

**Organisational
Profile
2010**

SUMMARY OF ORGANISATIONAL PROFILE

HISTORYPage 4

Is now one of, if not, the largest Community Transport operators in NSW.

FINANCIAL SAVINGS FOR GOVERNMENTPage 5

Currently SWCT receives \$1.5 million to provide direct transport services on behalf of the Home and Community Care Program.

Annual savings to government by the provision of these Non Emergency Health Related and Life Sustaining trips is estimated at \$34.4 million

A return on the government’s investment of 2280%

LIST OF SERVICES OFFERED Page 6

SWCT provides

- Life sustaining trips for individuals
- Group transport
- Non Emergency Health Related Transport
- Enhances service provision across mainstream, transport providers

BEST PRACTICE AND INNOVATIVE PROJECTSPage 7

SWCT is a leader in the field of Community Transport within NSW. Numerous Innovative Projects and Publications have been successfully completed. Not to sit on their laurels SWCT continues to identify Future Best Practice/Innovative Projects which it is currently undertaking

CLIENT PROJECTIONSPage 8

- From 2009/2010 SWCT clients have increased in number by 18.55% from 6,200 to 7,413.
- Therefore, if client numbers continued to increase by 20% every year, by 2021 SWCT could expect to have around 55,000 clients.

CLIENT PROFILE..... Page 21

This report provides:

- A summary of the characteristics of the SWCT clients that used services in the financial year 2009/10, with some comparisons to previous years;
- An overview of the travel characteristics of those clients;
- An analysis of current CALD clients;
- A summary of service data in 2009/10 compared to previous years; and

IMPACT OF CT ON HACC CLIENTS DISCUSSION PAPER..... Page 47

From the data collected from this survey, it is evident that a significant portion of clients rely on SWCT for transport to medical appointments. Without this transport service many of the clients would struggle to find transport to and from these appointments, which they believe would have a negative impact on their health.

Additionally, the other services provided such as the shopping or social trips, are used regularly by many of the clients. A large number, to whom I spoke, found these activities, as an important opportunity for social interaction. Many of the clients felt that if the SWCT were not available to them, they would not only lose their independence to a large extent, they would also lose a significant portion of their social lives. When talking to many of the clients, I found that maintaining a regular social life seemed key to maintaining a high morale and motivation for life. Thus deprivation of this essential social interaction would most likely lead to loss of motivation and an increased risk of depression, and consequently lead to deterioration of their health.

UNMET NEED DISCUSSION PAPER..... Page 56

Unmet need within SWCT continues to increase as the number of clients and of the general population continues to increase. Specifically medical-related transport needs to be addressed as it continues to be the largest component of community transport. Although additional services including taxis and public transport are available, lack of services still significantly impacts on the health of those with unmet need, physically and psychologically.

SOCIAL INCLUSION PAPER..... Page 67

Current Proposal - SWCT seeks funding to undertake the Social Inclusion Project which would meet the social access needs of the HACC Target Group by providing not only transport but an opportunity to access Social Activities / events in their local communities.

STRATEGIC PLAN..... Page 71

Objective 1: Improve and expand customer access and options

Objective 2: Support our staff in providing safe, customer focused, quality service.

Objective 3: Achieve sector leadership / recognition to enable positive outcomes for clients

South West Community Transport's History

Macarthur Community Transport Service commenced operation in the Macarthur Region in 1988. Between 1988 and 1997 Macarthur Community Transport provided services to the residents of Camden, Campbelltown and Wollondilly.

In 1997 the organisation commenced providing services to the residents of Fairfield and Liverpool. In 2000 the organisation changed its name to South West Community Transport (SWCT) to better reflect the area covered by the service

South West Community Transport

- Is now one of, if not, the largest Community Transport operators in NSW.
- Prides itself on its ability to provide safe and secure transport services whilst maintaining a proactive approach to future service delivery as identified in the list of Best Practice and Innovative Projects.
- Is a not for profit, charitable benevolent institution.
- Receives funding predominantly from the Home and Community Care Program to provide transport services to the frail aged, younger people with disabilities and their carers from within the local government areas of Camden, Campbelltown, Fairfield, Liverpool and Wollondilly.

July to March	2009	2010	Growth	Growth %
Client Numbers	6123	7259	1136	18.55%
Passenger Numbers	42722	45927	3205	7.50%
Unmet Need with solution	440	626	186	42.27%
Unmet need without solution	241	667	426	176.76%
Driver Hours invoiced at full cost	594.5	689	94.5	15.90%
Driver Hours (non invoiced)	24567.2	25168.5	601.3	2.45%
Volunteer driver hours	1298.65	1845.35	546.7	42.10%
Kilometres	459210	582390	123180	26.82%
Cancellations day before & on day	2961	4016	1055	35.63%
Average phone calls booking unit per day based on 13 day period			103	
Average phone calls radio based on 13 day period			32	
Unmet need without solution 2010	1st to 20th May	92		
Average for unmet need without solution in 2008/2009 was		55.58		

South West Community Transport

Estimated return on governments investment - 30th November, 2010

		Shopping	GP/Spec	Hosp/Med	Access	Social	Day Care
Funding received for HACC mainstream transport	\$1,507,201.80						
Total passenger numbers 2009/2010	61111	12508	16244	6365	441	13765	11788
% of purpose		20.47%	26.58%	10.42%	0.72%	22.52%	19.29%
cost divided by % of purpose		\$308,489.14	\$400,631.41	\$156,982.20	\$10,876.54	\$339,490.97	\$290,731.53
Individual cost		\$24.66	\$24.66	\$24.66	\$24.66	\$24.66	\$24.66
<hr/>							
Benefit assumption							
5% of trips avoid hospital visits							
Average hospital stay 2 days							
Cost of 1 day hospital stay = \$1200			\$1,909,222.30	\$748,103.91			
Benefit assumption							
10% of Life Sustaining trips delay the need for weekly in home services							
Cost of 1 weeks in home services = \$420 per week		\$494,491.27			\$17,434.49	\$544,185.51	\$466,026.79
Benefit assumption							
1% of total trips avoid admission to Nursing Home/Hostel = \$160 per day x 365 days		\$6,178,839.43	\$8,024,389.80	\$3,144,252.72	\$217,850.03	\$6,799,786.12	\$5,823,165.91
Total government saving minus funding received	\$34,367,748.28						
Return on investment for government	2280%						

Extract from Discussion Paper – Identifying the impact South West Community Transport has on the lives of the client – September, 2009.

Copy attached refer page 51

If community transport programs were unable to meet the demands of the increasing number of clients there would be numerous consequences. For many clients, limited or lack of access to community transport will mean loss of their social network and connection to the world, loss of independence, and deterioration of their physical and mental health. This in turn would lead to earlier admission into an aged care facility. Thus not only does the individual suffer but so does the community as growing strain is placed on community care and aged care services.

List of Transport Services offered to clients

Life Sustaining Trips for Individuals

- Visiting family and friends
- Visiting hostels and nursing homes
- Visiting loved ones in cemeteries
- Self Support activities
- ???? e.g. solicitors, hairdressers, Laundromat, Medicare, chemist etc

Group Transport

- Fortnightly shopping service to local shopping centres/malls
- Monthly social outings
- Day care Centres
- Self Support Groups e.g. stroke group

Non Emergency Health Related Transport

- General Practitioners
- Specialists
- Medical Centres
- Hospitals
- Allied Health Centres

Enhancing service provision across Mainstream transport providers

- Travel Training Project – assisting community members to access mainstream transport options
- Taxi Voucher Project – enabling clients to access taxis of an evening and weekend independently
- Self Drive Hire – enabling wheelchair reliant clients to hire the wheelchair accessible vehicle of an evening and or weekends and to be driven by relative or friend
- Partnership with Picton Buslines to provide door to door monthly shopping bus to Campbelltown supported by SWCT shuttle bus service

Innovative Projects – completed by SWCT

Travel Training Project
Taxi Voucher Project
Partnership with Picton Buslines for brokerage project
7.30 am to 7.30pm service provision
Self Drive Access project for wheelchair clients
Culturally and Linguistically Diverse Working Parties
Young People with Disabilities Transport Needs project
Development of contracts between Community Transport and Taxi industry
Motorized wheelchair licensing project
Client profile and future projections
Relocation to new premises to support future growth
Promotion of services within the Vietnamese Community Project
Walomi Aboriginal Community Transport Project
Isolated Group Transport Report
Driver Grading Process

Innovative Publications – developed and distributed by SWCT

**** *Projects taken state wide and in some instance interstate and overseas***
** Talking Pictures booklet
** Manual Handling Training package
** Development of unmet need and cancellations recording practices
** Training package and Traineeships
** Best Practice Guidelines for Vehicle Purchasing

Future Best Practice Projects identified in SWCT Strategic Plan

Young People with Disabilities Project
Social Inclusion Project
Member of Board of the emerging Community Transport Australia Group
Community Transport Industry Rodeo to identify Driver of the Year for NSW
Development of Enterprise Agreements on behalf of industry

South West Community Transport Inc.

Projected Client Numbers 2010 - 2021

Prepared by

Julie Gee

Transport Planning & Research Consultant

7th May 2010

INTRODUCTION

This report estimates the number of clients that may require SWCT services based on the latest population projections from the NSW Department of Planning, based on the latest findings of the 2006 Census and the latest data and expertise on fertility, mortality and migration.

PROJECTED CLIENT NUMBERS

Scenario A

- From 2009-2010 SWCT clients have increased in number by 20% from 6,200 to 7,413.
- Therefore, if client numbers continued to increase by 20% every year, by 2021 SWCT could expect to have around 55,000 clients.

Estimated Clients by in SWCT Region*

	Current 2010	Estimated 2011	Estimated 2016	Estimated 2021
Total	7,400	8,900	22,150	55,100

* Calculated by applying 20% per annum growth rate from 2009-2010.

Scenario B

- Using projected population growth rates from the NSW Department of Planning, from a base of 7,413 clients in 2010, there could be around 13,000 clients by 2021.

Estimated Number of Clients by LGA*

Client LGA	Current 2010	Estimated 2011	Estimated 2016	Estimated 2021
Camden	700	800	1,300	1,950
Campbelltown	2,000	2,100	2,900	3,750
Fairfield	2,150	2,200	2,550	2,950
Liverpool	2,050	2,150	2,650	3,300
Wollondilly	500	500	650	750
Total	7,400	7,750	10,050	12,700

* Calculated by applying NSW Department of Planning population projections for people aged 65 years & over to current client numbers by home LGA (estimates have been rounded to nearest 50).

- For the region as a whole, these population projections estimate an increase in clients of 4% from 2010-2011, compared to the actual growth rate from 2009-2010 of 20%.
- For the region as a whole the growth rate for the 5 year period 2011-2016 is expected to be 30%, and 27% for the 5 year period 2016-2021.

Estimated Growth Rates by LGA*

LGA	2010-2011	2011-2016	2016-2021
Camden	9.2%	68.8%	50.2%
Campbelltown	5.2%	37.3%	29.3%
Fairfield	2.3%	15.8%	15.2%
Liverpool	4.3%	22.8%	25.1%
Wollondilly	4.6%	26.7%	22.7%
Total	4.4%	29.5%	26.9%

** Calculated by applying NSW Department of Planning population projections for people aged 65 years & over to current client numbers by home LGA.*

- Growth rates vary by LGA – Camden is projected to experience huge growth, while Fairfield is expected to experience more modest growth, and the remaining LGAs can expect growth rates somewhere in between.
- By 2021 there could be almost 3 times as many clients living in Camden as do now.
- While most clients currently live in Fairfield, by 2021 most clients could be expected to live in Campbelltown, followed by Liverpool.

PROJECTIONS BY SLA

Camden – Statistical Local Area

- Equivalent to Camden Local Government Area

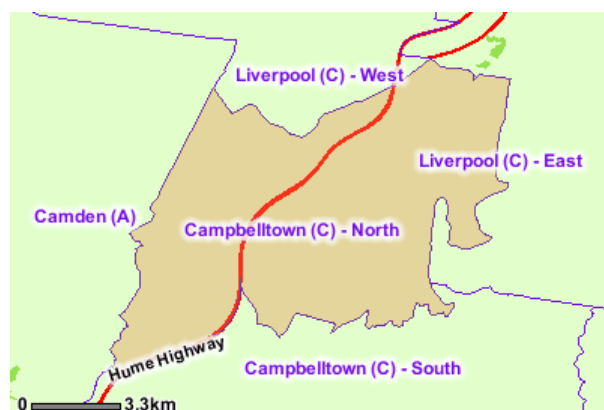


Camden			
Year	Population 65 years & over	Total Population	Pop 65 years & over as % of Total Pop
2001	3,490	45,500	7.7%
2006	4,200	50,900	8.3%
2011	6,130	67,200	9.1%
2016	10,350	96,300	10.7%
2021	15,550	124,800	12.5%
2026	24,710	172,300	14.3%
2031	36,440	219,700	16.6%
2036	47,640	249,800	19.1%

- Between 2006 and 2011 Camden's total population expected to increase by 32%, and population over 65 years by 46%
- From 2011 to 2016 Camden's total population expected to increase by 43%, and population over 65 years by 69%

Campbelltown (North) – Statistical Local Area

- Together with Campbelltown (South) makes up Campbelltown Local Government Area



Campbelltown - North			
Year	Population 65 years & over	Total Population	Pop 65 years & over as % of Total Pop
2001	4,860	80,000	6.1%
2006	5,480	77,200	7.1%
2011	6,630	79,100	8.4%
2016	8,710	83,400	10.4%
2021	11,270	90,800	12.4%
2026	14,090	99,300	14.2%
2031	16,480	106,900	15.4%
2036	18,300	113,600	16.1%

- Between 2006 and 2011 Campbelltown North's total population expected to increase by 2%, and population over 65 years by 21%
- From 2011 to 2016 Campbelltown North's total population expected to increase by 5%, and population over 65 years by 31%

Campbelltown (South) – Statistical Local Area

- Together with Campbelltown (North) makes up Campbelltown Local Government Area



Campbelltown - South			
Year	Population 65 years & over	Total Population	Pop 65 years & over as % of Total Pop
2001	4,470	70,200	6.4%
2006	5,210	70,300	7.4%
2011	6,860	75,300	9.1%
2016	9,810	84,100	11.7%
2021	12,680	93,700	13.5%
2026	15,290	102,300	14.9%
2031	17,740	111,200	16.0%
2036	19,980	120,200	16.6%

- Between 2006 and 2011 Campbelltown South's total population expected to increase by 7%, and population over 65 years by 32%
- From 2011 to 2016 Campbelltown South's total population expected to increase by 12%, and population over 65 years by 43%

Fairfield (East) – Statistical Local Area

- Together with Fairfield (West) makes up Fairfield Local Government Area

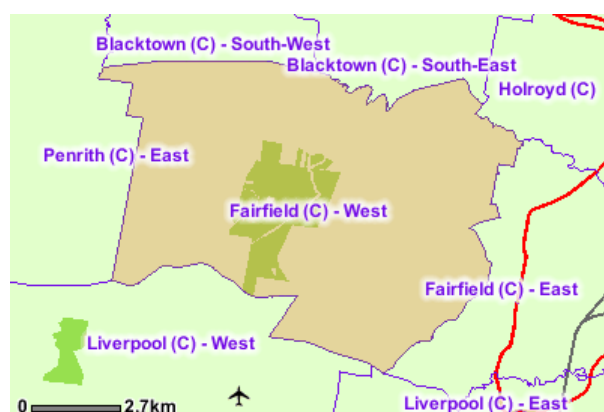


Fairfield - East			
Year	Population 65 years & over	Total Population	Pop 65 years & over as % of Total Pop
2001	13,930	114,300	12.2%
2006	14,320	114,600	12.5%
2011	15,240	117,800	12.9%
2016	16,270	117,900	13.8%
2021	17,660	120,600	14.6%
2026	19,230	122,400	15.7%
2031	21,060	127,000	16.6%
2036	22,790	132,000	17.3%

- Between 2006 and 2011 Fairfield East's total population expected to increase by 3%, and population over 65 years by 6%
- From 2011 to 2016 Fairfield East's total population expected to increase by 0.1%, and population over 65 years by 7%

Fairfield (West) – Statistical Local Area

- Together with Fairfield (East) makes up Fairfield Local Government Area



Fairfield - West			
Year	Population 65 years & over	Total Population	Pop 65 years & over as % of Total Pop
2001	4,590	74,700	6.1%
2006	6,090	72,600	8.4%
2011	7,540	73,800	10.2%
2016	10,110	78,300	12.9%
2021	12,730	81,900	15.5%
2026	14,980	84,900	17.6%
2031	16,860	89,800	18.8%
2036	18,300	95,000	19.3%

- Between 2006 and 2011 Fairfield West's total population expected to increase by 2%, and population over 65 years by 24%
- From 2011 to 2016 Fairfield West's total population expected to increase by 6%, and population over 65 years by 34%

Liverpool (East) – Statistical Local Area

- Together with Liverpool (West) makes up Liverpool Local Government Area

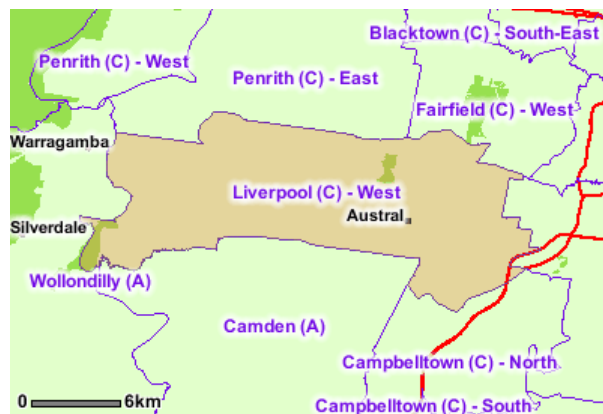


Liverpool - East			
Year	Population 65 years & over	Total Population	Pop 65 years & over as % of Total Pop
2001	8,800	98,400	8.9%
2006	9,860	100,300	9.8%
2011	11,610	108,800	10.7%
2016	13,190	110,800	11.9%
2021	14,640	114,100	12.8%
2026	16,460	118,900	13.8%
2031	18,230	123,600	14.7%
2036	19,700	128,500	15.3%

- Between 2006 and 2011 Liverpool East's total population expected to increase by 8%, and population over 65 years by 18%
- From 2011 to 2016 Liverpool East's total population expected to increase by 2%, and population over 65 years by 14%

Liverpool (West) – Statistical Local Area

- Together with Liverpool (East) makes up Liverpool Local Government Area

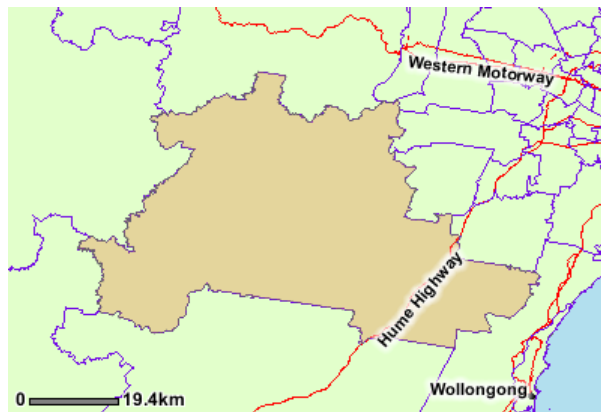


Liverpool - West			
Year	Population 65 years & over	Total Population	Pop 65 years & over as % of Total Pop
2001	2,880	60,600	4.8%
2006	3,910	70,700	5.5%
2011	5,120	77,600	6.6%
2016	7,350	91,100	8.1%
2021	11,060	116,800	9.5%
2026	15,720	140,400	11.2%
2031	21,020	161,000	13.1%
2036	28,650	196,000	14.6%

- Between 2006 and 2011 Liverpool West's total population expected to increase by 10%, and population over 65 years by 31%
- From 2011 to 2016 Liverpool West's total population expected to increase by 17%, and population over 65 years by 44%

Wollondilly – Statistical Local Area

- Equivalent to Wollondilly Local Government Area



Wollondilly			
Year	Population 65 years & over	Total Population	Pop 65 years & over as % of Total Pop
2001	3,090	38,400	8.0%
2006	3,560	41,200	8.6%
2011	4,380	45,000	9.7%
2016	5,550	48,300	11.5%
2021	6,810	53,000	12.8%
2026	8,130	57,500	14.1%
2031	9,400	62,100	15.1%
2036	10,620	66,900	15.9%

- Between 2006 and 2011 Wollondilly's total population expected to increase by 9%, and population over 65 years by 23%
- From 2011 to 2016 Wollondilly's total population expected to increase by 7%, and population over 65 years by 27%

Total - SWS

- Equivalent to Camden, Campbelltown, Fairfield, Liverpool and Wollondilly Local Government Areas

Total			
Year	Population 65 years & over	Total Population	Pop 65 years & over as % of Total Pop
2001	46,110	582,100	7.9%
2006	52,630	597,800	8.8%
2011	63,510	644,600	9.9%
2016	81,340	710,200	11.5%
2021	102,400	795,700	12.9%
2026	128,610	898,000	14.3%
2031	157,230	1,001,300	15.7%
2036	185,980	1,102,000	16.9%

- Between 2006 and 2011 area's total population expected to increase by 8%, and population over 65 years by 21%
- From 2011 to 2016 area's total population expected to increase by 10%, and population over 65 years by 28%

Total – Sydney Statistical Division

- Comprises Sydney metropolitan area, including the Blue Mountains and Central Coast

Sydney			
Year	Population 65 years & over	Total Population	Pop 65 years & over as % of Total Pop
2001	488,790	4,128,300	11.8%
2006	512,980	4,282,000	12.0%
2011	577,380	4,550,300	12.7%
2016	670,660	4,822,000	13.9%
2021	764,700	5,104,100	15.0%
2026	870,040	5,394,500	16.1%
2031	976,050	5,688,600	17.2%
2036	1,075,180	5,982,100	18.0%

- Between 2006 and 2011 Sydney's total population expected to increase by 6%, and population over 65 years by 13%
- From 2011 to 2016 Sydney's total population expected to increase by 6%, and population over 65 years by 16%

TECHNICAL INFORMATION

Description

Population projections for the Statistical Local Areas (SLAs) - they take into account findings from the 2006 Census and the latest data and expertise on fertility, mortality and migration.

