Document analysis: The regulatory and policy framework for the delivery of community transport programs in the New England region

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Abstract

Government considers volunteer involvement as civic participation or social capital, yet little is known about the experience of volunteer drivers in community transport services in rural communities. This paper describes a study that examined policy framework that fosters sustainable and safe work practices for volunteer drivers in community transport programs. The study analysed policy documents of four major rural community transport organisations.

Rural Community Transport services are non government organisations and operate in a highly regulated environment. They deliver a range of services including driving disadvantaged clients to health appointments. These trips often require long distances and long days for the drivers. In these situations volunteers and their passengers are exposed to increased levels of risk.

Document analysis was undertaken of volunteer policies of four community transport services. These policies were assessed against the Home and Community Care National Service Standards. The key finding was that operational policies lacked consistency, and the role of the volunteers was variable across services located in the same region. Two governance models were identified in the analysis; those auspice by a local council with an advisory committee and incorporated bodies with a management committee. The governance type was not found to be a major influence on the operationalised performance of policy.

This study provided the foundation for ongoing research into the impact of the policy environment on the community transport volunteers who provide this valuable community service. Evidence is required to inform government understanding of the experience of volunteer drivers and to give consideration to the occupation health and safety implications for volunteers in providing this service.

Background

Volunteering is a fundamental building block of civil society. It brings to life the noblest aspirations of humankind – the pursuit of peace, freedom, opportunity and safety. Volunteering either as individual or team action is a way in which human values of community, caring and serving can be sustained and strengthened; individuals learn and grow; and, connections can be made across differences that may push us apart so that we can live together in healthy and sustainable communities providing innovative solutions to our shared challenges, to shape collective destinies (International Association for Volunteer Effort 2001:1-2).

Volunteering has a strong tradition in Australian society. The extent to which individuals and communities contribute and are expected by governments at all levels to contribute through volunteerism and self help, is explicit in their social policy platform (Herbert-Cheshire 2000). The role of volunteers in the Sydney Olympics is testimony to the positive image generated nationally by civic participation in an international event. At the local level people heed the volunteer message and demonstrate 'civic participation' in their local communities in a variety of ways.

Civic participation or volunteering is also understood as 'social capital' (Edwards 2004:1). While this remains a somewhat abstract concept, its effects are potentially important for public policy. For example, Putnam (1993:13) says that social capital refers to 'features of social organization, such as networks, norms, and trust that

facilitate coordination and cooperation for mutual benefit. Social capital enhances the benefits of investment in physical and human capital'. Further, the Productivity Commission Report (2003) suggested that there is mounting evidence that social capital can enhance several facets of personal and community well being. It observes that various measures have been developed to facilitate participation in communal activities, the intention being to enhance social networks. The Commission further suggest social capital may generate benefits for society in four ways – 'by reducing transaction costs; by facilitating dissemination of knowledge and innovation; by promoting cooperative behaviour and/or socially-minded behaviour, and through individual benefits and associated social spin offs' (op cit:17).

Research suggests that volunteers' pleasure and level of dedication are a consequence of their perceived benefits. Giving something back and being helpful is one of the most commonly identified motivations for volunteering (Bussell & Forbes 2002; Wymer, Riecken & Yavas 1996). Further, Burr, Caro and Moorhead (2002) contend that civic participation is one form of productive ageing. Warburton (1999, in Zappala 2000a:3) found that volunteering is a personal decision based on fairly stable factors and belief systems, as well as on the circumstances of individual lives. The inclination to volunteer appears to be a long term characteristic, based on internal motivation, and not affected by the political climate. Baum (2002) suggests that social participation has a strong link with individual health status although 'civic participation' did not. However, most researchers conclude that being involved in the social life of the local community, they suggest does improve health and acts as a buffer to poorer health as age increases.

