



**TRANSPORT
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Research into the Social and Economic Benefits of Community Transport in Scotland



RESEARCH INTO THE SOCIAL AND ECONOMIC BENEFITS OF COMMUNITY TRANSPORT IN SCOTLAND

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Research Summary

An inquiry by the Scottish Parliament Infrastructure and Capital Investment Committee launched in 2013 found that there is a lack of evidence on the social and economic benefits of community transport (CT) in Scotland. In order to address this, Transport Scotland commissioned this research study designed to identify the economic, social and health benefits generated by CT in Scotland.

Main Findings

- CT is a critically important service providing cross-cutting benefits across a range of policy areas, including transport, health, social services and leisure, amongst others. It also plays an important role in tackling different types of inequality, an important issue on the current Scottish Government policy agenda.
- Whilst CT offers a range of benefits across policy areas, the magnitude of the contribution to each is difficult to identify.
- CT generates a Scotland-wide social welfare benefit (consumer surplus) for users.
- The five case studies are estimated to generate £2.8 million per annum in Gross Value Added.
- CT offers significant cost savings to local authorities, the NHS and other public bodies.
- CT generates a large number of unremunerated productive hours and provides a pathway to employment.
- CT helps to tackle poor transport accessibility – 50% of survey respondents noted that their trip could not or would not be made without CT.
- CT provides a means for isolated individuals to interact – eg 68% of all respondents indicated that the CT service they used was very important ‘just to get out’.
- 89% of respondents explained that CT was either “Fairly” or “Very Important” in supporting personal independence.
- CT offers a range of health benefits, including improved access to health services, fewer missed appointments and the continued ability to live at home.

Aims of the Research

The purpose of this research was to identify and, where possible, measure the economic and social benefits generated by community transport (CT) in Scotland.

Research Approach

Following a review of available literature on the benefits of CT, a primary research programme was carried out with five principal case studies from across Scotland, namely Annandale Transport Initiative; Badenoch & Strathspey Community Transport Company; Buchan Community Dial-a-Bus; Community Transport Glasgow; and the Order of Malta.

The research consisted of a questionnaire-based survey of CT users; focus groups / depth interviews with CT providers, staff and volunteers; telephone consultations with local authorities; and telephone interviews with a handful of other providers.

The aim of the primary research was to identify the extent to which CT in Scotland delivered the positive outcomes identified in the literature review

Economic Benefits of CT

Across all five case studies, one third of respondents (n=61) indicated a **willingness-to-pay** in excess of the fare (which in many cases is free). Whilst the analysis was relatively simplistic, this nonetheless implies that, at a Scotland-wide level, CT generates a social welfare benefit (known as consumer surplus) for users.

The survey responses were skewed towards more elderly members of the population, which meant that few respondents were making use of CT for **travel to work or education**. However, amongst the small sample who were making such trips, there was almost unanimous agreement that CT services allowed them to consider a broader range of jobs / study opportunities.

The evidence suggests that CT providers **support local businesses** through providing access to retail and other facilities, purchasing locally and operating ancillary social enterprise.

CT providers **direct employment and preparation for volunteers entering the workplace**. This is of benefit both to the government who gain higher levels of employment and reduced social security costs and private bus firms who often recruit CT drivers. Analysis suggests that the 75 salaried staff across the five case studies generate **£2.8 million gross GVA per annum**.

Volunteers obtain a social interaction benefit from working with CT providers whilst, at the same time, providing a net economic benefit to society in terms of the additional (uncompensated) productivity / value added to the economy.

CT also offers a wide range of **benefits to local authorities and other public bodies**. Consultations with the case study local authorities found that CT services were less costly than their commercial equivalents, although quantifying this cost was deemed to be challenging given the differences in the scale and scope of operations. Nonetheless, Highland Council in particular noted that it would be

unaffordable to fund commercial providers to cover operation of the services offered by the CT sector in the Council area.

CT was seen to be of particular benefit in the **current financial climate**. With local authorities consulting on efficiency savings, CT provides a lower cost and more flexible means of delivery for currently marginal transport services.

Despite the benefits offered by CT, case study providers did highlight **a number of funding issues**. These included a lack of funding centralisation; the lack of coordination between capital and revenue budgets; the dependence on transport departments and other charities for funding that are not wholly transport issues (eg access to healthcare); and time-limited funding packages, which make long-term investment planning difficult.

Social Benefits of CT

CT plays an important role in tackling **accessibility poverty** by providing demand responsive and other transport services when mainstream transport is unviable. Access to shopping is reported to be important by most respondents, followed by access to medical appointments and day trips. The importance of CT to 'just get out' is also very high, highlighting the social inclusion benefits of CT. Across all case studies, at least **50%** of respondents indicated that **the trip could not be made or would be made much less often** without CT.

CT services are seen to be of significant importance in **tackling isolation and promoting social inclusion**. CT provides a means for isolated individuals to interact – eg 68% of all respondents indicated that the CT service they used was very important 'just to get out'.

CT supports **personal independence** in a variety of almost equally important ways, ranging from allowing people to stay in their own home to reducing dependence on family friends and others for help with their journey. 89% of respondents explained that CT was either "Fairly" or "Very Important" in supporting personal independence.

CT services are seen as important in promoting **wellbeing, quality of life and mental health**. 75% of applicable respondents to our survey agreed that without the service they would find it difficult to access activities. Almost half of all respondents 'strongly agree' that their physical health is better because they use the CT service.

The user surveys also indicate that CT services make a significant contribution towards **healthier lifestyles**. The main benefit relates to enabling about half of all respondents to stay more active and get out and about more, whilst access to more healthy eating and drinking options was also seen as beneficial.

The research also strongly supported the view that CT is a key facilitator in leading to **the earlier detection and treatment** of emerging health issues. 60% of applicable respondents agreed that they now see the doctor quicker and/or more often because of the CT service they use. Similarly, 39% of applicable respondents agreed that the CT service makes it much easier for them to get their medication.

Without the CT service, individuals sometimes put off going to the doctor, not wanting to be a burden on their families.

CT was also seen to be important in **reducing missed medical appointments and domiciliary provision**. 23% of respondents agreed that the CT service they use has reduced the number of medical appointments they have missed: In addition, approximately 16% of all respondents strongly agreed that they have less need for home visits from the GP or nurse and another 7% slightly agreed with this.

Finally, CT was seen to support **rural sustainability**, by providing people in rural areas with access to key services.

Conclusions

CT offers a wide range of social, economic & health benefits, as evidenced by this research. The services support the Scottish economy in terms of employment, productivity and rural sustainability.

In addition, the cross-cutting nature of CT is perhaps unique amongst transport services. The evidence demonstrates that CT is far more than a point-to-point transport service - the CT services examined show the importance of, for example, social interaction on the bus and the role CT plays in encouraging often vulnerable people to attend medical and other appointments they would not otherwise make. By offering these benefits, CT is making a positive contribution to the Scottish Government's attempts to reduce inequality.

Whilst this study has demonstrated the significant benefits offered by CT, it is important to note that the scale of the contributions which CT makes to the positive outcomes outlined remains unclear.

1 INTRODUCTION

Overview

- 1.1 This report investigates the social and economic benefits of community transport in Scotland. Community Transport (CT) provides a critical role in meeting the transport needs of a wide range of groups where conventional transport fails to do so. This may be because there is not a commercial case (even where subsidised) for running a traditional transport service or where the needs of users are such that they cannot easily access conventional transport services. CT operators conduct invaluable work in this area by filling gaps where other public transport services are not possible or appropriate for users.
- 1.2 Recognising the above issues, and as a result of the lobbying of a number of organisations, the Scottish Parliament Infrastructure and Capital Investment Committee launched an inquiry into CT provision in Scotland in February 2013. A key issue highlighted by the Committee's report, and also in other subsequent literature reviews, was the lack of evidence on the social and economic benefits of CT in Scotland. The most recent report on community transport in Scotland was commissioned by HITRANS and published in 2011.
- 1.3 This lack of evidence on the benefits of CT was flagged up in the Parliament's final report on community transport, which was published in July 2013. This report identified the lack of information on community transport provision and needs as being a key challenge. Information gaps identified included the lack of baseline data on CT, making it difficult to plan for future transport needs.

Defining Community Transport

- 1.4 The Community Transport Association (CTA) defines CT as:

“a wide range of transport solutions usually developed to cover a specifically identified transport need, typically run by the voluntary sector for the local community on a not for profit basis” (CTA, 2012).

- 1.5 Organisations providing CT are varied in both scale and scope. For some, the provision of CT is their only activity, whilst for others, CT is just one part of a much wider remit. In terms of scale, CT providers range from small to large and from those that rely entirely on volunteers to those with large numbers of staff. The CTA divides services provided by CT organisations into the following categories (CTA, 2012):
 - **Voluntary Car Schemes** – a demand responsive service in which volunteers drive their own vehicles in return for mileage expenses.
 - **Group travel services and door-to-door dial-a-ride services for individuals** – CT organisations which provide minibuses to local groups and/or use them to provide transport for their members/people they are aiming to help.
 - **Wheels to Work** – a CT organisation that provides individuals with leased vehicles (such as mopeds or bicycles) or assists them with their transport needs by other means.

- **Contracted 'assisted travel' services** - including home-to-school, non-emergency patient and/or social services day care transport which is operated on a not for profit basis.
- **Demand-responsive or fixed-route transport services** – which operate where commercial bus routes, even when subsidised, are not viable.

This Research Study

- 1.6 The key purpose of this study is to address the gaps in available data on the benefits of community transport. This research project is designed to collect information on the social, economic and health impacts of CT with the aim of identifying the ongoing benefits of CT.
- 1.7 In particular, it is important from a funding perspective to understand who is using CT and for what purpose. In addition, in the currently constrained financial climate, it is necessary for all policy areas / sectors to clearly demonstrate the contribution they are making to the Scottish Government's Purpose¹, providing an evidence-based case for funding prioritisation. In the absence of robust data and an understanding of the benefits of CT, it is difficult to make the case for maintained or additional funding for this essential form of transport provision.
- 1.8 This study addresses these evidence gaps through the development of a strategy to identify the social, economic and health benefits of CT and the identification and collection of the information required to measure each of the different benefits. Having developed this baseline, we sought to address the gaps in existing data sources through the identification and selection of a series of case studies designed to cover the breadth of provision across the country. The main advantage of this approach is that it provided a pan-Scotland view, providing an understanding of the benefits of CT in different geographic and urban-rural classifications.
- 1.9 The outcomes of this research will allow Transport Scotland to more fully understand the benefits of CT and how the costs of CT operation compare with the equivalent costs of mainstream public transport.

2 LITERATURE REVIEW

Overview

- 2.1 There are many benefits associated with CT provision. While some of these are relatively easily quantified, such as the number of journeys, many of the core elements which contribute to the overall value of CT such as improved health and well-being and higher levels of social interaction are more difficult to measure. In particular, these social outcomes are often difficult to quantify and are not easily assessed using conventional transport analysis methods.
- 2.2 This chapter provides a review of existing literature on the topic, identifying the key evidenced benefits which will form the basis of this research. It is worth noting however, that the available literature on the benefits of CT is limited and often focussed on individual providers or small geographic areas. A bibliography of the literature consulted is included in Appendix A.

¹ Additional information of the Scottish Government's Purpose and National Performance Framework can be found here - <http://www.scotland.gov.uk/About/Performance/scotPerforms>

Accessibility and Social Exclusion

- 2.3 There is much discussion in the literature as to the ability of CT to improve accessibility and consequently reduce social exclusion (Farrington and Farrington, 2005). Accessibility can be defined as “the ease with which individuals can reach destinations” whilst social exclusion can be understood broadly as the inability to participate fully in society (Velaga et al, 2012).
- 2.4 Accessibility is a multi-dimensional concept, with accessibility barriers or gaps existing across a number of domains. These include, for example, a lack of service (spatial gap), inaccessible vehicles (physical gap), services being too expensive (economic gap), a lack of service at the required time or too long a journey (time gap), a lack of information (knowledge gap), and cultural/attitudinal issues (cultural/attitudinal gap) (Mulley and Nelson, 2012).
- 2.5 Problems of accessibility and social exclusion can be particularly acute amongst members of vulnerable groups, most of whom do not have access to private transport and are therefore reliant on public transport to access key services. These groups may include:
- Older and disabled people – who may experience problems using conventional public transport as a result of a lack of accessible vehicles or the requirement to walk to conventional public transport pick-up and drop-off points;
 - Unemployed people and those with low incomes - who may experience difficulties in accessing conventional public transport because of the cost associated with travel; and
 - People in communities with limited public transport provision (e.g. rural areas) – who may not be able to access conventional public transport as a result of lack of the required provision within their area.
- 2.6 The provision of suitable transport for older people is a significant issue, with growing numbers of people living into their eighties and the specific accessibility requirements of this segment of the population often not accommodated through traditional public transport services. These include lower incomes, an increased number of physical limitations and changes in trip purpose (Alsnih and Hensher, 2003).
- 2.7 The problem of providing accessible public transport in rural areas is also discussed widely in the literature. As a result of low population densities, it is often difficult to provide conventional public transport services in rural locations. This situation is further exacerbated by high levels of private transport ownership and declining funding for rural services (Alsnih and Hensher, 2003).
- 2.8 Through overcoming gaps in accessibility, CT services can provide access, particularly amongst vulnerable groups, to key destinations including employment, education, and health services.

Social Interaction and Social Capital

- 2.9 While generally less well understood than the economic impacts, a lack of accessible transport can also result in significant social impacts at both the individual and

community level (Lucas, 2010). Individuals who are socially isolated as a result of distance, infirmity or poverty can experience feelings of loneliness and isolation. By providing a means to access key destinations such as employment, education and leisure facilities, CT provides users with the opportunity to get 'out and about' and interact socially within their community.

- 2.10 The social benefits of transport are examined by Lucas et al (2008) in their analysis of the benefits of transport services in deprived areas. The study examined a number of different transport schemes, including demand responsive services, and surveyed both professionals and local residents. They found that, in contrast with the professionals interviewed, local residents talked of the social amenity value of the transport in the first instance over and above employment benefits. The social benefits discussed included the opportunities the services provided to "go out and meet people" as well as social interaction undertaken during the journey itself (Lucas, 2010).
- 2.11 The importance of the CT journey in providing an opportunity for social interaction is highlighted in a number of studies. For example, while not focused on CT directly, in their analysis of the role of free bus travel on the well-being of older people in London, Green et al (2014) note that the bus journey itself provided a "therapeutic space" and a "source of potential events, social encounters and opportunities for engagement" which were "fundamental to the well-being" of participants (Green et al, 2014). Similarly, in their submission to the Scottish Parliament Infrastructure and Capital Investment Committee Report, the Dumfries and Galloway Accessible Transport Forum noted that when the driver is known to users the journey itself is transformed into "something of a social occasion (especially for those living on their own) or a chance of social contact conversation" (Scottish Parliament Infrastructure & Capital Investment Committee, 2013). This sentiment is echoed by Martikke and Jeffs (2009) in their research on CT providers in Manchester. They note that "low-key interactions" with the driver can become "very significant and something to look forward to" for those whose opportunities for social interaction are limited (Martikke and Jeffs, 2009).
- 2.12 A number of commentators also note that by providing an arena for social interaction, the provision of CT can support social capital, particularly in rural areas (Gray et al, 2006). Social capital can be defined as "the connections and relationships among and between individuals" (Gray et al, 2006). Communities with high levels of social capital generally have greater access to resources, skills and influence and research indicates social capital is positively associated with a range of positive social and economic indicators. The concept of social capital is difficult to quantify, with typical measures including perceptions of trust and participation in organisations (Spinney et al, 2009).

Well-Being, Quality of Life and Mental Health

- 2.13 Transport mobility, social interaction and the ability to engage more fully in community life are also important pre-conditions for well-being and quality of life. There is no standard definition of well-being but it is typically represented by notions of "happiness, life satisfaction, fulfilment and human flourishing" (Vella-Brodrick and Stanley, 2013). While the link between CT and well-being has not been explored in detail, a number of researchers have examined the relationship between transport mobility and well-being more generally.
- 2.14 Bannister and Bowling (2004) examined the relationship between mobility and quality of life amongst people over the age of 65 in Britain (Banister and Bowling, 2004). The research used data from interviews undertaken as part of the British Office for National

Statistics Omnibus Surveys which included a number of self-reported measures of quality of life. The study found a clear relationship between quality of life, and both the availability of facilities such as health services and shops and the number of social activities undertaken in the last month, with the authors concluding that transport is important as it provides the means to access local services and facilitates engagement in social activities.

- 2.15 A similar study was undertaken examining the impact of transport mobility on the quality of life for non-working individuals in Canada (Spinney et al, 2009). The research used time-use data from Statistics Canada's General Social Survey (GSS) to understand how improved transport mobility correlated with quality of life (as measured against a series of quality of life indicators). The research found that improved access to transport options was positively associated with a variety of related quality of life domains. For example, they found that individuals who were very satisfied with their life as a whole spent almost 2.5 hours per day outside of the home engaged in a range of leisure activities compared to only 1.5 hours per day for those who were very dissatisfied (Spinney et al, 2009).
- 2.16 The relationship between transport mobility and well-being has also been examined by Vella-Brodrick and Stanley (2013). Using survey responses from adults in Melbourne, Australia, they assess how transport mobility helps to satisfy inherent psychological needs which are deemed necessary for well-being. These include relatedness needs i.e. having supportive and satisfying relationships, competence needs i.e. the belief that one has the resources to achieve desired outcomes and autonomy needs i.e. the perception of undertaking activities based on choice, volition and self-determination. The study found that transport mobility successfully predicted psychological well-being which in turn predicted subjective well-being, with mobility providing the means to "interact with the world" and generate "feelings of connectedness, self-worth and competency" (Vella-Brodrick and Stanley, (2013). The authors concluded that the fulfilment of these psychological needs "is vital to many other positive outcomes such as improved health, vitality and motivation as well as decreased anxiety" and thus improving transport mobility "could provide lasting benefits to individual well-being and reduce the health care costs associated with mental illness" (Vella-Brodrick and Stanley, (2013).

