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Abstract (200 words):

Access for regional communities is a significant issue, not only for the transport sector but also for education, health, employment, tourism and other service providers. In an analysis conducted by the SA Passenger Transport Board (PTB) in 2001, now the Office of Public Transport (OPT), it was found that over \$40 million across 1000 vehicles was spent per annum on passenger transport in regional South Australia. While this represents a significant investment, transport continues to be a major issue for regional communities as these transport services are disjointed and limited to specific client groups. In responding to the access needs of regional communities, in 2002 the PTB, in conjunction with the local community, implemented the Murray Mallee Integrated Transport Plan. This followed a detailed study in the region of transport needs and resources and led to the development of an Integrated Passenger Transport model. This model focuses on community consultation, identification and coordination of transport resources, and tailoring services to meet whole of community needs through a strategic approach. 49 services were implemented in 2003 in the Coorong, Karoonda East Murray, Mid Murray and Southern Mallee Council districts. A recent evaluation revealed that for every \$1 spent, \$5 of benefits had been gained, excluding any benefits resulting from reduced road accident injuries or fatalities. Complementing these services, a specific special medical service was implemented in September 2002 to address access to specialist medical treatment in Adelaide. Following the success of this plan, similar studies are being conducted across South Australia by the OPT.

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Introduction

South Australia covers an area of 984,377 square kilometres (380,070 square miles). The State capital is Adelaide, which is located on the central coast. Approximately 20% of the State is traditional broad-acre cropping or livestock grazing with a characteristic relatively low population density. The remainder of the State is pastoral grazing, aboriginal owned land or arid zone national parks.

The State's population is approximately 1,467,000 (ABS, 2001), of which approximately 3900,000 reside in regional South Australia. There are six provincial cities, five of which are located alongside or near the coastline. The populations of the provincial cities range from 12,000 to 23,000. Interspersed throughout the broad-acre and livestock grazing part of the State is a relatively high number of small towns and communities, of which only eleven have more than 3,000 residents. The majority of the remaining communities have populations of less than 1,000.

In 2000, there were approximately 62,000 people aged over 65, 18,000 unemployed persons, 47,000 primary school children and 26,000 secondary school children living in regional South Australia (personal communication, 2000). In addition, there were approximately 300 people with a neurological or physical disability, 240 with brain injury and 1,000 with an intellectual disability spread through the regional areas.

As for the rest of regional Australia, access to goods and services is a key issue for regional SA. In particular this is due to disadvantages, other than just transport. *“Compared with their urban counterparts, people living in rural areas of Australia are disadvantaged on a wide range of social indices”* (Bell, Cheers in Rosemary and McDonald, 1996, p38). Combined with long distances and variety across regional areas accessibility becomes a critical issue (Witherby, 1993, p94).

Access to services is not just an issue for specific client groups of service agencies, but also for the wider community. It is an issue for youth, the unemployed, single parents and those who do not drive or own a car. Access to services is exacerbated for people residing in regional (particularly remote) areas with limited services, where essential services such as health, financial and education are being increasingly clustered in the larger regional centres.

As well as the consequences of not being able to access a good or service (including essential services), there are other wider reaching effects of having limited or no transport. These include the strain on family and friends who are relied upon for transport, lack of access to opportunities such as job training and issues associated with social exclusion. As one regional woman put it *“you don't realise how cut off you are until you don't have a car”* (personal communication, 4 December 2002).

In recognising the need to provide access for those in their target audience who are transport disadvantaged, many service providers have had some sort of involvement in transportation, whether through direct transport provision or indirect involvement such as the payment of mobility allowances. Transport is not a core function of these service providers and they have traditionally focused on provision of passenger transport services to only their clientele. For example, the Home and Community Care (HACC) program (jointly funded by the Commonwealth and State) provides a range of highly regarded services, including access, to

people who meet their eligibility criteria, but only to those people, irrespective of the level of transport disadvantage of other non-eligible HACC people in the same community.

Whilst the importance of access and mobility has been recognised, research to date has focussed on auditing major commercial transport services, statistical analysis and undertaking spatial analysis of access. The day-to-day travel needs of regional communities are still generally not well understood.

