

Going the extra mile



Community transport services and their impact on the health of their users

Report by
Susanne Martikke and Melanie Jeffs
for the Transport Resource Unit



**Greater Manchester Centre
for Voluntary Organisation
St Thomas Centre, Ardwick Green North,
Manchester M12 6FZ**

Tel: 0161 277 1014

www.gmcvo.org.uk/transport

Registered Charity No. 504542 / Company Ltd by Guarantee No. 1223344

Contents

Executive summary	4
Introduction	6
Methodology	8
Community Transport Operators (CTOs)	10
Health impact of transport from the perspective of CTOs	10
Community transport versus taxis: what's the added value?	11
Funding and capacity	14
Emerging findings.....	15
Third sector health and social care providers.....	16
The problem of transport	16
Transport solutions	17
Perceptions of Community Transport.....	21
Emerging findings.....	22
Community Transport Drivers and their Passengers.....	23
The drivers.....	23
The passengers	25
Health and its impact on transport choices and experience	29
Emerging findings.....	31
Conclusions and recommendations	33
Conclusions	33
Recommendations.....	34
Appendix one: overview of interviewees	35

Executive summary

"I don't want to go into a care home, I want to be my own boss. Community transport helps me to stay independent"

Third sector organisations are increasingly being commissioned to provide services that tackle the significant inequalities that many communities face. When services are designed without an understanding of transport and barriers to access, delivery is rationed to those who are able to easily reach services, rather than those in most need. This report explores the role that community transport plays as a point of entry into a range of care pathways, in addition to its direct impact on people's health.

Context

A mapping exercise carried out in 2008 by Greater Manchester Centre for Voluntary Organisations' (GMCVO's) Health Partnership project had the unexpected outcome of exposing the significance that transport has on the work of third sector health providers and some of the obstacles that providers face in trying to fund transport.

The Transport Resource Unit undertook a small-scale qualitative research study to shed further light on some of these issues and to explore the following questions:

- What is the 'added value' that demand responsive transport, community transport and volunteer drivers provide?
- What distinguishes community transport from commercial demand-responsive transport (e.g. taxis)?
- How do transport issues impact on the work of third sector health providers and how have they tried to address some of these issues?
- How does health itself impact on the transport choices that people make?
- Can transport provision be considered a health intervention in its own right?

Findings

The study found that community transport offers other benefits than simply transporting people from door to door. The 'added value' is comprised of many different facets, from the accessibility and responsiveness of the service, to its potential to enable greater independence and social interaction for the service users, many of whom would rarely leave their house without this provision. The role of drivers is key to this 'added value' and their relationship with passengers is of mutual benefit.

We found that transport and health are inextricably linked; that poor quality of, or access to, transport can damage a person's health, while good transport can serve as a vital stepping-stone in the recovery process. When delivery agencies plan

services without taking into account transport needs, these issues are brought to the fore.

The study also found that community transport operators and third sector providers alike often struggle to demonstrate the 'added value' of transport and its impact on their service users' lives and, therefore, funding for such provision was rarely successfully obtained from health sources. Despite this, both types of organisations could clearly articulate the impact through anecdotes about service users.

To address some of the issues raised in the study we recommend that community transport operators should:

- Explore suitable ways to collect evidence about the impact of their services on the health and wellbeing of service users.
- Increase the visibility and understanding of the community transport sector to funders, third sector providers and service users.

Furthermore, we recommend that third sector providers of health and wellbeing services should:

- Evaluate the impact of transport on their services and, if appropriate, factor in this cost when designing new services and applying for funding.
- Record and address any incidences of service users reporting a difficulty accessing their services because of transport issues.
- Consider opportunities to raise the profile of the impact of transport on the lives of their services users.

And we urge public sector partners and funders to:

- Strive to make public transport more accessible for all.
- View transport as integral to the planning and delivery of health and wellbeing services and fund it accordingly.
- Actively promote information about accessible transport, ensuring that this is readily available and easy to understand.

Introduction

Transport is integral to our lives: whether it is by car, by public transport, on foot or by bicycle, we are in constant movement and the nature of this movement constitutes our lives. Losing one's mobility due to an illness or disability dramatically changes the pattern of movement with the concomitant repercussions in every area of life: shopping, socialising, work and education, access to services, etc. Even relatively small journeys become insurmountable obstacles; by making an individual reliant on someone else's help to get from A to B a loss of independence ensues, and relying on taxis can either be impossible (due to the inability to get into a normal vehicle) or render the cost of transport prohibitive. In the absence of a cost-effective transport alternative, transport issues can have a decidedly detrimental effect on an individuals' quality of life and even their long-term prospects for health and independence. It is important to keep in mind that this situation does not only affect the individual him or herself, but will also have repercussions for family, friends and carers and therefore a wider societal impact. A 2003 report by the Social Exclusion Unit¹ has also made clear that poor access to transport is both a result of and an important factor in reinforcing social exclusion, an element of which is health, therefore showing that transport is not only an issue for those affected by mobility issues.

Both community transport operators and third sector providers of health and social care services have a role to play in providing solutions to mobility problems, but often struggle to obtain adequate funding for these solutions. The aim of this report is to look at the added value that community transport services provide to their passengers' health and some of the issues that providers face when accessing funding. The idea for the work emanated from anecdotal evidence arising out of research by the GMCVO-based Health Partnership Project that suggested that the health dimension of transport is undervalued beyond transport's role in ensuring that patients attend medical appointments. For example, whilst many vulnerable service users of third sector health and social care providers experience transport issues, typically, third sector providers face obstacles in trying to fund transport due to the fact that transport itself is not considered a health intervention and therefore not eligible for health-related funding.