Supporting Independence

- 2.17 CT can also support independent living and mental and physical health. In their analysis of CT providers, TAS and DHC (2011) found that many of the users of the organisations they assessed would not be able to live independently without support from CT and would therefore need to move house or into residential care services (DHC and TAS, 2011). Such a move would result in significant additional costs with the authors estimating that for just one of the CT organisations they examined, the additional costs if the service were not provided could be as much as £25k per person per year, with a potential total annual cost for social care of over £1.25m (DHC and TAS, 2011).
- 2.18 The provision of transport and greater independence can also have positive benefits for the families involved. A number of sources note the reduced reliance and pressure on family and friends to provide transport as a result of the availability of CT (Age Scotland, 2013). This can have wider economic and social benefits as a result of a reduction in days taken off work and can improve the carer-patient relationship by providing carers with much needed respite (Martikke and Jeffs, 2009). Furthermore, Alsnih and Hensher (2003) highlight that, in future, families are less likely to be able to cater for the transport needs of elderly relatives as a result of the growth in life expectancy being above that of the rate of fertility as well as general changes in lifestyle (Alsnih and Hensher, 2003). As

a result, they contend that an increasing number of individuals will find it increasingly difficult to meet their transport needs without improved public transport provision which meets accessibility needs (Alsnih and Hensher, 2003).

Earlier Detection and Treatment

- 2.19 The provision of CT has also been linked to earlier detection and treatment of health conditions, with resultant benefits in terms of quality of life for the individuals involved as well as significant savings for the NHS (Age Scotland, 2013). In part this is likely to be simply a result of improved access to health services, with the greater availability of transport encouraging people to seek medical advice when they might otherwise not have done so. For example, the Countryside Agency (2005) in their review of the Newark and Sherwood Voluntary Scheme identified anecdotal evidence that people were more inclined to visit the GP as a result of the scheme. It was also noted that as a result of CT elderly people no longer needed to wait until family members were available and consequently saw the GP earlier (Countryside Agency, 2004).
- 2.20 A number of sources also highlighted that involvement with CT organisations can also act to provide an 'early warning system' when health problems arise. In their submission to the Infrastructure and Capital Investment Committee Report, the Highland Council noted that "drivers may suggest to the health professionals that there has been a change in circumstances and a visit may be beneficial for the passenger's wellbeing", with "most health professionals recognising that this is helping to reduce admissions to hospital and care homes and that early intervention enabled by Community Transport gives a net saving" (Scottish Parliament Infrastructure & Capital Investment Committee, 2013). Similar comments were made in the research undertaken by Martikke and Jeffs (2009), with a number of CT providers noting the role of drivers as "early warning systems". One commentator described the situation as such, drivers "know their passengers...know what constitutes an uncharacteristic behaviour pattern and therefore can identify possible emergencies" (Martikke & Jeffs, 2009).

Reductions in Missed Health Appointments and Domiciliary Provision

- 2.21 The provision of CT and greater access to appropriate transport for health appointments has also been linked to a reduction in the number of health appointment Did Not Attends (DNAs) as well as a reduction in required domiciliary provision (Countryside Agency, 2014). It is not clear to what extent a lack of transport contributes to DNAs as quantitative data on the topic is generally limited. However, reductions in DNAs have been recorded following the introduction of a number of CT schemes.
- 2.22 In 2008, a pilot research project by Argyll & Bute Health Board found that the introduction of a voluntary car scheme for people over the age of 65 caused a 1% decrease in DNAs in Dumbarton with health professionals involved noting that there was also a reduction in the need for domiciliary visits as a result of the scheme (Scottish Government, 2008). In their analysis Age Scotland, used the results of this study as well as national figures on DNAs, to estimate the impact of CT at the Scotland-wide level. It estimated that, amongst the over 65 age group alone, CT could result in 446 "saved" outpatient DNAs, resulting in a saving of almost £50,000 per annum across Scotland (Age Scotland, 2013).
- 2.23 The cost savings of CT in terms of reduced domiciliary visits have also been estimated in a number of studies. For example, a CT scheme managed by Honley Surgery in South Huddersfield which provided car transport for patients at the practice as well as two other GPs, resulted in savings of over £30,000 per year in reduced professional time

(Countryside Agency, 2004). Similar benefits were also identified in the Newark and Sherwood Voluntary Scheme, with a saving in terms of the number of home visits required for one surgery and an associated reduction in professional time worth £2,450 per year. This equated to a saving of around £18 per trip to the surgery compared to a £9 per trip operating cost for the CT provided (Countryside Agency, 2004).

Healthier and More Active Lifestyles

- 2.24 The provision of CT can contribute to healthier and more active lifestyles. In its analysis, Age Scotland (2013) argues that CT can contribute to healthier eating and reduced levels of malnutrition as a result of the opportunity it provides users to 'shop around' (Age Scotland, 2013). This is echoed by Martikke and Jeffs (2009) who highlight the nutritional benefits of being able to access supermarkets and lunch clubs as a result of CT provision (Martikke and Jeffs, 2009). The nutritional benefits of CT are likely to be particularly important amongst isolated groups on low incomes.
- 2.25 Age Scotland (2013) also argues that greater use of CT, as with public transport more generally, results in higher levels of physical activity which in turn can lead to reductions in preventable health conditions such as cardiovascular disease, obesity and type 2 diabetes as well as incidences of falls and fractures, all of which carry significant costs for the health service (Age Scotland, 2013). The report notes that CT particularly can be very effective in reducing the incidences of falls and fractures as a result of the specific care provided such as assistance in accessing vehicles and the ability to stay seated while the vehicle is in motion (Age Scotland, 2013).

Employability and Training

- 2.26 CT organisations are important employers of both staff and volunteers. According to the CTA, the 80 largest CT organisations in Scotland employed around 400 people in 2012, of whom approximately one third were full time employees (CTA, 2012). As well as the direct income provided to those employed by CT providers, there are wider multiplier effects within the local economy. In addition, a 2012 report by the CTA found that at least 2,500 people volunteered their time, providing a total of 278,500 hours over the year period. If one hour of volunteering is valued at the minimum wage rate, this equates to £1.7 million on an annual basis (CTA, 2012).
- 2.27 In addition, involvement in CT organisations can bring significant benefits for volunteers including greater levels of physical activity, opportunities for social interaction and a sense of purpose with resultant positive impacts on mental health and well-being (CTA, 2014). In addition, the contributions of volunteers mean that there is a great deal of added value in the sector compared to a commercial equivalent. For example, in their analysis of CT in Manchester, Martikke and Jeffs (2009) note that "volunteers who come from within the community being served typically bring with them more familiarity with the issues that community faces" and identify numerous examples of drivers going "above and beyond" what any normal driver would do in order to assist their passengers (Martikke and Jeffs, 2009).

Support for Local Businesses

- 2.28 The provision of CT can also provide benefits for local businesses through both increased access to employment and increased revenue. The provision of accessible transport to employment through schemes such as Wheels to Work provides businesses with a number of recruitment benefits including a wider recruitment pool; a better match

of recruited staff and skills to job roles; improved staff retention; and consequently a reduction in recruitment costs and increase in productivity. This is a key point, as emerging transport appraisal guidance in Scotland and at the wider UK level suggests that there can be a number of economic benefits which accrue from an improved labour supply (Department for Transport, 2005).

- 2.29 In their evaluation of the transport to employment (T2E) scheme in the rural communities of East Sutherland, Easter Ross, and Southern Caithness, Wright et al (2009) used a social return on investment (SROI) analysis to assess the impacts of the scheme (Wright et al, 2009). A monetary value was established in relation to the social benefits of employment to the individual based on the net increased income (i.e. the individual's wages minus lost welfare benefits and increased taxes) whilst the value to the state was assessed in terms of the reduction in welfare payments and increased tax contributions. The impact on employers was assessed via a series of surveys. They found that employers benefitted from T2E on a number of levels, including: improved staff retention; easier management of staff rotas; and a greater likelihood of appointing staff from the local area. The study found that the combined benefits to individual users and the state were (then) approximately £9,000 per passenger per year, with the measurable social benefits outweighing the investment by a ratio of more than 3:1.
- 2.30 Local businesses in the retail and service sector can also benefit from enhanced turnover as a result of sales from CT clients. This can be particularly important for shops and other local services in rural communities where provision of such services is more marginal. In their analysis, TAS and DHC estimated the spend in the local retail and service economy enabled by CT using average household expenditure values taken from the Family Expenditure Survey. These were distributed to each CT destination (recreation, leisure and culture, food and other goods), assuming that spending was in proportion to the percentage of trips to that destination by trip purpose. For the schemes assessed, the authors found additional spend in the retail sector of between £5,000 and £100,000 and in leisure and recreation between £500 and £5,000 (DHC and TAS, 2011).

Rural Population Decline

- 2.31 Access to transport, including CT provision, can play a significant role in the continued survival of rural communities. This is highlighted by Skerratt (2010) who argues that the presence or absence of services such as transport directly impact the vibrancy or decline of rural areas (Skerratt, 2010). Drawing on work undertaken by the OECD, she outlines a 'circle of decline' in rural areas whereby low population densities result in smaller potential customer pools and consequently a lower rate of business creation. This, in turn, results in fewer jobs and higher levels of out-migration amongst the economically active which further reduces the population density and the probability of investment.
- 2.32 Skerratt also notes that the out-migration of the economically active during this process results in an aging population, which not only reduces the likelihood of investment further but also results in a higher requirement for services, particularly in health and social care. This sentiment is echoed in the Infrastructure and Investment Capital Committee Final Report which notes that "in areas of population decline, as families, friends and neighbours move away, it can often mean that individuals can become isolated from traditional support networks, which might otherwise have assisted with transport needs" (Scottish Parliament Infrastructure and Capital Investment Committee, 2013).

Support for Other Services and Groups

2.33 The provision of CT can also impact the operation and sustainability of other voluntary organisations and groups, with the viability of some services often dependent on the provision of CT. This sentiment was reflected in research undertaken by the CTA (2014) on the benefits of CT for older people, with many of the groups involved including day services, lunch clubs, and care clubs, noting that without community transport the services would not be viable and would probably have to close (CTA, 2014). Similarly, in their research with third sector health and social care providers, Martikke and Jeffs (2009) found transport to be a “defining issue”, with all of those interviewed reporting that “take-up would be greater if transport problems were eased and/or that take-up would be significantly reduced if the organisation did not sort out its clients’ transport issues” (Martikke and Jeffs, 2009).

Contribution to Policy Objectives

2.34 As a result of the wide ranging nature of the benefits of CT, its provision can contribute to the outcomes of both transport and non-transport departments and organisations. In their analysis, TAS and DHC note that CT can contribute to virtually all of the national indicators and targets for Scotland, including those covering transport, health, crime, housing, education, environment, community and other social goals. However, while CT can and does contribute to the achievement of policy outcomes in these areas, often “it is unlikely to be a top priority intervention” (DHC and TAS, 2011).

Summary

2.35 The literature identifies the key benefits of CT as:

- Improved accessibility to key destinations including employment, education and health services, particularly for vulnerable groups, and consequent increases in social inclusion;
- Support for the development of social capital, particularly in rural areas, through the provision of opportunities for social interaction and networking;
- Promotion of social inclusion and reduced isolation and loneliness by providing individuals with opportunities for interaction with others both at their destination and during the CT journey;
- Improved quality of life and well-being as a result and enhanced feelings of connectedness, self-worth and competency, with associated benefits for mental health and reduced costs in terms of health care provision;
- Support for independent living through improvements in accessibility and consequent benefits in terms of enhanced well-being and care costs;
- Earlier detection and treatment of medical conditions as a result of enhanced accessibility and greater interaction with care providers;
- A reduction in missed health appointments and domiciliary provision, with resultant NHS savings;
- Healthier and more active lifestyles as a result of higher levels of physical activity and greater access to healthier food options;

- Cost savings and social capital benefits as a result of the considerable contributions made by volunteers across the CT sector;
- Provision of employment and volunteering opportunities within the CT sector itself and associated benefits in terms of training and skills development;
- Support for local businesses through increased trade and a more efficient supply of labour with benefits in terms of recruitment and staff retention;
- Support for rural communities through the provision of vital travel-to-work and education opportunities helping to tackle outmigration and population decline.

2.36 It is evident that CT provides a large number of benefits which cover a number of different policy areas and as such the provision of CT has the capacity to contribute to a cross section of different policy goals including health, education, environment, community and other social goals. Whilst some of the benefits identified can be relatively easily quantified, many of the core elements which contribute to the overall value of CT such as improved health and well-being as well as higher levels of social interaction are more difficult to measure.

2.37 Having developed our understanding of the benefits of CT, the literature review was used to inform the selection of case studies and the primary data collection exercises.

3 CASE STUDY SELECTION

Case Study Identification

- 3.1 The research was principally based on primary research with five case study providers drawn from areas with differing geography and demography. The key benefit of this approach is that it allowed the research to identify and understand the benefits of CT across the full breadth of operator types and services. Whilst this strategy likely provided a smaller number of survey responses than would have been the case focussing on say, the five largest providers, the breadth of information collected added significant value.
- 3.2 Our process for selecting the case studies involved selecting a series of CT providers from whom we could collect evidence on the benefits identified in the literature review. Our aim was to identify a set of case studies which are representative of demography; geography; user groups and journey purposes; and types of provider and funding.
- 3.3 In terms of ensuring a demographically representative sample, we felt it appropriate to identify one case study from each category (five in total) within the Scottish Government's urban / rural classification:
- Large urban areas – settlements of over 125,000 people.
 - Other urban areas – settlements of 10,000-125,000 people.
 - Remote small towns – settlements of between 3,000 and 10,000 people and with a drive time of over 30 minutes to a settlement of 10,000 or more.
 - Accessible rural – settlements of less than 3,000 people and within a 30 minute drive of a settlement of 10,000 or more.

- Remote rural – settlements of less than 3,000 people and with a drive time of over 30 minutes to a settlement of 10,000 or more.

3.4 In selecting our list of case studies, we recognised early on that there is a lack of a comprehensive nationwide database of CT providers. To address this we identified the case studies using a number of sources:

- case studies identified in the published literature;
- expert knowledge from the Centre for Transport Research;
- the website www.ctonline.org.uk, which includes a list of CT providers throughout the UK (although it is far from comprehensive);
- the database of operators from the CT mapping exercise undertaken for SPT (provided by the RAG); and
- Google based searches.

3.5 The following five case studies formed the final shortlist:

Table 3.1: Preferred Case Studies

	Preferred Case Study
Large Urban Areas	Community Transport Glasgow (SPT)
Other Urban Areas	Order of Malta Dial-a-Journey (TACTRAN)
Remote Small Towns	Annandale Transport Initiative (SWestrans)
Accessible Rural	Buchan Dial-a-Community Bus (NESTRANS)
Remote Rural	Badenoch & Strathspey Community Transport Company (HITRANS)

3.6 Three additional telephone consultations were also included to address a small number of gaps left by the above case studies. These were a:

- Wheels-to-Work provider – Coalfields Community Transport;
- Island Provider – this was initially Staran in Lewis but, following difficulties contacting them, it was agreed the reserve choice would be Tagsa Uibhist (Benbecula, but serving the entire Uist Chain); and
- Access to medical appointments – RSVP East Renfrewshire.

Profile of Case Studies

3.7 A brief profile of each case study is provided below, with additional information on the services offered included in Appendix B.

3.8 **Annandale Transport Initiative (ATI)** was established in 1999 and provides community transport services throughout Annandale and in part of Eskdale in South West Scotland. Having started with two fully accessible minibuses, the organisation has gradually expanded and now has six minibuses and two accessible community cars. ATI provide a range of community transport services.

3.9 **Badenoch & Strathspey Community Transport Company (B&S)** provides a range of accessible transport services for people living in a Badenoch and Strathspey who do not have transport of their own or who are unable to access public transport.

- 3.10 **Buchan Dial-a-Community Bus (BDACB)** has been providing transport services in North East Aberdeenshire for over 15 years. Having initially offered just one weekly service, the organisation has grown substantially over this period and now has a total of 11 buses, over 1,000 individual members and 290 group members.
- 3.11 **Community Transport Glasgow (CTG)** has been providing CT services in communities across Glasgow since 2005. Since its establishment, CTG has grown substantially and now has 20 vehicles and provides a wide range of community transport services.
- 3.12 **Order of Malta Dial-a-Journey (OOM)** provides transport services in the operating areas of Falkirk, Stirling and Clackmannanshire Councils for people who have a mobility problem and cannot use conventional public transport.
- 3.13 **Coalfields Community Transport (CCT)** is based in East Ayrshire and provides a range of transport services for eligible groups and socially or economically disadvantaged individuals in the former coalfield areas like Cumnock and Auchinleck.
- 3.14 **Tagsa Uibhist (TU)** is a voluntary organisation in the southern portion of the Outer Hebrides. They provide a range of services throughout the Uist Chain to assist the elderly and vulnerable populations in the local community.
- 3.15 **RSVP East Renfrewshire** provides a range of community transport services in the East Renfrewshire area including a Voluntary Car Scheme which has been in operation since 2000. The scheme is primarily provided by volunteers using their own cars. However, in 2010, SPT provided funding for an accessible vehicle so that the organisation would be able to transport patients in a wheelchair. Users of the service are referred via their GP and the majority are elderly.

4 RESEARCH APPROACH

Research Materials

- 4.1 The research materials consisted of a:
- self-completion survey for users, bespoke to each provider. In order to ensure as high a rate of survey returns as possible, this was supplemented by a consistent web-based survey and the offer of a telephone call-back service for questionnaire completion;
 - topic guide for CT case study management; and
 - topic guide for CT case study volunteers.
- 4.2 Following feedback from providers, a Group Leader Survey was added to the scope.

Self-Completion Surveys

- 4.3 The self-completion surveys were issued to case study providers in early December 2014, with a return deadline of the end of the calendar year. The case study providers issued the surveys to their users through a combination of postal mail-outs to those on their database and driver hand-out.