A recent report by Sidebottom and Mitchell (2002, p1) examining inter regional public transport services in Australia, focussed on the geographic coverage of services, and concluded that *“a relatively high proportion of persons living in population centres of 200 persons or more have access to some form of inter-regional public transport service”*. However, this assumed that the reasonable distance people would travel is 120km to the nearest air service and 16km to the nearest rail or coach service and that the services provided access to the target destinations of passengers at a time that was reasonable for them to travel. Considering the people who are likely to be transport disadvantaged in the first instance, the 16km would prove more difficult than the remainder of the journey.

This conclusion also did not take into account the fact that some services travel through communities during the early hours of the morning, or where people needed to go. Therefore purely quantitative and spatial approaches to regional transport are limited in their ability to assess the degree of access, nor provide a good basis to respond to transport disadvantage.

An Overview of Passenger Transport in SA

The Office of Public Transport (OPT) is an agency within the Department of Transport and Urban Planning. The OPT plans, regulates and funds land based passenger transport in accordance with the Passenger Transport Act (1994). The OPT replaced the Passenger Transport Board in January 2004.

The mix of passenger transport services in regional South Australia is typical of that found elsewhere throughout regional Australia. They include:

Route Service Buses

Route service buses are commercial services that principally link metropolitan Adelaide with major regional centres. Timetables for these services are focused on providing access to Adelaide i.e. departure and arrival times are set for Adelaide. Very few of these services are provided with wheelchair accessible vehicles, although the major provider recently purchased two fully accessible vehicles. Routes travelled have remained largely unchanged over the past 20 years, with the exception of services being withdrawn on some of the poorly patronised routes.

Provincial City Bus Services

The State Government, together with local Councils, supports regular passenger transport services within six provincial cities (Port Lincoln, Whyalla, Port Augusta, Port Pirie, Murray

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Bridge and Mount Gambier). These intra town route services are mostly similar to those provided in metropolitan Adelaide (the State's capital city).

Community Passenger Networks (CPNs)

Eleven CPNs (Barossa, Eyre Peninsula, Adelaide Hills, Mid North, Murray Mallee, Upper North, Riverland, South East, South Coast, Yorke Peninsula and Kangaroo Island) have been established across regional South Australia and are jointly funded by the OPT and the HACC program (within the Department of Families and Communities). Their role is to provide information on passenger transport, coordinate service delivery, broker services and provide transport as a last resort for the transport disadvantaged.

Taxis and Hire Cars

Taxis and small passenger vehicles are an important part of regional passenger transport. However, the majority of these are located in large regional centres and can be unaffordable for some people, particularly for long distance or regular trips.

Local, State and Commonwealth Government Owned Vehicles

Local, State and Federal Government or their funded agencies are often significant owners and/or funders of passenger transport vehicles in regional South Australia, with Education, Health, Aboriginal and Veterans Affairs being the dominant players. These services usually only serve a particular client group and are not available to the wider community. For example health funded buses are purely dedicated to Day Care clients. They are often underutilised and driven by volunteers or staff employed for other purposes.

Community Service Groups

There is a significant number of ad-hoc local passenger transport providers, from church groups to service groups, such as Apex, Lions, etc.

Funding for Passenger Transport in Regional South Australia

The latest estimate is that >\$40 million dollars, or approximately \$100 per person residing in regional South Australia, spread across 1000 vehicles, is being expended per annum by various agencies on provision of passenger transport (Table 1). It is likely that this figure will continue to grow as further resources are identified.

Are Needs Being Met?

A superficial examination of the resources being dedicated to passenger transport in regional South Australia would suggest that the great majority of access needs are being met i.e. it

would be reasonable to assume that approximately \$100 per person and one vehicle per 390 people in a car dominant society would be meeting an adequate level of access needs.

