# USING COMMUNITY TRANSPORT TO REDUCE SOCIAL EXCLUSION

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## 1. INTRODUCTION

This work, undertaken by the TAS Partnership Ltd. in partnership with the Derek Halden Consultancy and Richard Armitage Transport Consultancy, brings together work undertaken for the Scottish Executive, the Highlands and Islands Enterprise and other recent research into policy development. The focus is around the impact of community transport (CT), its potential and need for change, with an estimate of its service scale and capability.

## 2. WHAT IS COMMUNITY TRANSPORT?

Defining ‘community transport’ would not be necessary if everyone recognised it when they saw it. However, our studies over recent years have discovered that the inferred meaning of the term varies widely, with many of those involved (users, funders, planners etc) often envisioning different things. For some, anything involving a minibus constitutes CT whilst for others, a stricter definition must be satisfied, involving criteria such as the use of volunteers, the social purpose of the organisation and its financial basis. There is currently no fixed definition although it may be argued that the sector’s growing profile, both in statutory transport provision and in the wider public transport networks, must lead in the relatively near future to the development of a more widely accepted definition of what CT is.

Some current definitions of community transport in use are shown in Figure A.

It is accepted that community transport has its roots in volunteering in both rural and urban settings. Indeed, the 1960s and 1970s saw extensive voluntary and community sector activity in many fields, such as community housing, community play, community theatre and so on. The early urban models of community transport - the first group transport projects, dial-a-rides for disabled people, community coaches and so on - were grounded within this ‘community action’ philosophy.

Rural developments - mostly car schemes, but also including the first community buses - were more related to social welfare considerations, but even here, the tradition of self-help and voluntary activity was strong enough to enable a common identity to be forged with urban schemes and for a relatively coherent community transport ‘sector’ to be established.

## Figure A : Definitions of Community Transport Currently In Use

- **Transport operated by voluntary sector organisations which have transport operation for others as a key purpose**

*[This thus excludes voluntary groups that only operate transport to meet their own needs.]*

- **Transport operated by transport organisations that:**
  - **are non-statutory**
  - **are democratic**
  - **are locally-based**
  - **involve users in decision-making**
  - **are not-for-profit**

*[This is a very process-orientated definition, i.e. it is describing the way the transport is organised, rather than the transport itself]*

- **Transport designed to meet the needs that conventional transport operators leave unmet**

*[This definition is reactive i.e. the area of ground occupied by community transport is that which commercial, statutory and private transport does not cover. This implies that if another transport operator develops a service that community transport is currently operating, the community transport project will cease to operate that service. It also implies that community transport will not compete for work with commercial operators.]*

- **Unconventional transport**

*[This definition makes no reference to the process, nor the objectives, but is concerned about the operating mode or legal basis i.e. registered local bus services using buses are conventional; taxibuses, taxi-sharing, car schemes, s.19 Permit services, dial-a-rides are unconventional. However, many would say that demand-responsive services (DRT) are now conventional.]*

- **Non-commercial collective transport**

*[This definition includes subsidised bus services, statutory services and voluntary organisations operating for their own purposes.]*

However, during this period, the ‘community transport’ sector came to define itself on a reactive basis in relation to the activities that were *not* undertaken by other passenger transport operators, either:

- because they were not commercially viable
- because they were outside an authority’s statutory remit, or
- because other agencies took a policy decision not to undertake or procure the work.

In this, CT followed the traditional explanatory model of voluntary sector activity which suggests that one of the rôles of voluntary organisations is to identify unmet need, to demonstrate ways of meeting the need effectively, and then to persuade the state that it should take the duty on - thereby bringing the provision of the service into the mainstream.

However, this model has long been superseded by new understandings of the relationship between the state and the voluntary sector, the most significant of which was the introduction of the ‘Contract Culture’ in the late 1980s. One effect of these changes is that in contrast to the early years of the sector, where there was an almost universal shared understanding of the rôle of and limits to community transport provision (and the rôle of volunteers) this is no longer the case.

There are, for example, radically divergent views on the appropriateness of community transport undertaking social services / social work transport and operating special education transport under contract, particularly when this provision is a statutory requirement.