- 4.4 A key challenge in carrying out this study was that the primary research was focussed on a diverse user group, some of whom were likely to have complex physical and emotional needs, people with learning disabilities or the very elderly for example. It was recognised that this could provide an element of bias in the response, whereby the survey would most likely be completed by those who were able. In order to address this, we worked with the case study providers to identify vulnerable individuals (where possible) and ensure that the survey was issued to a nominated responsible adult. As noted above, we also offered telephone and web-based response options to provide respondents with as wide a range of response choices as possible. Whilst there is likely to remain an element of bias in the sample, all reasonable efforts were taken to mitigate this.
- 4.5 The only exception to the predominantly self-completion approach was the BSCTC. The organisation expressed concern that their users were often more vulnerable members of society and would have difficulty completing the surveys independently. In order to address this concern, we employed a professional interviewer to visit the provider. In addition, the provider offered us phone numbers of users whom they noted would have an interest in completing the survey. By combining these two approaches, we successfully secured a small number of interviews to inform the research.
- 4.6 In total, we received **212 completed questionnaires**. The table below shows how this is split between the five case study providers:

Table 4.1: Case Study User Survey Return Rates

Case Study Provider	Urban / Rural Classification	No. of Surveys Returned	% Total Across All Case Studies
Community Transport Glasgow (SPT)	Large Urban Areas	42	20%
Order of Malta Dial-a-Journey (TACTRAN)	Other Urban Areas	82	39%
Annandale Transport Initiative (SWestrans)	Remote Small Towns	35	17%
Buchan Dial-a-Community Bus (NESTRANS)	Accessible Rural	40	19%
Badenoch & Strathspey Community Transport Company (HITRANS)	Remote Rural	13	6%
Total		212	

- 4.7 In total, 1,213 questionnaires were issued, with a response rate of 212, or 17%. This is in excess of the typical 10% response rate for self-completion surveys. The response rate allowed for a broad understanding of the benefits of the CT sector although, at the same time, it is important to recognise the diversity of this sector, meaning the results cannot be interpreted as a representative national sample.

Understanding the Sample at a Case Study Level

- 4.8 It is also important to be aware that not all user survey questions were answered by all respondents detailed in Table 4.1 and that, for each question, there were a number of 'not applicable' responses. Therefore, when presenting the user survey results, we distinguish between 'all respondents' (i.e. the numbers detailed in Table 4.1), 'responses' (the total number who answered each question including 'not applicable' responses) and 'applicable responses' (excludes 'not applicable' responses).

4.9 In order to adequately interpret the results from the user surveys, it was important to understand the profile of the respondents and the range and level of use of different services by those respondents. It should be noted that the respondents to the user survey were not users of the full range of CT services at each provider. The following sections detail for each case study, the make-up of the user survey sample in terms of gender, age, car availability, mobility/disability status, level of isolation and usage of CT services. While every effort was made to obtain a representative sample of users at each site, the very nature of user surveys poses an obstacle for some of the most vulnerable users. In addition, it is worth noting that response rates at certain sites were relatively poor and the results should thus be treated with caution.

Community Transport Glasgow (CTG)

4.10 User profile of sample:

- A sample of 42 users responded to the survey.
- 80% of the respondents were female.
- Over a third of respondents were under 60 years old – with a third of these having a longstanding illness, disability or mobility issue which affects their ability to travel.
- Overall, almost 75% of the respondents reported to having a longstanding illness, disability or mobility issue which affects their ability to travel.
- 15% of respondents could drive and 24% had access to a vehicle in their household.
- Almost 75% of respondents are concessionary pass holders and 25% are blue badge holders.
- A third of the respondents live on their own.

4.11 This presents a sample with a mixed age profile although elderly and mobility impaired passengers still dominate. There are four times as many female respondents as male. There is limited access to private transport in the household (24%) with about 33% of respondents living alone.

4.12 Service use:

- 83% of respondents use only one CTG service with only 17% using more than one different service. 75% of respondents have used CTG services for over a year.
- The group transport services were the most used, with 20 respondents having used this service and over half of these on at least a monthly basis.

Order of Malta Dial-a-Journey (OOM)

4.13 User Profile of Sample

- A sample of 82 users responded to the survey.

- 63% of the respondents were female.
- A quarter of respondents were under 60 years old – with over two thirds of these having a longstanding illness, disability or mobility issue which affects their ability to travel.
- Overall, 90% of the respondents are reported to have a longstanding illness, disability or mobility issue which affects their ability to travel.
- 14% of respondents could drive and 36% had access to a vehicle in their household.
- Two thirds of respondents are concessionary pass holders and 60% are blue badge holders.
- Over half of the respondents live on their own.

4.14 This presents a good sized sample with mainly elderly, disabled and mobility impaired passengers. While females are the majority there is a good representation of males. There is access to private transport in the household for over a third of respondents but those without access to private vehicles are the most vulnerable and living in isolation.

4.15 Service Use:

- 25% of respondents are users of more than one OOM service with 90% having used OOM services for over a year.
- The door-to-door transport service was by far the most used with over 34 respondents using this on a weekly basis, 10 on a monthly basis and a further 22 less than once a month.

Buchan Dial-a-Community Bus (BDACB)

4.16 User Profile of Sample:

- A sample of 40 users responded to the survey.
- 90% of the respondents were female.
- Despite operating several services aimed at younger passengers, only three respondents were under 60 years old – two of which have a longstanding illness, disability or mobility issue which affects their ability to travel.
- Overall, more than half the respondents reported to having a longstanding illness, disability or mobility issue which affects their ability to travel.
- 12% of the respondents could drive, but almost 30% had access to a vehicle in their household.
- Over 90% of respondents were concessionary pass holders and a quarter were blue badge holders.
- More than half the respondents live on their own.

4.17 This presents a sample of elderly and mobility impaired, mainly female, passengers with little or no access to private transport and a majority who live in isolation.

4.18 Service Use:

- All but 4 respondents were users of only one BDACB service, with almost 75% having used the service for over a year.
- The shopping service was by far the most used with 16 respondents using this on a weekly basis and a further 7 on a monthly basis.

Annandale Transport Initiative (ATI)

4.19 User Profile of Sample:

- A sample of 35 users responded to the survey.
- 70% of the respondents were female.
- Only four respondents were under 60 years old – three of which have a longstanding illness, disability or mobility issue which affects their ability to travel.
- Overall, 40% of the respondents reported to have a longstanding illness, disability or mobility issue which affects their ability to travel.
- 40% of respondents could drive and 75% had access to a vehicle in their household.
- Almost 90% of respondents are concessionary pass holders and 40% are blue badge holders.
- Just over a quarter of the respondents live on their own.

4.20 This presents a sample of elderly and mobility impaired passengers. The majority are female although males make up 30% of respondents. There is considerable access to private transport in the household (75%) with a relatively lower proportion of respondents living alone (27%) compared to more than 50% in each of Badenoch & Strathspey and Buchan.

4.21 Service Use:

- Half of all respondents use more than one ATI service.
- Over 75% of respondents have used the service for over a year.
- The group travel service was the most used with over two thirds of respondents having used this service.
- The day trip service has been used by 40% of respondents.

Badenoch & Strathspey Community Transport Company (BSCTC)

4.22 User Profile of Sample

- A small sample of only 13 users responded to the survey.
- Nine respondents were female and four male.
- Only two respondents were under 60 years old and both of these had a longstanding illness, disability or mobility issue which affects their ability to travel.
- While three respondents could still drive, only two of these had access to a car in their household.
- All respondents were concessionary pass holders and almost half were blue badge holders.
- More than half the respondents live on their own.

4.23 This presents a sample of elderly and mobility impaired passengers with little or no access to private transport and a majority who live in isolation.

4.24 Service Use:

- All respondents were users of multiple BSCTC services with most using 3 or 4 different services with varying frequency.
- 11 of the 13 respondents used at least two of BSCTC services on a weekly basis. The remaining 2 respondents being monthly users.

4.25 The summaries described above of user survey respondent profiles at each case study site display subtle variations in terms of age, physical health/mobility, household access to private cars and isolation. A wide range of service types used by respondents is also evident across the sites.

4.26 Whilst this needs to be taken into account if making direct comparisons between sites, it is important to note that the mix of services taken as a whole reflects the diverse nature of the community transport sector in terms of services provided. At the nationwide level the most common purposes for which community transport is used are social outings followed by shopping and access to health services (CTA, 2012) – this is replicated by the respondents to the user surveys in this study.

4.27 Furthermore, although there are variations in user profile across the sites, overall the sample closely mirrors the CT user profile as identified in the CTA State of Sector survey 2012 where more than 80% of passengers of CT were found to be older and/or disabled people - the user survey sample in this study consists of 79% of respondents being over 60 with a further 13% under 60 but with disability or long standing health problem. As a result there is reasonable confidence that the overall results presented in this report provide a good representation of the CT sector in Scotland as a whole.

Group Leader Survey

4.28 When developing the research approach, it became clear from our consultations with providers that 'Group Leaders' (ie those who use CT for group activities, youth groups for example), had a valuable contribution to make to the research in terms of how CT is used to support group activities. To this end, we designed a short group leader survey

which was issued to each provider. The survey collected information on what group-based activities CT is used to facilitate, the benefits of the service to users and the cost of the service. This was more relevant to some providers than others and, as it was out with the scope of the original brief, we did not set target sample rates. The evidence collected was largely aimed to provide further qualitative evidence on the benefits of CT. In total, we received 45 completed Group Lead surveys.

CT Case Study Focus Groups / Mini-Interviews

- 4.29 The second part of our research approach was to meet with each case study provider on a one-to-one basis. The aim of this exercise was to obtain additional in-depth information to underpin the findings from the surveys. At each case study provider, we met with one or more senior members of staff with a view to understanding the structure of the organisation; the services it provides; staffing; clients; funding; the role of volunteers; and the perceived benefits of the service they offer. We also enquired as to the availability of any data which could inform this study.
- 4.30 We then held a series of focus groups or one-to-one interviews (depending on the preference of the case study provider) with staff and volunteers. The purpose of these sessions was to understand the benefits of the services offered; the wider societal benefits of the service; and the benefits accruing to staff and volunteers.

Additional Telephone Consultations

- 4.31 A further three telephone only consultations were carried out to capture some of the wider services not offered by our core case studies. These consultations were with the operators only (ie they did not include staff and volunteers) and included:
- Wheels-to-Work provider – Coalfields Community Transport (although note that CCF has now ceased providing this service due to funding reductions);
 - Island Provider –Tagsa Uibhist
 - Access to medical appointments – RSVP East Renfrewshire.

Local Authority Telephone Consultations

- 4.32 In addition to the consultation with CT groups, a number of telephone interviews were undertaken with representatives from local authorities/funding providers. The primary aim of these discussions was to gain an understanding of the benefits of the services provided from the local authority/funding body's perspective. Each case study was asked to provide the contact details of a suitable representative, all of whom were subsequently contacted, with interviews undertaken with Aberdeenshire Council, The Highland Council, Dumfries & Galloway Council, East Ayrshire Council and Comhairle nan Eilean Siar.
- 4.33 The following two chapters set out the economic, social and health impacts of CT identified through the primary research.

5 ECONOMIC BENEFITS OF CT

Summary

- CT generates a Scotland-wide social welfare benefit (consumer surplus) for users.
- The five case studies are estimated to generate £2.8 million per annum in Gross Value Added.
- CT offers significant cost savings to local authorities, the NHS and other public bodies.
- CT generates a large number of unremunerated productive hours and provides a pathway to employment.

Overview

5.1 The literature review identified a series of potential economic benefits which typically emerge from community transport operations. The user survey and wider research was framed on the basis of the economic benefits identified in the literature review and allowed for the collection of evidence on these impacts from CT in Scotland. This chapter sets out the economic benefits of CT identified through the programme of primary research.

Willingness to Pay

5.2 In economics, the term 'willingness to pay' (WTP) refers to the maximum amount that a buyer will pay for a good. Where a buyer is willing to pay more for a good than it is priced, they receive a benefit known as a 'consumer surplus' – i.e. the buyer's willingness to pay minus the amount actually paid. Note that the purpose of WTP analysis is to try and quantify the value users place on the service rather than trying to establish what the fares should be. In identifying the economic value of CT to its users, one could conceivably sum the consumer surplus of all users to identify a total economic benefit. However, a combination of the sample size and breakdown, lack of consideration of alternative modes of transport and the necessarily simplistic nature of the WTP questions posed in our survey make it difficult to carry out this exercise in practice.

5.3 Due to the elderly nature of the user survey sample, the vast majority of respondents hold concessionary passes and about half the respondents (n=89) are entitled to free travel on the CT service they use. This impacts on the ability to gauge willingness to pay for a service when there is an entitlement and users are accustomed to free travel. There was also a large variation in pricing policies between different case study sites with concessionary passes being valid on certain services but not others. Large variations in distances travelled also affects the fares charged to those that do pay for their trips. **Nevertheless across all five case study sites there was a willingness to pay more for their travel by a third of respondents (n=61).** The detail by case study site is described below:

- CTG – 35 respondents travelled for free using concessionary passes while only 5 respondents paid a fare.
 - Of those that paid a fare 2 thought it was about right, 1 a little high and 2 far too high (the fare charged for one of these being £1.85 per journey).

- About 30% of respondents who currently travelled for free indicated they would be prepared to pay more with a generally accepted figure of £1 - £1.25 per journey being quoted.
- Order of Malta – Despite two thirds of respondents being concessionary pass holders 85% (n=64) of responses indicate a fare was paid. Fares paid typically ranged from £3 to £7 per journey with the highest quoted fare being £12.
 - Of those that pay a fare 83% (n=53) stated the fare paid was about right. Nevertheless, about a third of these (n=17) indicated they would be prepared to pay more with increases ranging from modest increases of about 10% per journey up to 25% per journey.
 - 12.5% (n=8) felt the fare paid was a little high and a further 3% (n=2) thought the fare paid was far too high.
 - Of the 11 respondents who travelled free, 5 thought the fare was about right and 3 thought the fare was very low. In total, 4 passengers who travel for free were prepared to pay a fare of between £1 and £4 for their journeys.
- Buchan Dial-a-Community Bus - Despite over 90% of respondents holding concessionary passes, over half of the respondents paid for their journeys using BDACB. The majority pay between £2 and £5 per trip, however, there were three passengers who pay £10, £15 and £25 for their journeys. The most expensive of these is to access medical services. Interestingly, all passengers that paid a fare thought the amount they were charged was either about right, a little low or very low. The highest fare of £25 paid by one respondent was considered to be 'a little low'.
 - 17 out of 40 respondents stated they would be prepared to pay more for their journeys.
 - 5 concessionary pass users who currently pay no fare would be prepared to pay between £1 and £5 for their trips. 1 passenger currently paying £2 per trip would be prepared to double the amount they pay to £4 (for a weekly shopping trip).
 - the passenger currently paying £25 per trip would be prepared to pay £40 per trip (for a journey made once every two months).
- Annandale Transport Initiative – Just under 90% of respondents hold concessionary passes. However, 55% (n=14) of those answering the willingness to pay questions actually paid to use the CT service while the remaining 45% travelled free using their concessionary passes.
 - 80% (n=21) of responses to the willingness to pay question indicated they thought the fare paid was 'about right'.
 - While the majority of respondents would not be prepared to pay any more for their journey about a quarter (n=6) were prepared to pay around £2 extra per journey.

- BSCTC – While only 12 responses to this question were received all but one of the respondents were able to travel for free using their concessionary pass for the trips they most commonly made. Of those that received free travel, 5 out of 12 would be prepared to pay £1 more per trip.
- 5.4 Of those groups responding to the Group Lead Survey the majority (91%, n=39) stated that the fee they currently pay was about right, 7% (n=3) felt that the fee was a little too high and 2% (n=1) felt that the fee was a little too low. Respondents were also asked whether they would be willing to pay more to access the group services. Of those who responded to this question, the majority (66%, n=23) stated that they would not be willing to pay more compared to 34% (n=12) who stated that they would be willing to pay more.
- 5.5 The willingness to pay of CT users does tend to vary by provider. However, on balance, the survey evidence (although bearing in mind the simplicity of the questions) does appear to suggest that the majority of CT users in both urban and rural areas feel that the fare they pay is 'about right', whilst a significant minority would be willing to pay more. This implies that, at a Scotland-wide level, CT generates a social welfare benefit in terms of a consumer surplus for users.

Access to Employment

- 5.6 The user survey indicated little use of CT services to access employment by respondents. This is mainly due to the largely elderly sample at all sites who are less likely to be active in the labour market. In total across the five case studies, only 12 respondents indicated that the CT service they used was important to them to access employment. A further 12 responses indicated it was important to them to access education/training.
- 5.7 Although the number of respondents using the CT service to access employment is low, there was almost unanimous agreement amongst them that the service allowed them to consider a broader range of jobs/study opportunities and helped them get employment which they would not have been able to do without it. Several also agreed it makes it easier for them to get to their place of work/study and increases reliability for the journey. It is worth noting that of those accessing employment, most are engaged in voluntary work.
- 5.8 Whilst the use of CT for access to employment is small in absolute terms across our case studies, it is important to recognise that three of the providers are in particularly rural areas where employment density is low and even supporting a small number of journeys to work can have a positive benefit in terms of supporting local businesses and sustaining the population base.

Employment & Training

- 5.9 Table 5.1 below summarises the information on staffing provided by each organisation. As shown all of the core case studies use a combination of paid staff and volunteers.