Table 1 Transport Funding in Regional SA

Agency	Transport Expenditure	Target Group
	<i>Approx. p.a (2002-03)</i>	
Patient Assisted Transport Scheme (DHS)	\$3.1m	Financial reimbursement to country patients and approved escorts with the cost of travel and accommodation when they are required to travel more than 100km each way to receive specialist medical treatment that is not available at their nearest centre.
Other Department Human Services	\$5m	Client groups of health services such as Day Activity and Mental Health.
Department of Education and Children's Services	\$22m	Children residing >5km of their school of right
Home and Community Care	\$2m	HACC Clients, usually frail aged
Department of Veteran Affairs	\$1m	Eligible Veterans
Passenger Transport Board	\$7.1m	General community
Other (eg Local Government)	\$0.5m	Community transport, predominantly used by older persons
TOTAL	\$40.7m	

However, in the majority of community consultations enquiring about the adequacy of service levels for a wide range of services in regional South Australia conducted over the past 10 years, the lack of access for people who are transport disadvantaged has been consistently raised as a major issue. For example, the Department of Transport and Urban Planning conducted an extensive community consultation program in 2003 during the formulation of a State Strategic Transport Plan. These sessions asked regional communities about their priorities for a range of issues surrounding transport, including freight movement, environmental sustainability, road maintenance, road safety, walking, cycling and passenger transport. The lack of suitable passenger transport consistently rated in the top priorities at the consultation sessions.

As further evidence that there was unmet demand for passenger transport services, the CPNs have become over the past five years major providers of passenger transport services using volunteers. It was not uncommon for a CPN to be providing in excess of 12,000 trips per year from the one centre, the majority of which were single passenger trips. At the same time the CPN coordinators were consistently reporting that there remained significant unmet demand in their service areas.

Integrated Transport Plans

There has been extensive previous research outlining the problems regional communities are facing, where *“research has highlighted geographical isolation, limited access to quality services and the importance of designing services to respond to the needs of rural people rather than simply transposing urban models into rural service provision”* (Martnez-Brawley, Croce in Rosemary and McDonald, 1996, p38). Consequently, the OPT sought to take a different approach to passenger transport in regional South Australia, this being “Integrated Transport Plans”.

The three key components of an “integrated transport plan” are:

1. Considering the community as the one entity of whom a group are transport disadvantaged, rather than individual clients of particular agencies.
2. The OPT taking a lead role in facilitating a collaborative approach to passenger transport by the community, Councils, advocates of groups who are transport disadvantaged and stakeholder State and Federal agencies.
3. Community, Councils and advocates of groups who are transport disadvantaged playing a key role in design of resultant services and review of the services to ensure they continue to meet the communities access needs, as well as those access needs that are emerging.

Processes involved in establishment of an Integrated Transport Plan are outlined in the Integrated Transport Model (see Figure 1).

As outlined above, in determining the access needs within a community, the integrated passenger transport model relies heavily on community participation. This is a process that:

- works in partnership with particularly local government;
- identifies needs, resources and potential services;
- gains community input on those services; and
- has ongoing commitment and evaluation with the community through local management committees.

Once identified, travel needs are integrated into a package of services that are discussed with the community before being contracted out to a commercial operator through an open tender process.

It is recognised that not every need will be met through this process, but it provides a foundation on which to build. Once the bulk movements are addressed, other needs are likely to become more evident and new needs arise. Ongoing community consultation is a key performance indicator established in the contract with transport providers (with the provision to terminate the contract if this is not conducted satisfactorily) to ensure services are continuously evolving to reflect community need.

Through integrating various travel needs into a package of key transport services their provision by a commercial operator is more viable. This maximises the use of a piece of infrastructure and ensures vehicles are used more efficiently to meet a number of needs as

well as building viable passenger transport businesses that can employ staff on a full time basis. It also allows for contributions from the various parties, such as health for specific services (eg such as transport to medical appointments) according to their amount of use, rather than these parties fully funding the use of a stand-alone service.