Research on transport and health exists, but it mainly seems to look at the detrimental effect of car traffic on public health as a result of pollution and/or accidents. Where it deals with the health of those using transport, it appears to focus predominantly on the advantages of using alternative forms of transport such as cycling and walking. Another common association of transport with the topic of health is that of looking at the problem of patients not being able to keep medical appointments due to transport problems. In his article about community transport Martin Jones observes: *'Research into the cross-sector benefits that can be associated with community transport provision is depressingly thin ... In general terms, it represents the cost to both health and social services budgets of thousands of mostly*

¹ *Making the Connections: Final Report on Transport and Social Exclusion*, Social Exclusion Unit, 2003

*older people not getting out of their homes on a regular basis ... the likely drop in general health of anyone who is unable to lead a reasonably active social life.*² A list of community transport's existing and potential impact on the government's health priorities is provided by a report by the TAS Partnership.³

After a short overview of the methodology, this report will first present the organisational perspectives of both community transport operators and third sector health and social care providers and then talk about the two groups of people that are at the heart of shaping the community transport journey: drivers and passengers. The report will conclude with recommendations.

² "A Road Less Travelled: Case Studies from Community Transport," in *Running on Empty – Transport, Social Exclusion and Environmental Justice*, Karen Lucas (ed.), Public Policy Press, Bristol, 2004, p. 142

³ *Using Community Transport to Reduce Social Exclusion – A Report to Department of Transport*, TAS Partnership, 2007, pp. 52 – 53

Methodology

The bulk of this research was carried out through semi-structured interviews with community transport operators and third sector health and social care service providers. Please refer to the table in appendix 1 for an overview of the types of organisations that were interviewed.

The interviews with the Community Transport Operators (CTOs) covered general information about the type of service delivered, impact of the service on users and how this is monitored, the funding situation and how much if any of their funding is from health-related sources. We also asked staff of community transport operators how they saw the role of the driver and how they would differentiate their service from that offered by a taxi company. In addition, the project included accompanying a driver at each of the CTOs for up to two hours, which included conversations with the driver and passengers. Whilst speaking to drivers was straightforward, users' perspectives were slightly more difficult to obtain, mainly due to communications problems. Although riding along with CTOs presented an ideal opportunity to speak to passengers, the scope of information that could be obtained in this situation was sometimes limited. Unfortunately, our efforts to arrange one-on-one interviews with a few passengers were unsuccessful.

Throughout this study, we used the following definition of community transport: *"Any transport service, which is designed, specified, controlled, or otherwise developed by the communities it serves, and which is provided on a not-for-profit basis in direct response to the identified needs of those communities."*⁴

When we refer to community transport or CTOs we understand this to include Ring and Ride, a demand-responsive transport provision, which is operated by a charity across Greater Manchester. Although we include it in our definition of community transport, we understand that this inclusion might not be so obvious to some of our readers, as, to some extent, Ring and Ride is a special case within the broader concept of community transport. A case in point is that it is fully funded by the Greater Manchester Integrated Transport Authority and, due to it having a Greater Manchester-wide remit and having been marketed as part of public transport provision, enjoys much higher visibility than its other CTO cousins. Because of these differences, Ring and Ride was referred to on many occasions during the research by the interviewees and is the only operator which is referred to by name during this report. We have tried to anonymise comments where appropriate but on several occasions Ring and Ride was talked about specifically and the comments did not apply to other organisations within the spectrum of community transport operators.

Interviews with third sector health and social care service providers covered transport problems the organisation encounters in delivering its service and how transport issues are affecting the health of service users and users' ability to access

⁴ Definition used by the Greater Manchester Community Transport Forum on their website: www.gmctof.org.uk

the organisations' services. We learned about a few ways in which organisations have tried to address these transport problems and heard of reasons why this proves impossible for some organisations.

One of the third sector health care providers convened a group of its users for a discussion about the connection between health and transport. The group comprised eight service users each of whom used different means of transport to access the organisation. The goal of this discussion group was to shed some light on how health influences the transport choices people make and what access to transport means for their general lifestyle, their health and well-being.

Community Transport Operators (CTOs)

Health impact of transport from the perspective of CTOs

The transport providers interviewed cover a wide range of trips, some of which have an obvious health dimension, whilst others might be considered to have a positive effect on well-being. Among the trip purposes the organisations cited were:⁵

- Education
- Shopping
- Health appointments
- Day care centres
- Luncheon clubs
- Visiting friends and family
- Entertainment
- Employment
- Faith related trips

All of the operators interviewed were quite conscious of the fact that their transport provision must have positive effects on passengers' health and well-being, but were less confident in their ability to measure these. The following are just a few general examples of how the operators thought their service benefits passengers' health. More detail will be provided in other sections of the report.

Perceived benefits

All of the interviewees believed that for many of their clients a regular ride with community transport is the only opportunity to leave the house and that these passengers would not be able to get out of the house at all if it were not for this service. Whilst the most obvious purpose of the trip is to get to the destination, community transport operators also acknowledge the possibility that passengers' interaction with the driver and fellow riders might be just as important. Especially for those whose opportunities for social interaction are quite limited due to mobility issues these low-key interactions can become very significant and something to look forward to. Where passengers ride together regularly, operators note that this often provides the impetus for forming friendships. One community transport operator whose demand-responsive transport service is also available to members of the community for travelling to work noted that the service provides residents of this community with access to better employment opportunities, thus improving people's self-esteem.⁶

⁵ *Making an Impact – Community Transport in Greater Manchester* notes that many CTOs did not monitor trip purposes at the time of writing. However, from the data that was available at the time, employment, education and healthcare came out as the top three trip purposes for individual travel. For group travel the top trip purpose was social and cultural, closely followed by education. pp. 14 – 16.