Table 5.1: Staff & Volunteer Summary Information

Case Study Provider	Staff & Volunteers
Community Transport Glasgow (SPT)	<p>The organisation has 32 employees. Of these 6 are office based, 3 work in the garage (1 full time and 2 apprentices), and 23 are drivers (one of whom is full time and the remainder are part time).</p> <p>There are approximately 16 volunteers. Of these 5 are board members and the remainder are volunteer drivers. There are 4 volunteer minibus drivers with the remainder working on the Voluntary Car Scheme. Paid drivers cover all services apart from Group Transport and the Voluntary Car Scheme which are staffed by volunteers.</p>
Order of Malta Dial-a-Journey (TACTRAN)	<p>In total there are over 30 employees including 12 full time equivalent drivers working on Dial-a-Bus and 9 full time equivalent drivers working on school transport; 6 support staff; 2 trainers; and members of staff responsible for shopmobility.</p> <p>There are no volunteer drivers or volunteer support staff. All volunteers work at board level. There are 14 volunteer board members: 3 local authority representatives, 3 members of the Order of Malta, 6 service user directors and 2 volunteer members of the public.</p>
Annandale Transport Initiative (SWestrans)	<p>There is 1 full time and 2 part time staff members who work in the office and one 10 hour post responsible for cleaning and checking the vehicles. All of the drivers and the Board of Directors are volunteers. The volunteers generally work across all of the services provided.</p>
Buchan Dial-a-Community Bus (NESTRANS)	<p>In total there are approximately 50 volunteers and 20 paid staff across Buchan Dial-a-Community Bus and DAB Plus Driver Training. The Community Use and Volunteer Driver Services are provided using volunteer drivers. The remaining services are run using predominantly paid staff, with volunteers stepping in for holiday cover etc. The board is made up of volunteer members. There are also volunteer escorts and 2 volunteer admin staff.</p>
Badenoch & Strathspey Community Transport Company (HITRANS)	<p>The organisation employs 1 full time staff member and 7 part time staff members, two of whom are minibus drivers. There are 150-160 volunteers, 130 of whom are volunteer car drivers, a small number of minibus drivers who fill in on odd days and the remainder work in the office.</p>

5.10 The use of published data sources² suggests that the 75 paid staff members (dominated by the more urban providers) across the five case studies generate earnings of £1.467 million per annum, contributing £2.8 million to the Gross Value Added (GVA)³ of the Scottish economy each year.

5.11 All of the CT organisations provide training to both their staff and volunteers. The five core case studies all provide MiDAS⁴ training, with Buchan DACB also providing PATS to its escorts and Annandale TI offering MEET. In addition, the organisations also provide more general training. For example, Badenoch & Strathspey provide a regular programme which has included training on emergency first aid, disability awareness, winter driving, telephony and database management.

² The Annual Survey of Household Earnings (ASHE), suggests that the annual median wage in “Human Health & Social Work Activities”, which we see as the most relevant comparator here, is £19,559. ² Assuming pay at this level, the 75 paid staff members would generate around £1.467 million in direct earnings each year. The Scottish Input-Output tables suggests that the “Type II Multipliers” (which takes account of direct, indirect and induced spending) for this type of activity is 1.9. ² This suggests that the total jobs provided across the five case studies contribute gross (ie net of displacement) GVA of almost £2.8 million to the Scottish economy each year.

³ Gross Value Added is a measure of the value of all goods and services produced in an area, industry or sector of an economy.

⁴ MiDAS (Minibus Driver Awareness Scheme); PATS (Passenger Assistant Training Scheme); MEET (Minibus Emergency Evacuation Training)

- 5.12 In addition to providing training to their own staff members, each of the five case studies also offer MiDAS (and PATS and MEET in the case of Buchan DACB and Annandale TI respectively) to external organisations e.g. other voluntary and community groups. Providing training externally also assists in developing the skills base in the community and enables the external groups being trained to use their own driver when using group travel services rather than relying on (and paying for) use of a driver provided by the CT organisation. A number of the organisations also provide work experience placements which can lead to permanent employment with bus companies and other organisations.
- 5.13 Overall, it is clear from the research that the social focus of CT providers contributes economic benefits to the wider community over and above that recorded by the farebox. By providing training in technical disciplines as well as supporting individuals in learning 'soft skills', CT providers are providing both direct employment and preparing volunteers for entry into the workplace. This is of benefit both to the government who gain higher levels of employment and reduced training & social security costs and, in some instances, the companies who then recruit the volunteers.

Benefits for Staff Members

- 5.14 Staff members identified a number of personal benefits from working in the sector. Many highlighted that they enjoyed the feeling of giving something back and helping others, with particular reference made to the relationships built up with users and the sense of perspective being involved provides:

“The relationship you establish with service users is gratifying. My children have been involved in the organisation and it opened their eyes and allowed them to see different perspectives and to appreciate others situations” (Paid Driver, OOM)

- 5.15 As a result of funding issues job security was identified as an issue by staff members, a number of whom were employed on short-term contracts.

Volunteering

- 5.16 Table 5.1 highlighted that all of the core case studies use volunteers in some capacity, with volunteers taking up roles as drivers, passenger assistants, clerical support staff and board members. Volunteers come from a range of backgrounds but generally the majority are older and retired.
- 5.17 As a result of the varied nature of the roles and different commitments made by volunteers, volunteer hours are generally very variable, with some individuals working on a weekly basis and others only volunteering once or twice per year.

Benefits for the Organisation

- 5.18 Providers identified a number of benefits of using volunteers. It was noted that volunteers often come to the organisation with a large number of skills developed through their working life and generally have high levels of commitment and enthusiasm:

“Volunteers are there because they want to be. They are very enthusiastic and have a lot of suggestions and are very willing to do things which are going to improve the service for their passengers” (Manager, ATI).

“Our volunteers want to help and we couldn’t manage without them. We could not run the organisation without volunteers. They are pretty special” (General Manager, BDACB)

- 5.19 In addition one provider noted that volunteers have a unique perspective compared to those in a professional capacity:

“Volunteers are able to look at the bigger picture. The professionals sometimes just look at their area. For example a nurse may only look at the nursing element of the care but the volunteers look at the whole picture...the whole individual.” (Project Manager, RSVP East Renfrewshire)

- 5.20 Providers also emphasised that using volunteers reduces the cost of the journeys compared to that of commercial vehicles and this has a consequent benefit for users:

“The feedback we get is that some clients could use alternative transport but because of the affordability they would get out a lot less because they wouldn’t be able to afford to do as much as they do with us” (Manager, ATI).

- 5.21 While the benefits of using volunteers is clearly recognised, it was noted that there is a limit to the demands you can place on volunteers compared to salaried staff members and it is necessary to provide appropriate support and work around what people want and are able to provide:

“Volunteers are available when they want to be available - you are very much in their hands as to whether they can help you”. (Manager, ATI).

“Some want to just drive the bus, meet the clients and that’s all they want... others want to come in and sit with us and have a cup of coffee and others need the support to recover from an illness... Each volunteer has a reason for doing it ... our job is to find that reason and support them” (General Manager, BDACB)

Benefits for Volunteers

- 5.22 A number of personal benefits for volunteers were identified. Many of the volunteers were of retirement age and a number commented that their involvement in the organisation provided them with a focus to their day:

“If it wasn’t for this I would be sat at home twiddling my thumbs and getting fed up” (Volunteer, B&S)

“Being retired, it just fills my day up” (Volunteer, BDACB)

- 5.23 Whilst in many cases volunteers participate for their own reasons, there is a net economic benefit to society in terms of the additional (uncompensated) productivity / value added to the economy.

- 5.24 Volunteers also emphasised the social benefits of being involved and the opportunities it provides to meet and interact with others in the community including staff members, other volunteers and the users of the services. In terms of the latter a number of examples were provided of volunteers forming strong friendships with clients.

5.25 Respondents also highlighted that their involvement had provided opportunities to see different places / take part in things which they would otherwise not have been involved in:

“You get to see other places. I took a group to the science museum. I probably would not have gone there but I went in and looked around. That’s another benefit of volunteering like this. You get to see other places” (Volunteer, ATI)

5.26 Volunteering also acted as a support to some individuals. For example B&S noted that they receive a number of referrals for volunteers who have experienced mental health issues and that being involved in the organisation often assists in their recovery.

“Sometimes when they come through the door, they can’t even lift their head initially. They have no confidence and they don’t know how they can make the first step to pick up the phone. But the difference between then and now is amazing”. (Manager, B&S)

5.27 The benefits in terms of training were also noted and a number of the CT organisations were able to provide examples where individuals started as volunteers and eventually moved into paid employment either within the organisation or externally. For example, CTG noted that approximately 6-7 of their current paid drivers originally started at the organisation as volunteers, while a number of other individuals had moved into caring roles in others organisations.

5.28 The data are not sufficiently granular or standardised across providers to measure and monetise the impact of some of the above benefits. However, it is clear that CT providers make a significant contribution to the economy through enhanced productivity, engagement with vulnerable groups and individuals and providing a pathway to employment (with consequent cost savings for the government).

Supporting Local Businesses

5.29 The benefits for local businesses in terms of increased turnover as a result of sales to CT clients were highlighted by a number of the case studies. For example, OOM noted that they had previously undertaken a survey with users of the shopmobility service which asked the customers how much they spent during their day. Based on these figures, the organisation estimated that just one of their shopmobility branches provided direct benefits of £200,000-£250,000 per year. Similarly, BDACB highlighted the importance of its shopping service in enabling people to purchase produce from within the community:

“When we are here the clients go out and do their shopping locally. But if we were not here many of the clients would use Wiltshire Foods [a meals on wheels provider] which is based in England...so it would have a big influence on local businesses” (General Manager, BDACB)

5.30 A number of the case studies also emphasised that they deliberately purchase supplies locally in order to support the local economy:

“We do all our own purchasing locally as far as we can. We shop locally. We use the local community centre for Community fundraisers. We use the local café for lunches etc” (General Manager, BDACB)

- 5.31 In addition, a number of the organisations work closely with local taxi firms in the delivery of some services. For example, B&S works closely with a local taxi company in the delivery of their shopping service while OOM works with taxi providers to deliver the Taxicard Booking Service on behalf of Falkirk, Stirling and Clackmannanshire Councils.
- 5.32 Whilst the above is unlikely to represent a net economic gain at the national level (because the benefits may be displaced from elsewhere), supporting small local businesses, particularly in rural areas, is an important aspect of economic sustainability.

Funding & Cost Savings

- 5.33 Table 5.2 summaries the key sources of funding for each of the core case studies. As shown in the table, the case studies rely on a variety of different funding sources.

Table 5.2: Funding Sources and Costs

Case Study Provider	Funding Sources and Costs
Community Transport Glasgow (SPT)	The organisation receives funding from the SPT via the Demand Responsive Transport (DRT) fund of £100,000 per annum. In 2014 the organisation also received £46,000 of funding via the Transformation Fund for the Volunteer Car Scheme. All remaining external funding is provided via Service Level Agreements. Overall costs total to approximately £850,000 with approximately £220,000 being for vehicle costs, £420,000 for staff costs, £100,000 for direct project costs; £100,000 for support/overhead costs and £3,500 for governance costs.
Order of Malta Dial-a-Journey (TACTRAN)	The organisation received the following funding in 2014 from the three council areas it covers: Clackmannanshire (£60,000), Stirling (£132,000) and Falkirk (£202,000). This funding covers all the services provided except the school transport which is run under a separate contract. The organisation was recently successful in an application to Transport Scotland for capital funding for a contribution to the purchase of a new vehicle. Information on the costs of operation was not provided by the organisation.
Annandale Transport Initiative (SWestrans)	The organisation's total income in 2014 was £134,300. Of this £40,000 was a provided by Annandale Area Committee in the form of grant funding and £21,000 was provided via the Bus Service Operators Grant (BSOG). The remainder of the funding was raised via hire charges, membership fees, fares and training (approximately £45,000), fuel recovery (£22,000) and fundraising/reserves. In 2014, the organisation also received £50,000 of capital funding from the Scottish Government for a new vehicle and used funding from a number of other organisations (including £10,000 from the Hollywood Trust, Robertson Trust, Awards for All, the Garfield Western Foundation and Trusthouse Charitable Foundation) to fund a second vehicle. Total costs in 2014 totalled to £134,300 with vehicle running costs equal to £58,050 and administration costs equal to £76,250.
Buchan Dial-a-Community Bus (NESTRANS)	Aberdeenshire Community Transport Initiative (Aberdeenshire Council) provides 56% of the funding for the Shopping Service, Community Use, TF4, and the Library Service. While the funding is provided on a 1 year basis, there is an agreement with the council that they will roll it over for two years with an RPIX ⁵ increase. The Volunteer Driver Service is funded directly through social work, Transitions Extreme fund their service and this is topped up though the ACTI fund, Aberdeen City Council fund the Aberdeen runs on a four year contract and the ACVO service is grant funded on a 1 year basis via the Change Fund. The evening runs for young people are funded by the community centres. The organisation also raises its own funds via DAB Plus Driver training, fares and donations. In summary, in the six months from April to September 2014, BCDAB received around £94,000 in grant funding, with around a further £100k coming from fundraising & donations, operating income and hires. Expenditure over this period totalled to approximately £200,000, with

⁵ The Retail Price Index excluding mortgage interest repayments (RPIX) is a standard measure of inflation which strips out the effect of housing.

Case Study Provider	Funding Sources and Costs
	administration costs totalling approximately £62,000 and the remainder split across each service.
Badenoch & Strathspey Community Transport Company (HITRANS)	Total costs in 2014 summed to approximately £160,000 however a breakdown of costs was unavailable. The organisation's major funding contributions come from the Local Authority (£40,000 per year provided annually), the Big Lottery Fund (£90,000 per year provided over a five year period) and the NHS (£30,000 per year provided annually). The remainder of the costs are covered through the organisation's own fundraising activities.

Security and Suitability of Funding Sources

- 5.34 OOM and B&S noted that they have experienced a decline in the level of funding provided by local authorities in the last few years and this has reduced the capacity of the organisations to grow and develop their services. The majority of the funding streams are provided on an annual basis and this was felt to make long-term planning difficult.
- 5.35 A number of the organisations felt that it would be more beneficial for funding to be provided on a more centralised basis, as is the case with SPT funded services. ATI noted that funding had previously been provided by the Rural Community Transport Initiative (RCTI) but in 2009 this was transferred to local authorities. In Dumfries and Galloway the funding was further distributed via the four Area Committees and was not ring fenced. This, it is felt, has led to a lack of coordination:

“There was no attempt to look at it in terms of the transport requirements of the area. It has not been looked at centrally... some Area Committees only gave revenue funding, some only gave capital funding which was not helpful to those groups who already had vehicles but could not run them and some didn't give any funding. It's been a bit of a shambles”

- 5.36 B&S and OOM also suggested that a more centralised funding mechanism would be preferable. The local authority funding they receive is provided via the local authority transport departments. However, both felt that this was not the most appropriate arrangement as the transport departments focus on transport resulted in a lack of recognition of the integrated benefits offered and the overall value of the services.

“BSCTC is integrating transport with health and well-being, we have been doing that for years. The local authority department which funds the charity can only fund transport services, but transport is just the mechanism. It just enables us to provide the additional services which improve well-being” (Manager, B&S)

Reporting to Funding Bodies

- 5.37 In terms of reporting requirements the case studies generally provide information on the number of carryings and distance travelled as well as case studies and feedback from users. CTG also provide information on the number of referrals to other services.
- 5.38 As part of its reporting requirements, OOM stated that it must sign up to management agreements with specific targets. This it is felt is too focused on ticking boxes and counting the number of trips and does not assess the overall impact on users of the service. It was noted that the council has used a value for money assessment to assess the benefits of the services. However, this focuses on the per capita cost of the trip and does not capture the wider benefits.

- 5.39 BDACB was the only provider who used a Social Return on Investment (SROI) in their funding applications and reports.

Benefits for Local Authorities

- 5.40 There was recognition amongst the local authority representatives interviewed, as part of this research of the wider social, health and economic benefits provided by CT. The benefits highlighted during interviews included improving accessibility, providing opportunities for social interaction, contributing to improvements in well-being, savings in terms of social and healthcare costs, providing employment and volunteering opportunities, contributing to the local economy, and providing support for other voluntary and community groups.
- 5.41 It was felt that CT offered a more tailored service compared to more conventional forms of public transport, with a number of respondents highlighting the door-to-door nature of the services provided and the additional assistance offered (eg help on and off the vehicle/ carrying bags etc). From a financial perspective, a number of respondents noted that they felt CT services provided value for money, with the Highland Council noting that a previous social return on investment analysis they undertook, found that CT could provide benefits of 4-5 times the initial investment.
- 5.42 As a result of the very different nature of the services provided, consultees explained that direct comparisons between the costs of CT organisations and equivalent commercial costs were difficult. However, CT services were generally felt to be less costly, with the Highland Council noting that it would be unable to afford to provide the quality of services provided by CT organisations via commercial operators as a result of the considerable costs. This sentiment was also reflected in comments made by some of the staff and volunteers during focus groups, for example:

“They are getting a very cheap service because for commercial vehicles 65% of the cost is for the drivers wage ... there is no driver wage here. We were given £28,000 by Dumfries and Galloway Council for this council year. £28,000 wouldn't cover one driver's salary” (Volunteer, ATI)

“116,000 miles that's roughly equivalent of 3000 hours of driving never mind how long it takes to get people on and off the vehicle. That is a lot of time that is not being paid for which if we were not here and the local authority were trying to provide that, it would be a substantial cost” (Volunteer, ATI)

- 5.43 Crucially, at a time when a number of local authorities are consulting on making efficiency savings, CT is offering a ready-made solution to the often unsustainably high costs of conventional transport. Were it not for the presence of CT providers, it is not inconceivable that some areas would suffer transport and accessibility poverty, potentially undermining community sustainability, particularly in rural areas.
- 5.44 However, while the wider social and health benefits of CT were recognised, on the whole there did not appear to be high levels of integration between the transport and social work/healthcare departments. Dumfries and Galloway Council provided one exception to this. It has recently set up a Rural Transport Solutions Project which encourages CT organisations to provide school and social work transport on behalf of the Council. The CT organisations are paid commercial rates for the services and are also provided with access to Council vehicles outside of the contracted hours (approximately between 9:00-15:00). The Council identified reduced cost as a key benefit of this approach.

5.45 Overall, however, the general absence of such a joined-up approach means that CT funding (both in terms of the absolute level and means of distribution) can often ‘slip through the cracks’.