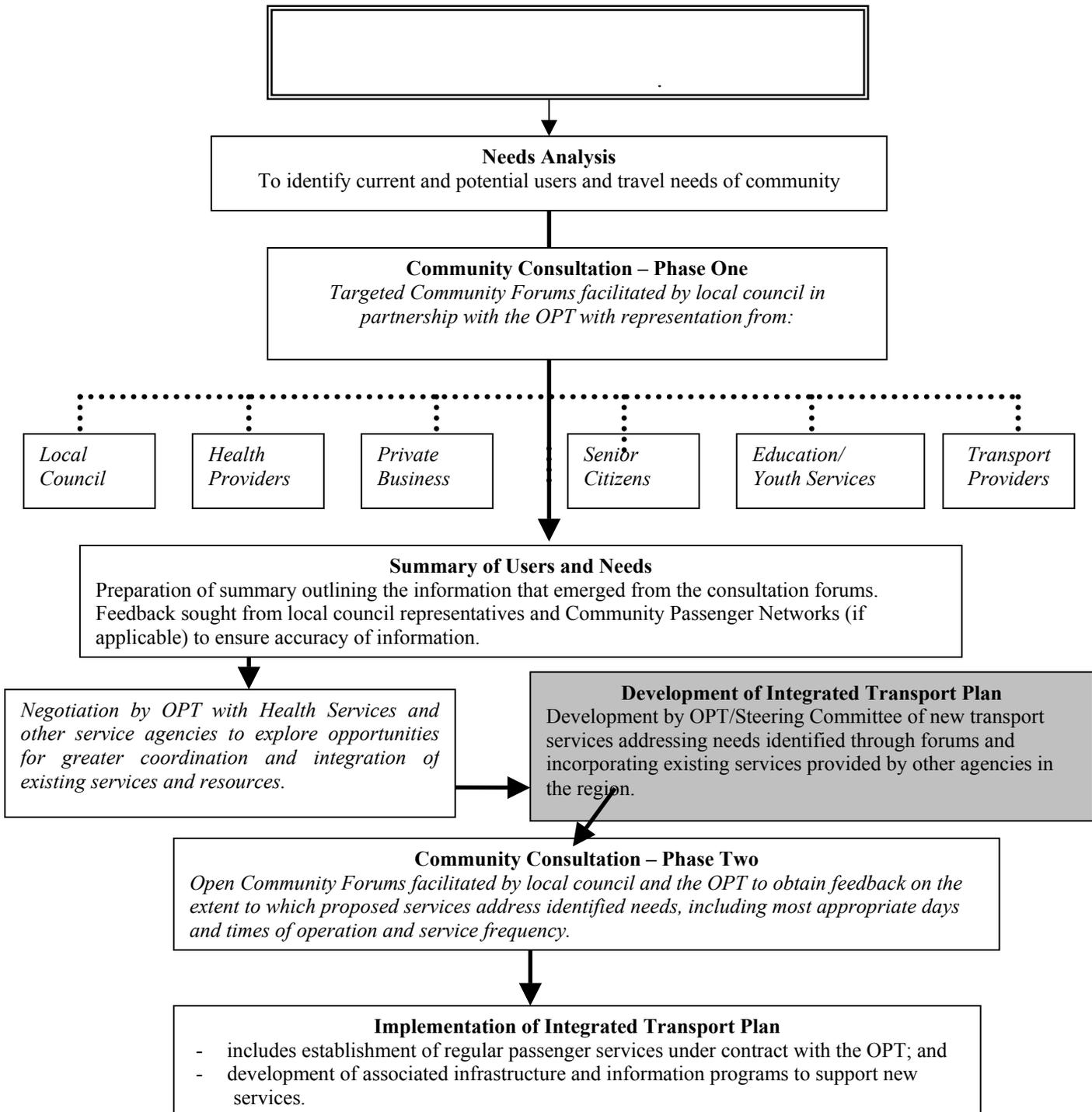


Figure 1 Integrated Transport Model

Joint Funding

While the State government through the OPT holds the contract for provision of services, they are not the sole funder of the service package.

Part funders of service packages have been the Commonwealth Department of Health and Ageing, local Government, a regional Local Government Association, State Department of Human Services, Home and Community Care, and the Department of Education and Children's Services. Negotiations are currently underway with aboriginal organisations, tourism operators, Australia Post and the Department of Employment and Further Education in relation to impending packages of integrated services.

Services, Not Buses

While communities often express their needs in terms of wanting a bus – a key breakthrough was to convince community groups that they needed services not ownership of a vehicle.