Clearly, getting to health appointments should have a positive impact on passengers' health, but other destinations also have a knock-on effect on health that may not be so obvious. For example, accessing a luncheon club will have a beneficial effect on health, because it provides members with a nutritious meal, but also because the meal is taken in the company of others, thus providing an opportunity for companionship. In addition, other health-promoting services may be available at the location where the luncheon club is being hosted. One interviewee cited the example of how a simple trip such as going to a supermarket could have the following positive effects on the shoppers' health:

- Access to fresh food
- Independence from friends/relatives
- Exercise by moving around in the shop
- The pleasure of making your own choice
- Interaction with driver, fellow passengers/shoppers and sales people

Measuring the impact

The community transport operators were very vocal about the potential of transport-generated or facilitated health benefits and had many anecdotes to share that would go some way to illustrate this. However, when being asked if they measure their impact in this respect, all of them acknowledged that they do not. It seemed that the fact that impact is always being referred to as having to be 'measured' appeared to discourage these organisations from taking the value of anecdotes and observations seriously. It would therefore appear that an approach that aims at capturing, rather than measuring, information about health impact might be more encouraging. Some acknowledged that it is a challenge to depart from the 'bums on seats' approach to measurement that is typical for transport providers in general. One of the obstacles quoted was the difficulty in obtaining formalised feedback from users in the form of survey responses, for example, which owes to the fact that many users are not able to correspond on their own behalf. Often the information that could be used to illustrate certain impacts only exists in people's heads. One operator noted the lack of credibility such information would have: *"How can you prove that this has actually happened, rather than someone just having made it up?"*

Community transport versus taxis: what's the added value?

Our interviews with CTOs indicated that the way transport unfolds might be as significant for people's health and well-being as the fact that they are accessing transport at all. We wanted to know from them in what respect their service differs from the commercially available form of demand responsive transport: taxis. The comparison to taxis was invited because taxis are often seen as a suitable alternative

⁶ There is plenty of evidence of the long-term adverse effect on health of unemployment; "men who were unemployed as far back as 1971 still had a higher risk of limiting long-term illness ... 20 years later," as stated in the article "When recession bites," *ESRC Society Now*, Spring 2009, p. 10

for those who do not have public transport at their disposal or cannot use it. Particularly with respect to transporting patients to health appointments, taxis are typically considered a viable alternative.

Key characteristics

The first comment tended to be about the cost of transport. Community transport offers the opportunity to ride to the same destination for a fraction of the cost and is thus a true alternative for those who cannot afford taxis. In addition, because of the lower cost per individual ride, users of community transport do not have to spend all their money on one trip, but can instead plan multiple activities for the same money. This means that they will be able to get out more often than they would if they only had taxis at their disposal.⁷

Apart from this rather obvious difference, CTOs cited other characteristics that set apart their transport from that by taxi, such as reliability, safety, accessibility, responsiveness to individual riders' needs⁸. They pointed out that some of their passengers would not be able to use taxis, because of accessibility problems. Moreover, the schedule of the operators we interviewed built in extra time for providing assistance to riders that would not be provided by taxi drivers, such as help with carrying shopping bags, help with leaving and locking the house, boarding and leaving the vehicle. How much assistance is considered part of the service varied by provider, but in any case, passengers' needs were accommodated to a higher degree than one would expect when travelling by taxi. Knowing that this commitment to accommodate their needs is part and parcel of demand-responsive community transport, passengers feel that they are in safe hands. However, as one of the operators noted, this is the element that incurs much of the extra cost but is not covered by the charge for the service.

The driver

Much of the added value provided by community transport hinges on the role of the driver. All of the operators we interviewed noted the importance of drivers having people skills and being caring individuals. All of the organisations had great confidence in the fact that their drivers were willing to go the extra mile to accommodate passengers. They described drivers as people whom the passengers have come to trust and to whom they often develop a personal relationship. This level of trust also means that carers feel more at ease to let the person they care for travel on their own, thus providing themselves with a much-needed break. Reference was also made to the role of drivers as an 'early warning system'. Because they know their passengers better than

⁷ Interestingly, *Making an Impact – Community Transport in Greater Manchester* points out that CTOs deliver their service at a cost per trip which is even lower than the benchmark figure for publicly funded Dial-a-Ride provision. p. 23

⁸ Although some of these would undoubtedly be provided by other services on a case-by-case basis it was felt that the full package of characteristics and the consistency is what sets CTOs apart from similar services.

a taxi driver would, they know what constitutes an uncharacteristic behaviour pattern and therefore can identify possible emergencies. For example, if someone who is usually very reliable does not answer their door, this sets alarm bells off immediately and the emergency contact will be rung. All the operators noted that their drivers have encountered such situations and responded to them, something one would not typically expect from a taxi driver.

Community ownership

Rather than just a service provider, most CTOs are locally accountable institutions and will have a governance structure that involves the community they serve. This increases CTOs' awareness of the needs of the local community and builds up a level of trust as they become part of the fabric of the community. Local communities trust that CTOs will go the extra mile to meet their needs, under the guidance of local trustees, local staff and local volunteers.

Outside of this particular research project one example has come to our attention where a local CTO reacted to a need in the local community by putting on free trips to local funerals, because the local church is difficult to get to. As services that are regularly being used by a community, passengers get to know the drivers and the booking staff. One operator noted that staff would check on passengers if they suspect that something is wrong: *"If a driver comes in and comments that Mrs. Clark hasn't been her usual self today, booking staff will be alarmed if she does not call to make her regular booking. They will give her a call to ask if everything is alright."*

Involving volunteer drivers goes yet a step further to create community ownership of a transport service and is something that clearly sets community transport operators apart from taxi companies.⁹ Volunteers who come from within the community that is being served typically bring with them more familiarity with the issues that community faces. For example, at an organisation that mainly serves the disabled, some volunteer drivers have experience of caring for someone with a disability and are thus more familiar with passengers' needs. In the case of the volunteer car scheme, volunteers were able to go above and beyond what any driver could do, by providing assistance with shopping, company for outings, etc.