Furthermore, those in tune with disability rights culture would question whether using volunteers to provide dial-a-ride or equivalent services is appropriate. Indeed, there are those who would argue that community transport is now holding back the development of adequate accessible transport services for people with disabilities and that the provision of those services by charitable organisations simply reinforces a culture of welfare dependency.

It is thus easy to understand why views within the sector about what constitutes community transport appear to be getting more diverse although in reality it is more likely that the rôle of the sector, in terms of the extent of what it takes on, is simply becoming wider.

To this must be added the fact that, as the sector has expanded, the number of external stakeholders involved has grown and most of these do not share the original cultural roots of community transport. Consequently, at both a local and a national level, the concept of community transport has been moulded to meet other agendas.

For example, recently ‘community transport’ has come in some quarters to include the broad spectrum of unconventional and non-commercial transport, whether run by community-based organisations or not. This broader meaning appears to be growing in use and has been referred to by both the Scottish Executive and the Welsh Assembly Government. This is significantly different from the traditional view that CT has a strong community base, with an independent voluntary management involving users.

There are a number of approaches that could be taken towards defining community transport. These include reference to:

- the legal status of the organisation
- the legal basis of operation
- the type of service being offered
- the groups of users served
- control
- scale
- localness

There is a further general issue to consider which is the extent to which all voluntary sector transport operation is included. Section 19 Permit operation and take-up of MiDAS (Minibus Driver Assessment) training extends well beyond the CT sector to include minibuses run by Student Unions, Scouts, Guides, Age Concern groups, boxing clubs and so on.

An initial rule of thumb to separate out CT from the rest of the voluntary sector is to identify as community transport those groups for which the operation of transport is a primary constitutional objective, in contrast to those groups which run transport as ancillary to their main purpose.

A suggested alternative would be to identify organisations which provide transport:

- to other organisations, and/or
- to individuals other than their own members, and/or
- to their own individual members, but where individuals from specific generic groups of people (e.g. older people, people with disabilities, younger people) can easily obtain membership without there being significant barriers of cost or other complex qualification criteria.

## 3. HOW MUCH CT IS OUT THERE?

Having (perhaps!) settled on a definition of what we mean by CT, it is useful to know its scope and extent. We have already seen how the scope of the sector is expanding but how many organisations are providing the services?

Data is not easy to come by: there is no central register of providers and not all forms of CT require licensing and / or permits, so recourse to relevant records would not deliver comprehensive figures. Indeed, some forms of CT are so informal as to make capturing meaningful information about them almost impossible.

It is generally recognised that the issue is a bit like an iceberg - the formal CTs with available data constitute the element that is above the surface: the difficulty is determining just what there is below the surface.

Accordingly, it is necessary to develop estimates; in our research, we have endeavoured to establish a reasonable picture through use of surveys and sampling. For example, we sought to use the section 19 permit as a proxy for the prevalence of minibus-based CT but found that records kept by the various issuing bodies were not of sufficient quality to allow conclusions to be drawn with confidence.

Other recent work involved writing to all local authorities in Scotland (along with England and Wales) to provide the answers to three short questions:

- how many CT groups are operating in their area;
- what types of service do they provide;
- whether the groups are predominantly urban or rural.

Unfortunately, response rates were extremely disappointing which suggests that most local authorities do not have a current databank about CT in their area.

However, it is clear that the main types of CT in operation across all three countries and all authority types are group hire, dial-a-ride and voluntary car schemes; this has been confirmed by other surveys. In England, these three types of CT together account for 80% of CT schemes. In Scotland, the figure is 76%, lower because of the slightly higher number of community buses whilst in Wales it is nearer 70%, with a significantly higher number of dial-a-bus schemes making up the balance there.

Table 1 gives a breakdown by country of the number of survey forms sent out, the number returned with usable data and the rate of reply. As can be seen, 86 survey forms were returned, representing a response rate of 19%. Whilst this is a low percentage, the sample is large enough to be considered acceptable for England and Wales although only three responses were received from the 34 forms that had been distributed in Scotland, rendering this data of little statistical benefit.