This is not an easy transition for stakeholders to make and has consistently proven to be the single greatest obstacle to successful implementation of Integrated Transport Plans. In assisting stakeholders to move towards an integrated model, strategies such as phased implementation and contract terms that enable stakeholders to review after a year have been options provided to stakeholders.

Contracts

A definite benefit of the Integrated Passenger Transport model is the ability to clearly specify the service mix to be provided to a community and impose standards on the service provider.

It is generally acknowledged that some of the most disadvantaged groups in regional communities are also the least effective advocates for services. By clearly expressing the package of services to be provided to a community prior to implementation and then embedding them in a contract, there is the opportunity to ensure that the supply of services is spread across the community in a manner that will provide the maximum benefit to the community. In addition, many of the services established are accessible by all of the community, so that users do not have to be a client of a particular group in order to be able to access services.

Contracts have been established specifically for the Integrated Passenger Transport services. While these contracts contain the standard clauses that would be present in any Government – private sector contract, the contracts for the Integrated Passenger Transport Services have had two clauses specifically added:

1. A requirement for the contractor to review every six months, in partnership with all relevant stakeholders, the effectiveness all of the services being provided, with written evidence to be provided to the OPT of the outcomes of the consultations.
2. An ability for the OPT to cancel the contract if it is considered that it is not in the community's interest to continue the arrangement.

Another advantage of having a contract for provision of services is that it gives surety to both the community and other agencies that the services will be provided for a specific period of time.

What is an Integrated Passenger Transport Service Package?

Generally a package of integrated passenger services for a community consists of:

- stand-alone services providing access to major service centres in the region;
- feeder services into existing passenger transport services (for example route service buses) to enable access to major service centres such as Adelaide;
- ad-hoc services for the elderly and youth specifically aimed to reduce social exclusion; and
- services to facilitate access to/from specific organisations within the community, such as schools and hospitals.

This mix of services is capable of:

- maximising the use of vehicles, with timing of services agreed to by the community;
- delivered by one organisation under contract to OPT; and
- funded by multiple organisations

For example, on any one day the vehicle may transport students to and from school, provide specific services for the hospital and then transport the elderly or youth to a social event in the evening. A typical Integrated Passenger Transport Service is outlined in Table 2. Co-funders of this package are Department of Transport and Urban Planning (OPT), the local health services and Department of Education and Children’s Services.

Table 2 Tatiara Integrated Transport Proposal Timetable

Proposed Tatiara Timetable					
	Mon	Tues	Wed	Thurs	Fri
8:00 - 8:30	Department of Education School Run				
8:30 - 9:00					
9:00 - 9:30	Community	Bordertown	Community		Mundulla
9:30 - 10:00	Health	to	Health	Bordertown to Keith	Serviceton,
10:00 - 10:30	Service -	Naracoorte	Service -	Keith	& Wolseley
10:30 - 11:00	Keith	return	Bordertown	Community	to
11:00 - 11:30				Shopping	Bordertown
11:30 - 12:00					return
12:00 - 12:30				Keith to Bordertown	
12:30 - 1:00					
1:00 - 1:30				Country	Community
1:30 - 2:00				Women’s	Health
2:00 - 2:30				Association	Service -
2:30 - 3:00					Bordertown
3:00 - 3:30	Department of Education School Run				
3:30 - 4:00					
4:00 - 4:30				Bordertown to Keith	

Murray Mallee Integrated Transport Study

The first plan has been successfully implemented in the Murray Mallee region. The Murray Mallee is located in the eastern region of the State, with a population of approximately 17,600. For management purposes, the study was limited to the district Councils of Southern Mallee, Karoonda East Murray, Coorong and Southern Mid Murray. As outlined in Table 3, these Councils contain particularly disadvantaged communities that are isolated from the majority of mainstream services. The nearest provincial services centres are Berri and Murray Bridge.