Because these statements about the comparison between community transport and taxis come from CTOs, one might expect them to be self-serving. However, it should be noted that comments substantiating this information were made by passengers of community transport and third sector health and social care organisations. Some of the differences that were noted could also be observed when the researchers joined some community transport drivers on their journeys. Therefore, it is reasonable to believe that these differences are salient in describing the added value of community transport.

⁹ According to *Making an Impact*, p. 12, volunteer input accounts for 79% of the CTO sector's driver resources in Greater Manchester.

Funding and capacity

All of the community transport operators included in this research provided a mix of individual and group transport. Whilst the extent to which the balance tipped in favour of one or the other varied, there appeared to be a general acknowledgement that group transport is less costly per passenger and therefore more sustainable for CTOs. One organisation that currently provides predominantly individual transport spoke to us about plans to expand into group transport as a way of subsidising its individual provision. Another provider explained that demand for group transport from other third sector organisations had increased pressure on the organisation's capacity for meeting this demand, as well as meeting the demand from individuals.

Funding from health sources

Despite the fact that two of the community transport operators we interviewed specialised in providing transport for passengers with mobility issues and that the third operator counts 30% older people and those with mobility issues among its passengers, none of these organisations had had funding from the Primary Care Trust (PCT). This is despite the fact that many of their passengers use them to get to health appointments. One of these organisations had even been nominated for an award from the NHS for working in partnership, but apparently this did not have any implications for the organisation's funding. One of the operators had obtained an NHS contract for carrying renal patients to their appointments and the other two had been in unsuccessful negotiations with the PCT about similar pieces of work but none of the organisations' main transport operations are funded from health-related sources.¹⁰ Instead, they obtain funding from local councils and/or the Greater Manchester Passenger Transport Executive (GMPTA) and, in most cases, use contract income (e.g.; special educational needs transport, social services contracts) to subsidise their core operations.

According to a report produced by the Greater Manchester Community Transport Operators Forum the community transport sector generates almost three quarters of its income from contracts, fundraising and other activities.¹¹ The volunteer car scheme that was interviewed for this project is an exception to this, as it is part of the Department of Health-led Partnerships for Older People Projects (POPPS) programme and, indeed, the only POPPS project in the country to directly fund a transport scheme.

¹⁰ This is substantiated by *Using Community Transport to Reduce Social Exclusion*, The TAS Partnership, 2007, p. 65 and by *The Value of New Transport in Deprived Areas*, Karen Lucas, Sophie Tyler and Georgina Christodoulou, Joseph Rowntree Foundation, York, 2008, p. 9

¹¹ *Making and Impact – Community Transport in Greater Manchester*, on behalf of the Greater Manchester Community Transport Operators' Forum by Transport for Communities, 2008, p. 10

Emerging findings

If what has been outlined above is indicative of CTOs in general, it is clear that whilst being aware of the health impacts of their work the organisations are not in a very good position to make a case in favour of obtaining health funding for any of their provision, thus missing out on a potential funding stream for their work. At the same time, because CTOs provide services that accommodate individuals' specialist needs, which are more time-intensive, mileage charges cannot completely cover all the expenses that the operators incur, therefore necessitating other sources of funding. To some degree it is clearly possible to develop models of cross-subsidising by balancing more resource-intensive forms of transport such as individual transport and that for people with mobility problems with forms of transport that are more profitable, such as group transport and transport for young and able-bodied riders. However, doing this in a way that ensures that vulnerable individuals do not lose out might be challenging. Ways of increasing efficiency, for example by introducing computer-based booking systems, or by cutting down on the characteristics of the service that are more time-consuming may have benefits but also might compromise the personal touch that sets these providers apart from mainstream provision.

Many CTOs have chosen to bridge the funding gap by targeting contracts to cross-subsidise their work, and have been very successful in doing so. Without this entrepreneurial spirit it is likely that some operators would have already gone to the wall, with grant funding to the sector making up such a small proportion of income (in most cases). The introduction of individual budgets is likely to change the funding landscape again, perhaps in favour of CTOs, as this will give individuals the power to decide for themselves the value that they place upon the transport that they need. However CTOs may need to find better ways to quantify their impact in order to promote their services effectively to this new market.

Third sector health and social care providers

The problem of transport

Like NHS providers, third sector providers of health and social care services are confronted with the question of how patients who, by definition often have mobility restrictions, will access their service. However, unlike NHS providers, third sector organisations are not typically served by the NHS-commissioned patient transport service. Although the services of the organisations we interviewed for this project can be seen as improving health and wellbeing on various levels, attending this provision would not typically be considered a medical appointment. Therefore these organisations either have to rely on their clients to make their own arrangements or seek an organisation-wide solution to the problem, which might include purchasing a minibus or making links with a community transport provider. For this project, we interviewed one organisation that created its own transport provision, one organisation that took over an existing arrangement from a previous provider, one organisation that had not resolved its transport issue and one organisation that had made links with a community transport provider.

Due to a combination of location, and the nature of their service and clients, transport is a defining issue for the organisations we interviewed for this project. Although only one of the organisations serves clients from across Greater Manchester, all the organisations' geographical range is sufficiently large to pose the problem of transport. All of the organisations serve individuals whose condition, whether age, illness or disability, limits the choice of transport options at their disposal. In addition, the services offered are of such a nature that clients are advised to access them regularly (several times a week or even daily) in order to benefit, making the problem of access an ongoing one, rather than a one-off. This is partly the reason why taxis, apart from reasons of accessibility, were dismissed as an unaffordable option by all of those interviewed.