6 SOCIAL & HEALTH BENEFITS OF CT

Summary

- CT helps to tackle problems with transport accessibility – 50% of survey respondents noted that their trip could not or would not be made without CT.
- CT provides a means for isolated individuals to interact – eg 68% of all respondents indicated that the CT service they used was very important ‘just to get out’.
- 89% of respondents explained that CT was either “Fairly” or “Very Important” in supporting personal independence.
- CT offers a range of health benefits, including improved access to health services, fewer missed appointments and the continued ability to live at home.

Overview

6.1 In addition to the economic benefits, CT offers significant social and health benefits. Whilst many of these benefits are difficult to quantify, let alone monetise, they are critically important across a range of policy areas including transport, health, social care, rural sustainability and general well-being. This chapter reviews the findings from the different areas of our research and identifies the main social and health benefits of CT.

Accessibility & Social Inclusion

- 6.2 Transport accessibility, both in terms of physical accessibility and services, timetables etc, is a key issue in Scotland, even in urban areas. CT plays an important role in tackling this by providing transport services in certain geographic areas or at certain times of the day when conventional public transport is financially unviable.
- 6.3 The user survey elicited responses on the importance of community transport services in accessing services/activities such as medical appointments, shopping, work/education and social interactions with friends/family and days out. It also considered the physical accessibility benefits that the community transport services provide.
- 6.4 Looking at aggregate results across all case study areas as shown in Figure 6.1, we see that the use of community transport to access shopping is reported to be important by most respondents, followed by access to medical appointments and day trips. Although not relating to accessibility, the importance of CT to ‘just get out’ is also very high, highlighting the social inclusion benefits of CT.

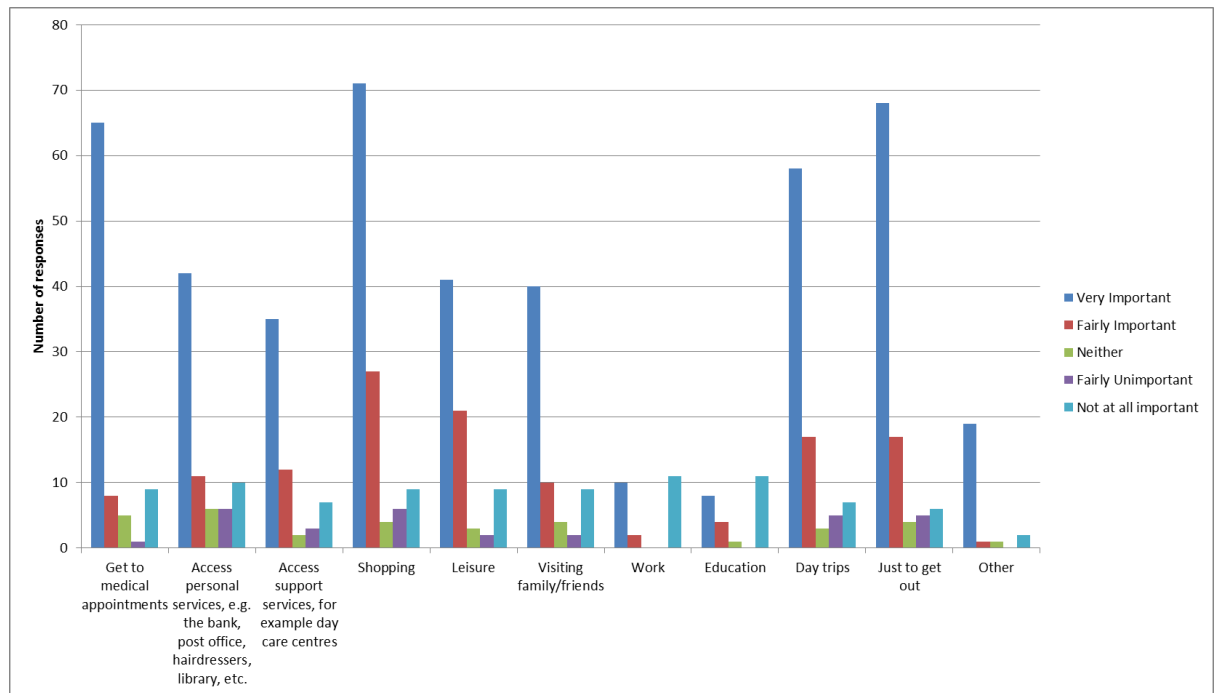


Figure 6.1: Importance of CT Services to Access Everyday Tasks (Aggregate Results Across Case Studies)

6.5 Considering the case studies on an individual basis, Figure 6.2 highlights the following:

- Access to shopping is deemed to be important by the largest number of respondents in three case studies: Badenoch & Strathspey, Buchan and Order of Malta. Day trips are thought to be important by most respondents for Annandale and medical appointments for CT Glasgow.
- Use of CT for work and education related journeys is thought to be important by the least number of respondents across all case studies – this is probably due to the predominantly elderly respondents to the survey.
- It is interesting to note that respondents in the most rural case study area (Badenoch & Strathspey) are most likely to use multiple different CT services for a range of trip purposes while the most densely populated case study area (CT Glasgow) are most likely to only use a single CT service for a specific purpose. This emphasises the importance of CT providers in remote rural areas where they act as a lifeline provider for all access needs as opposed to a more specialist service evident in more populated areas where more transport alternatives for different trip purposes are likely to exist.

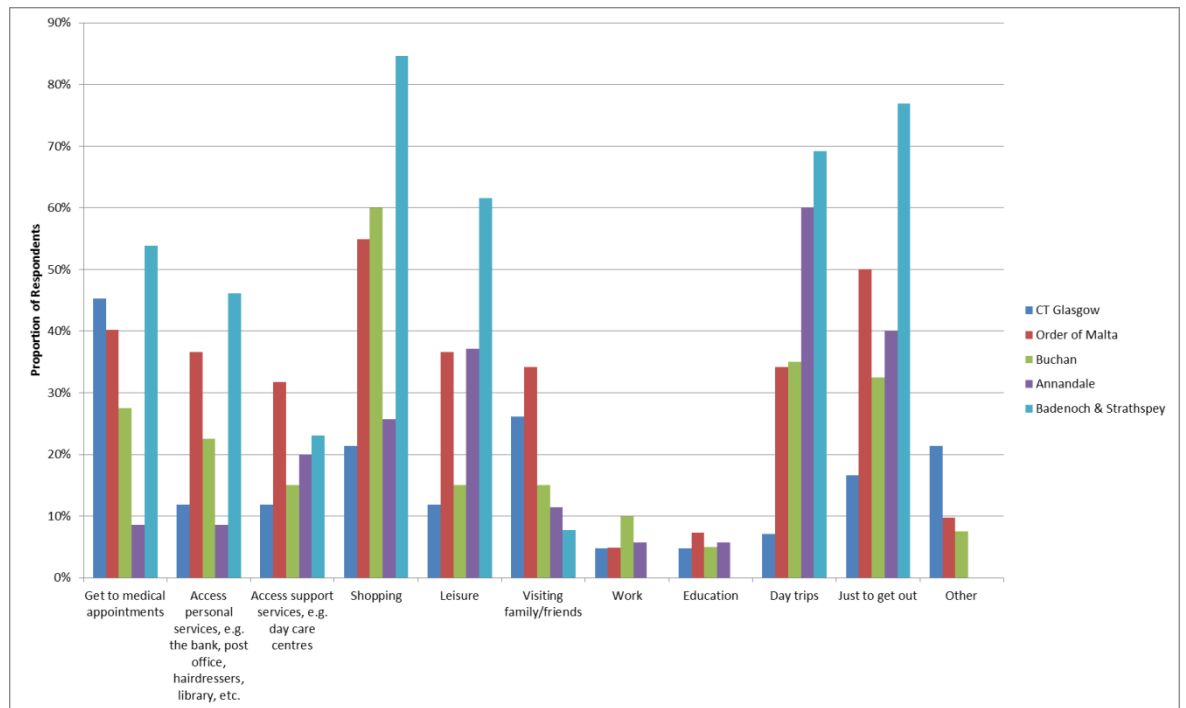


Figure 6.2: Proportion of Survey Responses Indicating use of CT Service to be “Very important” or “Fairly Important” by Trip Purpose for each Case Study

6.6 Respondents were asked how they would access activities if the community transport service they currently use did not exist. Across all case studies, at least 50% of responses indicated that the trip could not be made or would be made much less often. For essential activities such as medical appointments respondents were more prepared to find a way of making the trip.

- In the CT Glasgow case study, for accessing medical appointments over 50% of responses identified taxi as an alternative, 25% identified service bus, and 15% would need to cancel their appointment. For other trip purposes, 70% of responses claimed they would simply not be able to make the trip or would travel less if the CTG services were not available.
- Half of those using OOM to access medical appointments (20 respondents) would need to use a taxi while five would rely on family members for a lift if possible and a further six would need to cancel their appointment. Two respondents would require a home visit. For accessing services and shopping, some respondents would consider a taxi but for most respondents they would travel less often or not travel. Lifts from family was only an option for some respondents at some times.
- In Buchan half of those using BDACB to access medical appointments would not be able to travel and would need to cancel appointments, while the other half would need to ask family members for a lift or get a taxi. For those accessing shopping, five respondents stated they would get the bus, although this was not a good option for them. The same number would just not go. Overall, 13 respondents would not be able to access the activity, eight would need to rely on family members for a lift, five would have to use a local bus but stated it was not a good option and only two respondents felt taxis were an alternative option.

- In Annandale over 50% of respondents indicated they would not be able to travel or would need to travel less. Almost a third would rely on a lift from family or friends. Very few would be able to make the trip by taxi (10%) or service bus (5%).
- In Badenoch and Strathspey the majority of respondents would struggle to afford taxi fares or get lifts from family/friends for the trips provided by BSCTC. One respondent indicated that they would consider taxis for essential activities. For non-essential services such as visiting family/friends and day trips the user would forgo the trip.

6.7 When considering physical access, the door-to-door nature of the CT services and the understanding and assistance offered by drivers were consistently viewed as being important by over 75% of respondents across all case studies (see Figure 6.3).

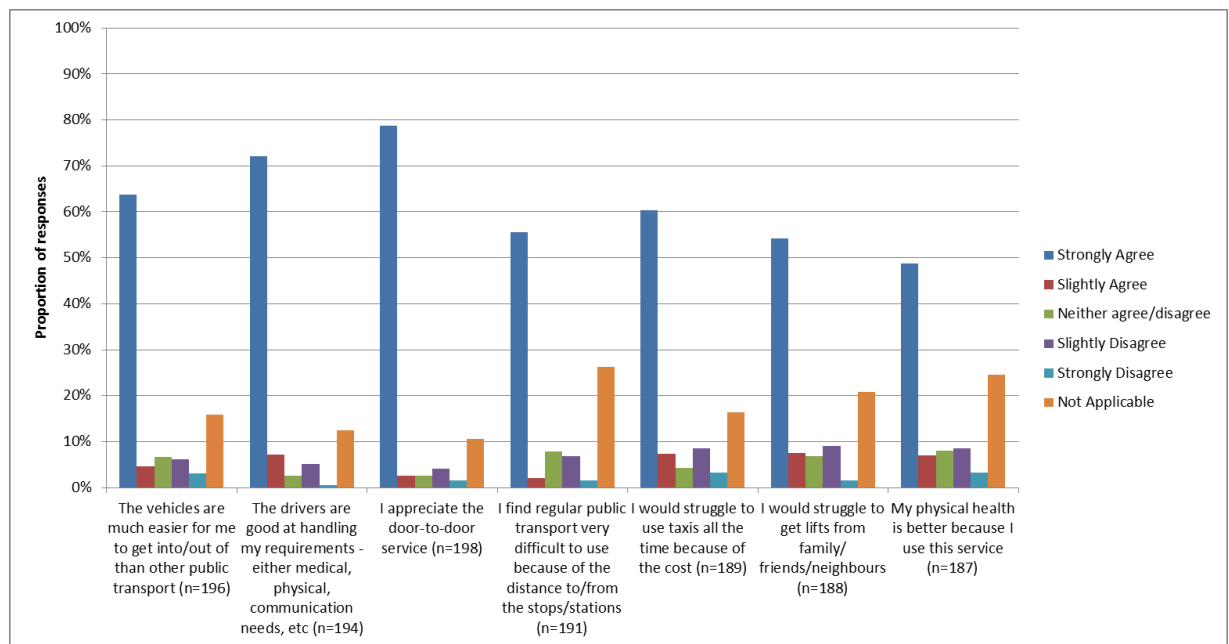


Figure 6.3: Accessibility Benefits of CT Services (Aggregate Results Across all Five Case Studies)

6.8 By utilising the scoring system indicated in Table 6.1, we can determine an overall score at each site for each statement in Figure 6.3. This is presented in the spider chart of Figure 6.4. The centre of the chart/web represents a neutral view on the statement, a value of 4 (the inner ring on the web) represents slight agreement and a value of 5 (the outer ring on the web) represents a strong agreement with the statement. This chart allows easy visual comparison of the five case study sites.

Table 6.1: System to Score Statements Based on User Responses

Designation	Score
Strongly agree	5
Slightly agree	4
Neither agree/disagree	3
Slightly disagree	2
Strongly disagree	1

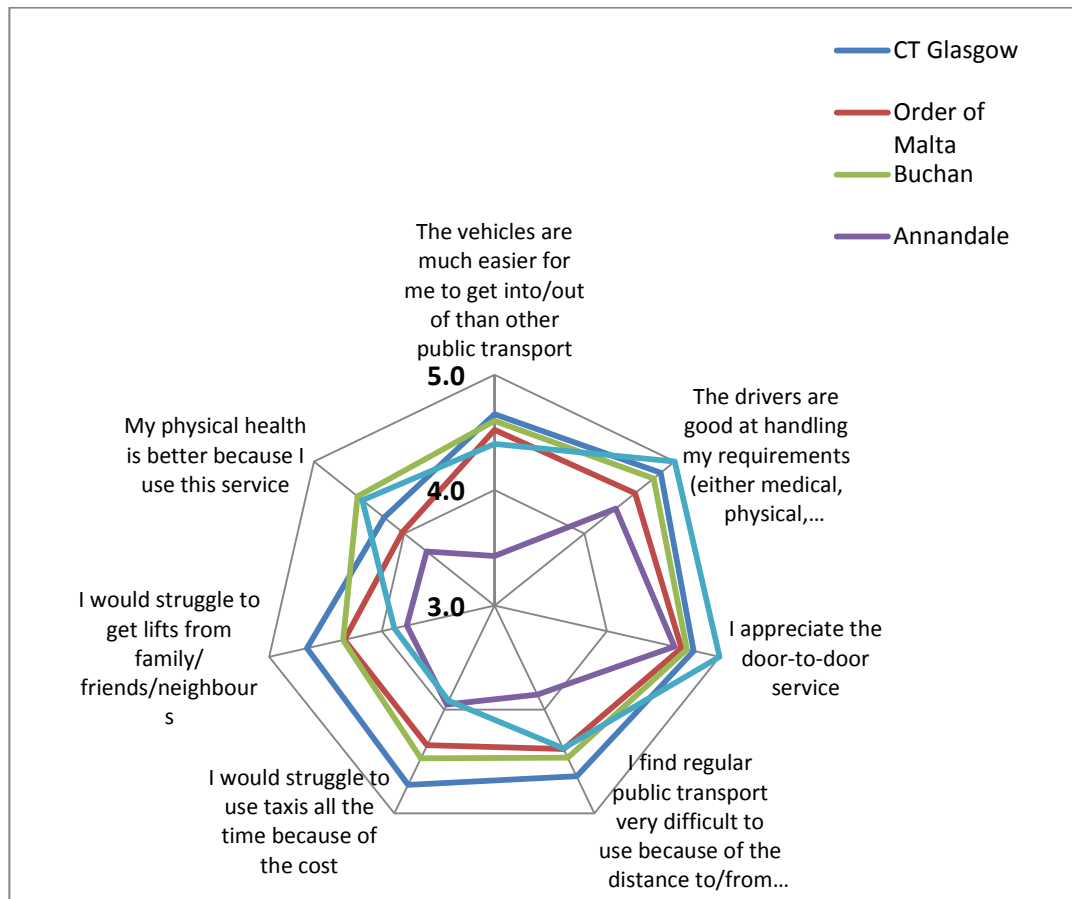


Figure 6.4: Site Specific Ratings for Accessibility Benefits of CT Services

6.9 Improving accessibility and social inclusion were seen as key benefits by the staff and volunteers at each case study. Staff and volunteers emphasised that they offered a higher quality of service compared to commercial bus and taxi services, with drivers (and where relevant passenger assistants) providing users with additional assistance where required including help on and off the vehicle, assistance with shopping bags, and help into their home. This was felt to make a huge difference to those with disabilities who may not be able to get out without such support:

“The shopping bus is a typical example and because we have an escort on the bus....they get picked up at the door, the escort is there to help them to and from the bus, they are also there to help with their shopping and on and off the bus and in the supermarket” (Staff Member, BDACB)

“if you were to book a taxi... the guy is going to turn up, he’s going to sit there and say ‘come on hurry up I’ve got another fare’ where as Dial-a-Bus will come along and they’ll make sure the patient is looked after...if they are in a wheelchair they’ll take you to the bus, get you strapped in... there’s no time limit on it... most taxis can’t do that” (Staff Member, BDACB)

6.10 The financial benefits for users were also highlighted. For example, BDACB noted that the cost of transport to healthcare can be particularly prohibitive with a return trip to Aberdeen Hospital costing between £70 and £80. It was noted that many of the clients using the service cannot afford these costs, especially if the trips are regular:

“One lady who contacted us... she wanted [us to transport her] to Aberdeen to pawn her jewellery to pay her gas bill because she used all her pension to pay to get to hospital” (Manager, BDACB)

- 6.11 It was noted that the NHS currently provide a non-emergency patient transport service. However, a large number of users are not eligible. In addition, for this service, users are picked up and transported together and as a result they have to travel long distances and wait for each individual to finish their appointments before returning. This, it was felt, was not appropriate for some users who would be unable to undertake such long trips.