On the other hand, Ziersch et al (2005) state that social capital is multifaceted and that socioeconomic factors impact health outcomes rather than 'neighbourhood life'. The suggestion is here is that as long as a person can pay their way in life they will be more able to engage in it on their own terms and feel self worth so that they are less likely to need to participate in their local 'neighbourhood' to be validated. In this way volunteering is not without risks. Without an informed understanding of the associated risk the capacity for people to volunteer without possible negative consequences to their health and economic well being may be undermined. Further, anecdotal evidence shows that the level of dedication wanes as volunteers perceived benefits sours into perceived burdens. It would seem necessary for volunteers to ask: 'what is the cost to me in volunteering'? Burr, Caro and Moorhead (2002) contention that when perceived burdens outweigh perceived benefits, civic participation may no longer contribute to healthy and productive ageing.

It would be disturbing if, as the Australian Productivity Commission (2003) states the fundamental aim of 'social capital' is to reduce transactional costs' in the delivery of local services throughout rural NSW. It is well understood that in the community sector labour costs (salary, superannuation, and workers compensation) account for most service budgets. A false perception seems to operate in the community, and that is the unemployed can become 'free' labour for the community sector. During the past eight years, the unemployed have had a proscribed mutual obligation to work-for-the-dole. Although engagement in civic activities may validate unemployed people and their contribution can be considered as social capital they cannot be considered volunteers. According to Noble (1991:4), any definition of a volunteer must contain three essential elements: provides a service to the community; is done of one's own free will and is done without monetary reward.

Volunteering is uncourted help offered either informally or formally with no, or, at most, token pay done for the benefit of both other people and the volunteer (Stebbins & Graham 2004). Unemployed people who fulfil mutual obligation requirements in order to maintain their welfare income are not volunteers by this definition. Using volunteers appears a pragmatic decision and may suggest a reduction in 'transaction costs' in the delivery of services that entail 'labour' as the main service mode. Volunteers however do have cost implications to the service. For example, they have to undergo screening processes, be trained in organisational procedures/policies and be reimbursed for out of pocket expenses (Community Transport Organisation 2007:4).

Volunteer management is costly. If public policy
assumes the 'voluntary sector' to follow a business strategy that reduces 'transaction costs' by funding community based services to only use volunteers; then public policy criteria needs to be revisited. Davis (2003 in Smyth, Reddel & Jones 2005:83) suggests that the 'complexity of responding to economic and social changes combined with shifting values and expectations requires Australian Governments to find the policy coherence and institutional capacity to take a long term approach to political problems'. The success of government and organisational policies to promote and extend volunteering depends to a large degree on the factors that motivate people to volunteer.

The *Stronger Families and Community Strategy (2004-2009)* expressed a renewed Commonwealth interest in building community capacity to address local issues, especially in disadvantaged areas.   Zappala (2000a:5) makes an astute observation when he/she cautions that, 'increasing the extent of volunteering may not be susceptible to macro-level policy changes or influences'. In this way, it can be seen that policy making has become more difficult for governments, particularly in delivering services to rural communities.

Although governments actively encourage volunteerism, there has been little research from the perspective or experience of volunteers on the important role they provide in rural New South Wales. The research focuses upon what services are missing in rural communities, not what is being offered, or on the experience of those who volunteer. In addition, community based organisations that use volunteers are being asked by government to use them more effectively and to be more accountable to the communities they serve, and the bodies that fund them. This raises a number of questions. These include but are not limited to the following. Are local communities being burdened with the responsibility to resolve more local problems with fewer resources? Is government public policy out of step with local needs in rural Australia? Are volunteers being manipulated by government to deliver direct services that it does not want to fund or provide?

Volunteering, in political terms is all about power, change, resources and participation; all issues ascending to political importance (Sheard 1988 in Noble1991:34). The use of community transport volunteer drivers as 'social capital' has emerged as a key element in the delivery of health related transport (Sherwood & Lewis 2000; Volunteering Australia 2006). So what is community transport and how do volunteers contributing to broader social outcomes?