Impact on the organisation

As will be seen below, sorting out transport for their service users is a task that these organisations encounter, whether they openly acknowledge this by developing an organisation-wide approach to the problem or not. If the organisation as a whole does not tackle the issue in a coordinated way, it is individual staff members who, as one of them put it, "*become embroiled*" in sorting out their clients' transport issues on a case-by-case basis. In any case, resources will be devoted to this issue whether formally accounted for or not. It appears that organisations ignore transport at their peril; all of them reported suspicions 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 woes. Practically speaking, for these organisations not to provide a solution to these problems would amount to rationing their services to some extent, even if subconsciously, to those who could access them easily. The next section

will feature four case studies illustrating how the organisations that participated in this research have coped with this situation.

Transport solutions

Organisation A offers a highly specialised provision for clients from across the sub-region. Although clients are referred to the organisation by the NHS, ambulance rides are not available to them. Due to their illness, many of organisation A's clients are not allowed to drive and have difficulty using public transport. The organisation's services are geared towards assisting patients' recovery and in order to benefit fully patients should access most of these services more than once a week, making transport an ongoing problem. Whilst organisation A has not conducted research on whether transport is a barrier for those wanting to access its services, there is a strong sense that transport difficulties may play a role in a quarter of referrals not returning to the organisation after their initial appointment.

Organisation A does provide information about Ring and Ride to its clients and has received a small grant from GMPTE to train clients to use public transport on their own. However, the grant only pays for a few clients to be trained (as this is very resource-intensive), Ring and Ride is not an option for journeys that cross more than one local authority boundary and taxis are unaffordable. Therefore many of A's clients access the organisation by obtaining lifts from friends and family. Where this is not possible, staff often spends much time trying to help individuals to access the organisation on a case-by-case basis. In light of the fact that patients take part in structured activities at set times it would be conceivable to arrange transport for those attending from the same area. However, staff are so busy delivering the organisation's services that it is beyond their capacity to devote time for developing an organisation-wide transport solution without securing funding for a dedicated post first.

Organisation B provides social care to Asian senior citizens in one local authority area. At the behest of its funder it moved its services, hitherto provided from several locations within the borough, to a centralised location. Clients, who had been able to access the service on foot, now had to use other transport to get there, confronting the organisation with a transport problem for the first time. Organisation B already owned a minibus, funded by a grant from Help the Aged and used for occasional day trips, which it now decided to use to provide transport for some of the attendees of its newly centralised day centre. The organisation also asked the funder for a transport element as part of its grant. However, over time the organisation discovered that providing transport was more costly than initially expected. For example, using the minibus on a daily basis for transport to and from the centre meant that it accrued higher mileage and had to begin replacing the bus every three years in order to keep maintenance affordable. The transport element of B's grant does not cover this, as it excludes capital expenses. Instead, the organisation fundraises pro-actively within the local community, in anticipation of having to replace vehicles.

Organisation B now operates two vehicles. Its members need a door-to-door service, due to mobility issues and safety concerns associated with public transport. The organisation encourages those who can physically access public transport to do so in order to keep demand for the minibus down. Transport by minibus can be offered to roughly half of the day centre users and those with mobility issues or who have to take more than one bus to get to the centre are prioritised. The organisation estimates that half of its members would stop using the service if transport were not provided for them. Operating its own vehicles is also advantageous because it allows the organisation to use them as it sees fit and enables spontaneous trips to the park if the weather is nice, as well as emergency use. The organisation felt that demand for door-to-door transport is likely to rise, and has begun to look at ways of further augmenting its capacity, such as making an arrangement with Ring and Ride that allows B to make a group booking for all the members attending the centre on any given day. Although the centre hosts a plethora of health-promoting activities, some of which are run by the PCT, organisation B does not consider it possible to obtain PCT funding for transport.

Organisation C operates a day centre for the disabled, which it took over from the social services department. Along with taking over the centre, the organisation also adopted the transport provision through a council owned company. However, only those referred to the day centre provision by a social worker are eligible for this transport; other clients have to make their own arrangements, for example by using community transport, Ring and Ride or taxis. Most users cannot or will not use public transport, because there are not enough low-floor buses, journeys take too long and trips can become very stressful. According to organisation C, having to make their own transport arrangements is likely to prevent certain people from accessing the service, particularly because it is often difficult to make alternative arrangements during the school run.

The council-run transport provision comes at no direct cost to the organisation, although some indirect costs are incurred in terms of staff time to book and rearrange trips. Because of the significance of transport issues to the organisation's clients, C had considered to put in place its own transport provision but dismissed the idea as not feasible. Instead, it has focused on working with the council-run transport provider to improve this service by taking over the coordination of trips and raising better awareness of the needs of disabled passengers. The result is a provision that is appropriate – for those who are entitled to use it.

Organisation D provides a specialised service for those who experience language problems in the aftermath of a stroke. This service is delivered through regular meetings of those who need communication support. The focus of the meetings is to provide communication techniques, but also to support clients' overall reintegration into everyday life. This service is funded by a PCT contract and D receives 90% of its referrals to the service from the PCT's Speech and Language Therapy Department. A transport element is part of the PCT contract, because both the organisation and the PCT consider transport an integral part of the service. Moreover, some clients cannot speak at all, therefore it would be impossible for them to make their own arrangements. Organisation D arranges transport for one third of those who attend the

meetings. These clients would not be able to access the service if transport was not arranged for them. The rest make their own arrangements. Although there are no eligibility criteria for this transport provision, the organisation encourages attendees of the group to be as independent as possible.