Source

NSW Department of Planning, NSW SLA Population Projections, 2006-2036 (Version 1.0)

Notes

Data are final estimated resident population. Source is Australian Bureau of Statistics 2008, Population Estimates by Age and Sex, Australia by Geographical Classification (ASGC 2006), ABS Cat. No. 3235.0, SuperTable datacube, released 18/8/08, downloaded from <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3235.02007?OpenDocument>

Rounding

Total population numbers in this workbook are rounded to the nearest hundred. Other population counts (e.g. age groups) are rounded to the nearest ten.

Accessed from DoP website

15/05/10

South West Community Transport Inc.

Client Profile & Key Service Data 2010

Prepared by

Julie Gee

Transport Planning & Research Consultant

October 2010

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INTRODUCTION

South West Community Transport (SWCT) provides services to people living in the south-western Sydney Local Government Areas (LGA) of Camden, Campbelltown, Fairfield, Liverpool and Wollondilly who are:

- Frail aged 65 years and over;
- People under 65 years with a disability; and
- Carers of these groups;

This report provides:

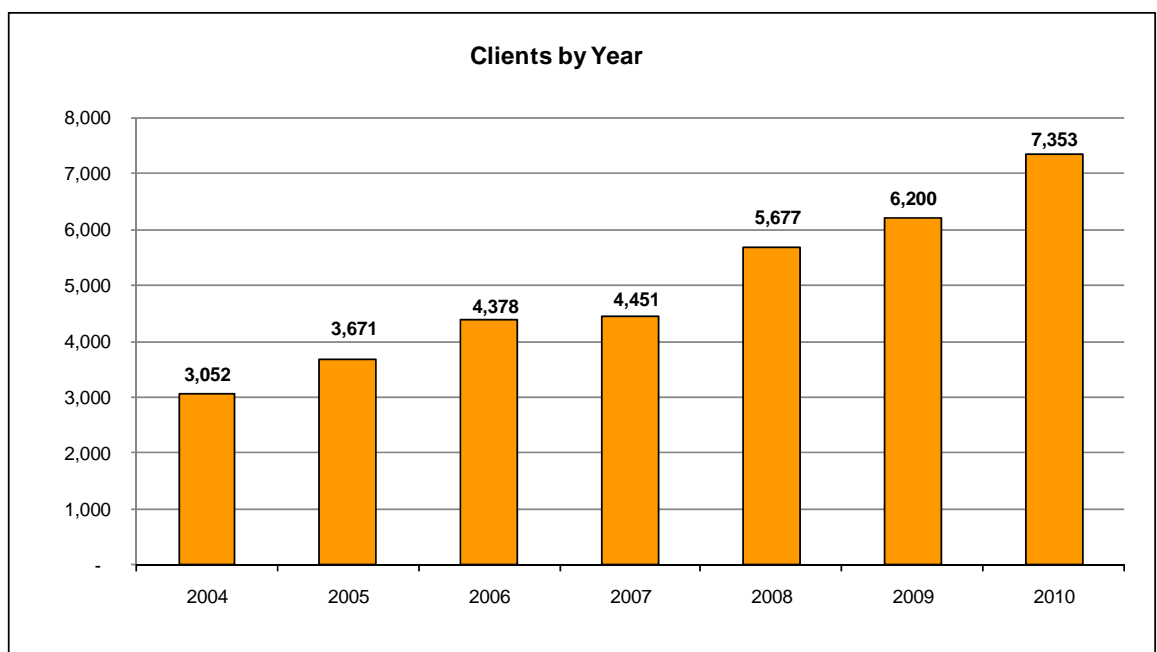
- A summary of the characteristics of the SWCT clients that used services in the financial year 2009/10, with some comparisons to previous years;
- An overview of the travel characteristics of those clients;
- An analysis of current CALD clients;
- A summary of service data in 2009/10 compared to previous years; and
- Estimates of the number of clients that may require SWCT services in the future based on the latest population projections.

CLIENT PROFILE

This section summarises a range of demographic characteristics for current SWCT clients.

Number of Clients

The current number of SWCT clients is 7,353¹, an increase of 18.3% from 2008/09. By comparison from 2007/08 to 2008/09 the number of clients increased by 9.2%. Since 2004 the number of SWCT clients has more than doubled.

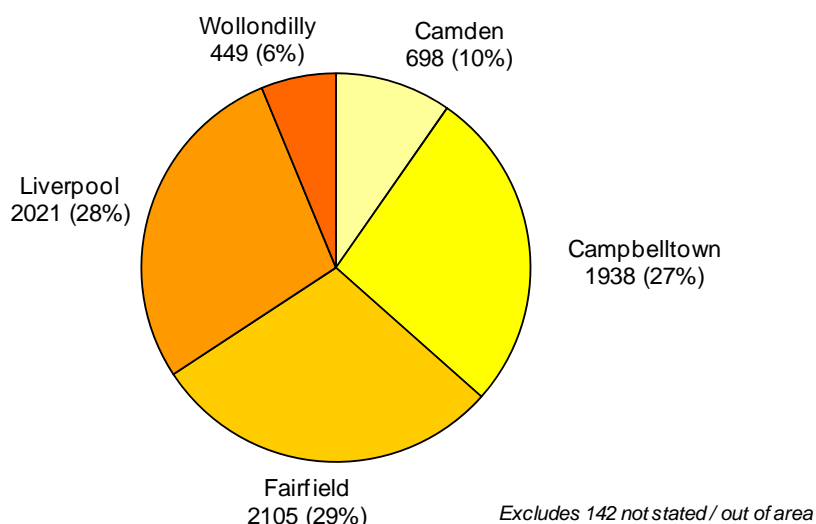


Home LGA of Clients

The current 7,353 SWCT clients live across the 5 LGAs of Camden, Campbelltown, Fairfield, Liverpool and Wollondilly. Most clients reside in Fairfield, followed by Liverpool and Campbelltown, as presented in the following graph.

¹ The SWCT Annual Report 2009-10 reported 7,556 clients as at June 30 2010, however following a review of clients between July and September 2010, approximately 200 clients exited as they were no longer active service users.

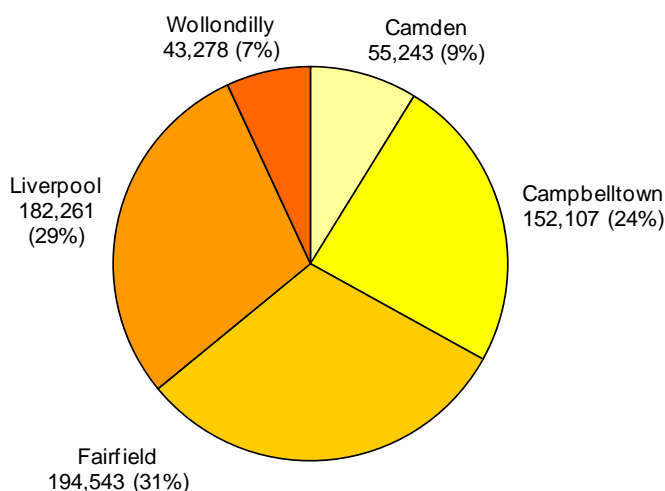
Clients by LGA



The 142 people excluded from this graph primarily consist of Carers living outside the SWCT area that care for someone living in the region.

The Australian Bureau of Statistics estimated the population as at June 30 2009 in these five LGAs was 627,432². Approximately 31% of the region's population live in the Fairfield LGA, followed by 29% in Liverpool and 24% in Campbelltown, as presented in the following graph.

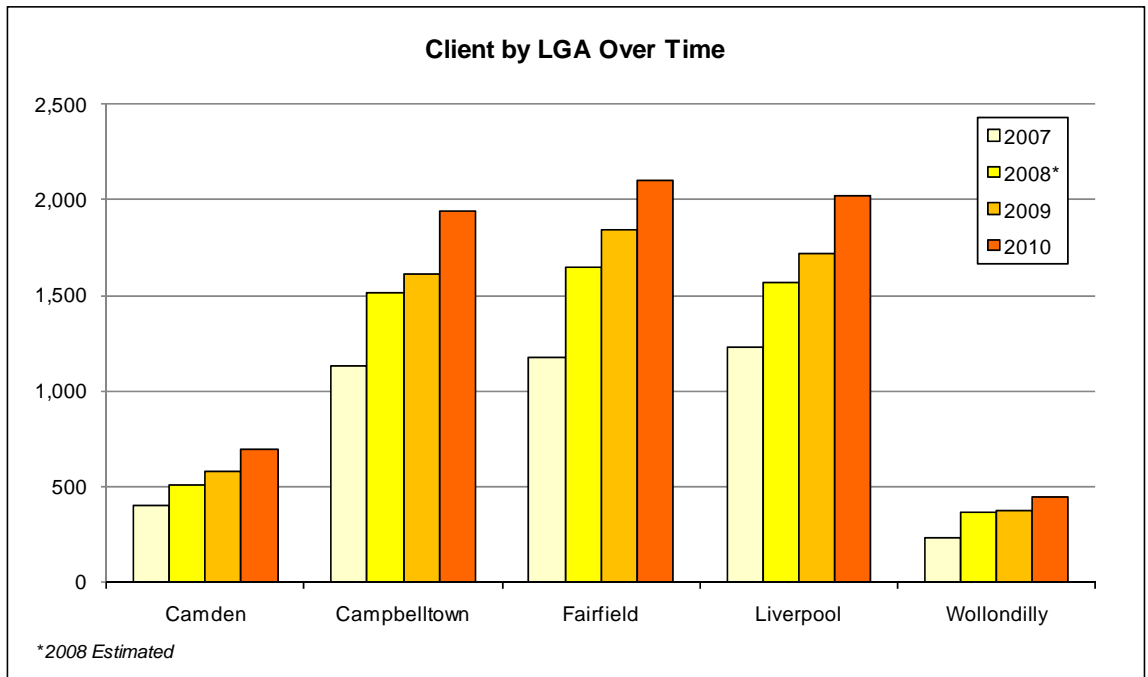
Population by LGA



The LGAs where clients live is very similar to the breakdown of the total population for the region - for example 10% of SWCT clients live in the Camden LGA, and 9% of the total population live in that LGA, while 28% of clients live in Liverpool LGA, compared to 29% of the total population.

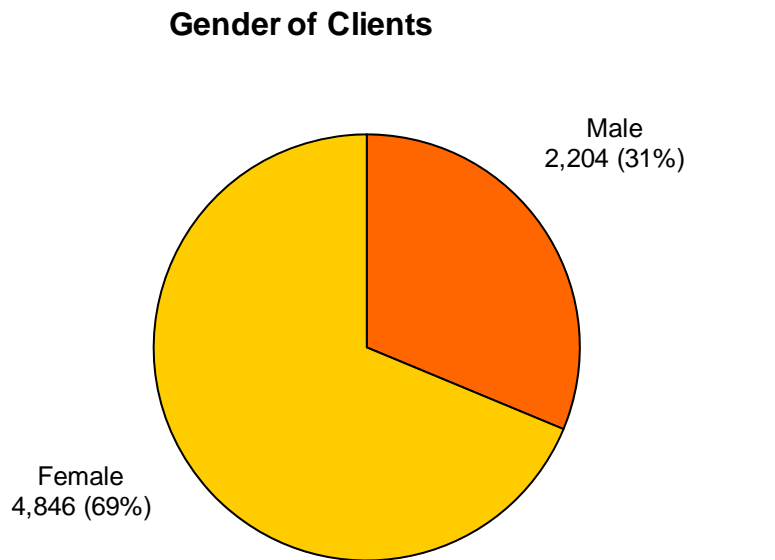
The graph below shows that the pattern of where SWCT clients live has been fairly consistent over time.

² ABS Regional Population Growth, Australia (cat. no. 3218.0, released 30 March 2010)



Gender of Clients

The following graph presents a gender breakdown of SWCT clients. Almost one-third (31%) of current clients are male, and this proportion has remained fairly stable over the past few years.

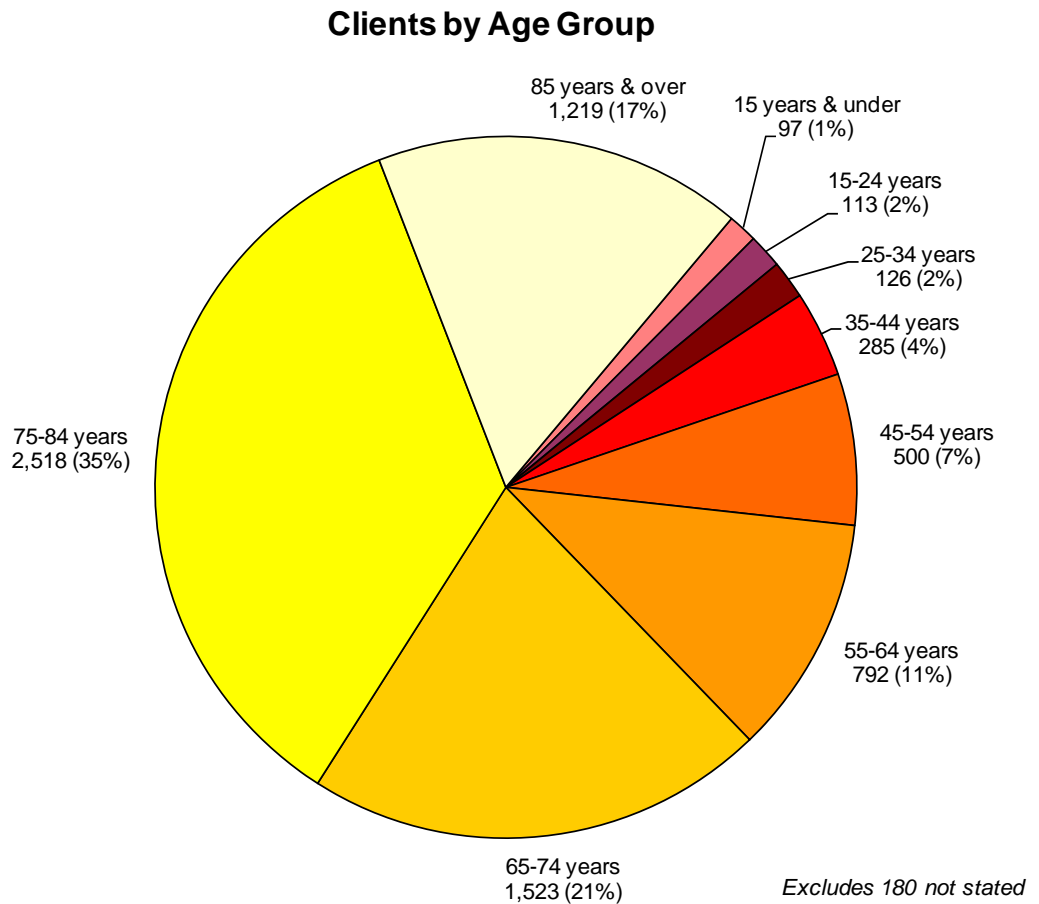


Excludes 303 not stated

Age of Clients

Nearly three-quarters (73%) of all SWCT clients (5,260 people) are aged 65 years and over, and 17% are aged 85 years and over. This age profile has remained fairly constant over time, and is consistent with other Community Transport organisations. It also reflects that the majority of funding for SWCT is through the Home and Community Care Program (HACC).

The following graph presents current SWCT clients by age group.



County of Birth

SWCT clients are very culturally diverse, with half of all clients born overseas. In total SWCT clients identified over 100 different countries as their birthplace. The following table summarises the number of clients for each country of birth.

Country of Birth	No. of clients	% of Clients
Australia	3,547	49.6%
UK	537	7.5%
Italy	427	6.0%
Iraq	174	2.4%
Viet Nam	170	2.4%
Malta	151	2.1%
Egypt	136	1.9%
Fiji	112	1.6%
Philippines	109	1.5%
Germany	82	1.1%
Uruguay	78	1.1%
Lebanon	77	1.1%
Croatia	74	1.0%
Chile	73	1.0%
Poland	73	1.0%
Greece	69	1.0%
China (excl. SAR & Taiwan)	64	0.9%
New Zealand	62	0.9%
India	59	0.8%
Cambodia	58	0.8%
Netherlands	52	0.7%
Ireland	44	0.6%
Mauritius	43	0.6%
Estonia	42	0.6%
Argentina	40	0.6%
Former Yugoslav Rep. of Macedonia	39	0.5%
Sudan	39	0.5%
Yugoslavia	38	0.5%
Sri Lanka	37	0.5%
Hungary	34	0.5%
Russian Federation	30	0.4%
Samoa	30	0.4%
Austria	29	0.4%
Iran	29	0.4%
Laos	28	0.4%
Czech Republic	24	0.3%
Serbia Montenegro	24	0.3%
Ukraine	23	0.3%
Other*	396	5.5%
Total**	7,153	100.0%

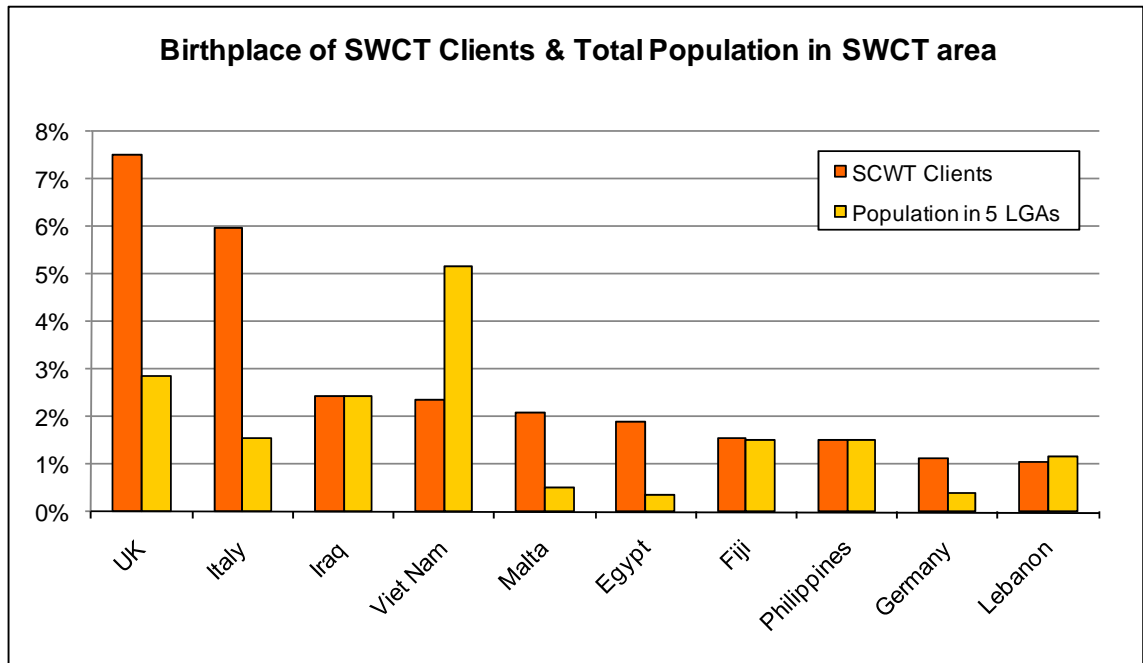
* *Adelie Land (France), Afghanistan, Armenia, Aruba, Bangladesh, Belarus, Belgium, Bolivia, Bosnia and Herzegovina, Brazil, Bulgaria, Burma (Myanmar), Canada, Cook Islands, Cyprus, Denmark, East Timor, Ecuador, El Salvador, Ethiopia, Finland, France, Gibraltar, Hong Kong, Indonesia, Israel, Japan, Jordan, Kenya, Korea, Kuwait, Latvia, Lithuania, Luxembourg, Macau, Malawi, Malaysia, Morocco, New Caledonia, Nicaragua, Norway, Pakistan, Paraguay, Peru, Portugal, Romania, Samoa (American), Seychelles, Singapore, Slovakia, Slovenia, Solomon Islands, South Africa, Spain, Switzerland, Syria, Taiwan, Thailand, Tonga, Trinidad and Tobago, Turkey, United States of America*

**Excludes 200 not stated

Over the past few years there has been an increase in the number of SWCT clients born in: Egypt, Fiji, Greece, Iraq, Italy, Lebanon, Malta, Philippines and Viet Nam.