Social Interaction & Social Capital

- 6.12 At three case study sites (OOM, BDACB and BSCTC), over half of the respondents live on their own. At CTG the figure is a third and just over a quarter for ATI. This emphasises the isolation of large numbers of CT users if they cannot get out of their homes. The CT services provide one of the few means for many isolated members of their communities to interact socially.

- 68% of responses indicated the CT service they used was very important to them ‘just to get out’ with a further 17% viewing this as fairly important.
- 70% of respondents strongly agreed and 14% slightly agreed that they liked to socialise with other passengers and/or driver during the journey.

- 6.13 In terms of social capital, across the five case study sites, there were 11 respondents who ‘strongly agreed’ and three who ‘slightly agreed’ that the CT service helped them volunteer in the community. These were spread fairly evenly across the sites. One volunteer from Annandale stated:

‘Our group has been operating for the last twelve years, last year we had fourteen members in our group, without ATI I do not think we would exist.’

- 6.14 Providing opportunities for social interaction was seen by staff and volunteers as a key benefit of CT. It was noted that many users live alone and that the services provide the only means for them to get out and about and interact with others.

“People are often widowed, living alone and they want human contact. Often they have family but their family are too far away and they don’t have that contact” (Volunteer, ATI)

- 6.15 The driver’s role in facilitating interaction with and amongst users was seen as particularly important and a fundamental element of the services provided:

“The organisation receives a lot of positive feedback about their drivers. When we do an induction there are certain things which we say that they have to have. A good sense of humour is essential...A lot of the people we are carrying are socially isolated and [the driver] is the one person who they see that week. They’ve got to have the confidence to talk to the passengers. The passengers have to feel comfortable with the driver” (Operations Manager, CTG)

- 6.16 Staff and volunteers at each organisation noted that individuals often make friends through their use of the services and this helps build confidence:

“As they build the friendships they feel more confident in going out... you know what it’s like when you walk into a room and you don’t know anyone. It’s better when there are familiar faces” (Manager, ATI)

6.17 The links between greater levels of social interaction and improved mental health were also emphasised:

“Keeping people mentally healthy and physically healthy. It’s preventative care. It’s as valuable to the healthcare service as the medicines ... if you cure the loneliness you create a healthier person” (General Manager, BDACB).

Supporting Independence

6.18 When asked how important the CT services were to their current level of independence, 70% (n=109) of responses indicated them to be ‘very important’ and 19% (n=30) to be ‘fairly important’. The results by case study site, presented in Figure 6.5, show all sites with the exception of Annandale to align with these aggregate results. Responses from Annandale show that a much lower proportion of respondents view the CT services as being important to their independence, probably explained by the far higher levels of access to private cars (75%) compared to the other sites (ranging from 17% to 36%).

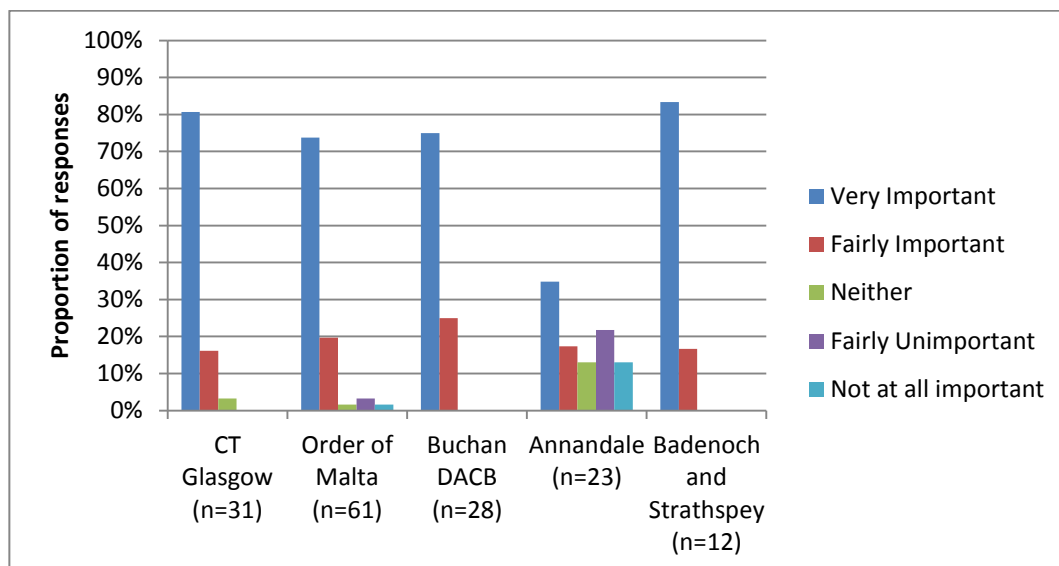


Figure 6.5: Importance of CT Services to Levels of Independence at Each Site

6.19 Figure 6.6 presents users responses across all five case studies as to reasons why the CT service contributes to levels of independence, whilst Figure 6.7 illustrates variations between case study sites.

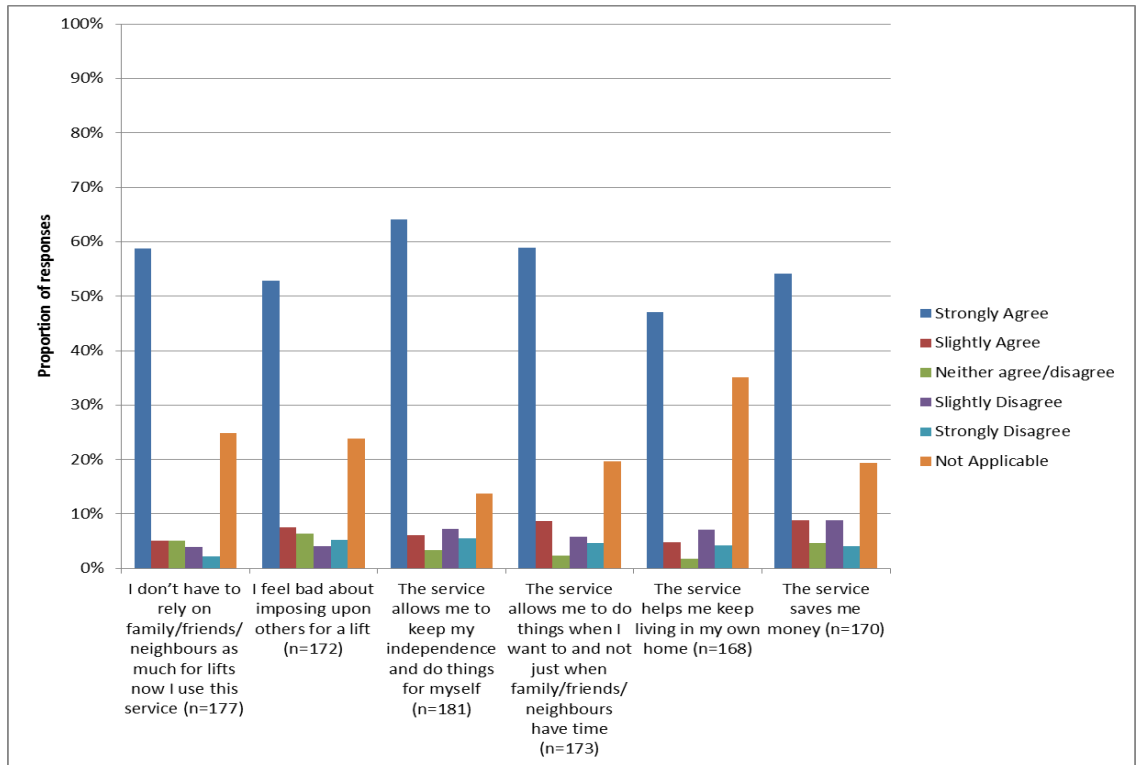


Figure 6.6: Reasons why CT service contributes to levels of independence – results from across all five sites

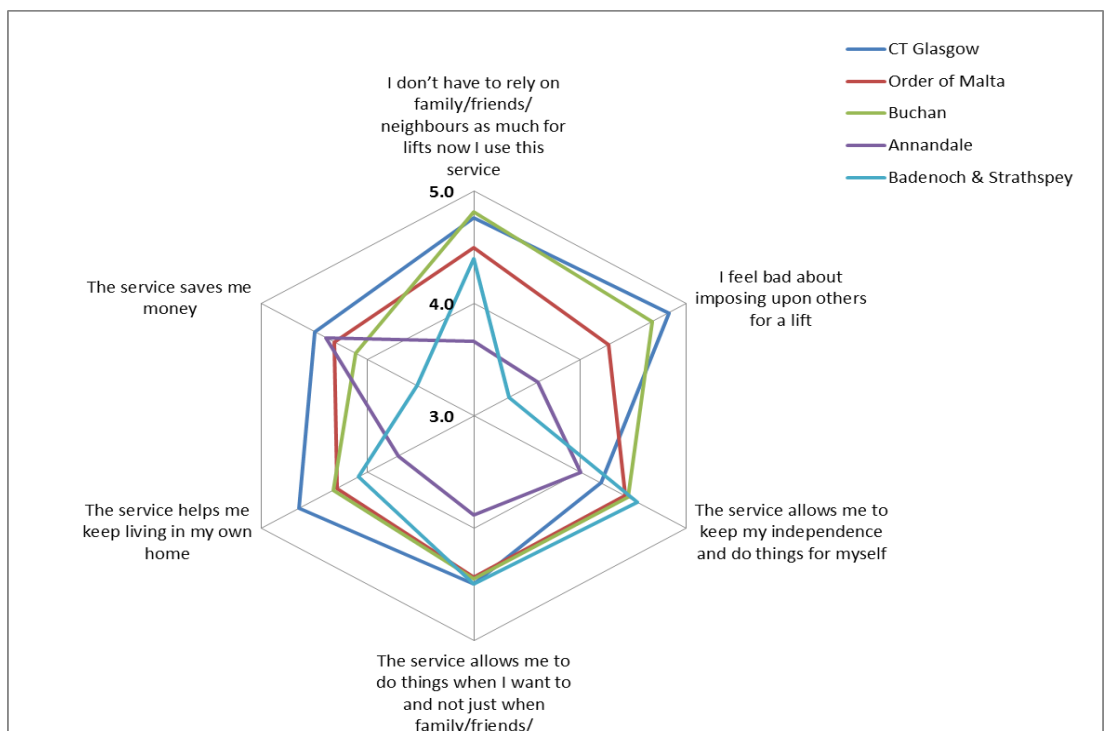


Figure 6.7: Site Specific Ratings for Level of Independence Enabled by CT Services

6.20 It is clear from the above figures that CT supports independence in a variety of almost equally important ways, ranging from allowing people to stay in their own home to reducing dependence on family friends and others for assistance with travel.

Wellbeing, Quality of Life & Mental Health

6.21 Transport mobility, social interaction and the ability to engage more fully in community life are also important requirements for well-being and quality of life. The user surveys demonstrate the value of CT in contributing to this as illustrated in Figure 6.8:

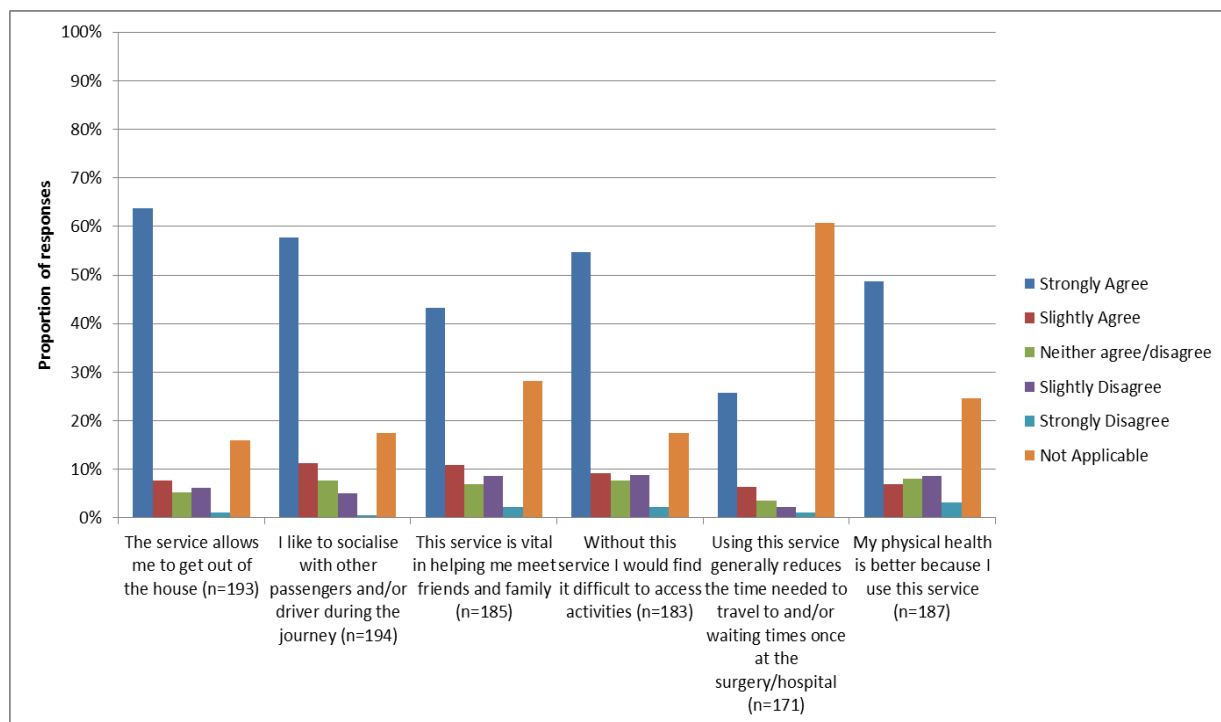


Figure 6.8: Wellbeing and quality of life benefits (aggregate results from all responses across all five case studies)

6.22 It is clear from Figure 6.8 that the CT services act as an enabler to get people out of their houses. Moreover, the act of travelling on the bus is seen as a social experience in its own right by the vast majority of passengers with over two thirds of respondents agreeing that they like to socialise with other passengers and /or the driver during the journey. It is interesting that the CT services are generally viewed as more important for accessing services and activities (shopping, medical appointments) than for accessing destinations where users can then socialise. This emphasises the importance of the CT service itself as an environment for stimulating social interaction.

6.23 The CT services provide more and quicker access to activities and services: more than half of all responses ($\frac{3}{4}$ of applicable responses) agreed that the CT service they used was vital in helping meet friends and family and 65% of all responses ($> \frac{3}{4}$ applicable responses) agreed that without the service they would find it difficult to access activities. While only a third of all responses agreed that the service reduced the time spent travelling and/or waiting times once at their appointment, the figure was over 75% when only considering respondents who felt the CT service to be important to them in accessing medical appointments. Almost half of all respondents 'strongly agree' that their physical health is better because they use the CT service.

6.24 There was agreement amongst staff and volunteers that by providing a means to get out and meet others/take part in activities, the services improve the quality of life and mental well-being of the clients. The following example was provided of a severely disabled user who is reliant on the organisation's transport to get out:

“There is one client who was involved in a car accident when she was very young and is now severely disabled. The organisation transports her twice a week to the hydrotherapy pool, shopping or the stables. She goes to the stables and she really responds to having access to the animals. You can see it on her face. She actually holds the reins of the horse now. Gradually her quality of life is getting better. Sometimes the carer forgets the carrot to give to the horse and if that happens the driver will stop to get them beforehand. If we did not transport her she wouldn’t get out.” (Volunteer ATI)

6.25 CTG made particular reference to the benefits in terms of health and well-being provided by the Hospital Visitor Service:

“With the Hospital Visitor Service, we are transporting family and friends to patients who in the past couldn’t get that access. That maybe helps that person to get better quicker because they have something to look forward to because someone is coming to see them,” (Operations Manager, CTG)

Healthier Lifestyles

6.26 The user surveys indicate that CT services make an important contribution towards healthier lifestyles and improving the health of its users. The main healthier lifestyles benefit relates to the CT services enabling about half of all respondents to stay more active and get out and about more (see Figure 6.9). This fits with previous sections which highlighted the value of CT services for retaining independence and enabling users to get out of the house. CT services were also found to allow access to a wider range of food and drink options and, to healthier food and drink options for about a third of all respondents. Figure 6.10 illustrates variation in response at the different case study sites using the scoring system previously identified.