Because the meetings cater to those within the same borough, community transport was the obvious solution for organisation D's transport needs. In addition to a contract with a CTO, the organisation also has a long-standing contract with a local taxi company, which typically picks up individuals who live in places that cannot be readily incorporated into the group journey. Whilst D noted that community transport is sympathetic to service users' needs almost by definition, D also was able to work with the taxi provider to ensure that the drivers who serve its clients are sensitised to the issues D's clients are faced with. Despite a small cost savings associated with the taxi contract, organisation D told us that community transport would always be the preferred option of providing transport to its clients, because of the merits of travelling together in a group as opposed to travelling individually.

Health impact of transport from the perspective of third sector health and social care providers

Health benefits and the social dimension

It is clear that organisations, whether officially or unofficially, go to great lengths to ensure that individuals can access their service in a way that is appropriate to their needs. As was outlined above, accessibility of these services hinges on suitable transport options being made available. Understandably, when we asked organisations about possible health implications of transport, this prompted them to reflect on the health impact of their own service and how users benefit from accessing this provision. Not having the ability to access these organisations' services would mean losing out on opportunities for better recovery and reintegration into everyday life, as well as on more basic health-promoting activities such as exercise, weight management, flu jabs, and cookery classes.

Apart from the services directly related to health offered by our study organisations, there is also a social dimension to each of the settings. Organisation A notes that participating in regular activities gives patients an opportunity to rebuild the routines of everyday life that their long-term illness has destroyed, leading to better self esteem and increased confidence. Organisation C reports that attending the centre and meeting individuals with a similar condition creates a sense of companionship and belonging, which in turn can build self-esteem. By definition, having the opportunity to interact with others who are also attending the organisations in question means that there is an opportunity to make new friends and therefore reduce isolation even beyond mere attendance of the organisation. For example, organisation B explained that attendees of its day centre have benefited from the opportunity of meeting those that they would have not met otherwise, in this case those belonging to another

religion. At the centre, friendships have been forged between Muslims and Hindus and these relationships go beyond socialising at the centre and include visiting each other's homes and families. These are examples for how individuals benefit from accessing the organisations we studied in the first place.

Benefits of transport itself were also mentioned, including how enabling a person to use transport can be a decisive step towards independence and, sometimes, recovery. Organisation A gave an example that shows how much effort can be required to make transport accessible, but also how big the payoff can be. One of organisation A's clients was unable to leave the house on his own. After receiving travel training for one year, the client was able to access the organisation's services by public transport and he is now looking at applying for a part-time job. Organisation D noted that using a form of transport is an integral first step to rehabilitation and recovery. Getting to the support meeting is the first threshold patients cross on their path towards rehabilitation and the first functional communication with the driver of the bus is their first milestone on that journey. Organisation A also noted that the opportunity to get out of the house will ease aches and pains, thus taking pressure off general practitioners in the health system.

Enabling independence through appropriate transport

All organisations noted the positive impact even a small measure of independence engendered by the availability of appropriate transport solutions can have on individuals and their families. When patients have to rely on lifts from carers to access an organisation's services, the opportunities for carers to have a break and the sense of independence patients have are limited. By contrast, if appropriate transport is available, this can greatly improve the carer-patient relationship. Organisations reported how much strain can be put on family ties when individuals all of a sudden are together around the clock in a carer-patient relationship. In this situation entrusting the care to someone else for a few hours now and then, including transport, can relieve some pressure and bring a breath of fresh air. It can improve the patient's self-esteem and spending some time apart can give them something to talk about at the end of the day, thus injecting new life into the relationship.

Organisations emphasised the importance of transport being appropriate to their clients and noted the adverse impact on health and wellbeing of transport provision that does not cater to their specific needs. Organisation B noted that the uncertainty of using public transport intimidates its members: "*On public transport you never know what will happen.*" By contrast, the organisation's own minibus represents a safe option, because passengers know the driver and know that there won't be any unpleasant surprises during the trip. As an added benefit, they can also approach the driver for help with small problems unrelated to transport. For organisation C's clients, their disability makes them less flexible than individuals without a disability, therefore placing a premium on the reliability and predictability of transport. Their schedules are planned as much as one week ahead, because they need to take into account their carers. For them, unreliable transport or the inability to book a week of trips in advance

throws off these carefully crafted plans. According to the organisation, it only takes one bad experience with transport turning up too late, too early or not at all to discourage people from using it altogether.

However, where an appropriate transport option is available, this can be a stepping stone towards increased independence for some. Organisation C gave Ring and Ride as an example of a provision that gets people out of the house, thereby encouraging them to take the first step on what can become a journey to more independence. C cited the example of a lady who increased her confidence to the point where she managed to travel abroad on her own. According to C, the experience of having arranged one's own transport successfully, for example by using demand-responsive transport, can have a confidence-boosting effect, as much as having a bad experience can have an adverse effect on people's mental health and their stress levels.

Perceptions of Community Transport

Ring and Ride

The organisations we interviewed varied in their awareness and use of community transport. The operator with the highest visibility appears to be Ring and Ride. All of the organisations have clients who book Ring and Ride individually, and some of the organisations utilise Ring and Ride to supplement their existing transport provision. Although all organisations were very positive about the difference that Ring and Ride could make to the wellbeing of their clients, several issues were raised with us concerning difficulties with booking trips, a lack of flexibility in relation to geographical boundaries and difficulties with minibuses turning up either very late or very early.

