be taken by consensus. Where consensus cannot be achieved, decisions will be taken by a simple majority vote. All proposed activities and actions require RNH & LNH Committee endorsement/approval.

Meetings Proceedings

Chair: A chair may rotate or nominations for chair can be made quarterly.

Agenda: Will be distributed at least one week prior to the meeting. There will be a standard agenda. Members may forward additional agenda items to the chair for inclusion.

Minutes: Brief action orientated meeting minutes will be taken and distributed to all members within two weeks of the meeting. The responsibility for minute taking will be rotated. Minutes will be provided to RNH and LNH Committees.

Frequency: Meetings will be monthly: Third Tuesday of the month.

Outcomes / Measures of Success

Success will be measured according to the action work plan monitoring and evaluation framework.

Conflict of Interest & Confidentiality

Members and their representatives shall declare any conflict of interest at the point of discussion that could or do result in a conflict with service provision or work or priorities. All partner members are bound by confidentiality of meetings (when requested) and decisions of their networks.

Attachment 1.

Lancefield Romsey Transport Project Sub- Committee Subcommittee Guidelines

Subcommittee Relationship with the Neighbourhood House Committees

Subcommittees are formed at the discretion of the Neighbourhood House Committee on an ad hoc basis to respond to the need for expertise on a particular community issue or for the development and/or implementation of action plans for an initiative.

Sub-committees have delegated authority and are fully accountable to the Neighbourhood House Committees. The subcommittee does not have the authority to make decisions on behalf of the Neighbourhood House Committees other than where a specific delegation of authority has been made. No subcommittee has authority to contractually bind the Neighbourhood House Committees without the express written authority of the Committee.

The Neighbourhood House Committees will provide the subcommittees:

- with decision making authority within the scope defined by the Subcommittee's Terms of Reference
- governance and strategic support
- advocacy opportunities
- funding opportunities where they arise.

Ultimately the involved Neighbourhood House Committee is responsible for the outcomes of any decision made by a subcommittee. This could include financial liability and damage to the Neighbourhood House Committee's reputation. Accordingly, the Neighbourhood House Committee may vary the delegations or composition, or dissolve a subcommittee as it sees fit.

Subcommittee Delegations

- To monitor/gather evidence relating to any issues of concern
- To implement an agreed action plan on behalf of the RNH & LNH Committees
- To recommend to the Neighbourhood House Committees suggestions for further project direction, initiatives or advocacy that will address any issues.
- To co-opt members outside of the Neighbourhood House Committees
- Consider reports and research relating to the issues being considered by the Subcommittee and provide resulting information/updates/recommendations to the Neighbourhood House Committees.

The RNH & LNH Committee delegates the following powers to Subcommittees:

Governance

The Subcommittee must exercise its powers and generally conduct itself in accordance with the Neighbourhood House Committee's Terms of Reference and any directions given by the Committee including, but not limited to, any directions concerning keeping minutes and reporting to the Committee.

The Subcommittee will: provide subsequent feedback on progress back to the Neighbourhood House Committee.

Lancefield and Romsey Community Transport Project

| Evaluation Plan | | | | | | |
|--------------------------------------|--|--|--|--|--|--|
| Objectives | Actions | Strategy | Timelines | Evaluation | Challenges/Opportunities | Outcomes and Evidence |
| | - Detailed project plan | Completed all documentation and reports required for Milestone 1 and submit to DoT by 1 September 19. Received approval and funding from DoT | Draft completed 26/8 submitted for Committee feedback. Finalise final draft - 29/8 1 September 2019 - submit to PTV. Submitted | Clear guidelines to inform each step of project, linked specifically to funding milestones. Realistic and achievable document to guide process for the project. Needs to be constantly reviewed to incorporate additional unanticipated elements to the project and actions required. | Complex and therefore time consuming to put together. Had very clear objectives and vision for the future of the project so where able to populate the document with all actions and objectives required. | Finalised comprehensive plan which includes the evaluation process. |
| | - Budget documentation | Create an overall budget to provide clear direction for spending | 1 Sep 19 | Clear and realistic budget linked to project plan milestones, covering all aspects of the project. | Unknown time frames. Experience of Neighbourhood Houses with budgets from other projects. | Finalised budget. Funds committed to itemised areas. |
| Milestone 1 | - Established steering committee and terms of reference. | Recruit from across all areas of project | | Steering Committee consisting of representatives of from each area of the project and both Neighbourhood Houses established | Time commitments for individuals restricts meeting times. Chair and Minute taker had to be rotated. Had a good pool of people to draw from with a diversity of skills. Turnover from roles meant change of membership to the Steering Committee. | Steering Committee formed on 16/7/19. Representatives from Neighbourhood House Committees, Coordinators, Drivers and State Government representative. |
| | - Evaluation Plan | The evaluation plan was designed to sit within the Transport project plan as a working document | 1 Oct 19 | Clear evaluation benchmark for each aspect of the project. Recording of challenges and opportunities faced, outcomes and evidence listed. | Formed as part of Project Plan and onset of project. | This document represent the working eval plan for the project |
| | - Create job Description for contract position to execute DoT funding agreement. | Lancefield coordinator continued to operate transport whilst creating a position description for the project | Finalise 16 September 2019. Committee approval - 19/8 | Completed job description ready for distribution. | Challenge to find category position fitted into. Opportunity to be able to create a new position. | Job description completed. |
| | - Create position advertisement | Creation of advertisements for different media mediums including newspaper, social media, job search sites and investigation of pricing | | Completed position available advertisement ready for distribution. | Design had to be created without finished branding material. | Creation of advertising for position both online and via newspaper |
| | - Advertise in variety of outlets i.e. newspaper, social media, on-line job search sites | Position advertised in local newspapers Freepress and job search sites and on facebook | Advertise - from 22/8, Applications close- 6th Sept | Position advertised in a variety of media outlets for optimum coverage. | Need to find a balance between local coverage and statewide. Have a few good local papers and some strong community facebook pages. | Advertised in a range of mediums |
| Appointment of Project Worker | - Undertake interviews and recruitment process | Scheduling of interview post receiving of applications, devising of interview questions based on selection criteria, interviewer panel determined and interviewees shortlisted from applicants | Shortlist - 10/9. Interviews 13/9 & 16/9 | Panel for interview selected. Interview question matrix designed. Suitable applicants selected to attend interviews. | Challenging to find times for interviews which accommodate the limited time frames of the panel | Seven applicants chosen to be interviewed. Interview question matrix completed. Interview panel comprising representative from Steering Committee, NH Coordinators and Shire Community Development officer. Fiona Lang closed for position. |
| | - Induction of Project Worker | Allocation of time for coordinators to induct worker on a regular basis. | Induction before 24 September. | Induction to Neighbourhood House following existing procedures. Position induction through handover and introduction to Project Plan | Time frames were not realistic due to school holidays not being factored in but process was otherwise smooth. Neighbourhood Houses are experienced at induction process with volunteers. | Induction completed. Project worker feeling confident about fulfilling position. |
| | - Project continuation | Continuation of project operations as project worker comes on board and learns system. | From handover with current volunteer coordinator to House coordinators. Fiona Lang appointed 9 October | To be included as part of the induction process. | Previous volunteer coordinator not available so undertaken by House coordinators. | Contract signed and work commenced 9th October 2019 |
| | - Undertake the day-to-day coordination of the Lancefield Romsey Community Transport Initiative to enable a review of processes. Develop mechanisms to assist with the ongoing progress reporting of the initiative for future funding | To coordinate and be involved in all facets of the transport program to enable a thorough understanding before making recommendations and changes. | Oct-Nov19 | By engaging with the transport process from end to end the coordinator was able to identify where improvements that could be made and the order this needed to occur. Identifying areas for improvement in progress reporting enabled us to have a clear picture of the models cost which informed our subsequent modelling of the rideshare service | This evaluation took longer than outlined in the workplan however the input of several new volunteer skills as a result of transport recruitment has been beneficial to the program. | Revised suite of forms including booking, driver, passenger, companion, feedback, incident, volunteer driver role requirements, driver envelopes, driver reimbursement forms created. Contribution/reimbursement procedure streamlined. By focusing on driver and passenger feedback and systems initially resulted in stronger driver engagement, broader passenger awareness and a higher contribution rate to the program. Volunteer skills sets has contributed to providing modelling costs for the medical and ridehare model as well as policy guidance on mutual obligation recruitment and commercial accreditation |