A lower proportion of SWCT clients were born in Australia (50%) compared to the total population (57%) in the 5 LGAs of Camden, Campbelltown, Fairfield, Liverpool and Wollondilly.

The following graph compares the 10 most common countries of birth for SWCT clients compared to the population as a whole³.



Some interesting differences are apparent reflecting that people from the UK and Europe traditionally arrived in larger numbers after World War II and are now in the older age groups that utilise Community Transport the most.

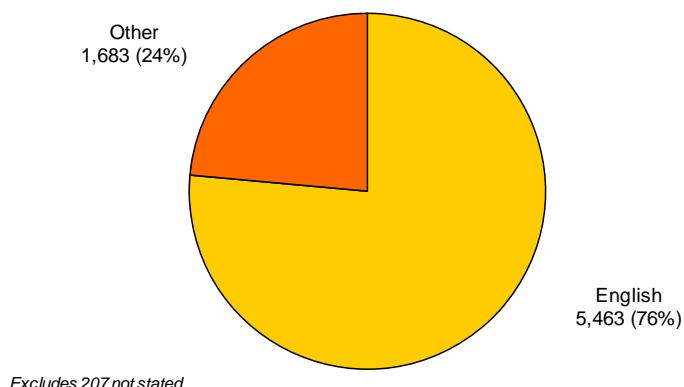
People from Asia and the Middle East are more recent arrivals to Australia, and therefore do not make up such a large proportion of SWCT clients, however it might be assumed that they will comprise a more significant proportion of the client base in future years.

Language Spoken at Home

Around three-quarters of all SWCT clients speak only English at home, as displayed in the following graph.

³ 2006 Census of Population and Housing, Cat. No. 2068.0

Language Spoken at Home



Nearly 1,700 people spoke a language other than English at home, with most speaking Arabic, followed by Italian, Spanish and Vietnamese. There are 15 clients who speak Aboriginal languages. The table below presents the languages spoken by SWCT clients.

Home Language	No. of clients	% of clients
English	5,463	76.4%
Arabic (including Lebanese)	250	3.5%
Italian	243	3.4%
Spanish	174	2.4%
Vietnamese	131	1.8%
Assyrian (including Aramaic)	74	1.0%
Greek	64	0.9%
Cantonese	56	0.8%
Croatian	53	0.7%
Maltese	53	0.7%
Hindi	50	0.7%
Khmer	49	0.7%
Tagalog (Filipino)	47	0.7%
Serbian	45	0.6%
French	42	0.6%
Polish	32	0.4%
Russian	32	0.4%
Ukrainian	28	0.4%
Lao	22	0.3%
Mandarin	22	0.3%
Macedonian	16	0.2%
Aboriginal Languages	15	0.2%
Hungarian	12	0.2%
Samoan	12	0.2%
Armenian	11	0.2%
Estonian	11	0.2%
Tongan	11	0.2%
Czech	10	0.1%
Fijian	10	0.1%
Other*	108	1.5%
Total**	7,146	100.0%

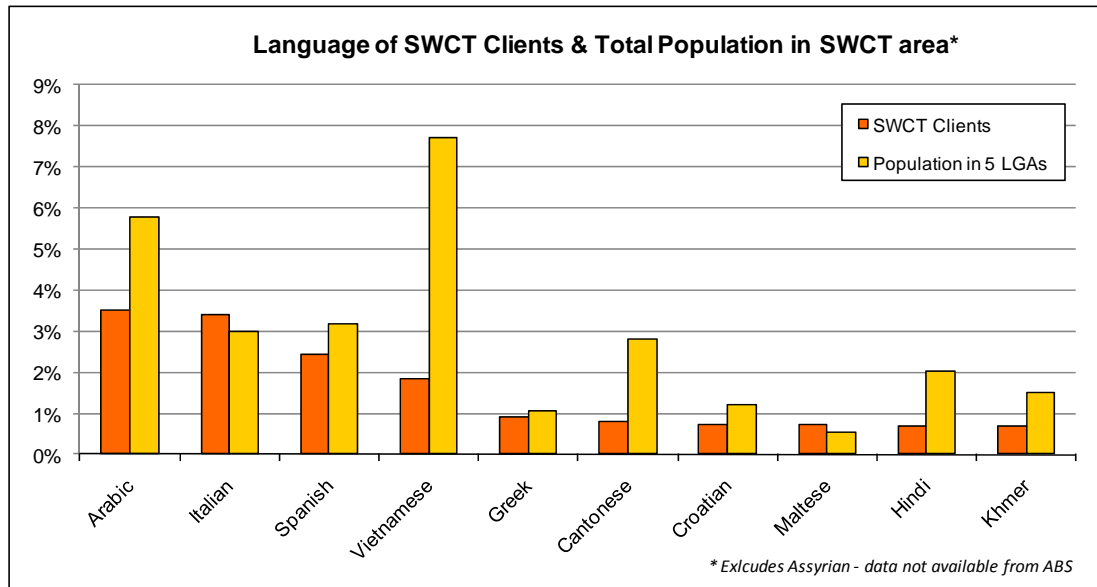
*Other includes Amharic, Basque, Bengali, Bisaya, Bosnian, Catalan, Danish, Finnish, German, Gilbertese, Hakka, Hmong, Indonesian, Korean, Kurdish, Latvian, Lithuanian, Malay, Mauritian Creole, Nauruan, Netherlandic, Persian, Portuguese, Punjabi, Romanian, Slovak, Slovene, Swahili, Tamil, Telugu, Teochew, Tetum, Thai, Tigrinya, Turkish

** Excludes 207 not stated/inadequately described

The main languages that have experienced growth over the past few years for SWCT clients are: Arabic, Italian, Spanish and Vietnamese.

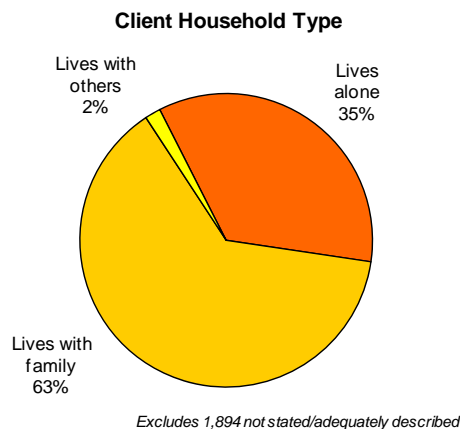
A higher proportion of current SWCT clients spoke English only at home (76%) compared to the total population in the SWCT area (63%)⁴. The following graph compares the top 10 languages other than English spoken at home by SWCT clients compared to all people living in the area.

Some significant differences are evident, and it is possible that over time a higher proportion of SWCT clients will speak Arabic, Vietnamese, Cantonese and Hindi. Assyrian is not displayed in the graph as comparable data was not available from ABS.



Living Arrangements

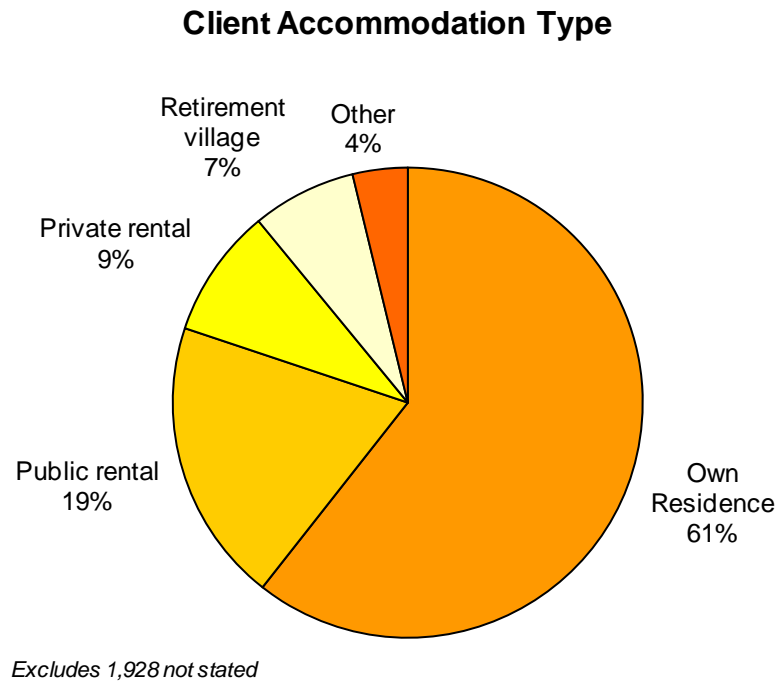
Just over a third (35%) of clients live alone, and for these people, Community Transport plays a vital role in reducing social isolation. The following graph presents SWCT clients by household type, and this pattern has remained stable over time.



⁴ 2006 Census of Population and Housing, Cat. No. 2068.0

Accommodation Type

The graph below presents a breakdown of SWCT clients by the type of accommodation in which they reside. Most SWCT clients live in a property that they either own or are paying off (61%). A total of 28% of clients are renting – 19% in public housing and 9% in private accommodation. Only 7% live in independent accommodation in retirement villages.



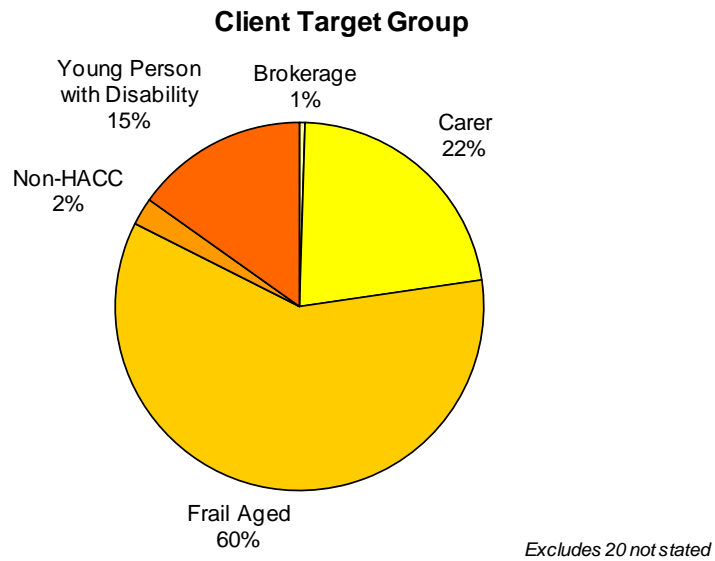
The pattern of accommodation type for SWCT clients has been constant over the past few years.

CLIENT TRAVEL CHARACTERISTICS

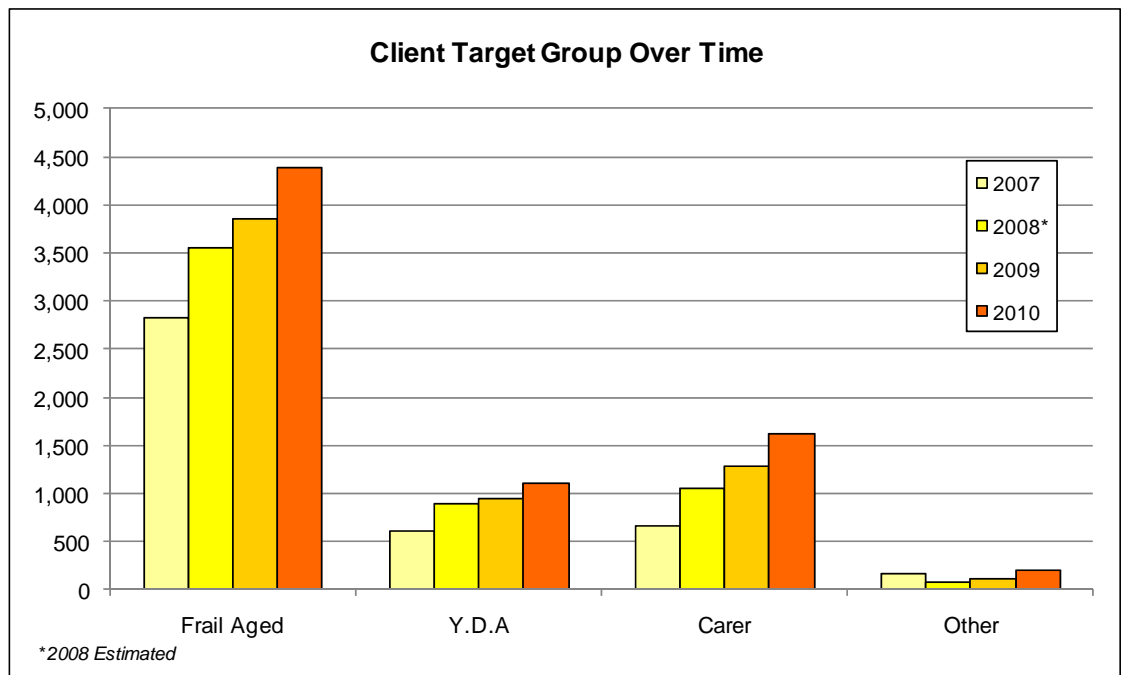
This section summarises the travel related characteristics of the current SWCT clients.

Target Group

Most clients are classified as frail aged 65 years and over (60%), with only 15% of clients being under 65 years with a disability (Young Person with a Disability - YDA). The other main category is "Carer" comprising 22% of current clients.

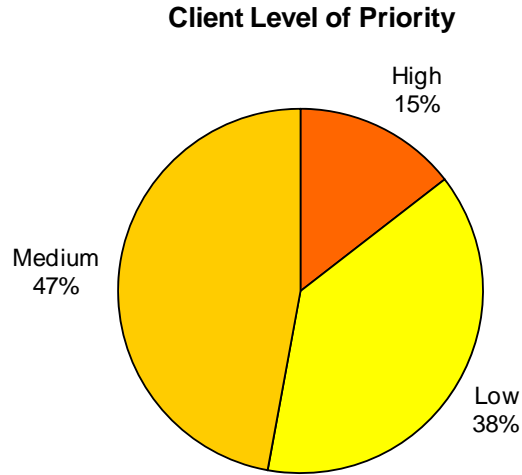


The relative size of the 3 main client target groups (Frail Aged, YDA, Carer) has been consistent over the past few years, and each is growing in size.



Priority Level

SWCT clients are classified into 3 priority rankings “low”, “medium” and “high” based on the client’s mobility and access to alternative transport. At present 15% of clients are defined as “high” priority, compared to 13% for 2008/09, and 38% are in the “low” category, down from 40% in 2008/09.



Excludes 96 not stated

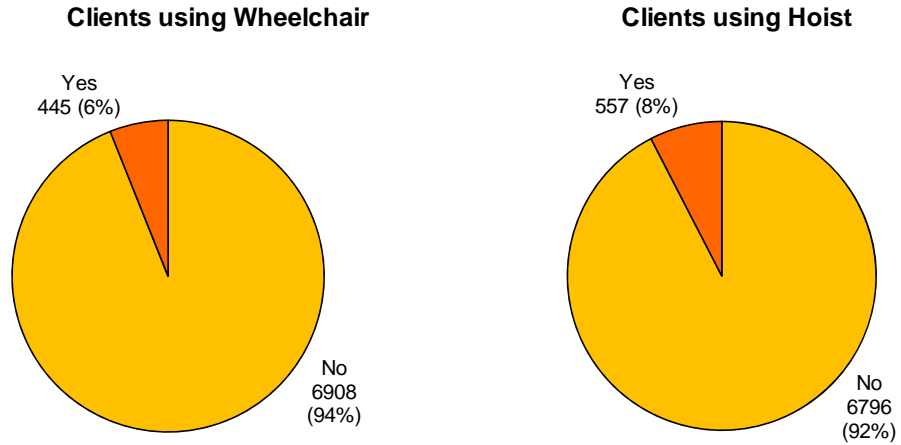
The graph below presents client priority type over the last 4 years. The number of “high” priority clients has increased slightly each year, however the largest increase in client numbers has been for “medium” priority clients. The number of “low” priority clients has fallen slightly since last year.



**2008 Estimated*

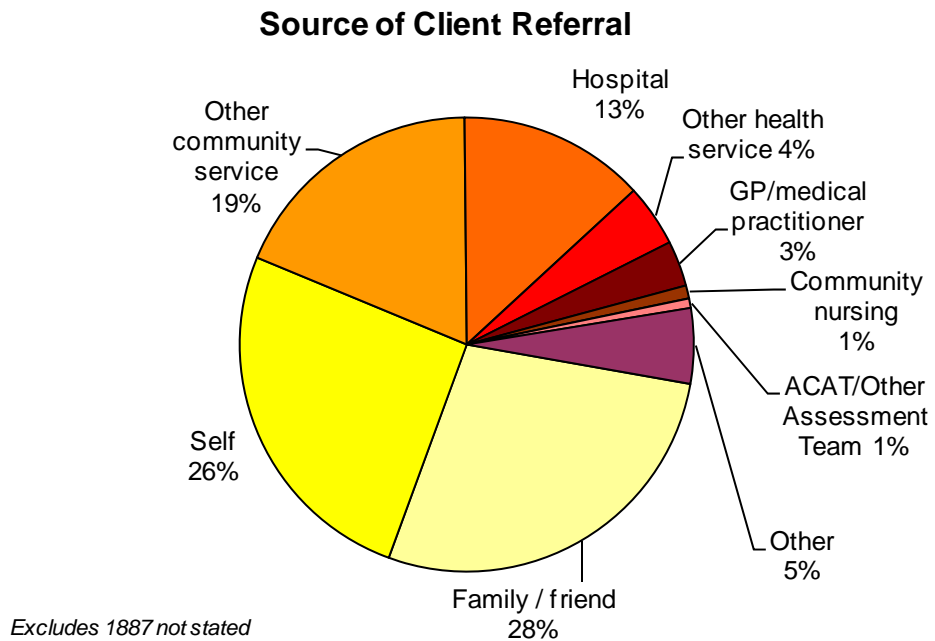
Client usage of Wheelchair & Hoist

Another measure of a client's level of mobility is whether they use a wheelchair or require transport in a vehicle with a hoist. From the following graphs it is evident that only a small proportion of all SWCT clients either use a wheelchair or require a hoist to access or egress Community Transport vehicles.



Client Referrals

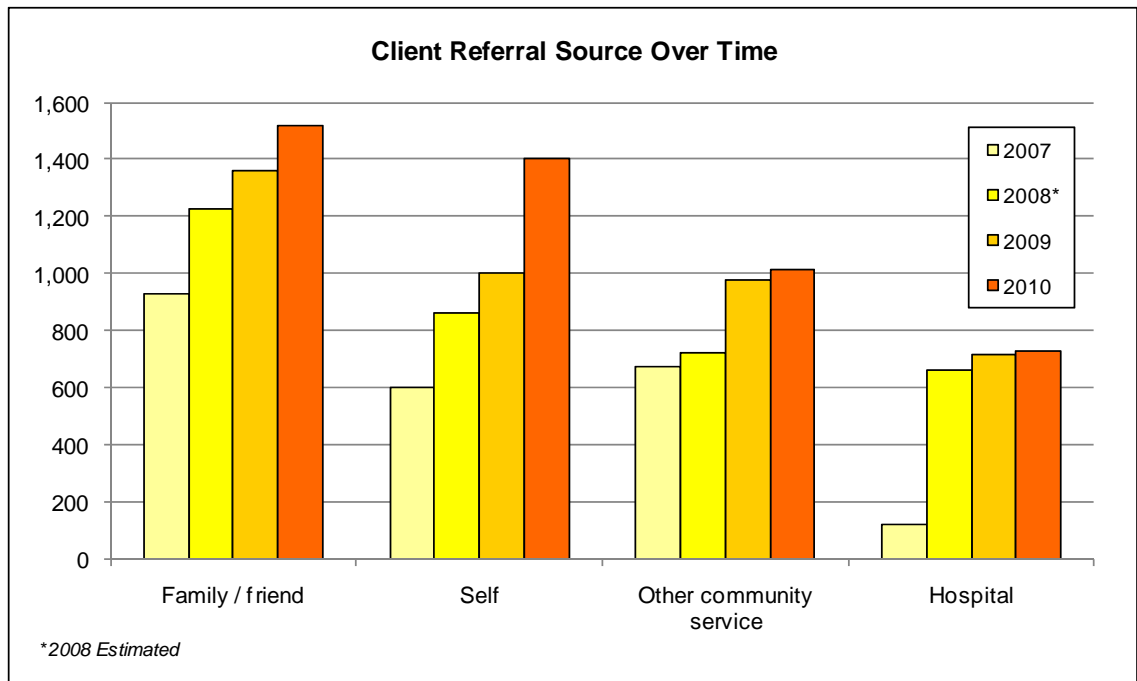
The source of client referrals to SWCT is presented in the following graph.



For the current client base, 28% of clients were referred to SWCT by family members, significant others and friends. The next largest source is self-referral (26%), up from 22% in 2008/09.

Health services of different types – hospitals, GPs, community nurses, and allied health professionals – are also important resources for client referrals.

Over the past few years, the number of referrals from the 4 most common sources has generally been increasing, as shown in the graph below. During the past year there has been a large increase in self-referrals.