**Table 1: Response rate by country**

| Country | Number of Questionnaires sent out | Percentage of those sent | Number providing data | Percentage of respondents | Response rate |
|---|---|---|---|---|---|
| England | 394 | 88% | 71 | 83% | 18% |
| Scotland | 34 | 8% | 3 | 3% | 9% |
| Wales | 22 | 5% | 12 | 14% | 55% |
| **TOTAL** | **450** | **100%** | **86** | **100%** | 19% |

In fact, 109 instances of CT provision were recorded between the three Scottish respondents. Whilst broad trends were similar to England (and this has been true in most

aspects of data collected in this field) it was noted that five categories were not represented at all, i.e. brokerage, taxicard, wheels to work, women's safe transport and travel companions / buddies although a short time spent surfing the internet confirms that most such types of CT do, in fact, exist in Scotland – particularly in taxicard availability where Scotland leads the UK.

It is also worth noting that only two of the three respondents claimed to have *any* CT operations within their territory - or at least that it was aware of. East Renfrewshire recorded no instances of CT; Highland Council (28 instances) noted a significant proportion as being rural CT, whilst West Lothian (81 instances) had a healthy mix, perhaps leaning towards urban provision.

Similarly, dial-a-bus and community bus (s.22) were only represented in the rural sector in Scotland, whilst 'mixed schemes' (i.e. those offering more than one type of CT) only existed in urban areas. However, given the small sample, the data cannot be considered representative.

32% of CT services in Scotland were reported as being provided in urban territory with the remaining 68% in rural areas. This is consistent with the results from unitary authorities in England although Scotland has large areas of low population density, which suggests that CT should be proportionally more rural.

In terms of absolute numbers, our survey figures suggest that there are around 4,800 CT schemes across Britain that are either group transport (2,300) voluntary car schemes (1,800) or dial-a-ride (700): this implies that the total number of schemes of all types is around 6,000.

**Error! Reference source not found.** shows a sample of the 86 responding authorities. However, only 3 (less than 10%) of those sent out were returned by Scottish authorities, with 71 (nearly 20%) being returned by English authorities. Broadly speaking, the mix of schemes across Scotland, England and Wales is similar, as are the issues facing those schemes including funding pressures, lack of volunteers and certain skills shortages.

# Table 2: CT Schemes by Country broken down by Type and Operational Locality

| Scheme Type | England | | | | | Scotland | | | | | Wales | | | | | All | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Urban | Rural | Both | Total | % | Urban | Rural | Both | Total | % | Urban | Rural | Both | Total | % | Urban | Rural | Both | Total | % |
| Group Transport | 218 | 417 | 17 | **652** | 40% | 19 | 29 | 0 | **48** | 44% | 4 | 1 | 0 | **5** | 13% | 241 | 447 | 17 | **705** | **39%** |
| Car Schemes | 56 | 437 | 15 | **508** | 31% | 3 | 24 | 0 | **27** | 25% | 6 | 17 | 5 | **28** | 40% | 65 | 478 | 20 | **563** | **31%** |
| Dial-a-Ride | 84 | 70 | 30 | **184** | 11% | 4 | 4 | 0 | **8** | 7% | 7 | 3 | 0 | **10** | 18% | 95 | 77 | 30 | **202** | **11%** |
| Dial-a-Bus | 15 | 23 | 10 | **48** | 3% | 0 | 4 | 0 | **4** | 4% | 4 | 3 | 0 | **7** | 10% | 19 | 30 | 10 | **59** | **3%** |
| Brokerage | 6 | 13 | 3 | **22** | 1% | 0 | 0 | 1 | **1** | 1% | 0 | 0 | 0 | **0** | 0% | 6 | 13 | 4 | **23** | **1%** |
| Community Bus (s.22) | 21 | 48 | 3 | **72** | 4% | 0 | 5 | 1 | **6** | 6% | 2 | 0 | 0 | **2** | 4% | 23 | 54 | 4 | **81** | **4%** |
| Taxicard (voluntary sector) | 1 | 4 | 0 | **5** | 0% | 0 | 0 | 0 | **0** | 0% | 0 | 1 | 0 | **1** | 1% | 1 | 5 | 0 | **6** | **0%** |
| Wheels to work | 1 | 20 | 2 | **23** | 1% | 0 | 0 | 0 | **0** | 0% | 0 | 0 | 0 | **0** | 0% | 1 | 20 | 2 | **23** | **1%** |
| Women’s safe transport | 3 | 0 | 1 | **4** | 0% | 0 | 0 | 0 | **0** | 0% | 0 | 0 | 0 | **0** | 0% | 3 | 0 | 1 | **4** | **0%** |
| Travel Companions / Buddies | 2 | 1 | 0 | **3** | 0% | 0 | 0 | 0 | **0** | 0% | 1 | 0 | 0 | **1** | 1% | 3 | 1 | 0 | **4** | **0%** |
| Other | 25 | 54 | 7 | **86** | 5% | 5 | 7 | 0 | **12** | 11% | 1 | 3 | 0 | **4** | 6% | 31 | 64 | 7 | **102** | **6%** |
| Mixed Schemes | 16 | 41 | 4 | **61** | 2% | 3 | 0 | 0 | **3** | 3% | 5 | 0 | 0 | **5** | 7% | 24 | 41 | 4 | **69** | **3%** |
| **TOTAL** | **448** | **1128** | **92** | **1,668** | **98%** | **34** | **73** | **2** | **109** | **101 %** | **30** | **28** | **5** | **63** | **100 %** | **512** | **1230** | **99** | **1,841** | **99%** |
| Percentage of schemes | **27%** | **68%** | **5%** | **100 %** | | **31%** | **67%** | **2%** | **100 %** | | **42%** | **50%** | **8%** | **100 %** | | **28%** | **67%** | **5%** | **100 %** | |