| | | | | | |
|--|---|-------------------|--|---|--|
| <p>Investigate booking systems used by medical centres. Reiterate transport project, existing community transport services and others to see if there is an existing software package we could use. Needs to be able to match drivers and passengers and send reminder messages. If more suitable then need to streamline current processes.</p> | <p>Analyse existing systems and their cost against our model to compare and contrast benefits in changing programs. Seek feedback from medical providers on preferred communication channels and adapted these into our program. Meet with other community transport services to compare models</p> | <p>1-Dec-19</p> | <p>Research into local and other transport providers across the states showed minimal scope to adopt a model that would improve our existing model. Our current system is small, flexible and able to respond to urgent bookings in an established communication channel. Our investigations did not find any system that met these needs, provided added benefits or justified the cost of transitioning to a new system</p> | <p>Some providers were unwilling to share their systems and learnings, some medical providers need more time to develop a relationship. However those who did provide feedback are now referring patients in greater numbers.</p> | <p>Monthly bookings from Lanesfield Medical Centre</p> |
| <p>Evaluation of the project to develop a sustainable business model;</p> | <p>Meet with a broad range of providers including local government, medical and community groups to better understand their referral needs.</p> | <p>1-Dec-19</p> | <p>The value of having a clear information package outlining our service, procedures and communication methods is key to establishing strong links with all organisations especially medical. Being able to demonstrate reliability and follow up through consistent channels of communication, particularly with a central point of contact for the program will be important to maintain our referral flow and program credibility</p> | <p>Several medical centres have indicated a willingness to look at ways we can develop our partnership. Lanesfield medical is considering sponsorship for our monthly lunches to link in health messages to residents</p> | <p>Program is now transporting patients referred from Shire Council, Social Support, Kyneton District Health Service.</p> |
| | <p>Examine the budget, previous payment methods and get feedback from drivers, passengers and accountant regarding reimbursement process</p> | <p>1-Dec-19</p> | <p>There are linkages between stronger driver engagement and timely reimbursements, contribution reminders to passengers and an increased contribution rate. Creating simple, user friendly instructions to record contributions and training volunteers to recognise this is important to the programs sustainability.</p> | <p>The need to continually reinforce procedures and systems to a volunteer base is challenging amongst a rostered group across two houses, a coordinator role would ensure this happens</p> | <p>Streamlining the contribution system has increased rates from 50% to 80% as of January 31 2020</p> |
| | <p>Ascertain requirements for ongoing sustainability on all levels i.e. processes, communication, resources, volunteers, exploration of financial sustainability options</p> | <p>Feb-20</p> | <p>While the program has had significant improvements in procedures, communication resources and volunteer staffing it is clear that this has required a dedicated coordinator to manage and maintain these resources. NH coordinators are unable to absorb this additional program into their current workload.</p> | <p>The challenge is to secure re-occurring funding however the program represents an excellent opportunity to leverage volunteer capabilities to address an increasingly unmet need in the community</p> | <p>Trips increased 50 % year on year from 82 in 2018, 127 in 2019 and 42 YTD March 20</p> |
| <p>Improve referral pathways for accessibility and investigate linkages between stakeholders</p> | <p>Conduct alongside stakeholder review</p> | <p>Feb-20</p> | <p>Continue with the current referral pathways as they are broadbased and provide a range of access points</p> | <p>Maintain updated information and communication to referees</p> | <p>Add timelines into our key marketing strategies</p> |
| | <p>Use the updated mapping service and marketing strategy to maximise reach to potential partnerships</p> | <p>Feb 20</p> | <p>Expanding the program by extending referral partnerships before we had solidified procedures, processing and staffing needs would have placed pressure on our volunteer driver cohort also causing confusion if systems were then to change. With limited resourcing the focus for referral procedures and pathways must be kept simple and easy to maintain</p> | <p>Received valuable feedback from referral partners to assist in streamlining process to meet both projects needs as well as referring agencies</p> | <p>A number of meetings were held which enabled the fine tuning and solidifying of processes to further streamline. This included a follow-up courtesy call or email to confirm trip allocation with referring agency.</p> |
| | <p>Keep this process simple and transferable across stakeholders using minimal resources such as our new brochure and advocating the benefits of two dedicated admin staff for transport bookings</p> | <p>Jan-Mar 20</p> | <p>The transport program has a firmly committed group of volunteers who believe in the benefits this program provides without seeking standard rates of reimbursement. Without this combination the program would not be sustainable so maintaining and strengthening driver engagement is extremely important to the program</p> | <p>Finetuning of process could require retraining of volunteers if process changed. A number of amendments required of manual.</p> | <p>Working towards the production of a referring agency kit which comprises of information for clients as well as workers on referral process</p> |
| | <p>Gain an overall picture of policies, communication and strength of driver engagement, design and execute survey for drivers</p> | <p>Nov-19</p> | <p>Integral to the retention of volunteers is building in opportunities to build a relationship with volunteers helps in the long term retention of volunteers</p> | <p>Using a combination of feedback mechanisms the program can maintain and develop this driver group.</p> | <p>Low rate of unfilled trips only 1 in 122 in 2019. reimbursement rate is lower than passenger contribution i.e 2 out of 6 drivers elect not to be reimbursed</p> |
| | <p>Organise Workshop with current volunteer drivers to obtain feedback find out what is/isn't working, incorporate acknowledgment of their services to date, event to coincide with a trip milestone.</p> | <p>Ongoing</p> | <p>We can see that relationship building is directly correlated with volunteer retention by helping to make vols be part of a movement as well as building a team culture of which they are part of</p> | <p>Through a number of feedback mechanisms adopted from Volunteer Induction Kits, intro phone call through to the construction of vol workshops and opportunities to gather feedback all help in retention of volunteers</p> | |