Community Transport

Community transport programs are Non Government Organisations (NGOs). Commonwealth and state governments fund these programs to alleviate transport disadvantage and assist people from many walks of life to maintain their independence. Services may also be available to isolated people who have difficulty accessing public transport. Services are provided by volunteers and paid staff using safe modern cars (their own insured vehicle or, service supplied) and/or wheelchair accessible vehicles.

Business partnerships are also established with local private bus operators, and taxi operators with taxi voucher subsidy schemes. Services in the New England region are mainly funded as volunteer agencies under the Home and Community Care (HACC) program. The main target group are people who are frail aged, people with disabilities and their carers. There are two types of governance structures: incorporated bodies with a management committee, or bodies auspiced by local government authorities with an advisory committee.

The NSW Ministry of Transport provides the regulatory framework for the community transport industry. The HACC National Service Standards were introduced in 1991 to assist service providers to comply with the principles and goals of the legislation. The standards are based on seven objectives; access to services; information and consultation; efficient and effective management; coordinated, planned and reliable service delivery; advocacy; complaints dispute; privacy, confidentiality and access to personal information (Commonwealth Department of Health and Family Services

1998:1-2). Each objective has consumer outcomes which specify a number of policies and procedures required to provide quality services.

Community Transport services were originally established to support local community members in accessing local services. The rationalisation of health and medical specialist services has impacted significantly upon rural health consumers, who are now often required to travel long distances to access specialist appointments, diagnostic technologies and treatment. Many consumers are denied access, particularly those requiring frequent treatments for renal dialysis or cancer therapies as funding will not extend to accommodate such intensive health transport needs (Anderson 2004:7). This has placed an increased responsibility not only on the community transport services to administer this additional role, but also on volunteer drivers who are increasingly asked to assume a responsibility that was previously provided by ambulance personal. Modern medicine has increased high need passengers who require support to access appropriate health and medical treatments. The rate of demand has grown disproportionately to the level of funding provided to services. A particularly worrying consequence of this move is that the knowledge and skill set required of the driver has also increased. But, how much professional development and complex patient management is it appropriate for a volunteer from the community to assume?

Denmark, Hurni and Cooper (2007) conducted the most comprehensive study to date on The role of Community Transport in the provision of Health Related Transport in NSW. Community Transport Organisation NSW, the Cancer Council of NSW, and the NSW Council of Social Services jointly funded this research study. Such collaboration demonstrates the level of commitment across agencies to investigate the level of involvement or lack thereof of community transport services in providing health related transport services. A key finding supports the experience of local services in that 'some patients are travelling very long distances to access health facilities. Perhaps the most disturbing finding is the significant number of patients who have to travel long journeys to regular therapy treatment' (op cit: 38). This study also identified that 'rural groups relied on volunteer drivers much more than urban groups which means that volunteers are providing many long distance health related transport trips in rural areas. The heavy dependence on volunteers in some services may not be sustainable in the long term' (ibid). Volunteers in the Denmark et al study are clearly marked as 'social capital' and 'value add' to the service by using their own vehicles to provide rural health related transport services.

Given the level of dependence on volunteers with their own cars, in an economic climate of increasing prices for insurance, petrol and vehicle maintenance, this begs the question: are there adequate incentives for volunteer drivers to use their own cars when they assume personal and financial risk in delivering health related transport in rural NSW? According to NSW Health (2005) almost one quarter of people living in rural areas will face difficulty accessing health care. Given the ageing of the population, the lack of public transport infrastructure and the relocation of specialist health and medical services, an increased demand are placed upon the community transport programs to respond to the transport needs of the disadvantaged living in rural communities. The identification of the re-emergence of spatial disadvantage in rural areas has generated a perceived need for partnerships between local and state governments and non-government stakeholders (Walsh 2001). In this socio-political milieu volunteers are expected to use their own comprehensively insured car and assume the full financial risk if they have an accident in the course of providing an essential service to the community. Anderson (2004:5) argues against this creeping cost shift from government to volunteer by saying that 'funding body expectation based upon the ability to deliver a reliable service upon volunteer labour is passé'. This dilemma requires examination. Consider the following anecdotal example:

> Mrs Brown is 87 years of age. She needs to travel from Moree to Tamworth Rural Referral Hospital for day surgery. She needs to be at admissions by 7.00 a.m. John is the volunteer driver. He gets up at 3.30 a.m. and picks up Mrs B. at 4.00 a.m. They arrive on time. Mrs B. undergoes the procedure. She has complications and is required to be stabilised for four hours longer than expected. John waits at the transit lounge. Mrs. B is discharged at 4.05 p.m. John hits a kangaroo at 5.25 p.m.

> on the outskirts of Manilla – the third time in six
> weeks. John is 79 years. The driver's age is irrelevant to hitting of the kangaroo.
> The time of day is the problem. Dusk is the most common time for drivers to
> encounter kangaroos on the road. Under current community transport policy the
> individual driver assumes financial responsibility for every accident in their own car,
> and volunteers pay the excess on their own insurance. John arrives home at 8.15
> p.m. One needs to ask is this fair?

Anecdotes like this are not uncommon in a rural community transport service. Indeed they provide an opportunity for an empirical investigation of what volunteer drivers experience and under what conditions their social capital is generated, maintained and evaluated. The preparation and execution of policy that informs these issues is usually in the hands of the board of governance. The level of engagement of volunteers in policy formulation and review may see them participate in a proactive or passive way. An examination of the application of volunteer policy on volunteer drivers' activity is considered. Given the level of risk associated with driving long distances this study was interested in what policy framework fosters sustainable and safe work practices for the volunteer drivers.

Research Design

The research problem investigated in this study is: What policy frameworks foster safe and sustainable work practices for volunteer drivers in community transport programs?

The **purpose of this study** was to assess the top three to five volunteer policies of four rural community transport services in the New England region of New South Wales against the Home and Community Care (HACC) National Service Standards.

The **research objectives** were to:

1. Identify and analyse variations in the volunteer policies,

2. Develop an instrument to assist document analysis that identified the level of stakeholder involvement in policy formulation,

3. Assess if the governance model demonstrated an impact upon volunteer policy and Practice.

Given that there are two governance models, policy documents were collected from both service types. There are eight community transport services in the region. Six programs use a 'management committee' type governance structure, and two programs are auspice by local government with an 'advisory committee'. Purposeful sampling was used to select two services from each governance type. They were recruited into the study the same way.

Data Collection

Documentation – Volunteer Policies

The managers of four community transport services were sent letters inviting their participation in the project. They were asked to identify what they thought were the top three to five volunteer policies and return them either by mail in a reply paid envelope, or by email. The timing of the data collection phase of the study was pertinent, as it fell before the final 2007 Regional Transport Forum and provided an opportunity to present the preliminary findings of the research. The service for which the researcher works was a participant. To maintain some distance an independent employee selected the volunteer policies.

Field notes

A record of the research process was maintained. It charted the practical development of the study and provided a chronological record of the research design. The log demonstrates the level of communication required between the supervisor and myself for me to arrive at 'research clarity'. The nature of the research required the researcher

to engage critical reflection and to establish role delineation between being an insider professional colleague to that of a research practitioner. This then ensured that the research design would generate a positive response from the participants to share their volunteer policy documents. Retrospectively, this log was a useful aid that helped me stay on track and manage the timeframe effectively

Data Analysis

A matrix was developed to organise and analyse each of the policies. Firstly, the National HACC Service Standards were used to assess each of the policies. This led to further categorizing under one of following three policy types:

1. Occupational Health and Safety,

2. Volunteer Management,

3. Service Design and Delivery.

Secondly, a review tool *Type of Document Analysis: Community Transport Volunteer Policy* (2007) was developed by the researcher to analyse the volunteer policies. This instrument was adapted from two published tools: the *Written Document Analysis Worksheet* developed by Education Staff, National Archives and Records Administration, Washington DC. This did not adequately address the involvement of stakeholders in operationalization of policies. To meet the stakeholder component of the analysis an action research informed process developed by Dick (1997) was integrated into the review tool.