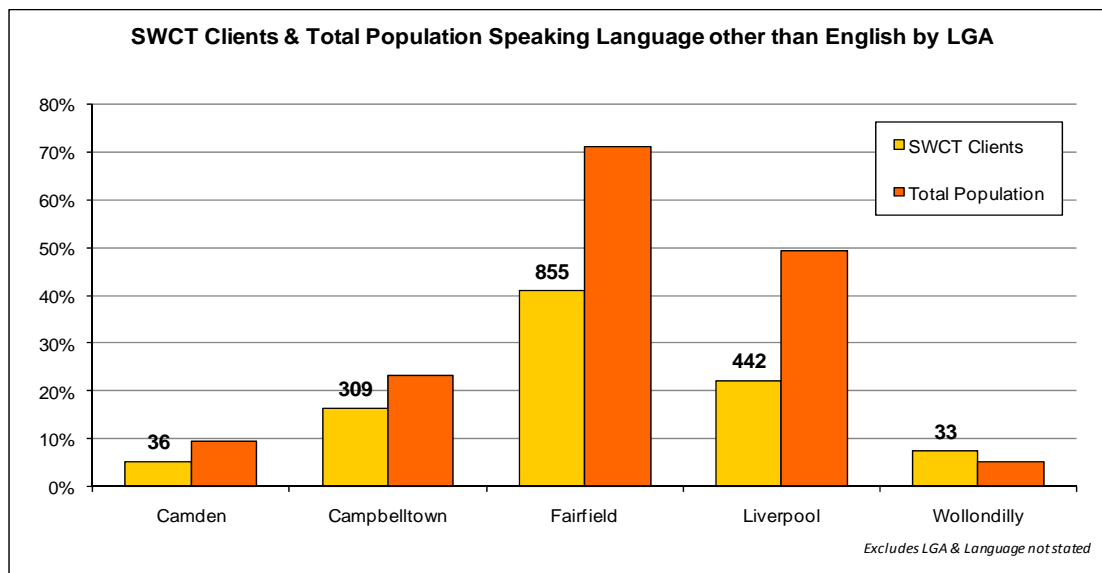
CALD CLIENTS

This section presents some data on SWCT's CALD (Culturally and Linguistically Diverse) clients, defined as clients that speak a language other than English at home. CALD clients represent 24% of all SWCT clients.

CALD Clients by LGA

The graph below presents the proportion of SWCT that speak a language other than English at home, compared to the proportion for the total population in each LGA⁵. The number of SWCT clients in each LGA that speak another language are also presented in the graph.

⁵ 2006 Census of Population and Housing, Cat. No. 2068.0



The proportion of SWCT clients living in each LGA that speak a language other than English at home varies markedly, from 5% in Camden to 41% in Fairfield.

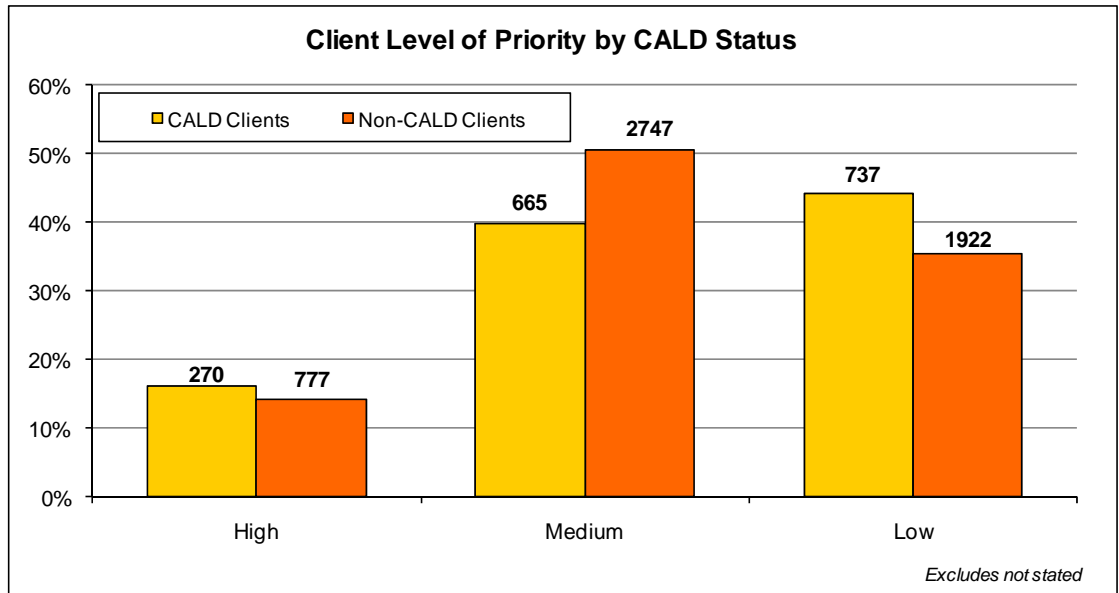
A smaller proportion of SWCT clients speak another language compared to the total population in all LGAs except Wollondilly – for example 22% of SWCT clients living in Liverpool are from CALD backgrounds compared to 49% of the LGA’s total population.

The major languages other than English spoken at home by SWCT clients by LGA are:

Camden	Campbelltown	Fairfield	Liverpool	Wollondilly
Italian	Arabic (incl. Lebanese)	Italian	Italian	Croatian
Maltese	Spanish	Arabic (incl. Lebanese)	Arabic (incl. Lebanese)	Estonian
Serbian	Tagalog (Filipino)	Vietnamese	Spanish	Greek
Aboriginal	Vietnamese	Spanish	Greek	Serbian
Croatian	French	Assyrian (incl. Aramaic)	Hindi	
French	Hindi	Cantonese	Maltese	

CALD Clients by Priority

The proportion of CALD and non-CALD clients by priority rankings “low”, “medium” and “high” are presented in the graph below. The number of clients in each category is also provided.



The graph shows that a slightly higher proportion of CALD clients (16%) are classified as “high” priority compared to non-CALD clients (14%). However in terms of actual numbers, there are 270 CALD clients in the “high” category compared to 777 non-CALD clients.

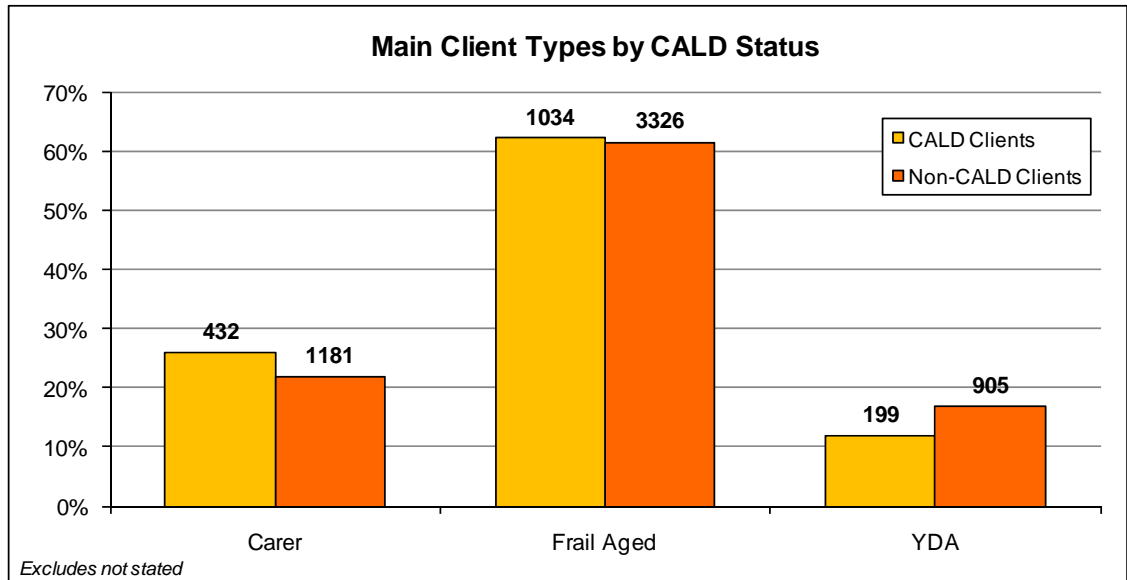
By contrast 44% of CALD clients are classified as “low” priority compared to 35% of Non-CALD clients, although there are 2.5 times as many non-CALD low priority clients (1922) compared to CALD (737).

The table below presents the main languages spoken by CALD clients by level of priority.

High	Medium	Low
Italian	Italian	Arabic (including Lebanese)
Arabic (including Lebanese)	Arabic (including Lebanese)	Italian
Spanish	Spanish	Spanish
Vietnamese	Vietnamese	Vietnamese
Assyrian (including Aramaic)	Greek	Assyrian (including Aramaic)
Cantonese	Croatian	Khmer

CALD Clients by Client Type

SWCT clients fall into 3 main categories: Frail Aged 65 years and over, Young People with a Disability (YDA), and Carer. The breakdown of client type by CALD status presented in the following graph.



A slightly higher proportion of CALD clients are in the “Carer” and “Frail Aged” categories, whilst a higher proportion of non-CALD clients are “YDA”. The number of clients in each category is also provided in the graph.

Finally, the main languages spoken by each client group are provided in the table.

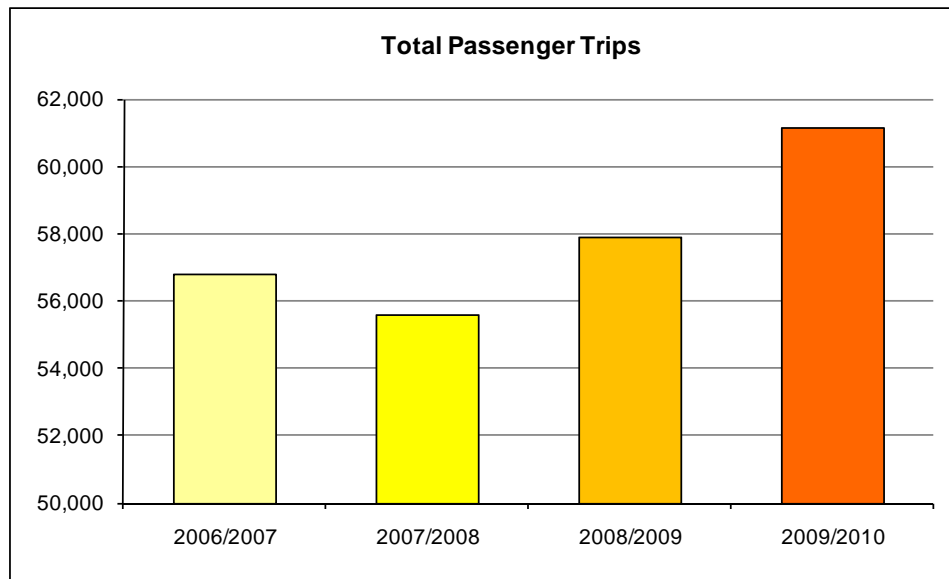
Carer	Frail Aged	YDA
Arabic (including Lebanese)	Italian	Arabic (including Lebanese)
Italian	Arabic (including Lebanese)	Vietnamese
Vietnamese	Spanish	Spanish
Spanish	Vietnamese	Assyrian (including Aramaic)
Assyrian (including Aramaic)	Maltese	Cantonese
Greek	Croatian	Khmer

SERVICE DATA

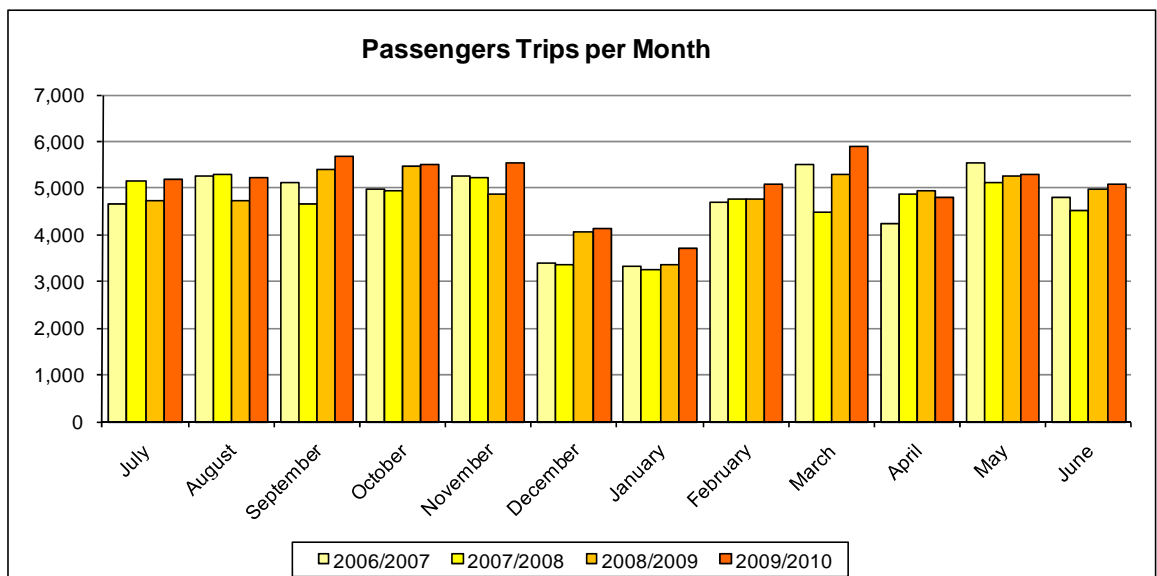
This section presents information on the transport provided during the 2009/10 to the 7,353 clients described in the previous sections.

Passenger Trips

During 2009-10 SWCT completed a total of 61,111 one-way passenger trips. This equates to an average of 8.31 trips for each of its 7,353 clients. The following graph presents the total passenger trips completed over the past 4 years. Between 2008/09 and 2009/10 there was an increase of 5.5% in the number of passenger trips.

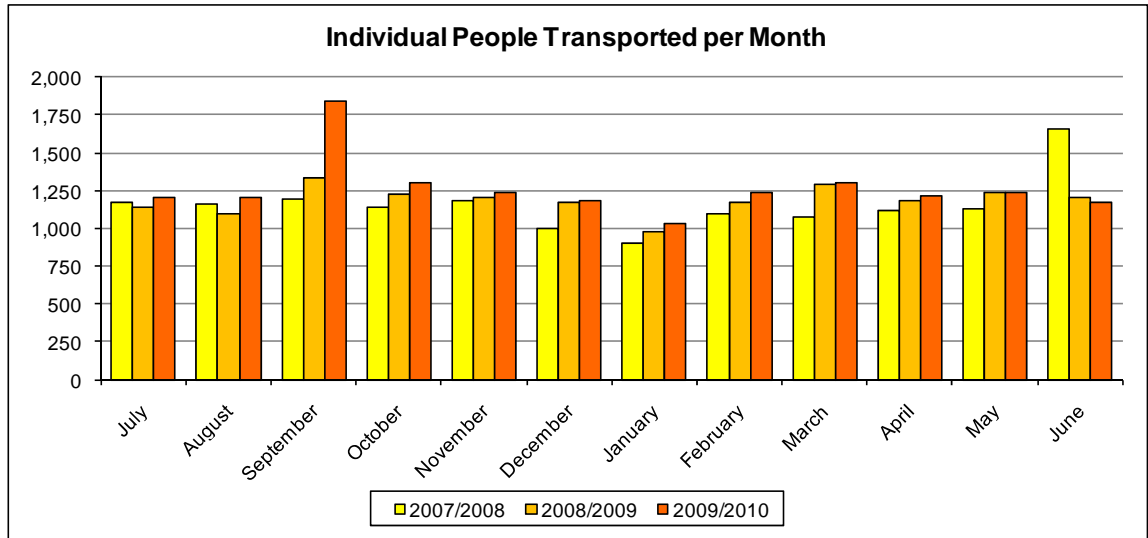


The number of passenger trips per month over the past 4 years has followed a similar pattern, as shown in the following graph.



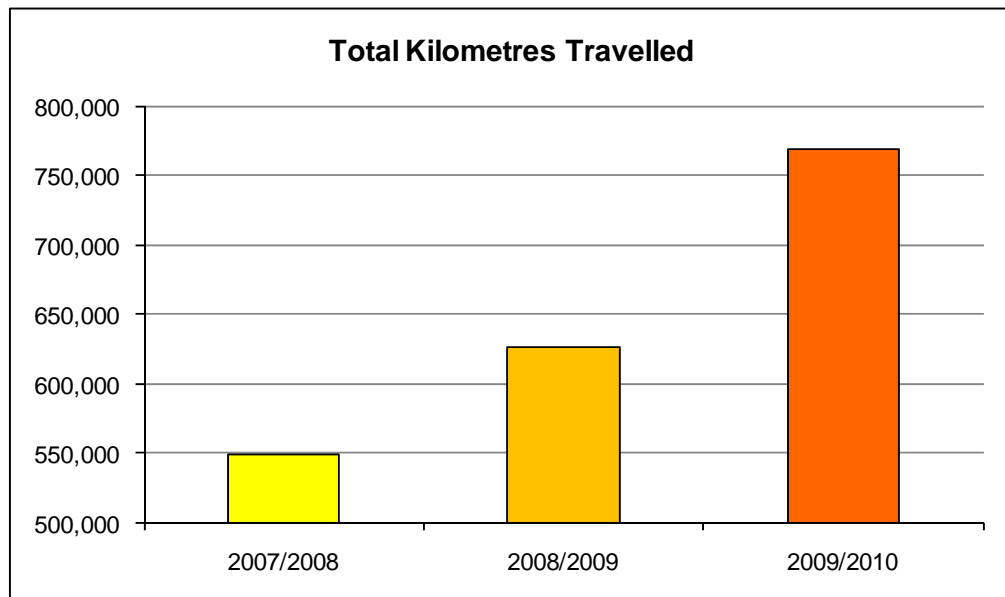
On average 5,093 passenger trips were completed each month during 2009/10, up from an average of 4,826 per month during 2008/09.

Another measure of services provided is the count of individuals transported each month. In the following graph the number of people who travelled each month is displayed – the numbers are much lower than the total passengers carried, as clients can make more than one trip per month.



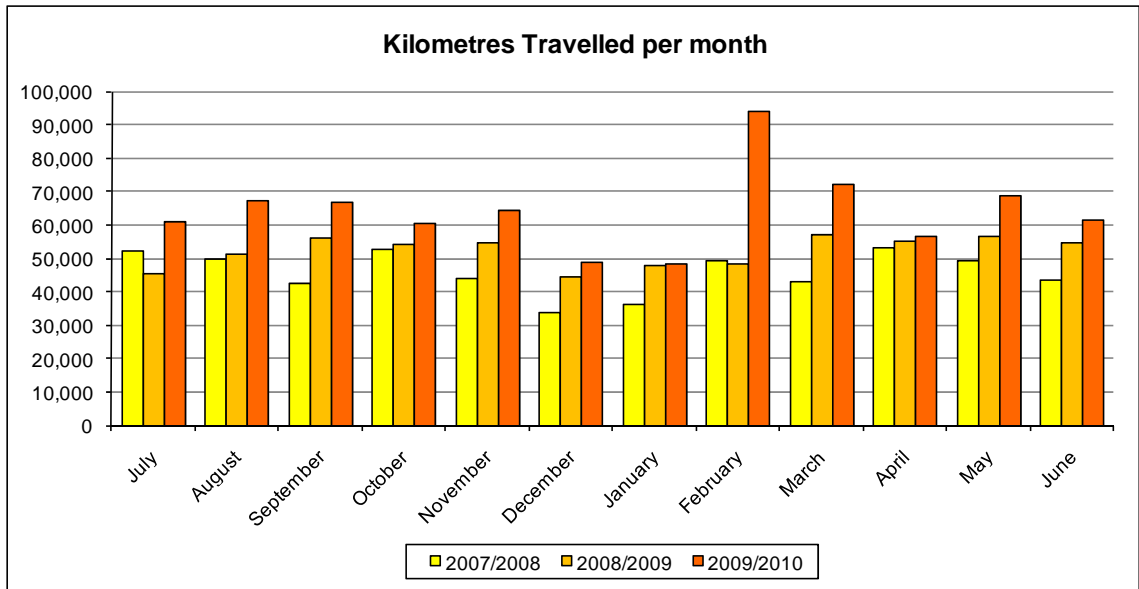
Kilometres Travelled

During 2009/10 SWCT transported its clients a total of 768,786 km, up from 625,828km for 2008/09, an increase of 23%. Between 2007/08 and 2008/09 the increase was 14%.



On average each passenger trip in 2009/10 was 12.6 km in length (768,786 km / 61,111 passengers), up from an average of 10.8 km in 2008/09.