COMMUNITY DRIVEN

Promotion and Marketing Plan

1. Key Marketing Strategy

| Vision: Equitable access to Community Transport contributing to a happy, healthy and connected community | | | | |
|---|--|--|--|---|
| | Passengers | Medical stakeholders | Transport collaborators | Funding partners |
| <p>Who:</p> <p>Community Driven is an equity model of community transport designed to meet the needs of the vulnerable and socially disadvantaged.</p> | <ul style="list-style-type: none"> • Have low disposable income. • Require door to door transport but cost of taxi is a barrier. • Require support to access public transport (i.e. cannot walk to rural bus stops) | <ul style="list-style-type: none"> • Ochre Health, Lancefield. • Romsey Medical Centre. • Kyneton District Health Service. • Lakeside Imaging. • Sunbury Day Hospital. • Cobaw Community Health. | <ul style="list-style-type: none"> • Macedon Ranges Shire Council. • Travellers Aid. • Benetas Macedon Ranges Health. • Swinburne University Community Wellbeing Research Group. | <ul style="list-style-type: none"> • Department of Transport. • Macedon Ranges Shire Council. • Zonta Kyneton. • Bendigo Bank. • Loddon Mallee Integrated Cancer Services. • Neighbourhood Houses Victoria. |
| <p>About:</p> <p>Initiated by Romsey and Lancefield Neighbourhood Houses after community collaboration identified an unmet need in transport services for the vulnerable</p> | <p>Our community transport service exists to ensure people in our community can access the health care they need when and where they need it.</p> | <p>Our transport model is flexible and equitable, there are no access requirements for residents of Lancefield and Romsey residents</p> | <p>Our model compliments existing Council, Health and transport services by providing transport to those ineligible for existing programs with these providers, or who need private transport to access public transport i.e. V-Line</p> | <p>Initial funding provided from the organizations listed above. Ongoing grant applications and discussions with stakeholders to seek continued support, with the aim being recurrent funding from State Government. Philanthropic organisations will also be approached.</p> |

| | | | | |
|---|---|---|---|--|
| <p>Data:</p> <ul style="list-style-type: none"> • 31 volunteer drivers • 62 passengers • 3 admin staff • 1 paid Coordinator | <p>Our transport service is available for residents of Romsey and Lancefield to take passengers to appointments within a 200 km radius.</p> | <p>The majority of our trips are between 20-60km to attend specialist appointments such as imaging or cancer treatment.</p> | <p>We transport people with young children, or to certain procedures and other factors that other services deem ineligible.</p> | <ul style="list-style-type: none"> • 78 Trips in 2018 • 122 trips in 2019 • 49 trips in 2020 until COVID19 |
| <p>What:</p> <p>Volunteers drive our passengers to medical appointments within a 200 km radius of the two towns</p> | <p>Program enables people to book a door to door, flexible transport service to get to their medical appointments.</p> | <p>We provide a booking service via email, or phone. Neighbourhood Houses staffed by volunteers.</p> | <p>Our Mapping document outlines how we can share resources and refer patients to appropriate services.</p> | <p>Our data collection allows our funding partners to see how the model is tracking and what support is needed to sustain it.</p> |
| <p>Why:</p> <p>We believe everyone in the community has a right to access timely medical care regardless of their financial situation or lack of access to transport</p> | <p>Assists people in managing their own health requirements by providing a low cost, door to door option.</p> | <p>Transport has been identified by health care providers as an underlying challenge to vulnerable people attending appointments.</p> | <p>Community consultation shows there is unmet need for vulnerable people who do not meet eligibility requirements for current services within the Shire. Our service addresses the needs of the vulnerable</p> | <p>Our data shows that we are meeting a need to support those who cannot fund their own transport needs. Neighbourhood Houses are well positioned to link and refer vulnerable people to other support services.</p> |
| <p>How:</p> <p>Our program matches passenger requests with volunteer drivers who gain satisfaction from giving back to the community</p> | <p>Our transport service is available to residents of Romsey and Lancefield to take passengers. Details are outlined in our information brochure.</p> | <p>Referrals and bookings can be made using the forms available. Transport confirmation is communicated to both patient and practice. Details are provided in our information kits.</p> | <p>Our resources provide information to passengers about service options including public transport.</p> | <p>Our ongoing research and documentation contributes towards building a transport information hub for both Neighbourhood Houses to inform and provide choices for residents.</p> |