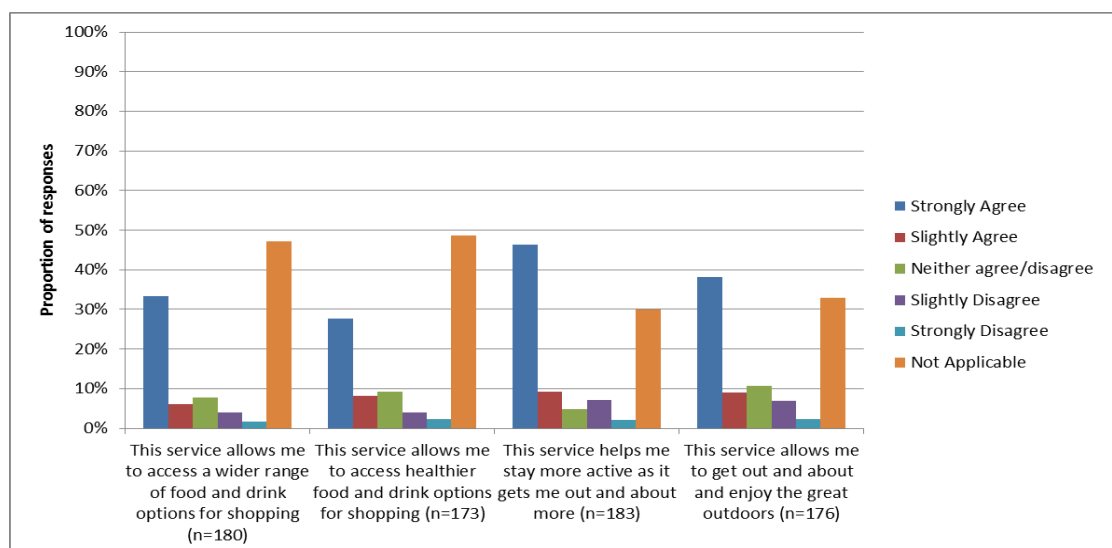


Figure 6.9: Healthier Lifestyles benefits (aggregate results from all responses across all five case studies)

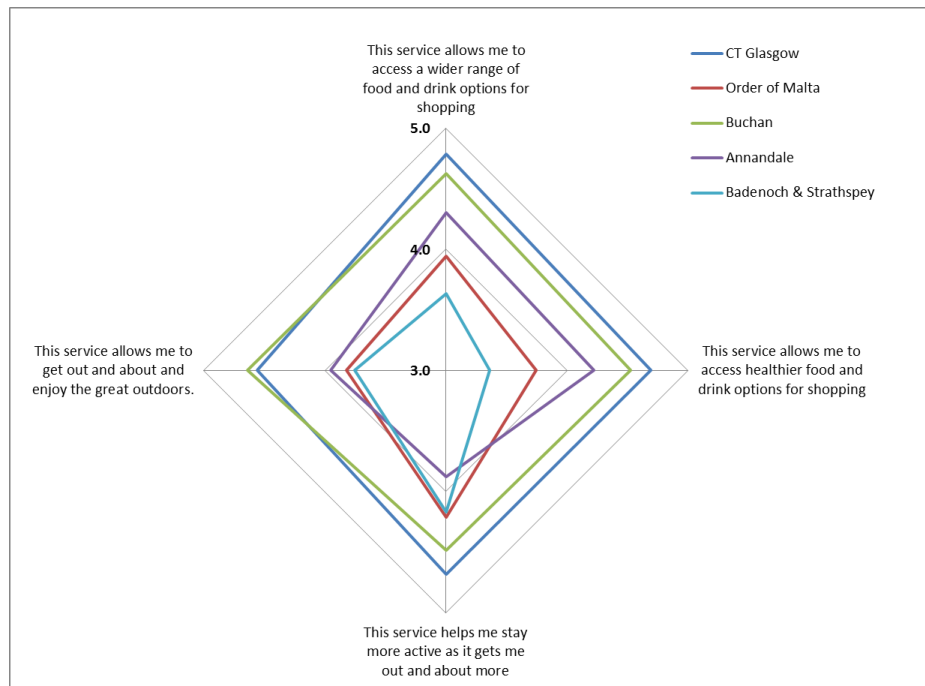


Figure 6.10: Site specific ratings for healthier lifestyle benefits for CT services

6.27 The benefits from a healthy living perspective seem to be particularly prominent in the CT Glasgow case study, where the CT service helps users to be more active and access a wider range of healthier food and drink options. This is a particularly important benefit in Glasgow, where the resident population’s performance against a range of health statistics lags the national average. The benefits are perhaps somewhat less (although still important) in the more rural case study areas. This is likely because the range of services, even within a given geographic distance, are less.

Earlier Detection and Treatment

6.28 The user surveys indicated that 16% of all respondents strongly agreed that they now see the Doctor quicker and/or more often because of the CT service they use. A further 5% slightly agreed with this statement. If considering only those respondents that felt the CT service to be important to them in accessing medical appointments, these proportions increase almost threefold to 46% and 14% respectively.

6.29 Almost 10% of all respondents strongly agreed, and 4% slightly agreed that the CT service makes it much easier for them to get their medication. As before, if we consider only those respondents that felt the CT service to be important to them in accessing medical appointments these proportions increase to 28% and 11% respectively.

6.30 CTG noted that users of the Healthy Journeys Patient Transport Service were more likely to visit medical professionals as a result of the service and that this is likely to have a consequent impact in terms of earlier health interventions:

“the users are more likely to go to the doctors now that they have a way of getting there and they are more likely to go for the things like reviews which might not be a pressing issue because they might think that there is nothing wrong with them but things can be picked up” (Staff Member, CTG)

6.31 It was also noted that without the service individuals sometimes put off going to the doctors as a result of not having transport:

“Some put off going as well.... Some maybe didn’t have enough money for a taxi that week so they just couldn’t go or they are reliant on family members to take them and they are worried that they are taking too much time off work so they don’t like to mention that they have another appointment” (Staff Member, CTG)

- 6.32 During focus groups and interviews providers recalled a number of instances where drivers had noticed changes in the health of individuals and were able to act accordingly. A number of specific examples were provided:

“We had a lady on the bus and the driver came to see us that night and said she’s just not well ...there is something wrong. We called her daughter. Her daughter went around and the next thing we knew she was in hospital. She had blood poisoning... We didn’t expect to see her again. I happened to be in visiting someone else in hospital and when I went in, she was up and moving around...her son put his arms around me and said ‘thank you... thank you so much’... To this day she’s still on the bus... so yes not only would some of them not be in their own homes...a couple of them wouldn’t be alive”. (Manager, BDACB)

“There was one example where we were transporting a lady to the hospital to visit her husband. The driver happened to be an ex nurse and the woman was diabetic. The driver noticed something was not right and it turned out that no one had checked that she was eating. She was blind and her husband did all the cooking. That’s just one instance but we have had a lot instances like that. Project Manager, RSVP East Renfrewshire)

- 6.33 The high level of personal care and attention offered on CT services, particularly when compared to conventional transport, offers significant health benefits, sometimes to the extent of saving people’s lives as some of the above quotations explain.

Reductions in Missed Health Appointments and Domiciliary Provision

- 6.34 The user surveys indicate that 23% of all responses (n=172) agreed (15% strongly and 8% slightly) that the CT service they use has reduced the number of medical appointments they have missed. The figure varies by case study from 6% in Annandale where the main purpose of respondents using the CT service was for day trips and group hire to 40% of respondents in Glasgow. An even greater proportion of responses indicated that the CT service used has made it easier to arrange suitable medical appointments with an average across all case studies of 22% strongly agreeing and 6% slightly agreeing (n=174).
- 6.35 Almost a third of all responses (n=174) strongly agreed that they no longer worry about how they are going to get to their medical appointments due to the existence of the CT service. A further 16% of all responses (n=171) strongly agreed that they have less need for home visits from the GP or nurse and another 7% slightly agreed with this.
- 6.36 It is worth noting that the proportion of respondents who felt the CT service to be important to them in accessing medical appointments was 72 out of 172 responses or about two fifths of all responses to these questions. So, if we consider healthcare benefits of the CT service to only these passengers who actually use the service for accessing medical appointments then the percentages quoted above increase by a factor of 2.5 for these passengers; e.g. 57% of passengers who use CT to access health

appointments agreed that the CT service they use has reduced the number of medical appointments they have missed.

6.37 Figure 6.11 presents the proportion of respondents from a sub-sample of 72 who stated they had used the CT service to access medical appointments.

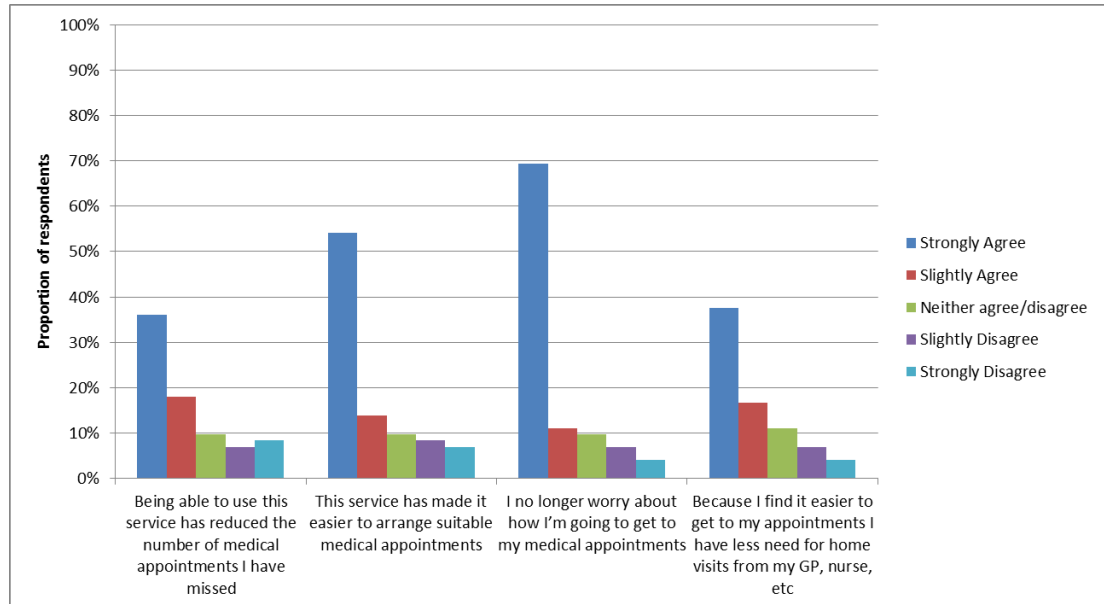


Figure 6.11: Healthcare benefits (aggregate results from sub-sample across all five case studies)

6.38 There was a general feeling amongst staff and volunteers that CT services provided savings for the NHS. However, there is limited data to prove this. As part of their review of the Healthy Journeys Patient Transport Service prior to the 6 Month Report, CTG asked users whether they had previously missed appointments prior to using the service and found that approximately 37% of users had done so.

6.39 While some providers found the NHS to be supportive others were less positive. BDACB felt that the healthcare service did not take account of the longer term benefits:

“The NHS attitude is ‘we treat patients while they are here’. They overbook so if everyone turned up they would have a problem. In many ways they cater for people not being able to get there. They work on percentages so they budget for a certain number not arriving so if people don’t arrive, it’s expected. But those people will cost them more eventually but they are not seeing the bigger picture” (General Manager BDACB).

6.40 As discussed earlier, ATI is currently trialling a transport to health service from Langholm to Dumfries General Royal Infirmary. However, the numbers using the service are currently low. The volunteers noted that more work needs to be done to ensure that users in Langholm are provided with appointments within specific hours so that they are able to use the bus. The difficulties of working with 2-3 organisations (NHS, local Council, ATI) and getting representatives from all parties around the table at the same time were highlighted.

Rural Sustainability

- 6.41 While the existence or otherwise of a community bus service in a rural area will have little or no impact on the retention of many local services such as hospitals and care homes, they do contribute to supporting small local businesses such as shops and post offices. It is evident from the user survey responses that the high level of use of community transport for accessing shopping is making a valuable contribution to sustaining such services – especially in rural areas. Figure 6.2 shows that the use of community transport for shopping trips is viewed as important for the largest proportion of respondents in the most rural area (BSCTC) while it is viewed as important for the smallest proportion of respondents in the most urban area (CTG).
- 6.42 Staff at B&S noted that the organisation provided support for the rural community and enabled people to continue to live within a rural area. Without the service, it was felt that many people would be forced to leave as they would not be able to access basic services. This is backed up by the user survey responses in which over 75% (n=13) of responses stated the BSCTC services helped them continue living in their own home. The figure was slightly lower for the less rural Buchan case study at 63% (n=35). However, in general, the results of the research have shown little in the way of disparity between urban and rural areas.

Support for Families

- 6.43 Staff and volunteers noted that the services eased the pressure on families and carers and provided them with peace of mind and time off to undertake their own activities. A number of examples were provided whereby the availability of transport to healthcare had resulted in family members no longer needing to take time off work to transport their family members:

“I’ve got one lady who goes to hospital every month for treatment...she feels really guilty because before we came along it was her son who took her and he was taking time off work. She worried about his job because she felt if there are ever redundancies then he would be the first to go because he’s always taking her... so it’s given her peace of mind because she’s not worrying anymore. That’s a reoccurring theme” (Staff Member, CTG)

- 6.44 A number of the organisations also provide transport for longer term respite care and offer vehicles which can be hired by families for holidays/outings.

Support for Other Organisations

- 6.45 Through the Group Transport services, the CT organisations provide transport to a range of voluntary groups at a considerably lower cost than the equivalent commercial operators and in so doing help to maintain the sustainability of the groups:

“I was involved with a local mountain rescue team. We have a number of trained individuals who can drive the vehicles and we use them for fundraising activities. That greatly enhanced the viability of the mountain rescue team, being able to replace equipment etc and there will be other groups who will have similar uses and similar benefits. It’s a fantastic resource”. (Volunteer, ATI)

- 6.46 In addition, a number of the providers work with other voluntary groups in the area including, in the case of CTG, other smaller CT providers to whom they sometimes

subcontract work. Providers also noted that they actively recommend other voluntary organisations to users where they feel they may be able to assist.

“I try to work with other groups such as the Good Morning Service and Food Train, groups who work with Elderly people, so that I can refer them on” (Staff Member CTG)

- 6.47 Volunteers at ATI discussed the benefits of the services they provide for local schools. As a result of the rural nature of the area, many schools are small in size and the organisation undertakes a lot of work transporting school children during the course of the school day to enable them to access centralised resources. There was general agreement that transport for schools in this way has increased over time. This was thought to partly be a result of schools no longer being able to afford their own minibuses and other smaller CT organisations having lost their minibuses due to lack of funding.

7 CONCLUSIONS

Overview

- 7.1 The evidence collected as part of this study has clearly demonstrated that CT offers a wide range of economic, social and health benefits. The findings of the research should assist in filling the gaps in the Scotland-specific evidence base and will provide Scottish Ministers with the information required to make more informed decisions on future CT policy.
- 7.2 However, it is also important to note that the scale of the contributions which CT makes to the positive outcomes outlined remains unclear.

Benefits of CT

- 7.3 The review of the literature and subsequent primary research demonstrated the wide ranging benefits of community transport. As well as promoting accessibility & social inclusion, social interaction, independence, rural sustainability and other policy areas, CT providers themselves act as employers and local buyers, supporting the whole community in which they operate.
- 7.4 The extensive cross-cutting nature of CT is perhaps unique amongst transport services. The evidence demonstrates that CT is far more than a point-to-point transport service – the CT services examined show the importance of, for example, social interaction on the bus and the role CT plays in encouraging often vulnerable people to attend medical and other appointments they would not otherwise make. A further stand-out point was the role played by drivers in the early detection of emerging issues with a passenger’s health and well-being.
- 7.5 From an economic perspective, the potential cost savings provided to social services, the NHS and local authorities, combined with the unremunerated productive hours offered by volunteers, suggests that CT generates significant economic benefits. From a social perspective, the contribution of CT across a wide range of policy areas is clearly beneficial. Moreover, by tackling issues such as poor accessibility, social isolation etc, CT is making an important contribution to reducing inequalities, a key item on the Scottish Government policy agenda.

Challenges with CT

- 7.6 Whilst the cross-policy role of CT is of considerable value, it also presents its own challenges. CT continues to be viewed almost exclusively as a transport service, a point which is even reflected in the fact that Transport Scotland commissioned this research study. Funding generally comes from local transport departments and a combination of Trusts and Charities, with some limited support from the NHS. Consultations suggest that there is an urgent need to review this approach and ensure that CT is more fully integrated across the full spectrum of policy areas it supports.
- 7.7 The wider funding picture is also a challenge for the CT sector. Whilst the research supports the view that CT offers substantial cost savings for local authorities, it is not immune from the increasing pressures on public sector funding, particularly in terms of revenue budgets. Indeed, our consultations with the case study providers suggest that a number of services have been withdrawn in recent years following the discontinuation of funding. Associated with this is the absence of certainty and the inability to plan long-term as a result of time limited funding streams. This ties back to the point that CT is fundamentally viewed as a transport service and supports the argument that the cost burden should be shared across all policy areas which benefit.
- 7.8 From a research perspective, this research has demonstrated the diversity of the CT sector and the challenges faced in developing a consistent approach to funding and organising the sector.

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APPENDIX B – DETAILED PROFILE OF CASE STUDIES

Profile of Case Studies

Annandale Transport Initiative

Annandale Transport Initiative (ATI) was established in 1999 and provides community transport services throughout Annandale and in part of Eskdale in South West Scotland. Having started with two fully accessible minibuses, the organisation has gradually expanded and now has six minibuses and two accessible community cars. ATI provide a range of community transport services as follows:

- Group Transport – the organisation offers vehicles for hire for constituted voluntary and community organisations based in the Annandale area. There are 153 registered groups and these cover a wide range of activities including sports teams, church groups, lunch groups, disability groups, and schools etc. The organisation can provide drivers for an additional cost or the voluntary and community groups can use their own driver as long as they are MiDAS trained. Approximately 25% of the group journeys undertaken involve transporting disabled people. In terms of age there is a fairly evenly split across the age categories.
- Door to Door Dial-a-Ride – the organisation provides door to door transport for individuals who have difficulty using conventional public transport or whose transport needs are not met by the existing network. There are 18 registered members of this service, with three of these using the service on a weekly basis. The remaining 15 use the service on an ad hoc basis for a variety of reasons including access to hospital appointments and social activities. Users are mostly older and/or disabled.
- Day Trips – the organisation provides a programme of weekly day trips throughout the year to destinations in Scotland and northern England which are not generally accessible to the local community. The trips are open to all and are aimed at those with mobility problems or without their own transport during the day e.g. the elderly, disabled, young families or the rurally isolated. The majority of users are elderly and there has been a gradual increase in the number of trips available over time.
- Registered Routes – The organisation runs two registered bus routes to Peebles (last Thursday of the month) and Carlisle (1st and 3rd Thursday) under S22 permits. As with the day trips, the majority of users of these services are elderly.
- Transport to Hospital – The organisation is currently trialling a service from Langholm to Dumfries Hospital.

All of the services are provided directly by the organisation under S19 permits with the exception of the registered routes. In addition to the CT services, the organisation offers MiDAS and MEET training. PATS was previously provided but this was discontinued due to lack of demand. Training costs £60 per person per year and the organisation offers voluntary/community groups two for one offers in to encourage them to train their own drivers.

During the recession demand for services remained fairly constant. In terms of growth, the organisation recently expanded its operation into the Eskdale. In addition, there is potential for the Transport to Healthcare service to grow if the Langholm to Dumfries Hospital trial is successful.