## 4. HOW DOES COMMUNITY TRANSPORT RELATE TO SOCIAL EXCLUSION?

So if we know what CT is and roughly how much of it there is out there, what do we know about how it improves social inclusion? We have already seen that its perceived value (and principal rôle) is in meeting otherwise unmet demand - “reaching those passengers that other transport providers can’t reach” - so it might be inferred that such a worthy remit automatically has a beneficial effect on various aspects of social exclusion.

The Government’s Social Exclusion Unit (SEU) has identified five areas of social exclusion, namely Work, Learning, Healthcare, Food and Other Local Issues.

### 4.1 Work / Learning / Training

Community transport groups tackle social exclusion by providing jobs, training and re-introducing people to the world of work, etc. Traditionally, CTs have had a very good track record in placing people from temporary employment schemes into long term posts. Wheels to Work schemes are specifically geared up to facilitating access to college or work opportunities for (mainly yoiung) people unable to make the necessary journey - for practical or financial reasons.

### 4.2 Health (Social / Medical / Wellbeing)

Simply facilitating affordable trips to doctors’ surgeries and clinics which might not otherwise be made provides a direct and socially inclusive benefit. This is of particular advantage to isolated communities in rural or deprived areas and can also contribute to more active lifestyles, community and social interaction and general well-being.

### 4.3 Shopping / Access to Food

Similar social and community cohesion benefits accrue from, for example, a dial-a-ride service providing access to a supermarket in a nearby town (rather than relying on more expensive local shops). This not only helps financially and widens food choice but also provides a social occasion on the bus journey.

### 4.4 Local Issues

Use of CT by ethnic minority communities is not well-documented although, anecdotally, there appears to be an important underlying issue of informal use of minibuses, particularly within Asian communities. These may not be run within a formal regulatory regime, or as a specific transport service. Furthermore, extended families are more common amongst Asian communities leading to journeys that might ‘traditionally’ be provided by community transport being delivered by friends and family in cars.

## 5. POLICY CONTEXT IN SCOTLAND

CT's tradition is built on gap-filling, where other transport providers have chosen not to or have been unable to provide those services. It is thus clear that the CT sector has an important role to play in the government's social inclusion agenda: indeed the Scottish Executive acknowledged this in their guidance on local transport strategies, wherein the importance of flexible and innovative services in rural areas is emphasised.

Particular stimuli to the growth of CT in rural areas have been the reduction of conventional bus services and the increase in health-related trips. Furthermore, the Scottish Executive has a specific funding objective to *Promote and stimulate CT in rural areas to "improve transport measures"*

CT faces a number of difficult issues:

- funding remains irregular and not guaranteed, threatening viability;
- the drop in volunteers in some areas;
- the management, administration, technical and operational aspects of running a CT group.