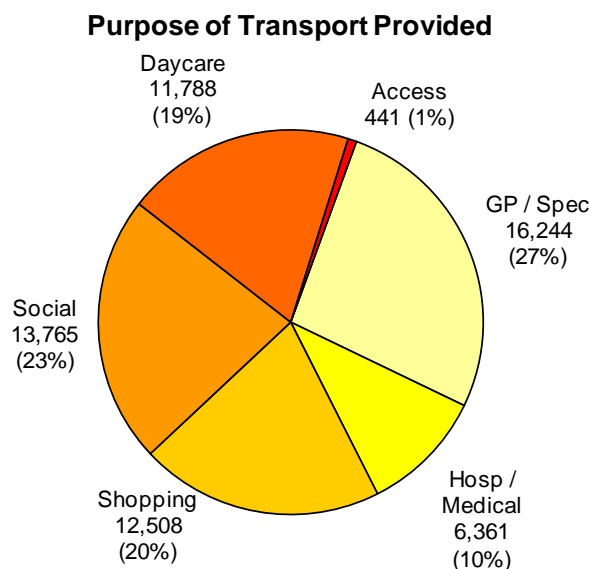
The kilometres travelled each month for the past 3 years is presented in the following graph. In 2009/10 the average number of kilometres travelled per month was 64,066 up from 52,152 in 2008/09 and 45,782 in 2007/08.



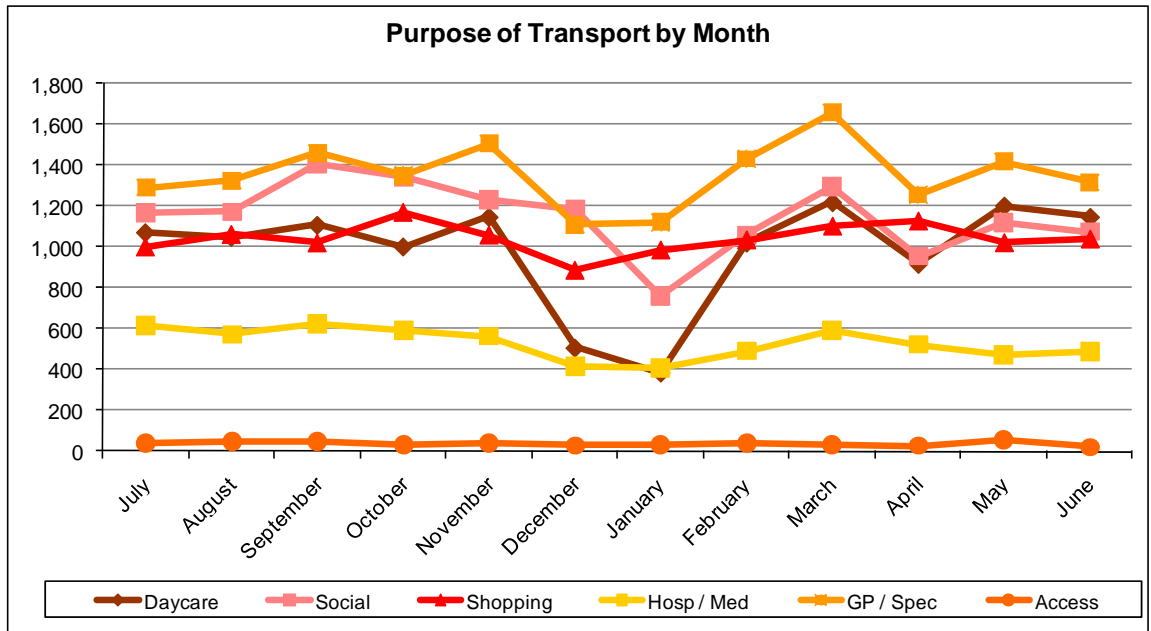
During 2009/10 there was an increase in the kilometres travelled compared to 2008/09 for all months, and particularly in February with total kilometres nearly double the previous year. There was also significant growth in the months of July, August and March from 2008/09.

Purpose

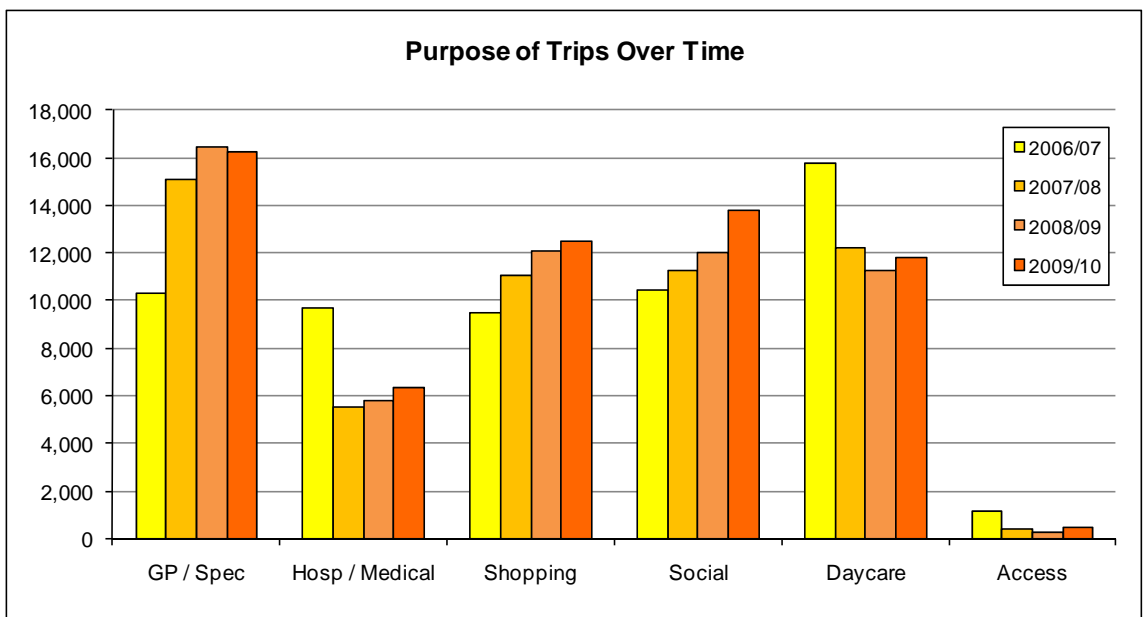
Approximately 37% of trips (22,605) in 2009/10 were for clients attending doctor's (GPs, Specialists) and other hospital / medical related appointments. Another 23% were social trips, 20% were for shopping, and 19% for daycare purposes, with only a very small number of clients requiring general access transport.



Transport by purpose on a monthly basis is presented in the following graph, revealing that some purposes decline around December / January (GP / Specialist, daycare), others are more consistent in their pattern throughout the year (shopping, hospital / medical, access), while social transport appears to fluctuates month by month.



The purpose share for transport provided over the past 4 years is presented in the following graph.



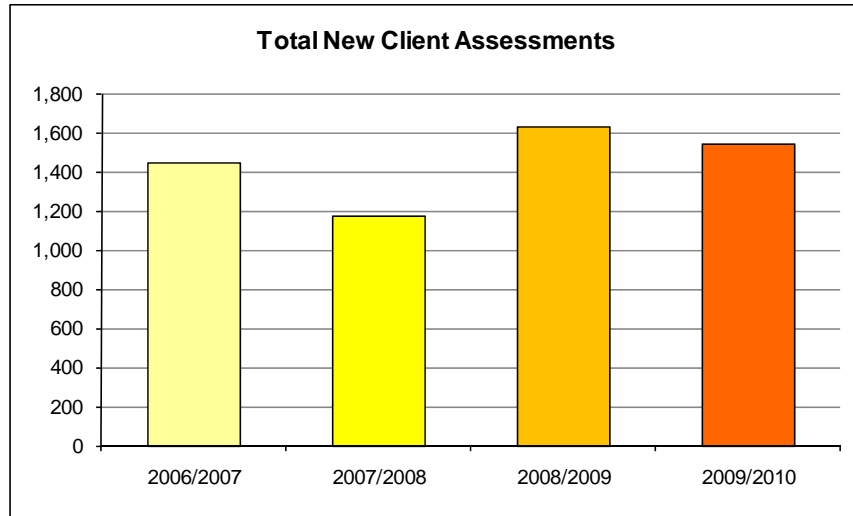
Transport to doctor's appointments has been increasing over time. Since 2006/07 the number of trips for this purpose increased by 57%, though there was a slight decline from last year to this year. Hospital / medical transport has been lower for the past 3 years compared to 2006/07 due to a change in ADHC's reporting requirements related to the implementation of MDS Version 2.

Daycare and general access transport have been declining over the past 4 years, with the number of daycare trips declining by 25% and access by 60%. Again this is related to the implementation on MDS(2), as well as some daycare services receiving funding to purchase their own vehicles.

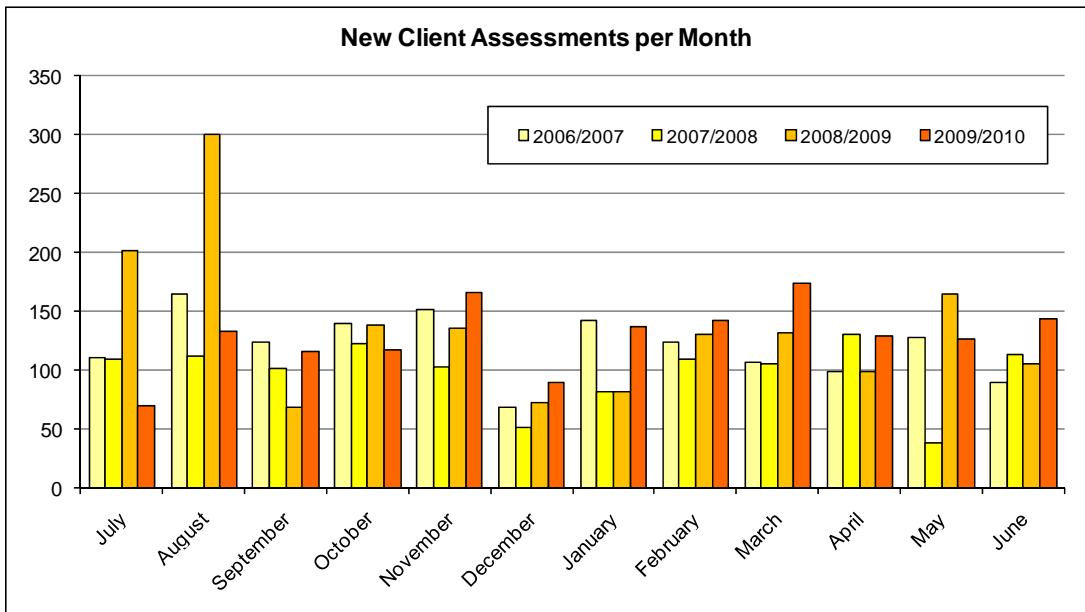
The number of shopping trips has increased by 32% since 2006/07, and by 3% since 2008/09. In the past year social transport trips increased by 13%, with a total increase of 32% since 2006/07.

Client Assessments

During 2009/10 SWCT undertook 1,542 new client assessments, compared to 1,625 in 2008/09, 1,174 in 2007/08, and 1,446 in 2006/07.



The following graph presents a breakdown of the new client assessments completed each month over the past 4 years. During 2009/10 129 new assessments were completed each month on average, down slightly from 135 per month in 2008/09.

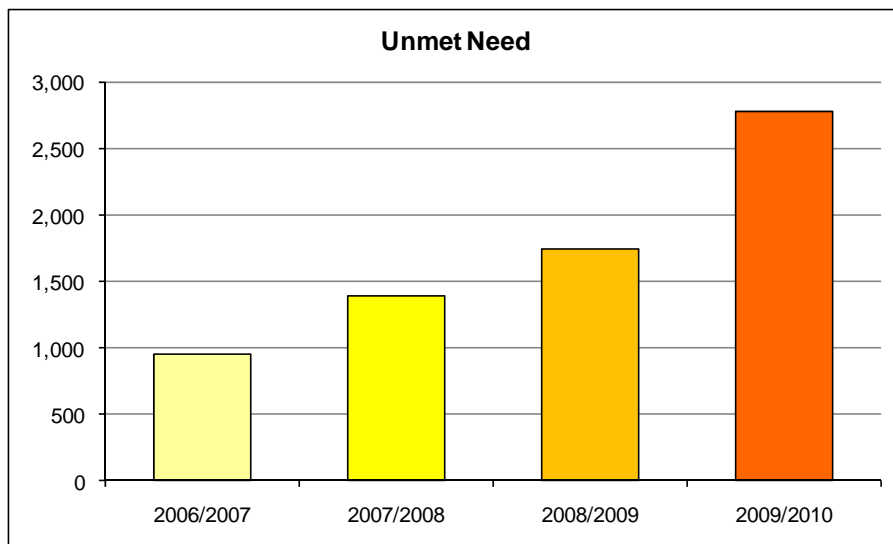


SWCT completed 646 reassessments of existing clients during 2009/10, averaging around 54 a month. A total of 550 reassessments were completed during 2008/09 (45 per month) up from 199 reassessments in 2007/08 (17 per month).

The reassessment process is vital to ensure that services are provided to those that need them most, and to remove clients from the database that have not used services within the previous 2 years, or no longer need services.

Unmet need

The level of unmet as presented in the following graph, has been increasing over the past 4 years. However, this increase in unmet need has coincided with an increase passengers transported and kilometres travelled.



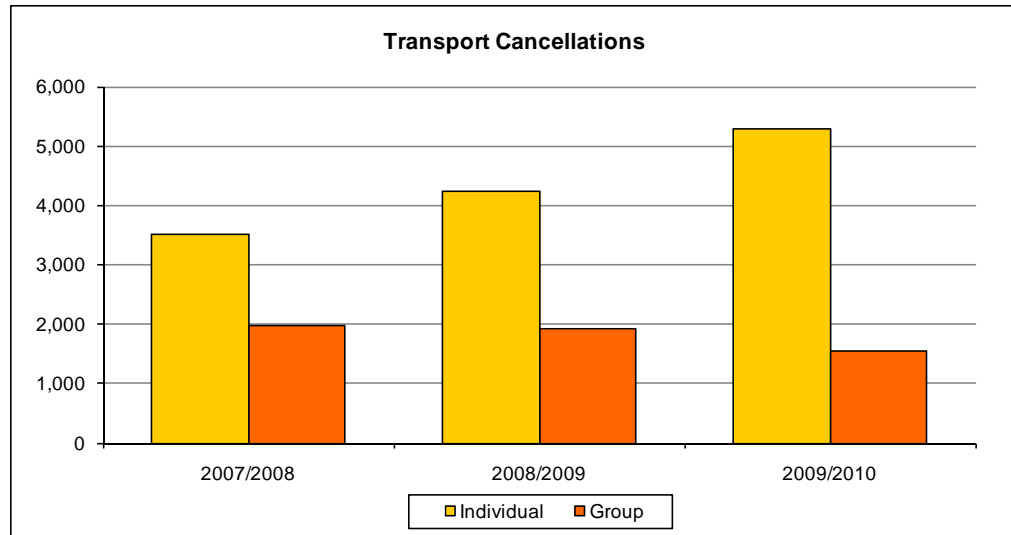
Overall, since 2006/07 unmet has increased by almost 200%, and in the past year unmet need increased by 59%.

However a significant proportion of unmet trips are resolved with a solution, usually client booking time and/or the travel date is changed to suit the availability of SWCT vehicles/drivers. During 2009/10 40% of unmet trips were resolved with a solution, compared to 37% in 2008/09 and 44% in 2007/08.

Cancellations

SWCT collects data on transport cancelled by individuals and groups, as they have a major impact on passenger numbers and other measures of service.

The graph below compares cancellations in 2007/08, 2008/09 and 2009/10 that took place the day before, on the day of booked transport, at the pick-up point or there was no one at the pick-up point.



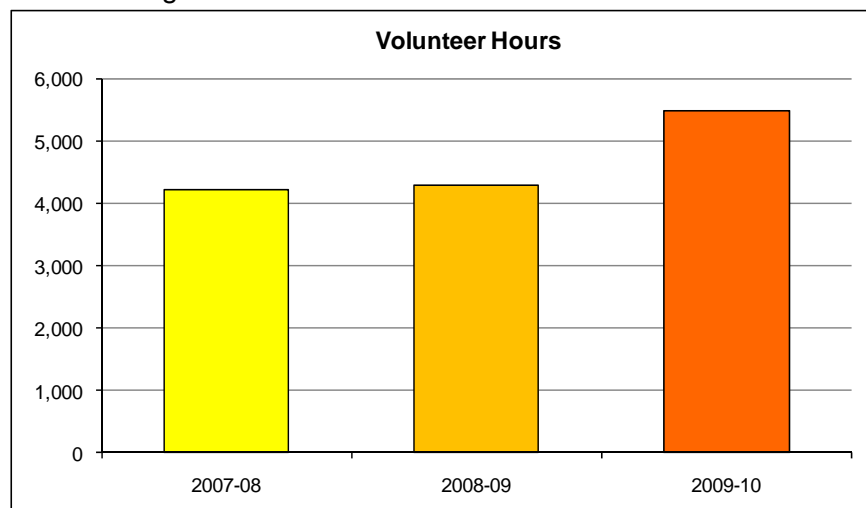
Over the past 3 years the number of individual client cancellations has been increasing, whilst the group cancellations have been declining.

On average 440 individual clients cancelled their transport every month during 2009/10, up from 353 2008/09 and 292 during 2007/08. In addition an average of 128 group cancellations occurred each month in 2009/10, down from 160 a month in 2008/09 and 164 in 2007/08.

Volunteer Contributions & Reimbursements

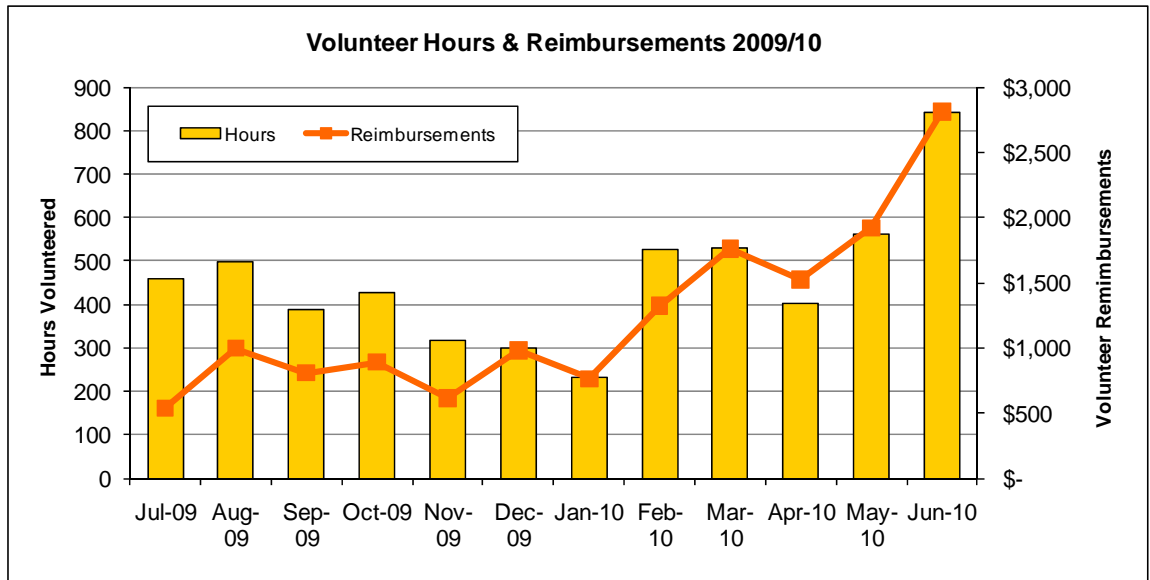
SWCT has a committed team of volunteers who take on roles as car and bus drivers, as well as providing assistance on buses, at venues and in the SWCT office. Without them SWCT would not be able to provide as many services to its large client base.

During 2009/10 volunteers worked a total of 5,841 hours for SWCT, an increase of 28% from 4,296 hours during 2008/09.

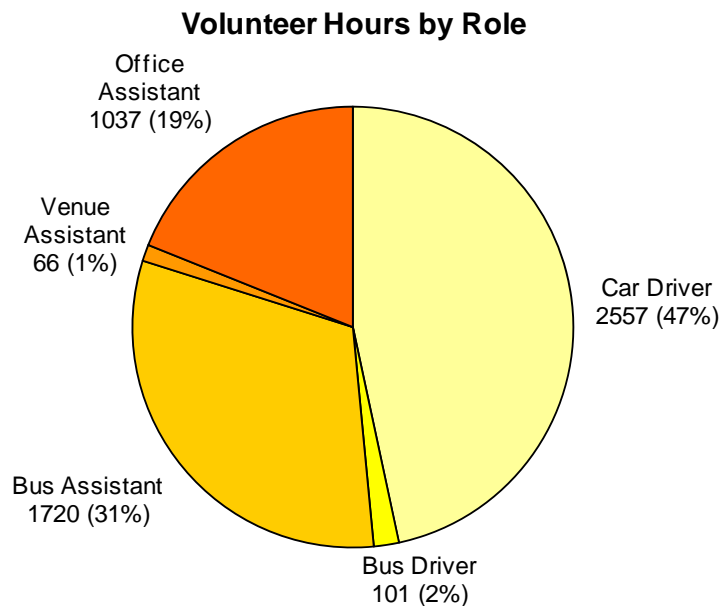


Volunteers were reimbursed a total of \$14,929.65 during 2009/10 (primarily for kilometres travelled in their own vehicles to access SWCT vehicles), an increase of 69% from 2008/09 when reimbursements totalled \$8,822.13.