2. Promotional Plan

| | TASKS | TIMELINE | OUTCOME/DETAILS |
|----|--|------------------------------------|--|
| 1 | Development of a Key Marketing Strategy | November 2019 | Developed by coordinator to guide and inform project communication. |
| 2 | Development of an identifiable logo for the service for branding purposes and name of service | Nov 19 - Jan 2020 | Conducted brainstorm sessions. Designed by Rtistik reviewed and approved by committee, community consult for final decision. |
| 3 | Development of Style Guide | Jan - Feb 2020 | Completed. |
| 4 | Development of information brochure | Feb 2020 Annual review | Developed by project coordinator. Design by Kerrie Sheawick. |
| 5 | Development of business cards | March 2020 | Developed by local provider Stickers by Nikki |
| 6 | Development of fridge magnet for passengers | March 2020 | Developed by local provider Stickers by Nikki |
| 7 | Development of magnet signage on community and driver's cars | March 2020 | Developed by local provider Stickers by Nikki |
| 8 | Development of driver name tags | March 2020 | Developed by local provider Stickers by Nikki |
| 9 | Development of driver and passenger promotional kit | March 2020 Annual review | Developed by local provider Stickers by Nikki |
| 10 | Development of a promotional kit for referral agencies/service users | April 2020 Annual review | Developed by local provider Stickers by Nikki and project coordinator, brochure in development, content developed. |
| 12 | Online promotion using Facebook | Monthly | Content a mix of promotion and recruitment provided by coordinator |
| 13 | Media releases | November 2019 and as required | North Central Review, Romsey Rag, Lancefield Mercury sent bi monthly promotional updates and twice yearly press releases. |
| 14 | Promotion of program at community forums | Monthly at Feed it Forward lunches | Acknowledging volunteer driver efforts, raising awareness for passengers |
| 15 | Updating of all forms and documents | Completed Annual review | See report appendix |
| 16 | Development of recruitment flyer for volunteer drivers | January 2020 Annual review | Completed |
| 17 | Presentations to community groups and organisations | Ongoing | Increasing awareness of program, also use meetings for driver recruitment. Presented to Red Cross in March, booked meetings with Rotary |
| 18 | Promotion to service users | Ongoing | Both Romsey and Lancefield calendars contain transport details. Flyers at NH notice boards, community service boards |
| 19 | Creating user friendly resources to improve access to alternative transport services | April/May 2020 | Service mapping completed. Brochure on service mapping outcomes for passengers- in development Researched and compiled a resource kit to enable volunteers to guide passengers on public transport options |
| | Mail out of promotional service kit of business card, fridge magnets, info brochure and service mapping brochure | May 2020 | At launch of recreation trial model |

ATTACHMENTS

1. Community Driven Logo



BLACK 100%
 BLUE *PANTONE 306 C, *CMYK C-90, K-10, *RGB G-178, B-221
 GREEN *PANTONE 2292 C, *CMYK C-43, Y-100, *RGB R-147, G-201 B-15,
 GREY *CMYK C-10, K-90 *RGB R-55, G-61, B-60
PRINT USE CMKY OR SPOT (PANTONE) - WEB USE RGB

2. Media Release



Vital service celebrated

By Evelyn Leckie

MORE than 25 volunteer drivers have assisted elderly community members get to 150-plus medical appointments since March last year – an initiative run through the Romsey and Lancefield neighbourhood houses.

Project co-ordinator Fiona Lang said the idea began when community consultations revealed a need to help vulnerable people travel to essential medical appointments – many who might struggle to use public transport or manage the costs of a taxi.

“Drivers have taken passengers as far as Bendigo or to Melbourne CBD,” Ms Lang said.

“Our sustainable model asks travellers to donate towards fuel costs and we’ve recently secured a grant from Bendigo Bank to further support our drivers.”

Jocelyn Coward, who uses the service frequently, said she would be lost without it.

“I’ve been using the service right from the beginning before it officially started,” she said.

“I’ve used it to get to Sunshine a few times. Originally a couple of girlfriends or my daughter could take me but it was a struggle to get over there.”

The Romsey resident said it was also a great way to socialise within the community.

“It’s been good to get to know different people in the community that I wouldn’t have met before – it’s great social interaction – I probably burn their ears some times,” she laughed.

Driver John Todd said he started volunteer driving two months ago.

“I wanted to give back to the community – it’s a great way to get involved,” he said.

Ms Lang said it was wonderful to have so much community support for the initiative.

“Our drivers have been amazing, in addition the Zonta Club of Kyneton donated a car from a private beneficiary and the car is generously maintained free of charge by Lancefield Automotive,” she said.

The co-ordinator added the neighbourhood houses were always looking for additional volunteer drivers or volunteers to assist with the administration of the service.

She said people who needed the service should contact her at either Romsey Neighbourhood House on 5429 6724 or Lancefield 5429 1214 for more information.

3. Brochure

HOW CAN I REGISTER

Community Driven is currently available for residents of Lancefield and Romsey.

Talk to your local health provider about completing a passenger registration form and an appointment booking form.

Forms also available from;

Lancefield Neighbourhood House
p. 5429 1214
a. 78 High Street, Lancefield.

Romsey Neighbourhood House
p. 5429 6724
a. 96-100 Main Street Romsey.

or Community Driven email

lrcommunitytransport@gmail.com

"I'd be stranded without this service."
(Passenger)

TO LEARN MORE

- **Romsey Neighbourhood House**
p. 5429 6724
Open 9.30am-4pm daily
Facebook - Romsey Neighbourhood House
- **Lancefield Neighbourhood House**
p. 5429 1214
Open 10am-4pm daily
Facebook - Lancefield Neighbourhood House
- **Email**
lrcommunication@gmail.com

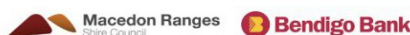
We would like to acknowledge the support of Bendigo Bank, Zonta Club of Kyneton and the Macedon Ranges Shire Council. If you are interested in supporting this program, please contact the coordinator at lrcommunitytransport@gmail.com



Not able to get where you need to go due to lack of transport?



A joint project between Lancefield and Romsey Neighbourhood Houses.



WHO WE ARE?

As a result of community consultation and research Lancefield and Romsey Neighbourhood Houses identified access to transport as a major challenge for residents managing their health care needs.

Community Driven has been developed in response to provide a flexible door to door transport option. Since 2018 our volunteer drivers have been helping people access their medical appointments in and around the Macedon Ranges and from Melbourne to Bendigo.

The project is looking to extend this service to include other community transport needs such as social and recreational.



HOW THE PROGRAM WORKS:

- People register with the program to become a passenger or driver.
- Passengers can make a booking in person, over the phone via email or through their health provider.
- Community Transport bookings can be made 10am-3pm Monday to Friday. We appreciate a weeks notice.
- Drivers are sent an SMS advising them of the job requirements and respond if they are able to accept.
- If we are unable to confirm transport, we endeavour to give as much notice as possible and provide some alternate transport options.
- Suggested contribution for each trip is listed below;
 - trips up to 20km - \$10
 - trips 20km to 100km - \$15
 - trips 101km to 200km - \$30
 - trips over 200km - \$35.

*Contribution amounts can be discussed with the Community Driven coordinator. This is an equity model. Prices listed are for medical transport for 2020.