The Transport (Scotland) Act 2005 places a duty on Scottish Ministers to create Regional Transport Partnerships (RTPs) covering the whole of Scotland. Ministers propose to create seven RTPs and The Regional Transport Partnerships (Establishment, Constitution and Membership)(Scotland) Order was laid before Parliament in draft on 19 October 2005. By bringing together local authorities and key regional stakeholders a more strategic approach will be adopted.

RTPs aim to strengthen the planning and delivery of regional transport. All seven partnerships will provide an analysis of the current situation and prepare regional transport strategies; this requires them to have regard to statutory guidance prepared by Scottish Ministers. Some RTPs will also be responsible for the delivery of transport services and all RTPs will be able to take on additional powers as necessary. This will involve identifying additional measures that would be dependent on further contributions from a range of possible stakeholders, including the Scottish Executive. Under the 1985 Transport Act, local authorities have a statutory duty to ensure that public transport network coverage meets local social needs, so there is not just a need, but a legal responsibility, to close the gaps.

In December 2005, the Scottish Executive consulted on guidance for Demand Responsive Transport in Scotland. This guidance identifies how to deliver more flexible transport to more people. Included in the guidance are DRT services that:

- are booked in advance by users and only run when there are people to carry. These demand responsive forms of transport include taxis, private hire vehicles including airport transfer services, community transport, dial-a-ride and ring-and-ride;

- are booked or arranged by public agencies to respond to travel needs for patient transport, school transport, social services and employment agencies;

- run on a fixed route unless people book in advance to request a diversion based on their required travel needs. Flexibility is sometimes only needed at certain times of day or on certain days of the week. These include many rural public transport services and other transport serving areas of low demand.

DRT approaches are growing rapidly, particularly for: low demand routes; passengers who need higher levels of care; and premium services. To date DRT development has been ad hoc, but with the development of the RTPs and experience taken from past operations, a more systematic and strategic approach can now be taken.

A key shaper of the CT sector in Scotland has been the Rural Community Transport Initiative (RCTI), one of three grant schemes of the Rural Transport fund, established in 1998. Administered by the CTA in Scotland, it has enabled considerable development in the CT sector and has provided in excess of £1million per year for rural community transport projects in Scotland. 161 Scottish projects have now benefited from £15 million grant.

Applications are considered by the RCTI Steering Group who make recommendations to Scottish Ministers as to which applications should be funded. The aim of the RCTI is to help fund community transport measures that will be of particular help in the more remote areas of Scotland, where there are no scheduled bus services or where services are very limited.

### 5.1 Scottish Ambulance Service (SAS)

The SAS, in a recent operational performance report, presents data on the type of passengers carried on non-emergency PTS. The figures demonstrate that a high percentage of passengers are in their categories two and three (remedial and routine rehabilitative), which leads the SAS to conclude that they may not have a direct medical need for travel.

Waiting times and punctuality are used as key performance measures by the service. Recent figures show that 20% of patients arrive for their appointments more than 30 minutes early, whilst 35% are late, including 12% arriving more than 30 minutes late. The SAS acknowledges this as problematic:

“*Whereas now some 35% of patients arrive late for their appointment time, under all options the aim would be to have no patients arriving late. Under the “maximum” option, 95% of patients would arrive within a 15 minute*

*timeband prior to their appointment, compared with the status quo position where only 29% arrive in that timeband."*

It is clear from the SAS policy discussions that their aspiration is that they will be enabled to deliver these necessary quality improvements by the transfer of patients without a direct medical need for an ambulance to some other form of transport. There is no doubt that there will be pressure on the CT sector to respond to this change, but as yet no obvious source of strategic financing to enable this to happen.

## 6. EVIDENCE FROM SCOTLAND: BUCHAN DIAL A COMMUNITY BUS

A visit to Buchan Dial a Community Bus (BDaCB) was aimed at exploring the impact of CT on enhancing social inclusion from an operator's perspective. The scheme was chosen as being particularly successful in delivering CT to key people groups / trip purposes relating to social inclusion.