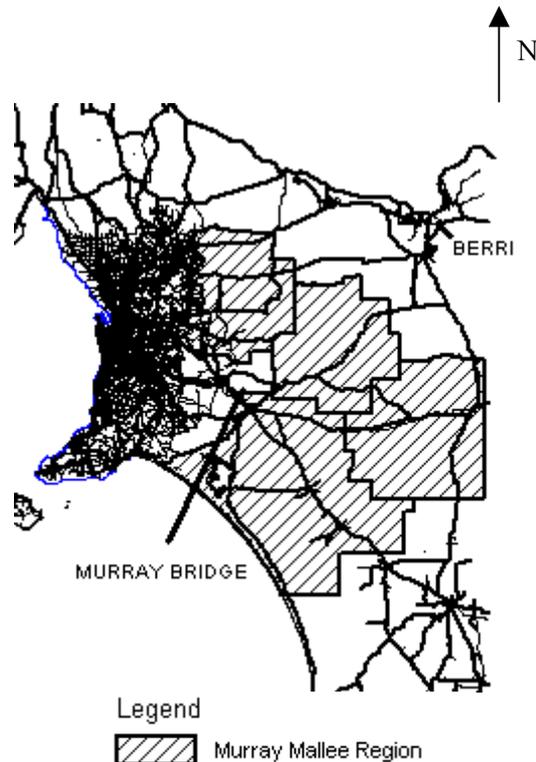


Figure 2 Murray Mallee Region

The Murray Mallee Transport study commenced in May 2001 and arose from increasing concerns about the lack of transport options in the region and the significant social disadvantage of the area. The study aimed to develop options that facilitate access to a range of essential and recreational services. At the request of the community, service provision focused on access to medical facilities, education and employment, government and business services, shopping, entertainment and leisure activities.

The study was jointly funded by the then PTB, the Department of Education, Training and Employment (DETE), the Department of Human Services (DHS) and the Office of Local Government (OLG) with in-kind support from the Murray and Mallee Local Government Association.

Table 3 Profile of Councils in Murray Mallee Study Area (June 2002)

Council	Total Pop	Average Taxable Income	Residents with a Disability*	Pension	Students
Karoonda	1,330	\$24,600	16	122	270
Coorong	6,020	\$25,000	39	517	880
Mid Murray	8,080	\$25,900	30	1,175	890
Southern Mallee	2,280	\$26,300	8	195	400

*Number residents aged 18+ with a physical or neurological disability, with brain injury or with an intellectual disability

Pension – Number of recipients of the aged pension

Students – Number of school age students

The objectives of the study were firstly to develop an integrated passenger transport plan for the region based on current and projected future transport needs and secondly to provide a model for a coordinated whole of government approach to the delivery of all services to regional South Australia, both transport and non-transport related.

The study consisted of two key components, the first of which was a detailed needs analysis of the region to ascertain the key transport needs of the community. The second component involved the analysis of the information that emerged from this process to develop a passenger transport plan to meet these needs both presently and over the next ten years.

As a result forty-nine services were implemented progressively between January and July 2003 across four new contracts in the Coorong, Karoonda East Murray, Mid Murray and Southern Mallee council districts. The contracts awarded for each area consisted of a package of services to meet various needs, including services for specific agency needs, such as health and services for general access to key service centres for shopping, banking and appointments.

In addition the contractor is required to provide a set number of ad-hoc services to community groups outside these core service times for activities to enhance social inclusion for key transport disadvantaged groups (particularly younger and older persons). These services, vary according to need, with local council providing an oversight to ensure services are equitably distributed. Services have included day trips for older persons and leadership training for younger people, who would otherwise not have been able to participate in these activities.

Complementing these services, a specific special medical service was implemented prior to these services in September 2002 to address access to specialist medical treatment in Adelaide. This service is utilised by HACC clients, as well as the general public, as long as they are unable to travel by conventional commercial bus services. Appointments in Adelaide are made between 11am and 1pm and passengers are provided with a door-to-door personal service, with a professional accredited driver who is trained in advanced first aid.

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Each package of services was tendered through a request for proposal process, with contracts awarded to commercial transport operators to provide the services with modern wheelchair accessible vehicles (approximately 22 seaters). Since implementation the services have undergone major changes in response to patronage and feedback from the community. This has included shifting resources from under-utilised services to increasing frequency of the services with most demand through contract variations. Under the contract specifications, formal service reviews are held every six months.