HOW YOU CAN HELP?

Become a volunteer driver for our program and help people within your community. Our program gives you the flexibility to accept a job when it suits you.

A community car is available to book or if you prefer using your own vehicle we have a reimbursement procedure to cover your 'out of pocket' expenses.

Drivers must have a valid Australian license, undergo a police check (cost is covered by the program) and mutual obligation clients are welcome.

Apply now - contact details on back of brochure.

"I find it rewarding to help people in my community and like that I can choose jobs to fit into my day."
(Driver)

4 . Business Cards



5 .Fridge Magnets



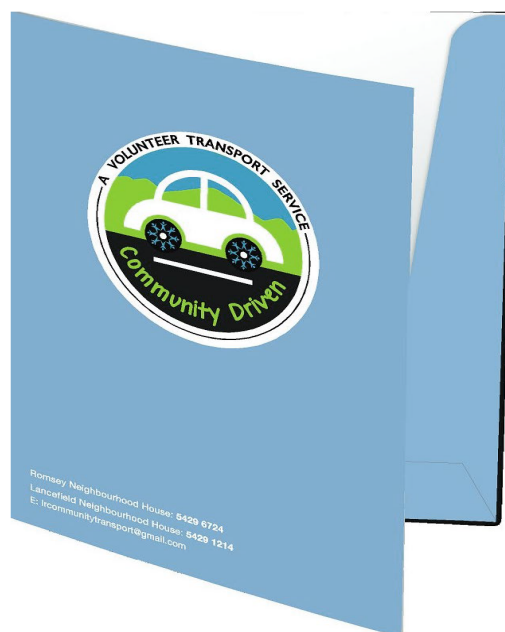
6. Drivers name badges



7. Car magnets



8. Presentation folder



9. Facebook post example

COMMUNITY DRIVEN

VOLUNTEER CALL OUT



We are looking for people who will help with the administration of Community Driven. This work may be done from home or the Neighbourhood House. Computer skills and a knowledge of Microsoft Excel essential. Several hours per week.

Lancefield Romsey Community Transport, connecting volunteer drivers with people who need a lift. Call The House if you would like to register as a volunteer driver –no time commitment required, just respond if you are able to help with a passenger request. Out of pocket expenses reimbursed.

W. LANCEFIELD.ORG.AU/LANCEFIELDHOUSE
E. ADMIN@LANCEFIELDHOUSE.ORG.AU
P. 5429 1214

ROMSEY 
Neighbourhood House

LNH 
Lancefield Neighbourhood House

10. Style Guide

COMMUNITY DRIVEN

STYLE GUIDE



- BLACK 100%
- BLUE *PANTONE 306 C, *CMYK C-90, K-10, *RGB G-178, B-221
- GREEN *PANTONE 2292 C, *CMYK C-43, Y-100, *RGB R-147, G-201 B-15,
- GREY *CMYK C-10, K-90 *RGB R-55, G-61, B-60

PRINT USE CMKY OR SPOT (PANTONE) - WEB USE RGB

Logo use

The community driven logo is to be used prominently on all artwork and communications. The Romsey Neighbourhood House and Lancefield Neighbourhood House logos should also be used on all artwork and communication but should be less prominent than the CD logo. Logo dimensions should not be distorted or altered.

General

The CD email address, Lancefield Neighbourhood House website and phone, and Romsey Neighbourhood House phone should be included on all artwork and communications.

This page is a template for all promotional material and communications regarding the program including but not limited to communication online, media releases, recruitment and promotion, stakeholder communication and marketing collateral.

w. lancefield.org.au/lancefieldhouse
 e. lrcommunitytransport@gmail.com
 p. 5429 1214 or, 5429 6724



11. Promotion Budget

Promotional Set Up Costs

| | |
|---|-----------------|
| Logo Design - Rtistick | 200 |
| Brochure Design - LNH | 400 |
| Branding material - LNH | 200 |
| Car Magnets - 7 @ \$55 | 385 |
| Name badges - 20 @\$5 | 100 |
| Fridge Magnets 20 @ \$5 | 100 |
| Printing costs | 300 |
| Mailout for Romsey and Lancefield | 800 |
| Stationery and signage | 450 |
| Administration - 12 hours @\$32 | 384 |
| Presentation folders for drivers, passengers and stakeholders | 400 |
| Set up | \$ 3,719 |

Promotional Ongoing Costs

| | |
|--|-----------------|
| Annual review of literature 8 hrs@\$32 | 256 |
| Annual printing costs | 400 |
| Annual mailout | 800 |
| Updating of colateral | 1000 |
| Administration - 12 hours @\$32 | 384 |
| Annual cost | \$ 2,840 |

Community Driven Lancefield and Romsey Transport Project Sustainable Modelling

Definition of a sustainable model

'Sustainable' community transport is often understood as meaning that the costs of providing the transport service are covered by passenger fees and the service is therefore "cost neutral". However, given the focus our community transport services has on providing transport for the most vulnerable and isolated members of our communities, this is clearly not possible.

In rural areas, developing and providing community transport services that are "cost neutral" are even more unlikely for the following reasons:

- services are usually focussed on the transport needs of low-income passengers which limits the amount of revenue generation possible through passenger fees.
- the longer distances that are often involved in the provision of transport in rural areas, low income passengers are unable to pay the fees to cover the full costs of long-distance transport.
- Lower numbers of passengers in rural areas results in lower revenue which makes a "cost neutral" business model impossible.

Given these very real constraints to delivering a "cost neutral" community transport services in Romsey and Lancefield the project has focussed on:

- identifying the real costs involved in the establishment and provision of a community transport service.
- providing an analysis of the relatively small amount of recurrent funding that would be required to ensure financial sustainability of the transport service.

The project has also focussed on the broader issues of sustainability such as:

- The ability to engage with the communities to identify local demand for community transport.
- The ability to design and provide reliable services that are flexible and passenger focussed.
- The ability to utilise volunteers to undertake as many components of the project as possible.

Development of the model

Through community consultation and research into other stakeholders and services in the region, it became clear that there were several areas where residents fell through the gaps of other service provision. The community transport model was developed around the identified needs of the two communities:

- Access to health services in Metropolitan Melbourne.
- Access to health and other services in the nearby larger towns (Sunbury, Kyneton, Kilmore).
- Access to health and other services between the two towns
- Flexible, affordable community transport.

Project delivery in 2019

Initially 'Community Driven', the Lancefield and Romsey Community Transport Project focused on medical appointment needs of residents.