Dial-a-ride and group hire services were developed by BDaCB as a response to a lack of public transport provision in the immediate Maud area. The wider area of central Buchan is very rural with few local bus services and few amenities. As a result, persons without access to a car have severe difficulty accessing services. There were, and still are, few alternatives to this CT scheme. The only other services of note are the non-emergency Patient Transport Services delivered by the Scottish Ambulance Service, yet these often fail to provide services for all those that require it – a key reason for the development of the hospital transport service operated by Buchan DaCB.

Due to the lengthy waiting list for services, the organisation operates on a reactive, rather than proactive basis. As such, it is felt that their ability to meet all the needs of the local population is constrained by time available to their volunteers. The majority of users have no alternative to these services beyond receiving lifts from friends and family or paying for taxis.

The group acknowledge and have identified that through their services they contribute to the work of a wide range of agencies including health related agencies, through delivery of patients to hospitals and GP sites, access to education and learning through library services, services for young people and so on. However in almost all cases the group has not been able to source any funding from these agencies to assist in the delivery of these services, and continues to gain much of its additional funding from local fundraising. In particular the group is disappointed that it has not received any financial support from health agencies.

At the time of interview the group was undertaking a social audit using volunteer and user inputs, to further explore the role that the group is playing in delivering social inclusion in the area.

## 7. EVIDENCE FROM SCOTLAND: HIGHLANDS AND ISLANDS STUDY

A separate study for the Highlands and Islands Enterprise (HIE) was commissioned to inform the agencies' future policy relating to CT. This provides a good example of the issues and developmental needs of deep rural areas in Scotland.

HIE is the regional development agency for the area and transport comes within its strategic remit. HIE's activity is delivered at a local level by ten Local Enterprise Companies (LECs). In recent years community and unconventional transport has become more evident in the region.

Although car ownership (and more multiple car ownership) in the area is rising as a result of the dispersed settlement, there is still a sizeable proportion of the population without a car and with poor levels of access to one. This, along with the physical size of the region puts some individuals at a disadvantage and potentially results in social exclusion with reference to all aspects of personal life – work, health, education and training, recreation, social support and community participation. This problem is most significant among elderly people.

In recent years the Rural Transport Fund has improved the rural transport network, but most services are of low frequency.

The study involved sending almost all CT schemes in the area a questionnaire and about half responded. This gave a broad picture of the activities they were engaged in and the categories of people carried. Some of the many findings were as follows (statements relate to those who responded):

- Older people and those with physical disabilities were the most common users.
- The great majority of CT groups carried passengers who lived locally.
- In many cases, services were available every day of the week.
- Most organisations operated minibus-type vehicles, of which the majority were wheelchair-accessible.
- About two-thirds of respondents permit the use of their vehicles by other organisations.
- About half the organisations are registered charities.
- For every ten staff, seven are volunteers and three are paid. About one-third of the respondents said they needed more volunteers.
- The training picture was variable although over 60% use MiDAS training.

- Annual mileage per vehicle varied between 1,000 and 40,000, with an average of 14,750.
- Annual project running costs ranged between £1,000 and £110,000, averaging out at £21,000.
- 15 groups reported nil capital expenditure and only ten had made capital purchases recently, averaging just under £40,000.
- Fares income represented over 80% of funding for seven groups.
- Just four schemes stated they had received funding support from LECs and, in all cases, the sums amounted to less than 5% of income.
- Just over 40% of respondents had no plans for future growth whilst a similar proportion had some sort of growth plan in place.
- However, many groups identified unmet demand so there appears to be significant potential for CT development.
- The context of limited (and uncertain) funding, together with likely difficulties in engaging staff, are key aspects which hinder development.

The research highlighted the following issues for central funders of local projects:

- There should be a clear statement of the funders' objectives in their relationship with the CT sector, and these should be stated in published guidance. This guidance should cover appropriate standards, feasibility assessment techniques, typical approaches to support and development, and contacts for further information and advice. Where there are local intermediate agencies involved in funding delivery, these should retain some flexibility and discretion in allocating funds locally.
- Funders should develop a protocol with CTA and with other local agencies (particularly local authorities) on a joint approach to CT development, setting out the interests and extent of involvement of each of the parties.
- Funders should have someone available with sufficient knowledge of community and passenger transport to provide specialist business (but not necessarily technical) advice. This could be outsourced.
- It is unrealistic to expert regeneration and economic development organisations to provide ongoing revenue funding for CT schemes, beyond initial start-up (or step-up) costs for the first three years.
- Priority areas for short term funders should therefore be the support of CT project sustainability in a number of specific strategic areas,

principally those of planning, training, business advice, ICT and gaining other funding.