The patronage across the Murray Mallee for the new regular public passenger services for 2003 was 31,107 passenger journeys, despite the services being only recently established i.e. operating for a maximum of 11 months. This translates to annual patronage per contract of between 3,500 up to 15,000. The higher patronage is in an area where school services form part of package, which demonstrates why it is important to capture school services wherever possible in integrated service packages.

Further growth in patronage of the services is expected over time. For example the Coorong Council services have shown a 95% growth comparing the February 2003 to February 2004 patronage figures. While the same spectacular growth is not expected in future years, the OPT feels confident that patronage will continue to grow as regional communities age and smaller communities continue to become more isolated. This is not only important for the mobility of communities, but as services grow the subsidy required from Government reduces, as the services become more economically viable.

More than 50% of the journeys undertaken in the study area are new journeys i.e. journeys that previously weren't taken by the community. This is not unexpected and reflects the previously reported community concerns about lack of appropriate access within regional communities. It is interesting to note that the engagement of a commercial party to provide the journeys has resulted in people now feeling free to access trips - previously the vehicles were seen by the community as being available to only select groups within communities.

A post implementation evaluation by the OPT of the Murray Mallee services revealed for every \$1 spent, \$5 of benefits have been gained. This is based on economic and social benefits, such as increased employment, improved mobility and health. This excludes any benefits resulting from reduced road accident injuries or fatalities, which in rural areas have been valued on average at \$1.779 million per every fatal crash avoided (Austroads, 2003).

As part of the evaluation of the Murray Mallee Integrated Transport Plan against its key objectives, it was found that there was an increased utilisation of vehicles, with up to 90% greater use post implementation, compared to vehicles previously operated by individual agencies. For example the commercial vehicle provides the hospital services previously provided by the hospital bus, as well as other services to the community, above and beyond what was previously provided.

Integrating Needs Across South Australia

The Murray Mallee Integrated Transport Study and resultant plan have provided a blueprint for the integration of transport needs across South Australia. Integrated Transport Plans in other regional areas of South Australia are now operational in the Southern Yorke Peninsula, Upper North and Strathalbyn and Surrounds with studies at or nearing completion in Gawler,

the Mid North, Riverland, Tatiara and South Coast. The resultant strategies are unique, to reflect the needs of each individual community, however are based on the same principles of integration of transport needs and resources.

Furthermore each new study seeks to build upon the integration achieved in previous plans, with coordination of needs across all sectors of the community. Although there has been a focus on transport needs of health and education, the needs of the disability sector, indigenous groups, employment and recreation are other areas demonstrating integration opportunities.

The next major challenge will be to integrate needs and resources in the metropolitan area, where there is a myriad of transport services being provided with a number of vehicles to meet particular needs. In February 2004 the Southern Metropolitan Integrated Transport Study commenced to examine integration opportunities, particularly for the transport disadvantaged.

Conclusion

The integrated transport model acknowledges that passenger transport is firstly about people and meeting their needs, then secondly designing services to meet those needs. The model also successfully makes the best use of resources through coordination of transport for various services across government and the community sector. With the increasing pressure on resources, the integrated passenger transport model provides an innovative and community focussed way forward.

In summary, the key lessons learnt are:

- The need for strong community ownership and local leadership. Local councils in particular have played key advocacy roles on behalf of their communities. Ongoing consultation with the community is also important, to ensure services are continually evolving to meet changing community needs.
- Actual travel needs of communities do not correlate with services designed according to some traditional transport planning methodologies. Purely spatial methods of planning services, such as services within specific distances of housing, do not reflect travel needs.
- The need to move away from thinking about vehicles to services. Rather than focussing on the vehicle, it is first important to determine what services are needed and then how best to provide them.
- Linking different needs and resources into a viable package of services. By taking an integrated whole of government and community approach, services can be provided more efficiently, but are also more accessible by the general community, rather than only specific sectors of the community. Additional services can then be provided with social inclusion objectives that may not have been available before.
- Commercialisation of service provision to increase efficiency to meet a range of needs, usually with one vehicle. This has also proved to have benefits for the contractor, as well as benefits for the broader community, such as employment.

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