In the graph below the monthly contribution of volunteer hours for 2009/10 is represented by the “gold” bars and the reimbursements paid per month are shown by the “orange” line.



Most hours by volunteers during 2009/10 were contributed by car drivers (47%) followed by bus assistants (31%) and office assistants (19%). Only a small proportion of volunteer hours were for bus drivers (most bus drivers are paid employees) or venue assistants.



SEPTEMBER

2009.

CLIENT

SURVEY

Identifying the impact

South West Community Transport

has on the lives of their client.

South West Community Transport
P. O. Box 5099, Minto, NSW 2566
Phone: 02 9426 8999
Email: transport@swct.com.au
Web: www.swct.com.au

Medicine in Context Placement 1 – University of Western Sydney
South West Community Transport – Community Project
Written by Harshani Hattotuwa – 3 year medical student
September, 2009.

Introduction: Community transport

Community transport is a HACC funded program that provides non-emergency transport for people who have difficulty travelling by public transport and are unable to afford a car or taxi service. This service is particularly targeted at two groups of people; frail-aged people and young people with disability¹. One of the main aims of this service is to preserve and enhance the independence of their target groups, thus delaying the need for them to enter long-term residential care. As the ageing Australian population continues to grow, the demand for community care services and residential aged care is constantly increasing. Given this situation, the role of the community transport services, such as South West Community Transport, is becoming ever more vital in relieving the burden placed on community and residential aged care.

South West Community Transport (SWCT) is the largest community transport organisation in the state, providing transport for over 5 local government areas, including Camden, Campbelltown, Fairfield, Liverpool and Wollondilly². They offer a variety of transport services including transport to medical appointments, shopping trips, social outings and also individual social outings³. In addition to this, SWCT has recently launched a taxi voucher program, whereby eligible clients are able to use this as an alternative form of transport at a subsidised price. Finally, SWCT also provides a travel training program. Once again this program is available to people who are frail aged, transport disadvantaged or suffer from disability. The travel training program, further perpetuates independence by increasing clients' knowledge and awareness of the varieties transport available to them, how to use them and by helping them gain the confidence to use public transport independently.

Primary Survey: The impact of SWCT on the community

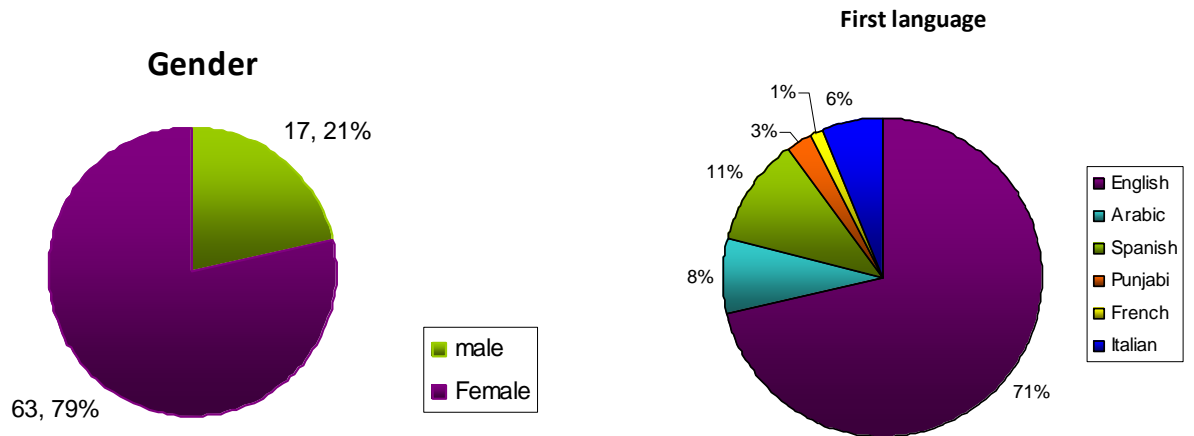
During my 6 week community placement at SWCT, I conducted a survey of their clients with the aim of assessing three main things:

- Which of the services are used most by clients
- How heavily clients rely on this service
- The impact on their lives, if SWCT wasn't available to them

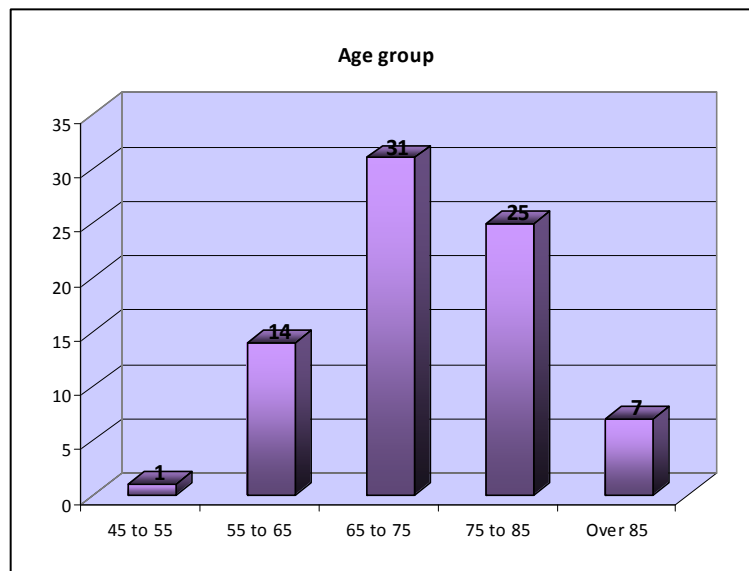
Method and results

I conducted my survey on a sample size of 80 clients that represented a cross-section of SWCT's client group. Each client was either surveyed face-to-face or over the telephone. The results are shown below.

Basic demographics

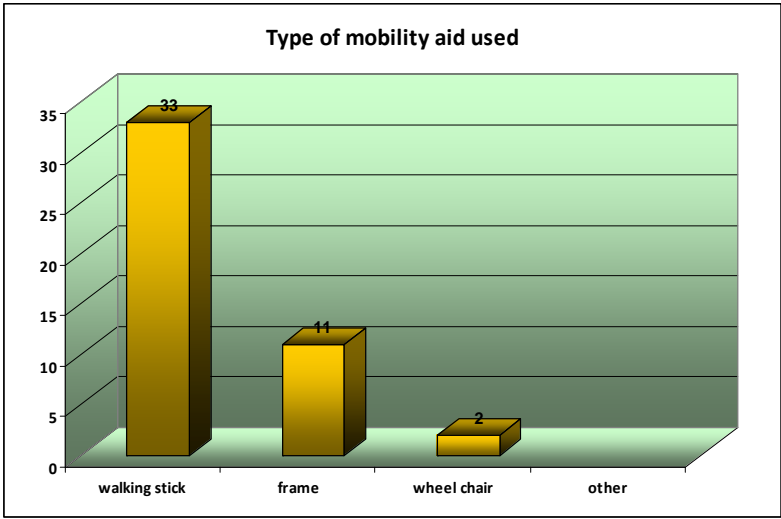
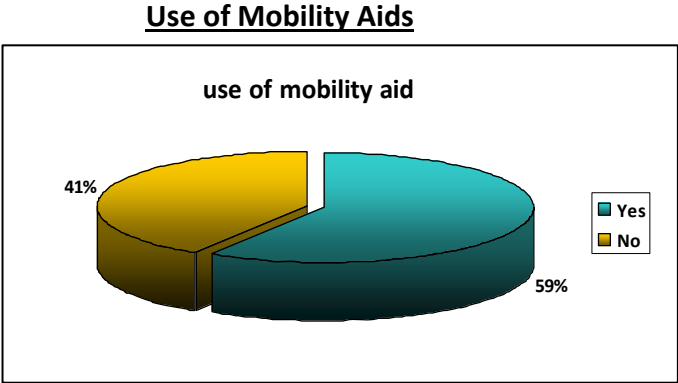
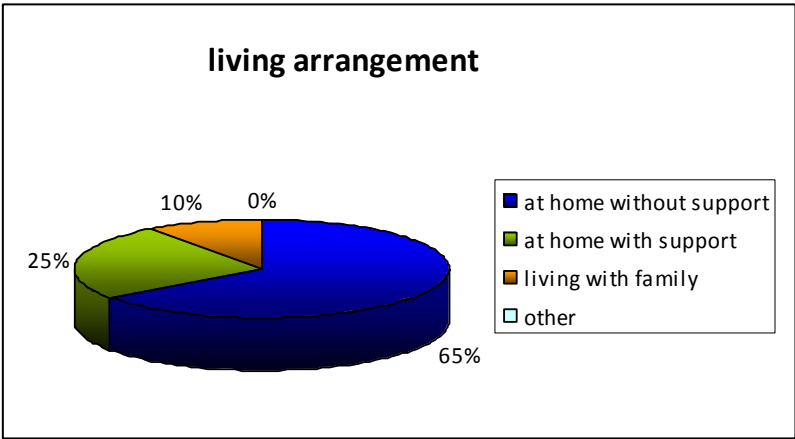


Age Group

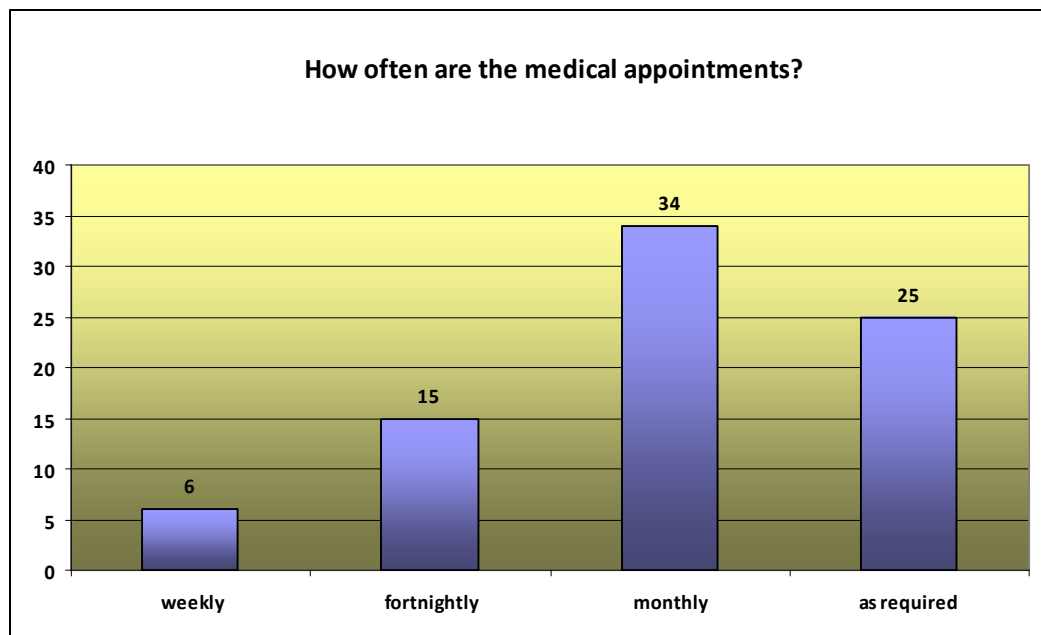
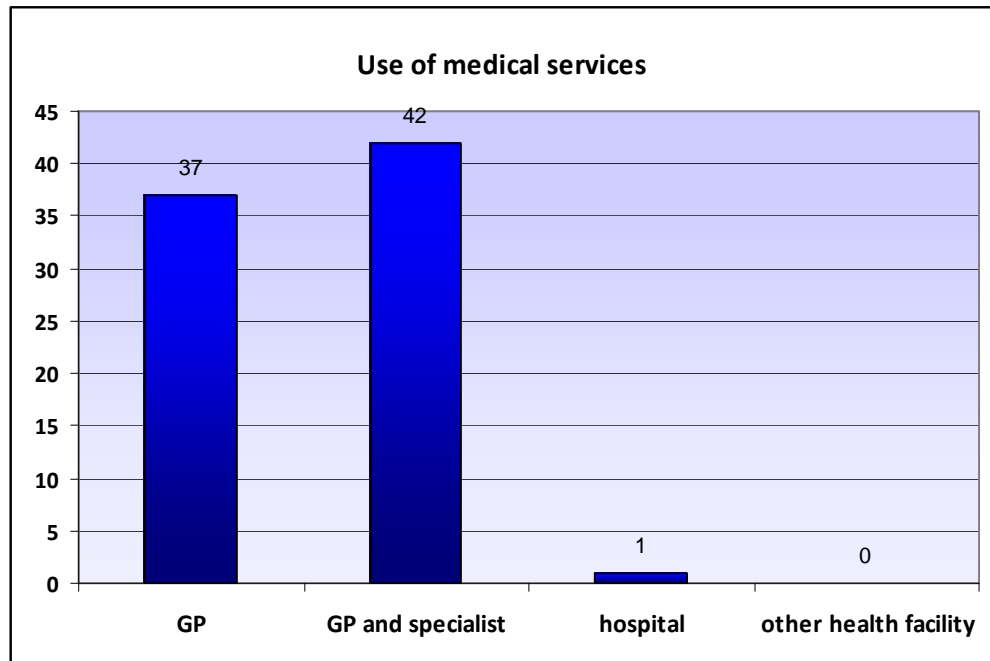


Of the clients surveyed:

- 1% were in the 45 to 55 range
- 18% were in the 55 to 65 range
- 40% were in the 65 to 75 range
- 32% were in the 75 to 85 range
- 9% were over 85



Of the 59 % of clients that use mobility aids, 72% use a walking stick, 24% use a walking frame and 4 use a wheel chair. When providing transport to these clients, SWCT accommodates for any space required for such mobility aids. These clients are also provided extra assistance when walking to and from their house or appointment from the bus.



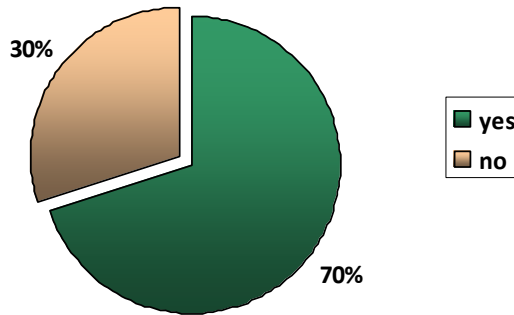
Of the 80 clients surveyed, 46% see a GP regularly, 53% visit both a GP and a specialist regularly and 1% visit the hospital regularly. The majority (42%) of these clients attend these medical appointments on a monthly basis, whilst 8% of clients need to attend these appointments weekly.

The survey did not differentiate between Private Specialist Rooms and Hospital Outpatient Facilities at Hospitals

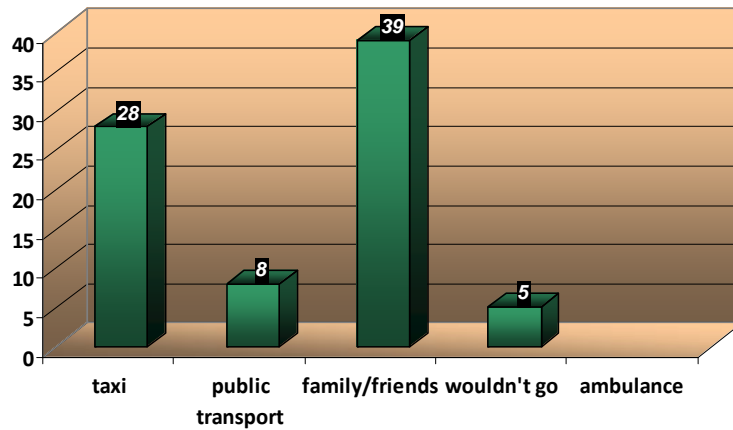
The use of SWCT services by clients

For medical appointments

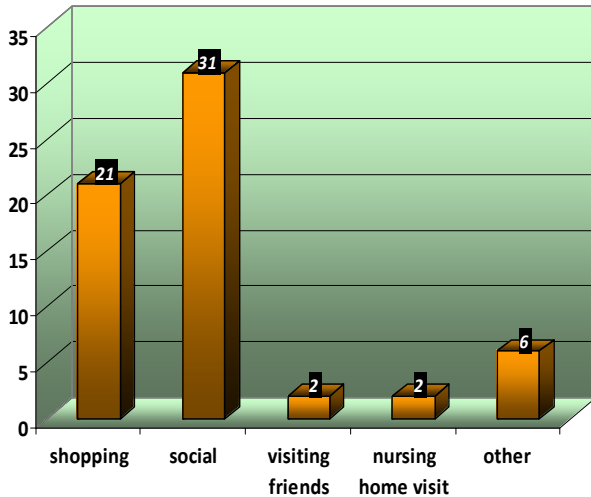
Proportion of clients using SWCT to attend medical appointments



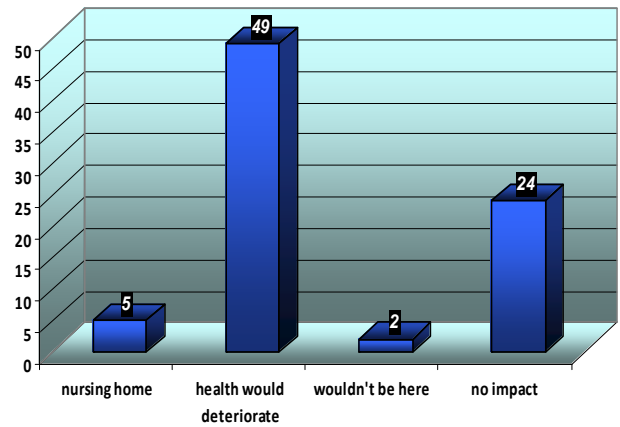
Alternative transport option that would be used if SWCT was unavailable for medical appointments



Other SWCT services used by clients



The expected impact on clients' health if SWCT was unavailable

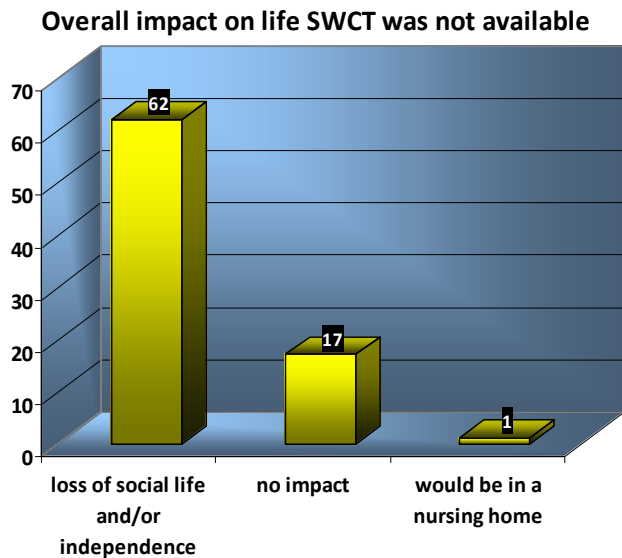


Of the 70% of clients that said they used SWCT for attending medical appointments, 9% also said they would not be able to attend their medical appointments if the transport service was unavailable as they were unable to use alternative forms of transport.

For 35% of clients the only other alternative form of transport was using a taxi. However due to the high cost of using a taxi service, many also stated that they believed they would attend their medical appointments less regularly, which they believed would lead to a deterioration in their health.

A further 49% said they would rely on family or friends. However they also stated that they were likely to attend their medical appointments less often, as it depended on the availability of their friend/family member.

Overall, 61% of clients felt they would experience deterioration of their health if they were unable to use the SWCT service to attend their medical appointments.



Of the clients surveyed, 39% used SWCT for social outings, 26% for shopping, 5% for visiting friends or nursing homes. Consequently, 78% of clients felt that if they were not able to use SWCT service, they would suffer a loss of independence and also feel socially isolated as a result.

Conclusion

From the data collected from this survey, it is evident that a significant portion of clients rely on SWCT for transport to medical appointments. Without this transport service many of the clients would struggle to find transport to and from these appointments, which they believe would have a negative impact on their health.

Additionally, the other services provided such as the shopping or social trips, are used regularly by many of the clients. A large number, to whom I spoke, found these activities, as an important opportunity for social interaction. Many of the clients felt that if the SWCT were not available to them, they would not only lose their independence to a large extent, they would also lose a significant portion of their social lives. When talking to many of the clients, I found that maintaining a regular social life seemed key to maintaining a high morale and motivation for life. Thus deprivation of this essential social interaction would most likely lead to loss of motivation and an increased risk of depression, and consequently lead to deterioration of their health.

The SWCT service is currently being used by approximately 6200 clients, but due to limited availability of funding and resources, transport cannot always be provided to clients for the requested time and location. Meanwhile as the ageing population of Australia grows so does the demand for community transport, consequently placing increasing strain on the SWCT to meet the needs and demands of their clients.

Current funding and resources available to community transport organisations

Currently SWCT is funded by the Home and Community Care (HACC) program. HACC is a national program that receives 60% of its funding from the commonwealth government and 40% from the state government¹.

A report written by the Cancer Council of NSW⁴, addressing issues regarding community transport to health services, has found that NSW Health provides only 10% of funding for the estimated 680,000 trips provided by community transport providers to health services. Consequently many community transport organizations such as SWCT have no choice but to rely heavily on HACC and existing government funding programs to meet their demands. But, unfortunately these government funding programs are in turn, stretched as they strive to meet funding demands⁵.