- Particular attention should be given to support in the preparatory and planning stages of a project, including consideration of other options. Use should be made of recent developments in community needs assessment in Scotland to ensure that transport, especially CT, is considered as an integral part of it.

- Training and staff development is another target for short term funding, ideally linked with skills development in the community, and on a standard basis aimed at CT groups across a region.

- Regeneration agencies should use their local business network to contribute to developing local community capabilities by introducing new people with relevant expertise onto voluntary sector CT management committees.

- Local regeneration agencies should endeavour to form links between commercial transport operators and purchasers of CT services, to maximise potential inter-trading benefits within the local economy.

- There may be potential for regional funders to consider a strategy for the development of ICT in the CT sector which could be developed both to improve productivity and public access within the sector, but also to enable other funders or support agencies to interact with the sector more effectively – e.g. through standard web training, standard web-based reporting, shared facilities such as web-based scheduling systems.

- One or more strategic funders should consider funding a comprehensive feasibility study on the co-ordination of health and other passenger transport across all, or a major part, of an area to determine the nature, scale and location of any benefits, and a mechanism by which they might be achieved.

## 8. CONCLUSION

A lack of resources, volunteers and expertise has resulted in a sector that is generally reactive, rather than proactive in its approach. It is important that this trend is recognised and reversed; it should be acknowledged that there is considerable local knowledge within the sector relating to local need, that is developed through constant contact with vulnerable individuals, which should be used to inform service developments. In order to support future development both financial and support systems need to improved.

The CT sector feels that demand for its services far exceeds current capacity. Future developments with PTS and the SAS, and the development of DRT, can only increase demand for CT services and it is essential that this is acknowledged by key funders, especially the Scottish Executive.

### 8.1 CT Is Good At:

- recognising and exploring unmet demand;
- providing more sustainable alternatives for transport in deep rural areas;
- providing access to leisure (there is a particular opportunity for village-based community transport to offer a service to young people);
- enabling more young people, particularly those with special educational needs to attend non-statutory educational opportunities including breakfast clubs, homework clubs, afterschool activities and some daytime initiatives for post-16 year olds;
- reducing the unequal access to health care, particularly for elderly people, and especially in rural areas: Scotland's health is improving but remains poor compared to the rest of Europe, with an unacceptable health gap between the richest and the poorest communities.

### 8.2 CT Is Not So Effective At:

- strategic planning, mainly due to lack of funding (Over 40% of the groups surveyed in the Highlands and Islands study reported no plans for future development);
- quantifying the added value of their services;
- providing links with other transport providers;
- marketing and PR.

### 8.3 Barriers to development

Generally, the CT sector lacks certain skills, such as marketing and fund-raising; this can hinder further development. There is often a fear of over-marketing schemes, which would then struggle to meet the generated demand, but this approach fails to recognise the strength of the case that could then be presented to key funders.

It is clear that policies around sustainable funding need to be developed if the sector is to continue to survive and develop. This also needs to acknowledge the extra costs associated with deep rural transport operations. Any policy should anticipate those extra costs and encourage better service planning and integration for the following reasons:

- Service planning: providing the appropriate mix of transport will help to reduce unit costs and therefore reduce the fare to the user. For example, providing some semi-scheduled trips rather than offering full flexibility and ensuring that individuals with low care needs do not travel on services providing high levels of care

- Service integration: the integration of transport for CT, Social Work, PTS and low-frequency local bus services can improve economies of scale, allowing for greater overall coverage and reduced unit costs.

However, all this needs to be paid for!

## 8.4 IS CT Good At Reducing Social Exclusion?

Comprehensive analysis of several schemes across Scotland, England and Wales has demonstrated that, in the majority of cases, CT is the only affordable and practical mode of accessible transport, although it is clear that there are still varying levels of unmet demand as well as further opportunities for development. Whether geared up to the needs of disabled people, providing access to work and training for isolated young people, delivering a women's service, it is clear that CT schemes, can make a real difference to people's lives