Trips to medical appointments undertaken in 2019

122 trips in total

15% accessing health services between Romsey and Lancefield

30% accessing health services in Sunbury

40% accessing health in various regional locations

Sustainable modelling

Medical appointments only

| BASE OPERATIONAL COST | | | | | | | | | |
|-----------------------|-------------|------------------|------------------------|-------------------|----------------------|-----|---------------|-------------------|-------------|
| Year | Total trips | Fees (suggested) | Passenger Contribution | % of fees covered | driver reimbursement | % | Fuel expenses | Meals and parking | Profit/Loss |
| 2019 | 122 | \$2,150 | \$1,355 | 63% | \$1,032 | 48% | \$1,486 | \$14 | (\$2,403) |
| 2020* | 134* | \$2,365 | \$1,892 | 80% | \$1,184 | 50% | \$1,635 | \$16 | (\$2,165) |
| 2021* | 146* | \$2,580 | \$2,064 | 80% | \$1,342 | 52% | \$1,798 | \$18 | (\$2,264) |

*Estimated 10% increase (based on 2018 – 2019 increase)

Flexible, affordable community transport

Investigation of community transport for recreational, social and other purposes

Comparison to Uber/Taxi cost – Community Driven can offer at 20% of the cost

| Location | Roundtrip (Km) | Time (hours) | Uber Cost | CD Costs |
|-------------|----------------|--------------|-----------|----------|
| Clarkefield | 40 | 0.4 | \$70 | \$10 |
| Sunbury | 60 | 1 | \$90 | \$15 |
| Gisborne | 50 | 0.5 | \$80 | \$15 |
| Kyneton | 70 | 1 | \$92 | \$15 |
| Kilmore | 60 | 0.45 | \$80 | \$15 |
| Bendigo | 220 | 2.2 | \$500 | \$35 |
| Melbourne | 130 | 2 | \$260 | \$30 |

Appendix 5

The community Shareride model was designed to support the transport needs of:

- Young people – unlicensed and dependent on parents or others.
- Non-car owners – difficulty getting to services, employment or training.
- Older people – reduced functionality can affect their ability to drive.
- Low income earners – lack of money to own a car.
- People with disabilities – functionality can affect their ability to drive.

A weekly timetable offering transport to assigned destinations has been developed.

| Route | Day | Pick up Time Lancefield | Pickup Time Romsey |
|------------------------------|-----------|-------------------------|--------------------|
| Romsey/Lancefield | Monday | On demand | On-demand |
| Romsey/Romsey | Monday | On demand | On demand |
| Lancefield/Lancefield | Monday | On demand | On demand |
| Romsey/Lancefield to Kilmore | Tuesday | 10:30am | 10:45am |
| Romsey/Lancefield to Kyneton | Wednesday | 10:30am | 10:45am |
| Romsey/Lancefield to Sunbury | Thursday | 9:00am | 9:15am |

This is supplemented to be with public transport and Travellers Aid support for people needing to go to Melbourne.

Financial Modelling

Three models investigated:

1. Using volunteers to drive community car – will possibly be reliant on access to mutual obligation volunteers.
2. Volunteer drivers using their own cars and being reimbursed a flat fee for each trip.
3. Volunteer drivers using their own cars and being reimbursed at a 68 cents per kilometre rate.

Realistically service is likely to be a combination of model option 1 with either 2 or 3.

| BASE OPERATIONAL COST | | | | | |
|-------------------------------------|------------|------------------------|----------------------|---------|-------------|
| Shareride model Option | Average Km | Passenger Contribution | Driver Reimbursement | Fuel | Profit/Loss |
| 1. Driver reimbursement - Voucher | 234 | \$11,960 | \$0 | \$2,031 | \$9,929 |
| 2. Driver reimbursement - flat fee | 234 | \$11,960 | \$5,290 | \$0 | \$6,670 |
| 3. Driver reimbursement - \$0.68/km | 234 | \$11,960 | \$7,320 | \$0 | \$4,640 |

Community car fuel costs based on \$.1887 c per kilometre

Based on 4 local runs and 1 run to Kilmore, Sunbury and Kyneton a week, as per timetable

Passenger contribution is \$10 for a local run and \$30 for all others.

Driver reimbursement flat fee is \$10 for local and \$25 for all others.

Total Project Costs

Modelling needs to take into consideration all establishment and operational costs.

Establishment costs.

Car: Insurance, Roadside Assist, First Aid kit, Mobile Phone holder, car maintenance, registration

(Community Driven scenario is around a donated car, purchase or lease of a car will alter this figure substantially)

Marketing: Design, Printing, Distribution, Collateral (Initial set up costs higher than annual updates of material)

Equipment :Phone

Operational costs

Volunteer expenses: Training (approximately \$500 per volunteer), First Aid, Manual handling, Induction, Vehicle checks, Police checks, Working with Children's checks, Reimbursement of fuel, meals, parking

Administration: Phone, Photocopying, Office supplies, Based on 5% of total costs

Software Subscriptions: SMS Broadcast, Corsizio, When I Work

Staffing: Wages based on a 10-hour week at NHACE SCHCADS Schedule award level 4.1

The Following tables show the projected figures for Community Driven as a sustainable community transport model for both door to door, flexible transport for medical appointments and timetabled car transport to locations throughout the week. Annual establishment and operational costs are included. Modelling using a community car only is included in Table 1. Modelling using driver reimbursement at \$.68 per kilometre is included in Table 2.



Community Driven

Lancefield and Romsey Neighbourhood Houses Community Transport Project

Financial Modelling

Community Car only

Set Up Costs

| | | |
|-------------------------|--------------|--------------|
| CT Project Coordinator | \$ 24,234.71 | |
| Comprehensive Insurance | \$ 290.00 | Rural |
| Registration | \$ 716.00 | Rural |
| Roadside assist | \$ 179.00 | Rural |
| Police Checks | \$ 660.00 | |
| Volunteer Costs | \$ 390.00 | |
| Steering Committee | \$ 320.00 | |
| | SUB-TOTAL | \$ 26,789.71 |

Operating Costs

| | | |
|--------------------------|-------------|--------------|
| Running Costs* | \$ 4,570.13 | |
| Operating Administration | \$ 1,746.14 | |
| Advertising | \$ 2,840.00 | |
| | SUB-TOTAL | \$ 9,281.87 |
| | TOTAL | \$ 36,071.58 |

