



Research Summary

Research Project Summary

■ Number 5

Community Enterprise
Gloucestershire

Note: this is a brief summary of a detailed research document. To see the full research, please contact:

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Information contained in this document was correct at the time of the research being completed.



A different route – community transport needs

Lack of access to transport leads to:

- 1. Restricted access to activities that enhance people's life chances – for example, work, learning, health care and food shopping**
- 2. Deprived communities suffering disproportionately from pedestrian deaths, pollution and the isolation which can result from living near busy roads**

Poor transport can therefore undermine key Government objectives on welfare to work, raising educational achievement and narrowing health inequalities and has costs for individuals, businesses, communities and the state.

■ Sources: Government Social Exclusion Unit 'Making the Connections' report 2003
Audit Commission's 2001 'Going Places' report.

Background to the research

The Audit Commission identified in its 2001 report, 'Going Places', that the overall cost to the public sector of special needs, home to school, social services and non-emergency patient transport was some £900m per year. Lack of access to transport is a particular problem for rural and semi-rural communities and contributes to exclusion.

Who carried it out

Gloucestershire County Council's Integrated Transport Unit led this study to identify transport need so that an action plan can be developed and delivered by Stroud Rural Transport Action Group.

Research method

Interviews were conducted with three stakeholders – a Primary Care Trust (PCT) Public Health Manager, a PCT Assistant Director and the Chair of a Parish Council – each with a particular interest in one of the key community transport issues.

A survey of over 100 voluntary and community organisations and parish councils in the district was carried out to help develop a needs-led approach to passenger transport

Key issues

The research addressed the four areas set out in the Government's Social Exclusion Unit 'Making the Connections' report 2003 in which access to transport, or lack of it, might contribute to social exclusion:

- 1** Access to work.
- 2** Access to learning.
- 3** Access to healthcare.
- 4** Access to social, cultural and sporting activities.

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Barriers to accessing services

These areas were then explored with consideration of five barriers identified by the Social Exclusion Unit as preventing access to services:

1. Availability and physical accessibility of transport.
2. Cost of transport.
3. Inaccessibility of services/activities.
4. Safety and security.
5. Travel horizons.

Research outcomes

The following findings are taken from the surveys of the three stakeholders.

Availability of transport

There was a range of opinions about availability of public transport.

Many older people cannot use public transport where it exists and have no access to other means of transport.

Although a range of voluntary transport is available, it tends to be localized and may only operate 'one way'. Voluntary transport schemes also have difficulty finding enough volunteers to provide a reliable service.

Voluntary transport and other services are not 'joined-up' – co-ordination and exchange of information could increase take up of services.

Accessibility of transport

Due to the Disability Discrimination Act, buses are increasingly of the 'low floor' type and taxi companies provide at least one wheelchair accessible vehicle.

Voluntary transport services have wheelchair accessible vehicles – but car schemes relying on volunteers' private cars will not always be able to provide accessible vehicles. For some people lack of personal assistance can be as much a barrier as physical accessibility.

Cost of transport

Although Stroud is generally considered an affluent area, there are pockets of real deprivation and for these people the cost of any form of transport is a problem.

Cost of travel to and from work is an

issue for peripatetic health and social care workers and affects staff retention.

For voluntary car schemes, additional insurance is required. The increased cost needs to be reimbursed to avoid a burden on the car owner.

Patients do not pay for transport if there is a clinical need but cost can be a barrier for people on low incomes with non-clinical transport needs.

Taxis are perceived as expensive and beyond the reach of many, particularly those for whom public transport is generally inaccessible.

Many people will rely on friends/family with access to a car, hiding the real cost.

Inaccessibility of services/activities

Information is key. Being able to find out about how to travel and how to link or combine the various travel options is more of a problem than inaccessibility.

There is a problem with physical access in rural areas which are remote from services and transport links to them. Access to services and facilities is easier for those living close to a transport artery.

With the move towards greater provision of healthcare in the community, healthcare services should become more accessible, however not every service can be provided in the home and some changes in health provision might actually increase transport need.

A difficult area is access to social and leisure facilities for young people outside working hours.

Safety and Security

There seems to be a perception that public transport is unsafe and that travellers risk becoming victims of crime. However, private cars also pose a risk to personal safety. The relative risk of each is not generally understood.

Road safety for bus passengers is perceived to have decreased with the closing of the bus station in the centre of Stroud and the transfer of bus bays to either side of a busy main road.

There is a perceived safety issue for lone workers who travel at night.

Travel horizons

- Individual travel expectations are limited by lack of information and knowledge about transport options and how to use them, and restricted by perceptions of personal safety risks.
- Elderly people tend to have lower expectations than younger people about transport provision.
- Changes to Stroud bus station and Bus/Rail Interchange adds to travellers' difficulties.
- Demand for services can be poorly understood where there is low customer expectation combined with lack of provision.

Information Sources

- Interviewees identified the Stroud Rural Access Study Final Report (2002), commissioned from Halcrow Group Ltd by Stroud District Council, as a source of this data.
- Consultative meetings with transport users were held during the Halcrow Group research.
- Health and Social Services user surveys are available but do not include transport.
- Cotswold CVS and Cotswold and Vale PCT's pilot study Gloucestershire Integrated Health Transport Project, in progress at the time of this research, may also provide information.
- Community Services has anecdotal data about appointments missed because of lack of transport. The County Council was suggested as the most likely source of such data.
- Research across England in 2002 suggested that missed appointments cost an estimated £300m per year.