Other CTOs

Other operators seemed to be less widely known, although organisations have tried to access their provision on a case-by-case basis and, as we have seen, in one case have made links with one. The organisation that had a contract in place with a CTO has had a good experience with utilising community transport, calling it "*extremely reliable and thoughtful*." This organisation noted that the benefit is mutual: organisation D has a reliable and appropriate transport provision in place on the one hand and the CTO has a reliable source of income on the other, due to the fact that the booking is made one year in advance. Some of the other organisations that have tried to utilise provision through CTOs have encountered certain obstacles. Organisation B when approaching local CTOs to provide door-to-door transport to clients of the day centre was offered an arrangement that would have required the organisation to hire its own vehicles to the community transport operators, effectively making them part of their fleet. This was unacceptable because B was worried about the condition the bus would be returned in. Staff at organisation A trying to make a regular transport arrangement for a client with a CTO was told that they could hire a minibus, but only if the organisation could

provide a MiDAS¹² trained driver. Attempts to use other CTOs failed because of their limitation to a certain geographical area and restrictions on crossing local authority boundaries.

It does appear that links between CTOs and third sector health and social care organisations could, and should, be strengthened. As the case of organisation D shows, making successful links with community transport providers can benefit organisations and their clients alike.

Emerging findings

As we have seen third sector providers of health and social care services are affected by the transport needs of their clients. Unlike NHS providers, they are not served by the NHS-funded patient transport system but have to deal with these transport issues in other ways. Whether they put their own provision in place or whether they leave it up to their clients to sort out access arrangements, our research indicates that they will invest resources into solving their clients' transport dilemmas, in order to enable as many people as possible to benefit from their services and the associated health benefits. Although attending the organisations we interviewed would not typically be classified as a medical appointment, for their clients not accessing the services these organisations provide would mean losing out on opportunities for better recovery, as well as basic health-promoting activities. Moreover, our interviewees from third sector health and social care organisations pointed out the adverse health effect of inappropriate transport provision, as well as the positive contribution appropriate transport can make to health and regaining independence.

Only one of the organisations we interviewed was in receipt of NHS funding that included funding for transport, the rest do not receive any health funding for transport. This is despite the fact that one of the organisations receives referrals from the NHS and another regularly hosts PCT services such as flu jabs and blood pressure measurement. It appears from our interviews that transport should be factored into health and social care pathways and funded accordingly, rather than being kept aside as a separate issue. Additionally, third sector health and social care providers could benefit from boosting their awareness of the options they have at their disposal through community transport, whilst CTOs might want to consider removing some of the obstacles that currently stand in the way of cooperation.

¹² MiDAS is the Minibus Driver Awareness Scheme, organised by the Community Transport Association U.K. (CTA) which promotes a nationally recognised standard for the assessment and training of minibus drivers.

Community Transport Drivers and their Passengers

As mentioned above, the special quality of community transport hinges on the role of the driver, which is different from that of a bus driver or taxi driver. Much of the added value of community transport is reflected in the experience of both drivers and passengers. Our conversations with drivers and passengers revealed a sense of the ethos and motivations that underlie the job of a CTO driver and how this benefits both drivers and the passengers, leading to a relationship that sets community transport apart from other forms of transport. They also showed how transport issues link to health and of the significance of demand-responsive transport in people's lives.

The drivers

Relationship with passengers

CTOs described their drivers as paramount for the trust and popularity their service enjoys and had anecdotes to share about drivers 'going the extra mile' for their passengers. For example, one CTO related a situation in which a driver was just about to drop off a wheelchair-bound man at his mother's house when he discovered that the mother was not in. Because he knew that the man's sister sometimes takes care of him, he tried the sister's house, also without success. In the end, the man was kept on the bus until the situation had been resolved. One driver told us about a time when she was about to drop off a passenger for two-hours worth of shopping in town when the passenger realised that she had forgotten her purse. The driver was just about to go on her lunch break, but decided to go pick up the purse. She commented: *"She is a 90-year old woman. She needed to go to town. You don't mind going that extra mile. Passengers are so appreciative."* An organisation that regularly relies on community transport for its clients told us that the drivers *"always appear to be extremely nice people"* who are sympathetic to the needs of service users.

Motivation

It turns out that the appreciation drivers sense from their passengers is a major motivation for them in doing their job. All the drivers we interviewed pointed out that it made them feel good to feel as though they are making a difference in people's lives. One driver said: *"People depend on us. That gets you motivated."* Especially in comparison with mainstream transport, with which some of the drivers had first-hand experience from previous jobs, the person-centred approach of community transport was seen favourably. A driver who had previously worked as an ambulance driver noted that he and his colleagues at the CTO he now works for: *"see beyond numbers and journey times when it comes to doing their job properly and in a more caring way. The passenger comes first."* One driver who had been working for a CTO for twenty years

said that this job was much more enjoyable than her previous job as a bus driver, mainly because of the ability to have a chat with people at a personal level.

In fact, drivers made much of the personal touch and the ability to know just how much help someone wants. When we accompanied drivers on their journeys, the personal touch was obvious. Drivers tended to adapt their approach to each individual passenger, displaying sensitivity to different needs, physically as well as socially. For example, one of our drivers completely changed his demeanour when two middle-aged passengers came on board, compared to that displayed towards an elderly lady. He went from being very polite to a more casual joking mode. It was clear that he knew all of them. Some drivers were able to draw on their personal experience of caring for ill and/or disabled people. One volunteer driver whose wife is a wheelchair user described his approach to driving as follows: *"I imagine a glass of water and try to drive in a way that does not make the water spill over."* Getting to know the passengers personally can have advantages beyond being able to accommodate personal preferences, as one story about a passenger who had a stroke whilst on the vehicle illustrates. As it happened, because the driver knew the passenger, she was quick to spot the warning signals, realising that the woman was not her normal self, and immediately rang the emergency services. As a result, she obtained timely assistance and recovered well.