Findings

The key finding was that operational policies lacked consistency in the review process by each service, and that the participation of volunteers in that process was variable across services. The returned policies are summarized in Table 1 and vary from Confidentiality, Driver Safety, Suspected Passenger Trauma Policy, Reimbursement of Expenses and Code of Conduct. In order to protect the confidentiality of the participating services, the colours yellow, blue, green and rose were used to name each of them.

A fifty percent correlation was found between yellow and blue services. They were both under auspice to local government, whereas a zero correlation operated for the green and rose services, which were under management committees. There was no wrong or right choice in policy selection; those selected for review were left to the choice of the manager of each service. The selection of policy type may have highlighted a particular activity occurring at the time of the research. For example, a review of volunteer reimbursement was underway at both yellow and blue services as their local government authorities had this item scheduled for their financial review committees. Overall, there was a fifty percent correlation of chosen policies across all service types. Only one service stated on each of the policies the date that volunteers participated in policy.

Table 1: Shows the individual types of volunteer policies returned from study participants.

Community Transport (yellow)	Volunteer Rights and Responsibilities Volunteer Driver reimbursement of Expenses Policy Code of Conduct for Team Members Long Distance Driving Policy
Community Transport(blue)	Volunteer Rights and Responsibilities Insurance for Volunteers using their own car Reimbursement of Expenses Confidentiality
Community Transport (green)	Driver Safety Policy Physical Contact Policy Suspected Passenger Trauma Policy Passenger At-Risk Policy
Community Transport (rose)	Drivers Right of Refusal Team Management Policy Code of Conduct for Team Members Privacy and Confidentiality

Limitations of the Study

The researcher's insider status as a community transport manager of one of the participating services may have biased the quality of analysis of the Community Transport services with a different governance type from the one she manages. The researcher has limited understanding of the requirements under one of the governance models. Secondly, the *Type of Document Analysis: Community Transport Volunteer Policy* (2007) tool developed specifically to gather textual data from the documents reviewed for this study did not allow analysis of how policies were effectively operationalised at each community transport agency for volunteer drivers. Interviews with the service managers may have elicited additional information not available in the documents.

Conclusion

An integration of social capital consideration into federal and state government public policy agenda (policy makers), may generate operational benefits that validate the NGO sector (policy implementers) as viable services in rural NSW.   It is clear that policy making has become difficult for governments, particularly in delivering services to rural communities. The way forward for the community transport services in the state is to ensure that the policy landscape sustain and supports its social capital. As only one of the services reviewed invited volunteers to participate in policy formulation and review it may be an effective strategy that goes some way to ensuring that policy meets the needs of those who provide the backbone of the service.

This small study is timely and relevant to the needs of local services. This is evidenced in an outcome of a presentation of the preliminary report of the study to the quarterly New England Regional Transport Forum. In this forum community transport managers discuss policy and practice implications for their service and the region. In acknowledging the differences and limitations of the policy development process at individual sites the managers resolved to take a collaborative regionalised policy formulation and review process as a continuous improvement strategy. This resolution enabled the NERTF to engage more robustly with a national initiative for consistent standards and the pursuit of industry best practice.

Policy will become the major mode of discourse with shared meaning as a shift from 'government' to 'governance' pervades. It is important that volunteers are sustained as social capital in the full sense described by Putnam (1995:66), and do not become a social risk as they assist in helping rural communities address local needs. The reported study and its findins have led to ongoing research into understanding the community transport volunteer driver's experience.

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