One of the main issues I have come across during my research is the lack of government funding being allocated to community transport for client transport to social outings. At present the focus of the funding being provided is on transport to health services. However during my time at SWCT, one of the things that struck me most was the pivotal role the weekly social outings and group activities played in their clients' lives. Many of whom I spoke to and surveyed were socially isolated because they were either housebound due to frailty or disability or due to lack of social contacts. Consequently the weekly group outings, or shopping trips provided by SWCT became their most important and sometimes sole connection to the rest of the world. Thus these social outings become a great motivating force for many clients, helping them maintain morale, mental health and hence physical health.

At present the NSW ministry of transport provides 3 million dollars in funding toward non-health related community transport. However there has been no increase in real terms to the funding since 1998 despite an increase in demand for these services⁶. For these reasons I believe more attention needs to be paid to this category of community transport, and funding allocated more appropriately so that SWCT can continue to manage and improve such activities.

Some of the factors identified that have contributed to the increasing demand placed on community transport organizations such as SWCT, resulting in need for increased funding include:

- Fewer home visits being conducted by general practitioners
- Increasing trend of early discharges
- Increasing use of day surgery
- Ageing Australian population which has led to a greater number of people over 75 that are unable to use public transport or drive due to frailty or health problems

Recommendations

It is clear that community transport plays an essential role in the community, and an appropriate solution should be sought to address the needs of SWCT and other community transport organisations. Some of the solutions that have been proposed by the Cancer Council in the aforementioned report include:

- Increased funding for non-emergency related transport
- Include transport in all health planning e.g.
 - Planning for hospital admission and discharge
 - Have transit lounges and parking available to make picking up and dropping of clients easier
- Regularly gather data from community transport organisations to address unmet demands
- Increased funding for non-health related transport. E.g. social outings, shopping trips.

So as can be seen, if community transport programs were unable to meet the demands of the increasing number of clients there would be numerous consequences. For many clients, limited or lack of access to community transport will mean loss of their social network and connection to the world, loss of independence, and deterioration of their physical and mental health. This in turn would lead to earlier admission into an aged care facility. Thus not only does the individual suffer but so does the community as growing strain is placed on community care and aged care services. However if some of the suggested changes can be addressed and the funding being allocated to these organisations reviewed, the needs of the growing client base will hopefully be able to be met more fully and to a more satisfactory standard.

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Discussion Paper

Unmet Need

August, 2010.

**Written by Denise Nguyen
Medical Student on Placement from
University of Western Sydney**

Abstract:

Unmet need within Community Transport refers to inability of a service to provide transport services to clients due to a variety of reasons. Unmet need within South West Community Transport (SWCT) has increased steadily over the years since its inception. This has been due to a variety of reasons, within one being the rise in client numbers. Over 5 years, the client base for SWCT increased by almost 203%, from 3052 clients in 2004 to 6200 clients in 2009 (Fig 1b).

The rise in community transport demand has not been met with a rise in supply. The main sources of Community Transport funding include the HACC Program mentioned above, the NSW Community Transport Program (CTP) and the Area Assistance Scheme. Additional strain is placed on the HACC and CTP due to lack of funding for Health-related transport. These facts are discussed in detail later in the report.

The purpose of this report was to research and analyse the client population of South West Community Transport in regards to unmet need, in the months of March to May 2010, focusing on LGA, reason and sub-type. By analysing a sample population of 75 clients; the health impact, alternative transport options and reasons for booking were recorded, among other things. Additionally the report observed the general trends of unmet numbers of SWCT.

Briefly, the results point not only to an increase in community transport demand, but a particular focus towards Medical-related transport. Out of the 939 total unmet needs from March – May 2010, 644 were hospital-related, GP or specialise appointments. As well, 92% of those within the sample population were booking for a medical appointment on their occasion of unmet need. The greatest reason for unmet need was the client being out-of-area, while the Liverpool LGA had the greatest number of unmet need. Unmet need impacted on health poorly on a greater proportion of the sample population versus no change in health or better health. Taxis were the most common form of alternative transport with 42%, followed by family/friends driving with 17%. ‘Having no alternative transport’ came a close third, with 16% of clients.

Method:

A sample population of 75 clients were chosen from a database of those with unmet need from March to May 2010. Using reason for unmet need as a separating factor, 10 clients were chosen from the following 6 sub-groups: Out of Area, Service Full-With Solution, Service full – No Solution, Too Late – With Solution, Too Late – No Solution, Too Early. As well, an additional 5 clients were chosen from a 7th sub-group: Health-Related Transport. The initial plan was to choose 10 clients from each of the 7 sub-groups. However there were insufficient numbers of unmet-need within the Health-Related Transport sub-group. The 75 chosen clients were then interviewed over the phone over a number of weeks on their unmet need. A survey was used interview the 80 clients, and contained the following questions:

1. What do you use our services for? (Medical/Social)
2. Have you ever had an unmet need? (Yes/No)
3. What were you booking for? (Medical/Social)
4. Why was there an unmet need?
5. Did this impact on health? (Poorer Health/No Change/Better Health)
6. Did you have an alternative form of transport? (Yes – what was it?/No)

The results were recorded and summarised into a series of graphs, shown below.

Results:

The following data was obtained:

Section I: General Data Trends

Figure 1a. SWCT Total number of Clients Annually 2004 – 2009

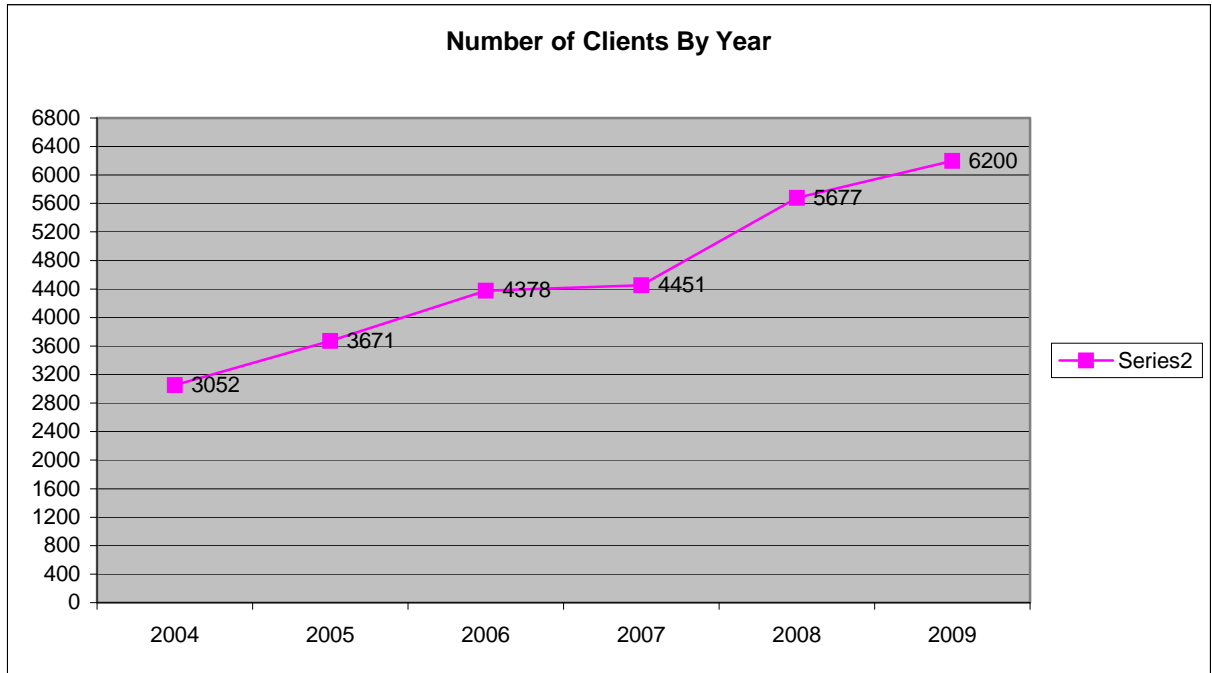


Figure 1b. SWCT Total Number of Unmet Need Annually 2006 – 2010

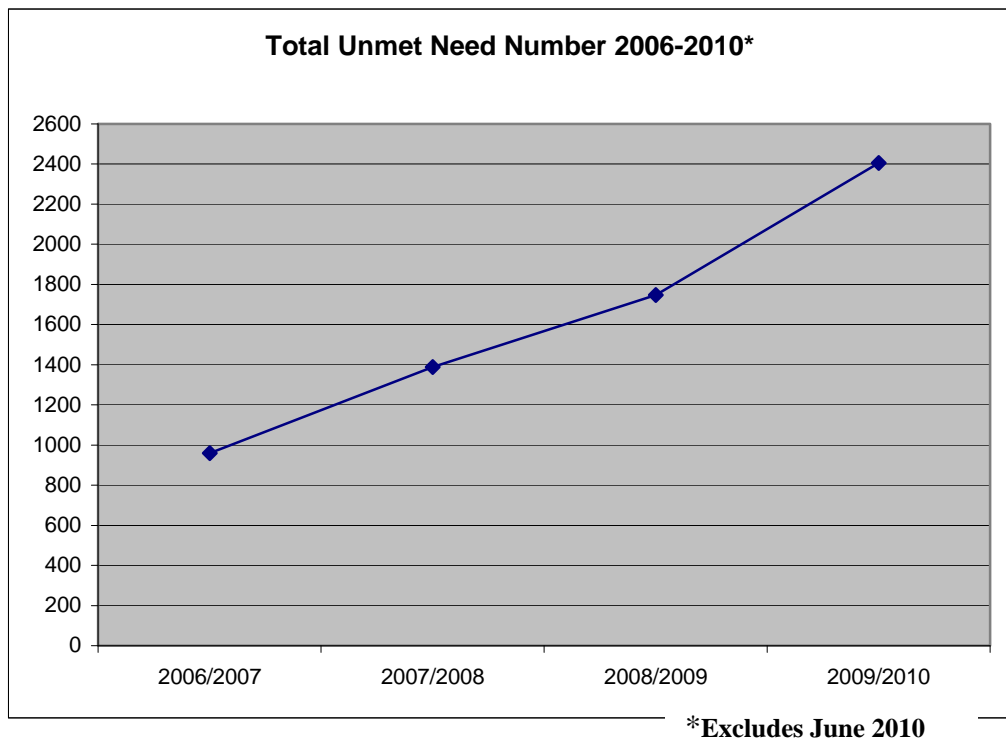
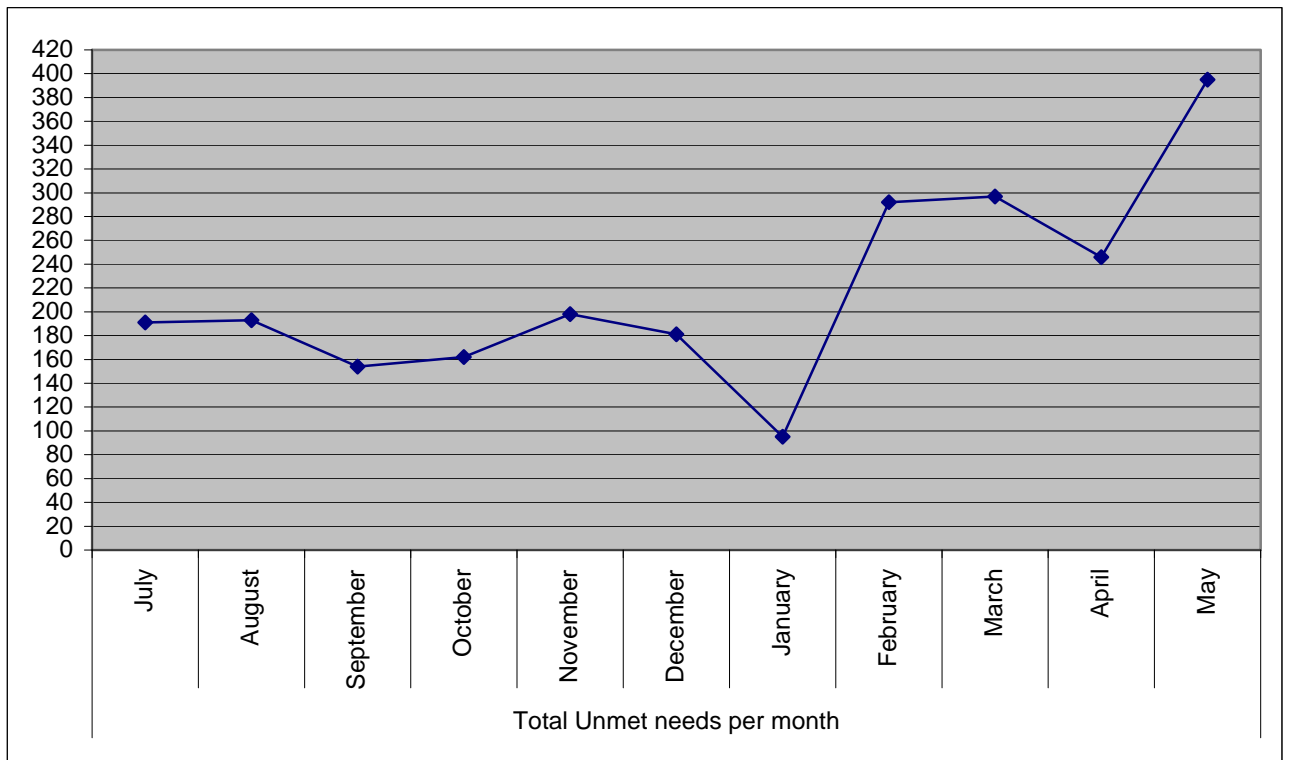
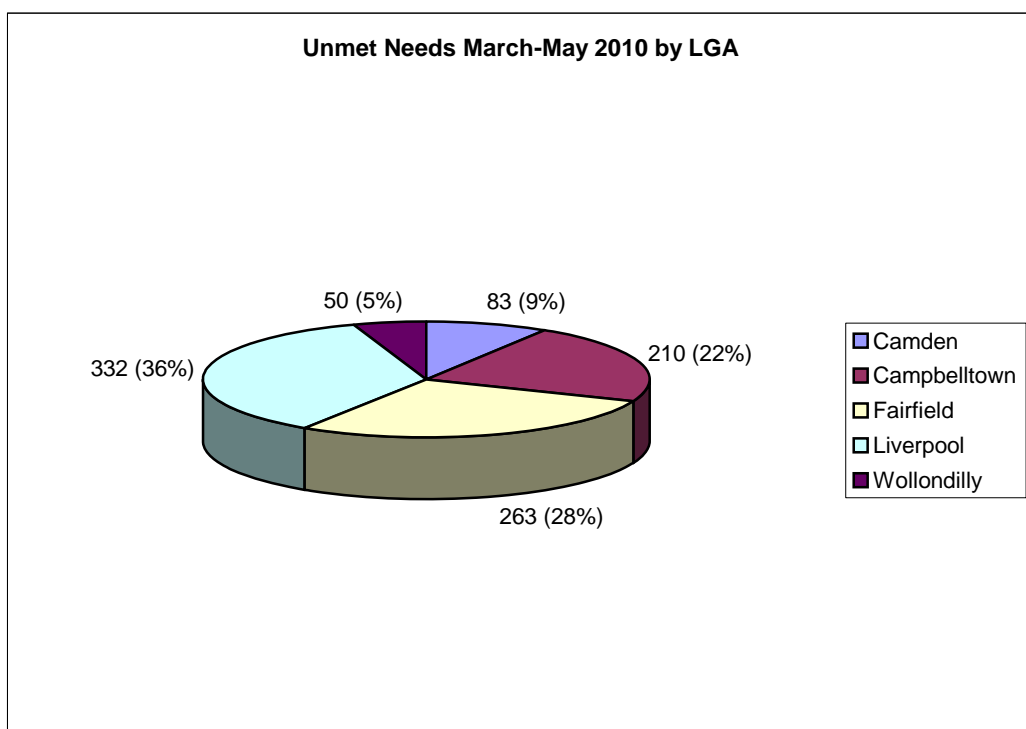


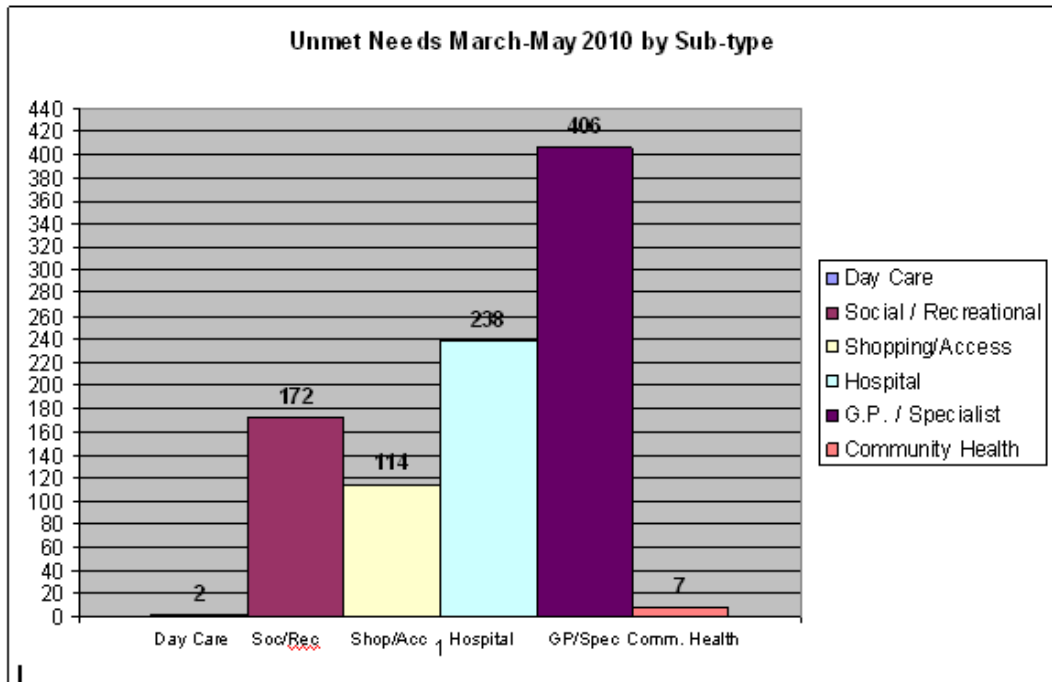
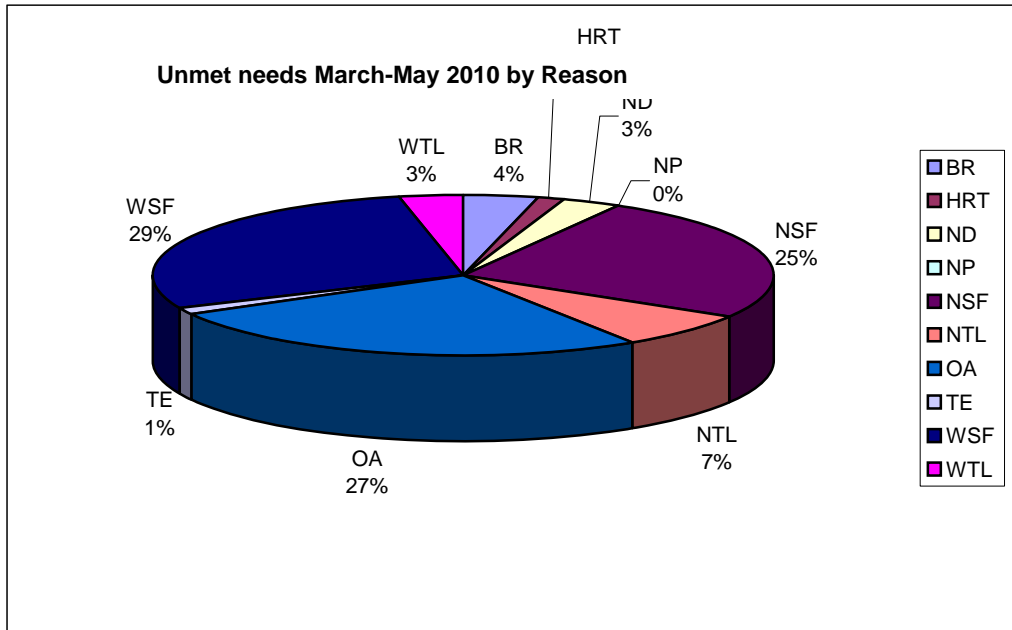
Figure 1c. SWCT Total Number of Unmet Need Monthly July 2009 – May 2010



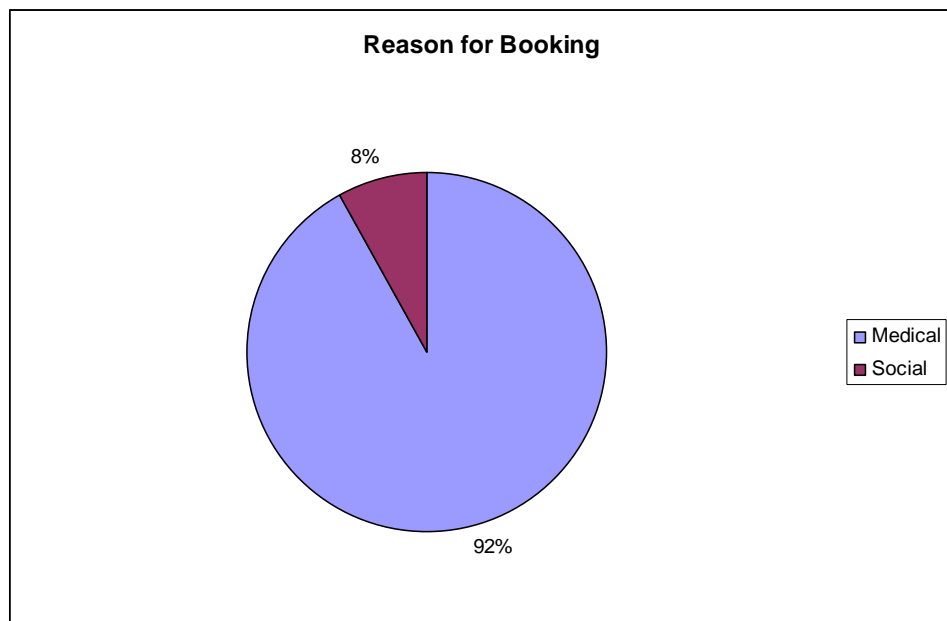
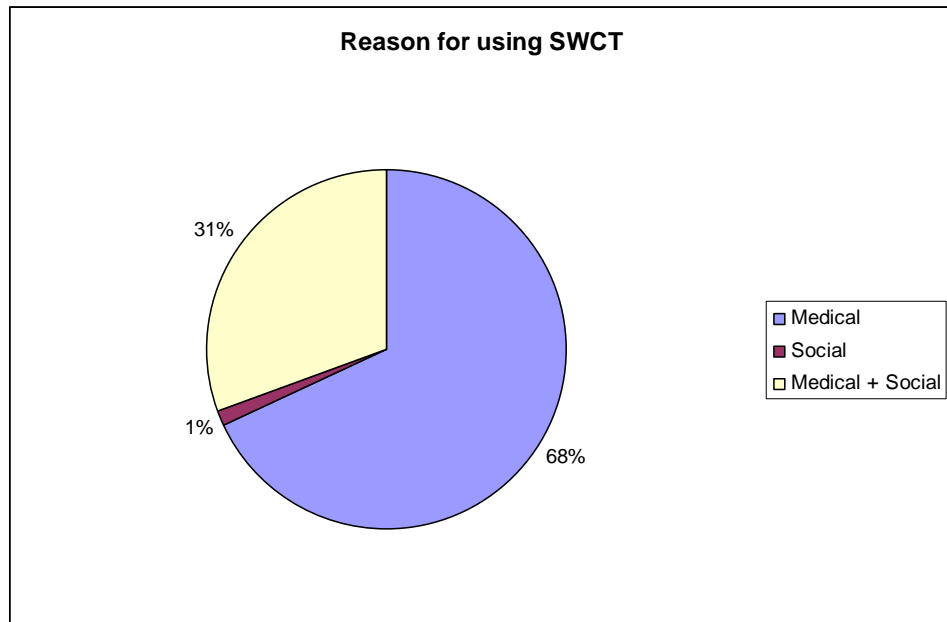
From July 2009 to May 2010, the total number of unmet needs rose by 207%, from 191 to 395.