Income/Funds on hand

| | |
|----------------|--------------|
| Customer Fees | \$ 11,960.00 |
| Grant Provider | \$ - |
| Other Income | \$ - |
| | \$ 11,960.00 |

NET POSITION AFTER ESTABLISHMENT **-\$ 24,111.58**



TABLE 2

Community Driven Community Driven

Lancefield and Romsey Neighbourhood Houses Community Transport Project

Financial Modelling

Drivers reimbursed at \$.68 per kilometre

Set Up Costs

| | | |
|-------------------------|--------------|-------|
| CT Project Coordinator | \$ 24,234.71 | |
| Comprehensive Insurance | \$ 290.00 | Rural |
| Registration | \$ 716.00 | Rural |
| Roadside assist | \$ 179.00 | Rural |
| Police Checks | \$ 660.00 | |
| Volunteer Costs | \$ 390.00 | |
| Steering Committee | \$ 320.00 | |
| Sub-total | \$ 26,789.71 | |

Operating Costs

| | |
|--------------------------|---------------------|
| Running Costs* | \$ 9,775.00 |
| Operating Administration | \$ 2,131.99 |
| Promotion/Marketing | \$ 2,840.00 |
| Sub-total | <u>\$ 14,746.99</u> |
| TOTAL | <u>\$ 41,536.69</u> |

| | |
|----------------------------|--------------|
| Income/Funds on hand | |
| Customer Fees | \$ 11,960.00 |
| Grant Provider Federal Gov | \$ - |
| Grant Provider State Gov | \$ - |
| Other Income | \$ - |
| Funds on hand | \$ - |
| | \$ 11,960.00 |

NET POSITION AFTER ESTABLISHMENT **-\$ 29,576.69**

Our Community Taxi Rideshare Model Overview

| | |
|--------------------------|---|
| <p>1. Community Need</p> | <p>What needs does the trial seek to address?</p> <p>Lancefield and Romsey townships are located on the eastern corridor of the Macedon Ranges Shire in Central Victoria. The townships are eight kilometres apart and comprise approximately 7000 people, Romsey with a population of 4700 and Lancefield’s population of 2300. Romsey has been identified as a major growth corridor for future planning and development and currently has several large housing developments underway. There are currently no plans to extend or enhance public transport services in the area.</p> <p>The town of Romsey is serviced by a small IGA, a chemist, a butcher, a bakery, three doctor surgeries, a veterinary clinic, a P6 public school, a council service centre and library, a neighbourhood house and various additional shops, cafes and restaurants. Similarly, Lancefield has a small IGA, a chemist, a butcher, a bakery, a doctor surgery, a P6 public school and catholic primary school, a pub, a neighbourhood house and various additional shops and cafés.</p> <p>However, in order to access major facilities and services such as medical, sporting, education or training purposes residents must travel to one of its nearest major town centres which are a minimum 30-minute drive. Current public transport options are limited to connecting to the V Line service in Clarkefield, a Metro train service in Sunbury or a limited bus service that runs daily to Melbourne and offers relatively poor connections to public transport and all require private or expensive transport options to commence the trip.</p> <p>In 2018 Romsey and Lancefield Neighbourhood Houses (RLNH) identified a critical need to have a cost effective flexible, transport service to assist vulnerable residents attend medical services within and outside the towns. RLNH designed and currently run the Community Transport Service known as “Community Driven “. This initiative matches volunteer drivers who can choose to use their own car or the donated community car to transport residents to medical appointments in the region and beyond, to date they have provided over 250 trips for residents. The model is an equity based one which asks for passengers to make a contribution towards travel which may be waived in circumstances of financial hardship. There are no access restrictions or requirements to be registered with either My Aged Care or Home and Community Care (HACC) to use this service This model has and continues to support the most vulnerable members of the community who have made clear to the program they would not be able to manage their ongoing health care needs without this service.</p> <p>As a result of developing this program, collecting feedback from the passengers and recent wider community consultation RLNH have found strong support to investigate extending the program beyond medical transport to address a growing sense of social isolation by those unable to access affordable transport. In addition, extensive consultation with other community groups and stakeholders at round table meetings over the last two years have consistently identified the lack of affordable and flexible transport as a major problem to overcoming the challenge of social isolation that exist within the Macedon Ranges area, with particular reference to mental health. Stakeholders at these meetings include Macedon Ranges Shire Council, Cobaw Community Health, Swinburne University, local medical centres, the local authorities ie: police, local community groups ie: Lions and of course the Neighbourhood Houses.</p> <p>Through investigating the viability of a community taxi model, we seek to address the issue of the lack of affordable and flexible transport options currently available to the towns. By trialling this service, we hope to demonstrate that a small, flexible and low-cost response can be implemented as a linking tool into current public transport options as well as expanding access to larger towns such as Kyneton, Sunbury and Kilmore for our residents. We seek to demonstrate that this will support and assist residents, particularly those most vulnerable to engage and maintain a community connection by being able to access flexible and affordable transport option.</p> |
|--------------------------|---|

| | |
|---|---|
| | <p>The second aim of the trial is to investigate whether the commercial taxi service can create a small income stream to support and maintain the current Community Driven medical transport model in terms of ongoing fuel and on roads costs for the community car.</p> <p>The trial also aligns closely with the beliefs and values held by both the houses that in working together we can achieve great outcomes and also to contribute to a happy healthy and connected community.</p> |
| <p>2. Current transport options available</p> | <p>What type of transport is currently available to the townships?</p> <p>Neither town has a dedicated rail service, the nearest V Line station is Clarkefield Station to connect to the Bendigo Line into Melbourne, the nearest Metro link is in Sunbury. Limited bus services connect to train services and there is a daily service into town. Bus services within the Macedon Ranges are patchy and not well equipped for passengers with special needs. Current taxi or uber services within the towns are at least five times the cost of the Community Driven model making this an unaffordable option for the majority of the program participants as the table below demonstrates.</p> <p><i>Insert table as image</i></p> |
| <p>3. Suggested transport option</p> | <p>How is it provided?</p> <p>What type of transport is being provided?</p> <p>How often is it provided and where will offer transport to?</p> <p>The community taxi service would be coordinated and administrated through the Romsey and Lancefield Neighbourhood Houses which currently have in place the administrative policies, procedures and volunteer staff to support the logistics of the trial.</p> <p>The community taxi service will be trialled using our community car donated car and / or drivers using their own vehicles and having fuel reimbursed.</p> <p>The trial will operate 4 days a week from March 23 until April 24th. Each day will be a specified route</p> <ul style="list-style-type: none"> • Monday Romsey to Lancefield services will operate between 10am-3pm • Romsey/Lancefield to Kilmore departing at 10.30 returning at 2pm • Romsey/Lancefield to Kyneton departing 10.30 returning at 3pm via Woodend for an hour • Romsey/Lancefield to Sunbury via Clarkefield train station connecting with the 10.03am V Line train returning at 2pm <p>If the trial is successful then we would look to partner with an organisation such as Cobaw Community Health to look at the possibility of sharing vehicle resources to expand the service.</p> |
| <p>4. Characteristics of client group requiring flexible, door to door transport</p> | <p>Who would use the service?</p> <ul style="list-style-type: none"> • Young people – unlicensed and dependent on parents or others. • Non-car owners – difficulty getting to services, employment or training. • Older people – reducing functionality can affect their ability to drive. • Low income earners – lack of money to own a car. • People with disabilities – functionality can affect their ability to drive. • Migrants/new residents – lack information or language skills to access services. <p>Case studies:</p> |