Community Transport Services

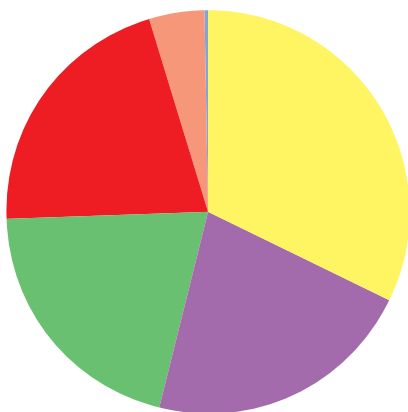
A questionnaire about transport activities and needs was sent to over 100 voluntary

and statutory organisations providing social care and education activities and to parish councils.

A high return rate (55%) from parish councils indicates high interest – their village newsletters are an avenue for dissemination of transport information.

- 16% of respondents, mainly from the statutory sector, hire or borrow vehicles a few times a year.
- 65% of statutory clients said not all of their clients’/members’ transport needs were currently met.
- The main needs identified were work, shopping, social and medical. 67% said public transport does not meet those needs.
- An indication of the relative number of people affected by public transport problems is shown in the chart below.

Public transport issues identified in the questionnaire



- No evening or weekend service
- No service to destination
- Infrequent
- Unreliable
- Physical inaccessibility
- No provision

Suggested solutions to transport need

- 1 Effective information is just as important as having services available.** Information about

voluntary and statutory provision needs to be improved.

- 2 A minibus brokerage scheme** may be useful but would require extra resources would be needed for administration, extra drivers, booking and information.
- 3 A centralised Transport Call Centre** could gather and disseminate information, take bookings where required and link providers, but has resource implications.
- Voluntary sector transport has a clear potential role but will require **additional infrastructure and development support.**
- 5 Dial-a-Ride Transport** services may contribute to a solution and could feed hourly main bus services on arterial routes.

Funding

Funds available to contribute towards better transport provision

PCT

The PCT is restricted by budgetary constraints. Any potential resources would have to be built into budgets for the following year. Currently this is all through the Ambulance Service.

Research into efficiency of co-ordination and use of existing services and relative allocation of money spent on patient transport may identify savings.

Community Services

- Has a small budget for volunteer drivers and transport which was underspent last year due to many people not meeting the criteria for funding.
- Some time-limited grant funding may be available.
- Corporate initiative to examine the potential for using vehicle down time.

Parishes

Each parish council has £10,000 available to it, via Parish Transport Grants, however these funds are time-

limited and may disappear with the re-organisation of the Countryside Agency.

Future opportunities

The following areas present opportunities for innovative responses to changing demand.

The move to community-based services:

An ageing population will change demand for transport. In elderly and disabled care institutions, healthcare services are provided on site. Current health and social care policies aim to provide more services in the community to enable people to stay in their own homes.

However, there will always be services that cannot be provided in the home and patients will need to travel. The Non-Emergency Passenger Transport (NEPT) arrangements do not allow for free transport in these cases. There is a move from district general hospitals to locally based ones but there is still likely to be a demand for transport for patients, their relatives and carers to hospitals with poor transport accessibility.

Bed-blocking and reimbursement charge:

Social services has to pay the NHS when a bed is ‘blocked’ by a patient judged medically suitable for discharge where there is no interim convalescent care place available. Patients may then be placed in facilities outside the district and there is a (moral, rather than legal) responsibility to provide transport for the patient’s spouse/partner/carer to visit.

Although demand is low at the moment, it may increase if there is a shortage of available care places.

New GP contract and potential increase in missed outpatient appointments:

GPs are now able to opt out of booking Non-Emergency Passenger Transport (NEPT) for their patients and can charge for providing that service. There is currently no statutory funding to pay them for this booking service, making accessibility more difficult for some of their patients. The number of people not attending appointments could increase

greatly and a reduced booking service could prevent the 'roll-out' of the Gloucestershire Integrated Health Transport service.

New GP contract and loss of out-of-hours services:

GPs are no longer required to provide out-of-hours services so the PCT will now have responsibility for such provision.

The service will prioritise emergencies and those with the greatest need and other patients will be required to attend a community hospital or clinic, resulting in further demand for transport and a potential negative effect on those without their own transport. ■

Community enterprises are organisations which employ business methods and an entrepreneurial outlook to achieve social and environmental aims.

This can include the delivery of public services and the regeneration of deprived areas. Well-known national examples include 'Co-op' shops, The Big Issue, Café Direct and Jamie Oliver's Fifteen restaurant.

In Gloucestershire, community enterprises employ thousands of people across a wide range of sectors including the arts, childcare, transport, recycling and village halls.

Many more people benefit from volunteering or training with them. Some are charities, some are co-operatives, but all share a different way of working.

Community Enterprise Gloucestershire brings together networks of hundreds of enterprises in the county to exchange information, share good practice, promote new ideas and present their views with a single voice. It is hosted by Co-operative Futures, an agency which provides specialist support to co-operative and community enterprises.



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