Badenoch & Strathspey Community Transport Company

Badenoch & Strathspey Community Transport Company (B&S) provides a range of accessible transport services for people living in a Badenoch and Strathspey who do not have transport of their own or who are unable to access public transport. The organisation was initially established using funding from the Rural Community Transport Initiative (RCTI), with the first service being a pilot car scheme covering two outer areas of Badenoch and Strathspey. Following the success of the pilot the scheme was extended to cover the whole of Badenoch and Strathspey and a number of other services were developed. These are discussed below:

- Volunteer Car Scheme - the Volunteer Car Scheme provides door-to-door transport for users who are unable to access conventional transport. The service is provided by volunteer car drivers who use their own vehicles of which there are currently 130. Users of the service use the scheme for a variety of purposes including access to health appointments, shopping trips and social outings/clubs.
- Access to Aviemore - the Access to Aviemore (A2A) service provides door-to-door transport for users based in Aviemore on a Monday and Friday. The majority of users are older and/or disabled and include a number of visually impaired individuals. Users of the service use the scheme for a range of purposes including health centre appointments, shopping trips, and access to classes and groups such as the Sunshine Club.
- Community Vehicle - the organisation offers vehicles for hire for voluntary and community organisations based in Badenoch and Strathsepy including a variety of social clubs and sports groups. The majority of groups who use the service on a regular basis are made up of people over the age of 60.
- Registered Routes - the organisation runs a registered route from Aviemore to Nethy Bridge which operates every Wednesday and from Aviemore to Laggan which operates every Tuesday and Thursday.
- Shopping Services - the organisation provides door-to-door shopping services to Aviemore and Grantown-on-Spey. The Aviemore service which has been operational for 15 years is provided using one of the organisation's minibuses and operates every Thursday morning. The Grantown-on-Spey service is operated in conjunction with a taxi company, with users brought from a wide area to Grantown-On-Spey by taxi where they are met by volunteers who provide assistance.
- Scooters and Wheelchair Hire - the organisation offers wheelchairs and mobility scooters for short term hire from locations in Aviemore and Glenmore. The Glenmore site is run in partnership with the Forestry Commission which has made a number of trails near the hire site wheelchair accessible. The hire services are used by both local people and holiday makers.

- Social and Music Groups – the organisation arranges a number of monthly social events and activities including an afternoon tea dance and a music group and provides appropriate community transport to and from each event. Users of the services are largely older and/or disabled, with approximately 40-60 individuals attending each event.

All of the transport services are operated under Section 19 permits except the registered routes which are operated under a Section 22. The organisation provides MiDAS training both internally and externally. It also provides a regular programme of training to its staff and volunteers. This has included training on emergency first aid, disability awareness, winter driving, telephonist and database management. Over the last few years, the organisation has experienced a reduction in the funding provided by the local authority and this has created difficulties as the demand for services continues to grow.

Buchan Dial-a-Community Bus

Buchan Dial-a-Community Bus (BDACB) has been providing transport services in North East Aberdeenshire for over 15 years. Having initially offered just one weekly service, the organisation has grown substantially over this period and now has a total of 11 buses, over 1,000 individual members, 290 group members and in 2013 generated a turnover of almost £400,000. The organisation provides a large number of community transport services as follows:

- Shopping Service – the Shopping Service is a five day a week door-to-door timetabled bus service. It runs mainly in the central Buchan area and covers 10 small villages as well as isolated farms and cottages. The service is timetabled three months in advance and each client is sent their own copy of the timetable every quarter. Potential clients for the Shopping Service can contact the organisation directly or go through another agency e.g. carer/medical or social worker etc. While called the Shopping Service, clients use the service for a variety of reasons including visiting family/friends and going for lunch/coffee. Concessionary fares are accepted on the service and 90-95% of users are therefore not charged. Those users without a concessionary pass are asked to pay a small charge (approximately £2).
- Community Use - the Community Use service is a mini bus hire service for community and voluntary groups. There is one 16-seater minibus permanently allocated to the service, with other buses used in their downtime from other projects. The service is provided using volunteer drivers although some community groups use their own drivers who must be MiDAS trained. There is a mileage charge of 80p per mile. A wide range of community and voluntary groups use the service including the Brownies, various sports teams, walking groups, befrienders, sheltered housing, music groups, mental health groups and the Roundtable.
- Transport for You (T4U) - the T4U service is a door-to-door dial a ride service for individual users. The service started as a patient transport service (PTS) for the NHS in 2001 but as a result of a lack of funding the service was withdrawn and subsequently changed to T4U in 2009. The service is used by a wide variety of clients of varying ages and for different purposes. There is a mileage charge which starts at £5 for journeys between 1- 4 miles and runs up to £24 for journeys of 26 miles plus. However, the organisation is flexible and if the client is unable to afford it, they do not charge for the service

- Library Service - the Library Service is a door-to-door service to Mintlaw Library which runs one evening every two weeks. The service has been in operation since 2007 and the users are typically elderly. Bookings are taken by Mintlaw Library and provided to the driver on the evening of the service. There is a 50p charge.
- Evening Services for Young People - there are two evening services which pick up young people from the community centres in Mintlaw and Peterhead and take them home after evening events (a music group and a youth group). Users range from secondary one through to their early twenties. The service is run under a service level agreement (SLA) with Community Education Mintlaw and Peterhead and has been in operation since 2004 in various guises.
- Transitions Extreme - the organisation provides transport for Transitions Extreme as part of their Alternative Academy. The Alternative Academy is a 12-week alternative development programme for young people (aged 15-18) who are disenfranchised or have been expelled from school.
- Aberdeen Services - the organisation provides three services under contract with Aberdeen City Council Social Work for clients with profound difficulties. The services have been provided since 2009 and run five days a week. Clients include disabled children attending primary and secondary school and adults with special needs.
- ACVO Change Fund - in Autumn 2014, the provider started working with Aberdeen Council of Voluntary Organisations (ACVO) and the Social Transport Working Group to provide transport for individuals and groups using funding from the Change Fund. The service is run using two buses, with one full time and one part time driver. All of the users are elderly and include the NHS Falls Group, NHS Pulmonary Clinic, MS Society, whilst the vehicles also run to the Community Centre, Social Clubs for Care etc.
- Volunteer Drivers Service - the Volunteer Drivers Service is a contracted service for Aberdeenshire Council Social Work which provides transport for looked after children and families throughout the North Aberdeenshire area. The service is provided using a core group of 7-8 volunteer drivers. The Council has an aspiration to extend the service to cover the whole of Aberdeenshire and therefore the organisation expects that this service will grow in the future.
- Shopmobility Peterhead – the organisation offers wheelchairs, walking aids and motorised scooters at its Shopmobility facility in Peterhead. The service is available Monday-Saturday and is run using a grant from Aberdeenshire Council. Users are not charged for the service unless the hire period is longer than one day in which case users are required to pay a deposit.

All the services are provided directly by BDACB. The Shopping Service, Community Use and T4U services are considered to be the core services and those which would be protected if there was a loss in funding.

In addition to the charity, a number of services are provided on a commercial basis via DAB Plus Driver Training, a Social Enterprise which was set-up in 2007 to generate an income for the charity and reduce grant reliance. DAB provides MiDAS and PATs

training to external organisations, offers vehicles for private hire for non-charitable purposes and provides three school services under operator license.

During the period of economic downturn, the organisation remained fairly static, in part as a result of income provided by the social enterprise. However, as a result of a lack of NHS funding the patient transport service was withdrawn. In addition, the staff at the organisation did not receive a pay rise for three years. It is expected that the organisation will continue to grow in the future, with expansion in the number of services anticipated. However, any future expansion is necessarily limited by the availability of funding.

Community Transport Glasgow

Community Transport Glasgow (CTG) has been providing CT services in communities across Glasgow since 2005. The organisation grew out of the Glasgow Community Transport Operators Group, an umbrella organisation which was established in October 2003 in response to the growth in CT provision in Glasgow. The organisation subsequently evolved, becoming formally constituted in 2004 and changing its name to CTG in 2005. Since its establishment, CTG has grown substantially and now has 20 vehicles and provides a wide range of community transport services including:

- Group Hire – the Group Hire service provides vehicles for hire to non-profit organisations throughout east, west and south-east Glasgow as well as in East Dunbartonshire. Groups can use a driver supplied by the organisation or provide their own driver who must be MiDAS trained. A wide range of groups use the service, with the majority being older groups followed by disabled people and youth groups.
- Healthy Journeys Patient Transport Project - the Healthy Journeys Patient Transport Project is a volunteer car scheme which provides transport to health appointments for elderly people in the north-east of Glasgow. The service is free for users and to be eligible patients must be: over the age of 65, living in the north-east of Glasgow, mobile enough to get in and out of a car by themselves and experiencing difficulty in getting to health appointments. Users are referred to the service by their doctor or a medical professional.
- Glasgow Club Runs - the Glasgow Club Runs is a similar service to that of the Group Hire but the runs operate daily (Monday – Friday) and are provided to Glasgow City Council (GCC) under a Service Level Agreement (SLA). The groups transported are those which were previously transported by GCC using their own transport which they outsourced as a result of funding issues. In total, there are approximately 15-18 different groups, including older and disabled groups and young people.
- Evening Hospital Service - the Evening Hospital Visitor Service has been operating for six years and provides door-to-door transport for individuals wishing to visit family/friends in the seven main hospitals in Glasgow (the Royal Infirmary, the Royal Alexandra Hospital, Stobhill Hospital, the Western Infirmary, Gartnavel General Hospital and the Victoria Infirmary). SPT provide the administration for the service (taking phone calls and making the bookings) and provide CTG with a list of users the night before. A number of different CT organisations are involved in running the service, with CTG covering all geographic areas except for the north which is subcontracted out to Community Centre Halls (CCH) in Maryhill. The service is free for

individuals to use and is available to anyone who does not have access to or cannot use conventional public transport.

- Physiotherapy Exercise Classes – CTG provides transport on behalf of the NHS for individuals to attend two physiotherapy classes. The service is only available for older people who have experienced a fall and are undertaking physiotherapy. The classes operate every day and are run across Glasgow, with other CT groups also covering some of the trips. There is no charge to use the service.
- Shopping Trips - the organisation provides twice weekly shopping trips for older people in East Dunbartonshire as well as a weekly lunch club. There are a regular group of users for the service who pay a £3 flat rate per trip.
- CB2 Drumchapel Circular (CB2) - the CB2 service is a registered bus route operated under a Section 22 permit which is subsidised by SPT. While the service is available to the general public, there are likely to be a large number of elderly users and a high number of concessionary passes and companion tickets. The service was awarded the Best Community Transport Initiative Award in 2012.
- Service for Glasgow Subway Staff - the organisation provides a tendered service for SPT which transports the subway staff back and forth to work. The shifts for the service are 23.30-02:00 and 04.00-06.00 and the organisation has been providing the service for approximately one and a half years.

CTG generally provides the services directly. However, where appropriate CTG will subcontract work to other smaller CT organisations which already exist in the area.

In addition to the CT services provided, the organisation also provides PATS, MiDAS and 'Out in 3' (minibus evacuation) training. In addition, CTG recently set up its own social enterprise in the form of a garage facility using funding from the Enterprise Growth Fund. The facility maintains CTG's own fleet of vehicles and provides services for other charitable organisations, thus providing an income stream for the charity. The organisation recently secured the contract via SPT to be the approved maintenance provider for 14 minibuses which were awarded to CT organisations this year.

Order of Malta Dial-a-Journey

Order of Malta Dial-a-Journey (OOM) provides transport services in the operating areas of Falkirk, Stirling and Clackmannanshire Councils for people who have a mobility problem and cannot use conventional public transport. The organisation was first established in 1986 with the aim of providing affordable and accessible transport and has grown substantially since then, expanding from a two vehicle to a twenty-four vehicle operation. OOM provides a number of different CT services as follows:

- Dial-a-Journey Door to Door Service - the Dial-a-Journey service provides accessible door-to-door transport for people who have mobility difficulties and cannot use conventional public transport. The service is the organisation's flagship service. Approximately 45% of its users have a disability and 45% are elderly or infirm. There are also a number of users with mental health issues.

- Central Shopmobility – loans scooters, powered chairs and manual wheelchairs to individuals who have a temporary or permanent physical impairment that results in difficulties in getting around the shops. There are two fixed bases: one in Falkirk at the Callendar Square Car Park and one in Stirling Bus Station.
- Self-Drive Vehicles for Voluntary Groups – the self-drive service provides vehicles for hire to bona-fide voluntary organisations who are registered with the organisation. A large range of groups use the service including Arthritis Care, Alzheimer’s, domestic abuse groups, the MS Society, sports teams and a number of lunch clubs.
- Self-drive for Family Members – the organisation also offers a number of smaller vehicles which can be hired by family members or carers. This offers members the ability to have their own personal travel for days out or short holidays without the need to worry about planning their activities around transport arrangements.
- Taxicard Booking Service - Dial-a-Journey administers the Taxicard Booking Service on behalf of Falkirk, Stirling and Clackmannanshire Councils. OOM does not undertake the transport journeys but is responsible for arranging the trips with the taxi companies registered to provide the service.
- School Transport – the Order of Malta provides transport for schools through separate commercially tendered contracts. This tends to be assisted supportive needs (ASN) travel.
- Excursions - the organisation also runs a programme of excursions throughout the year.

In addition to the CT services, OOM provides MiDAS training, both internally and externally. In addition, the organisation has a trading subsidiary called WAVE (Wheelchair Accessible Vehicle Enterprise). It competes for local authority contracts to run more conventional bus services and carries out work for the general public and corporate organisations, with any profits generated gifted to the charity. WAVE has been operational for 12 years and over that time has generated £232,000 of funding.

OOM receives funding from Clackmannanshire, Stirling and Falkirk Councils. However, over the last few years the level of funding provided has declined and consequently, the organisation has had to integrate the services provided and develop its commercial activities in order to maintain the same level of service. This has meant that the Order of Malta has not been able to expand or develop its offering.

Coalfields Community Transport

Coalfields Community Transport (CCT) is based in East Ayrshire and provides a range of transport services for eligible groups and socially or economically disadvantaged individuals in the former coalfield areas like Cumnock and Auchinleck. The organisation was established in 2002 and currently provides a range of transport services including Group Transport, a Community Bus Route, a door to door Dial-a-Ride, a Day Hopper Club shopping service, an Away Hopper service providing short breaks, a contracted service for children on the at risk register on behalf of East Ayrshire Community Planning Partnership, and social care transport on behalf of East Ayrshire Council.

CCT ran a Wheels to Work (W2W) scheme from 2006 - 2009 but the service is no longer in operation as a result of the lack of available funding. The scheme covered the whole of East Ayrshire and provided scooters to individuals for a period of six months to enable them to access employment, training or education. To be eligible for the scheme participants had to:

- live in a remote area from which it was not easy to get to work;
- have a training, employment or education opportunity available to them; and
- be aged 16 or over.

There were a total of 120 participants who used the service over the three year period, with 20 participants involved in the service at any one time (unless a vehicle was off-road for maintenance etc). The majority of the users were young people, driven partly by the initial funding criteria. The scheme generally ran full and there was always a waiting list with CCT having to turn people away on a number of occasions. It was noted that there remains a high level of demand for the service, with the organisation still receiving calls from people asking if they provide W2W.

Tagsa Uibhist

Tagsa Uibhist (TU) is a voluntary organisation in the southern portion of the Outer Hebrides. They provide a range of services throughout the Uist Chain to assist the elderly and vulnerable populations in the local community. The organisation was established in 1999 as a care provider but has grown substantially since this date. In contrast to the other CT providers examined in this study, TU provides a range of community services and community transport is not considered to be the core service offering. The core services are a home support service and a small respite care home. They also offer a handyman service, a domestic cleaning service, a mental health outreach project and a social and horticultural project. In terms of its transport services the organisation provides the following:

- Shopping Service - the organisation provides nine shopping service routes which run every Tuesday, Wednesday and Thursday and cover North Uist, South Uist and Benbecula. The service users are largely older or disabled with mobility issues. There is a £3 charge for use of the service in the local area and a £5 charge for going into Benbecula from North or South Uist. In 2013, 1,328 people used the service.
- Dial-a-Bus - the Dial-a-Bus runs daily including weekends (where required) and transports people for a variety of purposes including transport for residential homes, medical appointments, dentistry, medication collection, hospital discharge, day care, and respite. The users range from pre-school age to elderly service users. There is an 80p mileage charge for use of the service and this is charged only from the pick-up and drop-off points. In 2013, 304 individuals used the service.
- Social Outings – the social bus is provided on Mondays and Fridays on a fortnightly basis. Each group member pays £1 for the trip, £1.50 towards the vehicle hire charge and an 80p mileage charge. In 2013, 391 people went out on the service. There are 5 groups who the organisation manages who use the service, with the majority of users older or disabled.

- Group Transport - the organisation provides vehicles for hire for community groups as well as families. There is a £25 hire charge for the vehicle and a £25 hire charge for the driver (where required). There is no additional mileage charge.
- School Transport - the organisation provides a daily school service (Monday-Friday) on behalf of Comhairle nan Eilean Siar. The service is a tendered contract.

With the exception of the school transport service, all other services are provided under a Section 19 agreement. TU has seen a growth in demand for its dial-a-bus service in recent years and anticipates bidding for a number of new contracts with Comhairle nan Eilean Siar in the near future.

RSVP East Renfrewshire

RSVP East Renfrewshire provides a range of community transport services in the East Renfrewshire area including a Voluntary Car Scheme which has been in operation since 2000. The scheme is primarily provided by volunteers using their own cars. However in 2010, SPT provided funding for an accessible vehicle so that the organisation would be able to transport patients in a wheelchair. Users of the service are referred via their GP and the majority are elderly. In total there are 840 registered users (although it should be noted that, once registered users names are not removed from the list). Last year, the organisation ran 5,704 one way journeys and currently carries out between 40 and 55 patient double journeys for the service per week.

Further copies of this document are available, on request, in audio and large print formats and in community languages (Urdu; Bengali; Gaelic; Hindi; Punjabi; Cantonese; Arabic; Polish).

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