| | |
|---------------------------------------|---|
| <p>5. Staff and volunteers</p> | <p>What role do paid staff play in the provision of the service?</p> <ul style="list-style-type: none"> • Management and administration • Project/service development • Volunteer coordination • Service delivery <p>What role do volunteers play in the provision of the service?</p> <ul style="list-style-type: none"> • Management and administration • Project/service development • Volunteer coordination • Service delivery <p>The community taxi service coordinator will be required to:</p> <ul style="list-style-type: none"> • Define the policy framework under which the community taxi service operates. • Establish comprehensive procedures governing the community taxi service day-to-day activities. • Establish and maintain the infrastructure for the community taxi service operation such as the vehicles fuel, maintenance and insurance and the services associated office equipment and supplies. • Be responsible for other employees/volunteers of the service including support and training. • Ensure the working environment is clean, orderly, safe and meets occupational health and safety standards. • Assist in promoting and publicising the community taxi service. • Establish and maintain arrangements for the financial aspects of running the service including regular reporting of the service’s financial situation and viability. <p>With regard to the project development, a community steering group has been setup comprising of community leaders who will meet regularly on a monthly basis and oversee and mentor the project design and implementation cycle.</p> <p>With regard to day to day management and administration volunteers will be involved in two aspects of the service.</p> <p>Firstly, taking bookings and other general administrative tasks as required at the Neighbourhood Houses.</p> <p>Taking payments and receipting payments</p> <ul style="list-style-type: none"> • The second is the drivers themselves who will be involved in driving the community taxi on a job-by-job basis or on a regular inter town service. <p>Similar to the existing CDCTS currently in existence, a cohort of volunteers will be registered who can be called upon for both tasks.</p> <p>These volunteers will be drawn from the community such as those who are required to do 15 hours mutual obligation volunteer service as part of their Centrelink payment requirements, community members or retirees wishing for more community engagement or people without a car wanting to drive more.</p> |
| <p>6. Training</p> | <p>What training is required to ensure that the service is efficient and safe?</p> |

| | |
|------------------------------|---|
| | <ul style="list-style-type: none"> • All volunteers involved in this trial service will have to fill out driver registration form, have an interview and then have a valid police or working with children's check. • Once successful all volunteers will undergo an induction training including Code of Conduct and Occupational Health and Safety procedures specific to the community taxi service. • Further formalised training such and First Aid and Manual Handling will also be offered to volunteers to enhance their skills in providing a safe service. |
| 7. Cost of service provision | <p>What costs are associated with the service?</p> <ul style="list-style-type: none"> • Establishment costs • Operational costs <p><u>Establishment costs</u></p> <ul style="list-style-type: none"> • Use of existing donated community car • Purchase of an 8-10 seater car or van.(in the event of successful implementation and demand). • Capital expenses such as a computer, data collection/booking programs, mobile phones, mobility aids, first aid kit etc. • .6part time. <p><u>Operational costs</u></p> <ul style="list-style-type: none"> • Administration fees such telephone, photocopying, office supplies, IT systems • Insurance, maintenance and registration of the vehicle. • Staff wages for a part time Transport Coordinator. • Training expenses for volunteers ie First Aid, Manual handling – approximately \$500 per volunteer. • Volunteer expenses such as meals, travelling in their own car for training – 66c per km for their vehicle as per ATO recommendations and a \$10-\$20 meal allowance. • Volunteer police and working with children checks – approximately \$20 per volunteer. |
| 6. Funding sources | <p>What funding sources could support the service?</p> <ul style="list-style-type: none"> • Passenger fees • Subsidies and reimbursements • Grants <p>Revenue generated by using the vehicle for other purposes</p> <ul style="list-style-type: none"> • Passenger fees will be charged for the service with a degree of reasonableness exercised, eg capped fares, so that people who are transport-disadvantaged or who are financially disadvantaged are not overburdened with the cost. • Subsidies and reimbursements may be available for people with disabilities eg NDIS or funded under My Aged Care. • Grants particular to community transport services will be applied for if and when they are available to help ease the burden of the cost to the administrators and clients of the service alike. • Revenue will be generated by having the vehicle available for hire for other purposes such as community outings, sporting club events, late night hotel runs etc. |
| 7. Resources and tools | <p>What policies, procedures, and information/promotion packages or data collection tools are needed to support this community transport service?</p> <p>The CDCTS, run through L & R House, has already in existence an extensive range of administrative policies and procedures which will be used to administer the community taxi service with some minor adjustments specific to the characteristics of the taxi service</p> <p>Likewise, with promotion and reporting tools, there is already in place with the CDCTSS these tools which will be modified to suit the community taxi service promotion and reporting requirements.</p> |

| | |
|---|---|
| <p>8. Effectiveness and sustainability</p> | <p>What are the risks to the sustainability of this community transport program?</p> |
| | <p>What recurrent funding could ensure sustainability?</p> |
| | <ul style="list-style-type: none"> • Increased administrative burden, a cost in time and money. • The cost of maintaining, registering, and insuring the vehicle. • Lack of suitable volunteers or an aging volunteer base. • Future risk of new driver authorisation requirements acting as a barrier to potential volunteers in the future. • Consequences of being unable to meet accreditation standards may restrict or close the service in the future. • Future risk of the cost of replacing the vehicle. • We can't get M o u clients |
| | <p>It is currently envisaged that \$25,000 - \$30,000 a year would be required to maintain the medical and taxi transport model described above.</p> |