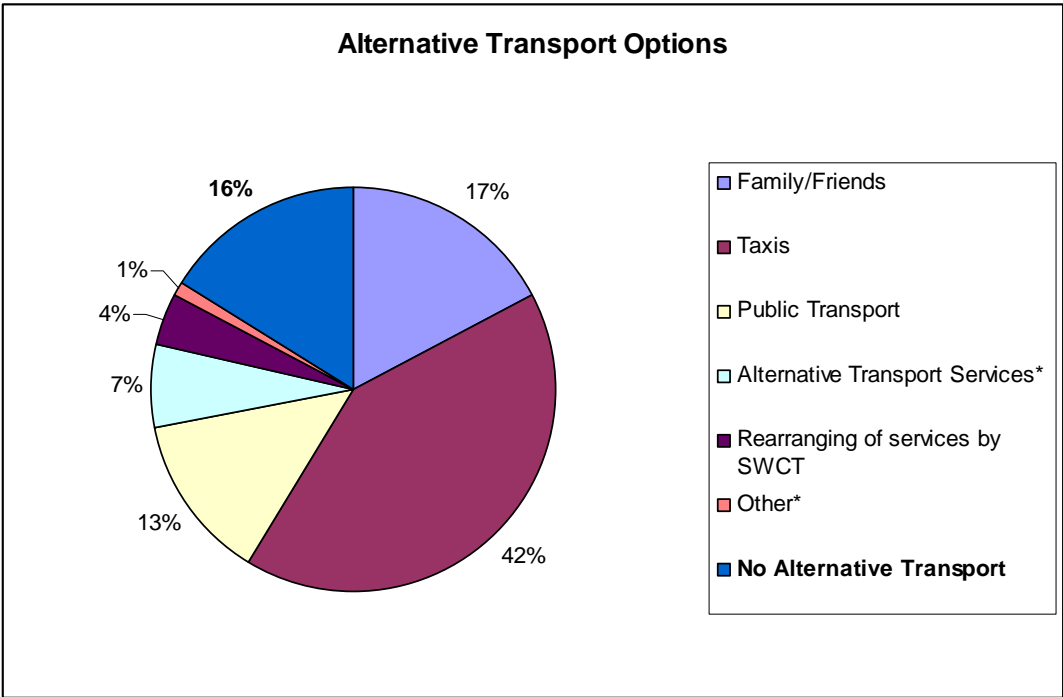
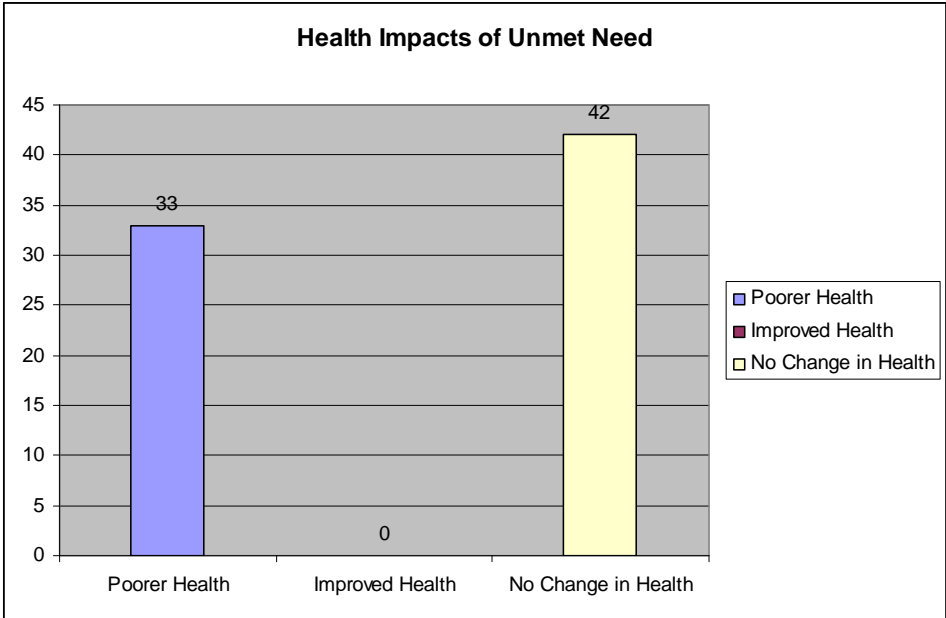
Section 2: Trends by sub-category, March – May 2010





Section 3: Results from research survey:





Conclusion

Unmet need within SWCT continues to increase as the number of clients and of the general population continues to increase. Specifically medical-related transport needs to be addressed as it continues to be the largest component of community transport. Although additional services including taxis and public transport are available, lack of services still significantly impacts on the health of those with unmet need, physically and psychologically.

Discussion:

Within NSW, Community Transport providers have more than doubled the number of trips they provide to health services over the last ten years: from 240,000 in 1996 to 680,000 trips in 2006⁵. Community transport providers in NSW refuse an estimated 90,000 requests for transport to health services each year.⁵ Within SWCT, the client database rose 203% between 2004 and 2009, from 3052 clients to 6200 clients³. As a result, the number of unmet needs has increased over the years, with almost 2405 unmet needs in 2009/2010 in comparison to less than 959 in 2006/2007⁴.

In this discussion, we will attempt to explain why the client population and hence unmet need within NSW as well as GWS and SWCT has risen at such an exponential rate.

Population is a major factor in the increased demand for Community Transport. According to the Australian Bureau of Statistics, NSW contains approximately 32.5% of the total Australian population, the greatest percentage of any state.⁶ The Greater Western Sydney Area consists of 14 LGAs, including the 5 serviced by SWCT. Greater Western Sydney (GWS) has the highest population growth rate in Australia, with a total population of over 1.5 million during the 2006 census¹ and a current population of about 1.87 million².

As well as a growth in general population, medical advances and higher living standards have brought on the phenomenon of the “ageing population”. As a result, the Australian Bureau of Statistics (ABS) predicts the population aged 65 years and over will increase from 2.5 million in 2002, to between 6.1 and 11.7 million in 2101⁷. The ABS 2003 Survey of Disability, Ageing and Carers showed that 182,800 people (43%) in NSW over the age of 60 years needed assistance with transport. GWS is also experiencing a growth in the elderly population, with the proportion of those aged 60 and over in GWS shifting from 13.3% of the total population in 2001 to 14.3% in 2006¹.

Although there has been an increase in population in recent years, this does not fully explain the scale of the rise in demand for Community transport. Studies have shown several other contributing factors have added to the meteoric rise in community transport demand. These include:

- decline in client mobility³
- increase in passengers transported (i.e. the same passengers using a service more often)³
- increase in kilometers travelled (i.e. people are travelling further)³
- Concentration of specialized services in fewer hospitals⁵
- Increase in day surgery and earlier discharges⁵
- Reduction in doctor home visits⁵
- Change in structure and function of ambulance service to exclude non-emergency services⁵

As mentioned earlier, the increase in demand for Community Transport has not been supported by an increase in funding. Approximately 119 state government-funded Community Transport groups currently exist in NSW. There are four main funding schemes for Community Transport within NSW:

1. Home and Community (HACC) Transport Sub-Program: Run jointly by the federal (60%) and state (40%) government, the HACC Transport Sub-Program was provided \$1.788 billion in 2008-2009, an increase of over 8% from 2007-2008⁸. However this funding still does not meet demand as programs such as the HACC must cover health-related transport (*NSW Health only provides 10% of the funding for the 680,000 trips provided by community transport providers to health services*⁵) as well as targeted service such as shopping and social outings.
2. Community Transport Program (CTP): Run by the NSW Ministry of Transport, CTP funding has not increased over the last 10 years⁹ (excludes annual CPI based increase). Funding is provided mainly to increase the level and range of transport options for target groups.
3. Utilisation of Spare Capacity: This policy is a product of joint agreement by the NSW Department of Ageing, Disability and Home care (DADHC) and the Ministry of Transport. The program focuses on how spare resources can be used to service under-resourced community transport services¹⁰.
4. Transport for Health: This program specifically targets health-related transport, and aims to increase funding for non-emergency health-related transport. It also aims to increase coordination between all the different NSW Area Health Service Health Transport Funding Programs by:

*“Supporting Area Health Services to be more strategic in identifying, consolidating and integrating a full range of transport services and resources to increase effectiveness and reduce duplication”*¹¹

The HACC Transport Sub-Program and CTP both provide funding via a competitive basis, i.e. Community Transport Programs must prove they require funding to receive any.

The issue of medical-related transport must be looked at. The results of the sample study indicate the vast majority of SWCT services are being used towards medical-related transport. This includes GP/specialist appointments, hospital clinics, physiotherapy, rehabilitation clinics and the like. However SWCT does not offer transport for specialised services including dialysis clinics, hospital discharges and chemotherapy. This is because greater resources are required to transport patients within this category, further stretching an already under-resourced organisation. These results reflect the current situation of Community Transport within NSW. The Cancer Council reports that over the past twenty years the provision of health related transport by CT groups has steadily increased, so that the proportion of trips that serve health facilities has grown from 16% to 28% of total community transport trips⁵.

The study also identified taxis as the primary form of alternative transport for those without SWCT services. Programs such as the taxi voucher program run by SWCT assist financially, but lack of services places both a financial burden on the client as not all clients are eligible for taxi vouchers; and a health burden, as clients suffer emotional anxiety about not having transport, as well as the physical burden of taking public transport or having no form of alternative form of transport at all.

The sample population used in this study was relatively small (75) therefore may not precisely reflect the current trends in Community Transport, however background research in NSW Community Transport was carried out to minimise false results. The majority of trends identified by the study correlate with the current trends within NSW Community transport.

References;

¹ <http://profile.id.com.au/Default.aspx?id=303&pg=102&gid=10&type=enum>

² <http://www.gws.org.au/page.asp?id=32>

³ http://www.swct.com.au/publications/OrganisationalPublications/SWCT_Community%20Profile_2009.pdf

⁴ SWCT Annual Data Summary 06-10

⁵ http://www.cancercouncil.com.au/html/policyaction/reports/downloads/ComTransport_Report.pdf

⁶ <http://www.abs.gov.au/ausstats/abs@.nsf/mf/3101.0>

⁷ <http://www.abs.gov.au/Ausstats/abs@.nsf/0/95560B5D7449B135CA256E9E001FD879?open=document>

⁸ <http://www.health.gov.au/internet/main/publishing.nsf/Content/hacc-index.htm>

⁹ <http://www.transport.nsw.gov.au/lact/regional-funding-guidelines.html>

¹⁰ <http://www.transport.nsw.gov.au/lact/programs.html>

¹¹ <http://www.health.nsw.gov.au/initiatives/iptaas/>

MARCH

2010.

SOCIAL

INCLUSION

COMMUNITY

TRANSPORT

PROJECT

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Introduction

In 2007 the Ministry of Transport (MOT) developed a paper named 'Improving Access to Individual Social Access Community Transport in the DADHC Metro South Region.'

South West Community Transport (SWCT) supports the need for improved access to 'social transport' for the HACC Target Group.

SWCT questions the existence of linkages to social activities within the community by the HACC Target Group. SWCT belief, based on client's comments, is that the majority of the HACC Target Group does not have the linkages within their community for the purposes of social Inclusion.

It is our belief that to just offer transport for the purpose of 'social outings' would be poorly received by the HACC Target Group due to the reason stated above i.e. they lack the necessary linkages to generate the need for such outings.

Client comments during South West Community Transport 2009
Client Telephone Consultation

South West Community Transport is my lifeline

South West Community Transport gives people independence and confidence

I didn't realise social groups existed

Recently SWCT held Client's Information Days. During these presentations the issue of social outings was raised. I presented the idea of this project to the groups.

At the first meeting - before I had an opportunity to ask for their opinions clients were applauding. (I think this is the first time in 20 years I have received applause DURING a presentation!)

At the second meeting – people were asking when would it start!!

At both meetings clients supported the theory that they would not be comfortable going to social venues / events alone but would participate if they knew that community transport would ensure their access, safety etc.

Proposal

SWCT seeks funding to undertake the Social Inclusion Project which would meet the social access needs of the HACC Target Group by providing not only transport but an opportunity to access Social Activities / events in their local communities.

The project would employ of a Project Worker to co-ordinate and manage social outings for clients. This would include out of hours outings with full cost recovery paid by the project for vehicle and staffing hours incurred by C.T. groups. Clients would pay subsidized transport cost plus entry costs to venues etc.

The project would also work in conjunction with the Travel Training and the Taxi Voucher Projects with an aim to support the client's individual transition into social activities within local communities.

Representatives from the following groups would be invited to participate on working party to steer the project:

- South West Community Transport
- Bankstown Community Transport
- Southern Highlands Community Transport
- Gandagara Aboriginal Community Transport
- NSW Transport and Infrastructure
- HACC Development Officers

The project would cover the following seven local government areas:

- Bankstown
- Camden
- Campbelltown
- Fairfield
- Liverpool
- Southern Highlands
- Wollondilly

The Project Officer would:

- Report to stakeholder Working Party consisting of the four Community Transport Groups across seven local government areas.
- Consult with HACC target group to indentify potential / preferred social outings
- Investigate and negotiate accessible access (including seating and bus parking) at venues
- Investigate and where possible negotiate reduced ticketing costs
- Purchase tickets in advance for social events e.g. Australia One Day Cricket tickets normally go on sale 12 months in advance of the date, specials for matinee performances for musicals go on sale months in advance.
- Advertise outings to HACC Target group across seven Local Government Areas.
- Maintain client bookings and income.
- Negotiate access to transport providers resources including Community Transport, Bus Operators, Railcorp, Taxi Operators etc.
- Work in conjunction with Travel Training, Taxi Voucher and Young People with Disabilities Projects to ensure the most appropriate forms of transport provided to venues utilizing a variety of transport options
- Recruit Volunteers to assist at venues when required.
- Maintain data and develop periodic reports which will be used as a basis of review for the project

The project will be reviewed at the 12 month period and a report developed identifying future strategies / improvements within the project. This report will be used as a basis for future planning initiatives in the region in respect to 'Social Inclusion for the HACC Target Group'.

The Access to Individual Social Inclusion Project would,

- Have the capacity to reach a broad range of the HACC community, as each outing would be aimed at specific age groups e.g. the people under 40 may be more inclined to go to a football match whilst the over 65's may be attracted by a local theatre musical. That is not to say that either would be limited to these groups
- Provide a means by which individuals could expand their personal social networks by providing an opportunity to meet people of their own age, with similar interests during transport and whilst at social venues.
- Whilst promoting social Inclusion to Young People with Disabilities the project would also be promoting the virtues of mainstream Community Transport in their area
- Aim to provide participants with the knowledge and self confidence, where the ability exists within their disability, to access such venues to expand their knowledge of their local communities without the support of SWCT
- Have the capacity to utilize all forms of transport options in the area including trains, private and public bus operators, taxi as well as community transport vehicles which remain under utilized in the evenings and on weekends.
- Have the capacity to link individuals into existing programs such as Travel Training and Taxi Voucher projects as well as other programs offered by mainstream Community Transport e.g. shopping trips, individual appointments.
- Be in a position to identify and provide feedback to mainstream Community Transport as to the transport needs of Young People with Disabilities.
- As a pilot project have the ability to provide valuable data, both quantitative and qualitative to government bodies
- If successful, lay the basis for similar projects to be funded statewide. As was the case with the pilot Travel Training project undertaken by SWCT
- Provide valuable information to individual clients and other HACC service providers re accessing social venues e.g. identifying suitable seating available at venues, contacts for purchasing of tickets (a real person, not a automated or internet service), parking at venues etc.
- Guide planning, service development and reform work to improve access to individual social Inclusion transport for HACC eligible people in the DADHC Metro South Region (*extract from Ministry of Transport and DADHC joint paper 'Improving Access to Individual Social Access Community Transport in the DADHC Metro South Region – December, 2007)*

Financing the Project

This discussion paper / proposal currently has the support of South West Community Transport, Bankstown Community Transport and Southern Highlands Community Transport. Walomi Aboriginal Community Transport has been absent from Working Parties during the interim auspicing period. We anticipate and shall encourage involvement by the new auspice once they are operational.

Budget

Budget available upon request

Recommendation

Macarthur, South West Sydney and Wingecarribee HACC Forums endorse the Social Access Project as a High Priority on the 2010 HACC Planning Grid.

Lyn Bright
Executive Officer
South West Community Transport

STRATEGIC PLAN

Our Vision

To operate a quality Community Transport service addressing the needs of the transport disadvantaged in South West Sydney

Our Mission

To provide a comprehensive transport service through:

Ensuring safe and secure transport which is responsive to client needs

Assisting clients to maintain independence and quality of life

Our Aims

To investigate the present and future provision of and need for transport services in the Region for the Home and Community Care Program target group.

To establish services to meet the needs for transport of those people disadvantaged by the present provision of transport services particularly those in the Home and Community Care Program target group.

To liaise with other organisations involved in community transport and with any formal organisations of these groups.

To provide information and assistance where possible to other community organisations interested in “Community Transport”.

To provide input into Government policy on public transport in general and on “Community Transport” in particular.

STRATEGIC PLAN 2010 – 2012

Objective 1:- Improve and expand customer access and options

- Seek funding to service identified unmet need
- Lobby external providers
- Pursue opportunities to encourage a wider range of clientele
- Develop strategies to reduce client cancellations
- Involve stakeholders more in business improvement
- Compare client profile with local demographics
- Explore new funding sources
- Promote service to other agencies and community bodies
- Develop a sustainable approach to subsidization of group transport
- One stop shop for transport

Objective 2:- Support our staff in providing safe, customer focused, quality service

- Target skill and representational diversity in Board members
- Attract volunteers
- Meet OH&S legislative requirements
- Maintain an up-to-date and relevant set of policies and procedures
- Improve communications with staff
- Target training that will up-skill staff and gain formal recognition
- Target recruitment for multi-lingual staff

Objective 3:- Achieve sector leadership / recognition to enable positive outcomes for clients

- Pursue innovative service delivery models
- Actively advocate on client issues
- Actively promote transport options
- Contribute in State-wide forums