One driver at the volunteer car scheme seemed to exemplify how the driver can benefit as much as the passenger from what is a social interaction that often crosses social boundaries. For this driver, one reward for serving as a volunteer driver was the opportunity to meet people he would not meet otherwise. He perceived this as interesting and commented that driving for the scheme *"keeps me out of trouble."* He said that if he wasn't serving as a volunteer driver he would just be sitting at home and that volunteering had brought his confidence back. Although he confessed his love for driving, it is the types of passengers that he gets to drive for the volunteer car scheme that appealed to him. He said he would never consider working for a taxi company, for example. Not owning a car himself, it is only because the volunteer car scheme has a vehicle available for volunteers to drive that he was able to join the scheme as a volunteer driver. In this particular example, one could probably say that being a volunteer driver had a positive effect on the well-being of the driver as much as on that of his passengers.

Perception of the impact of the service

Some of the drivers commented on the difference a demand-responsive service like theirs makes to the passengers. One driver told us that the significance of the service for people is obvious in some cases: *"We get people whose faces light up when they see us."* According to this driver, people would be *"sadder"* if the service did not exist, because they would not get out. Another driver related the story of a passenger at a volunteer car scheme. The woman went to the local market - the first time she had left her house for two years. *"When she came back she hadn't bought anything but had just sat and watched playing children."* Whilst one tends to think about the practical implications of not getting out of the house, this example illustrates the emotional

dimension as well and gives a sense how isolated some people have been before they discovered an appropriate and affordable way of travelling. One driver commented about the value of the service as follows: *"We become their legs, so they can still carry on their normal way of life. Rather than having things delivered they prefer to pick them up by themselves, because it gives them a chance to get out."*

The passengers

The question of how to get from A to B is so essential to all dimensions of everyday life that not having access to an appropriate means of transport can turn small obstacles into insurmountable barriers. Throughout this research we have become cognisant of cases, where the answer to that question has made a decisive difference in individuals' lives. Organisation A brought an example to our attention of a client whose illness had left her dependent on a wheelchair. She had been told that in order to support fledgling signs of recovery she would need physical therapy immediately. Faced with a long waiting list for NHS treatment, she turned to organisation A. Through a long and difficult process and thanks to determination on the part of the patient access issues were finally resolved and a transport solution was found, enabling her to obtain her treatment from organisation A. She is now showing improvements and is expected to regain the ability to walk eventually. By contrast, we encountered a CTO passenger during this research who told us that she had just begun to utilise the CTO and that the inability to resolve transport issues when she was first diagnosed with her condition years ago had caused her not to seek specialist treatment at a hospital in Greater Manchester. In other words, whilst in one case, the resolution of transport issues paved the road to recovery, the absence of appropriate transport solutions formed a road block to recovery and/or improvement in the other.¹³

The impact of poor transport experiences

Inappropriateness of available transport is also an issue that can take a toll on people's well-being. Organisation C thought that having a bad transport experience has an adverse effect on its clients' mental health and stress levels and observed that transport dominates people's minds if it is not working well.¹⁴ The organisation said that the agenda of its members' committee used to be dominated by discussions of transport grievances until the organisation improved its transport provision. Participants of the focus group commented on how it had taken them a long time to develop enough confidence to use public transport and that a bad experience can be a serious setback. Organisation B commented that the unpredictability of public transport causes its clients anxiety. Direct comments from some of the passengers we

¹³ According to the Social Exclusion Unit report on transport 1.4 million people miss, turn down or choose not to seek medical help because of transport problems. p. 2. *The Role of Transport on Social Exclusion in Urban Scotland – Literature Review*, Scottish Executive Central Research Unit, Edinburgh, 2001, p. 17, references studies that have shown that women in particular are at risk of not accessing health care when faced with transport issues and likely to neglect their own health if constraints forced them to prioritise.

¹⁴ *The Role of Transport on Social Exclusion in Urban Scotland*, p. 18, notes studies that substantiate the effect of transport-related dilemmas on stress levels and the concomitant adverse health effects.

interviewed confirm that unreliable transport, such as taxis not showing up as planned, causes them anxiety and stress.

This is where demand-responsive transport provided by CTOs plays an important role. The passengers we interviewed voiced much appreciation for those characteristics that would set CTO apart from taxis, such as reliability, responsiveness to individual needs, experience with frail and disabled passengers, safety, etc. For example, one passenger who was using the CTO to do her shopping on the day we interviewed her praised the good job drivers do to provide extra help. This passenger received assistance with boarding and with leaving the van, and the driver carried her shopping bags, waiting patiently for her to unlock the front door of her house to put the bags inside. Although, as noted, all CTOs factor the extra help into their schedules, this passenger pointed out that she would appreciate if drivers had additional time in between trips to provide even more assistance. Another passenger who was using the service to go to a medical appointment also commented on the help the drivers provide, for example helping her with walking to and from the bus. When asked whether a taxi would be an alternative for her, she said that taxis are often unreliable and that this is stressful for her, as it throws all her plans into disarray. By contrast, she said that she knows that the CTO bus will turn up, even if it is running a little late, and that this gives her peace of mind.

Recognition of the added value

One passenger who took a CTO service to attend the doctor's surgery valued the fact that the driver will take her right into her house and make sure that everything is ok there. She recalled a situation where her house alarm had gone off during her absence, so the driver came in and checked all the rooms before leaving her. This is clearly a level of support that would not be available from a taxi driver other than by a stroke of luck. A passenger whom we interviewed whilst on a trip to the grocery store with the volunteer car scheme appreciated the scheme's ability to provide assistance with the shopping itself. In this case, the driver actually went into the shop with her, to help her with picking items off the shelf. This passenger emphasised that she would not be able to do the shopping completely on her own, because of her inability to bend down and reach certain products on the shelf. Whilst she realised that she could approach the shop assistants to help her out, she was clearly quite embarrassed to do this and much more at ease with the volunteer driver performing this function for her. It thus appears that the fact that drivers are sensitive to issues faced by those with mobility impairments makes those riding with them more comfortable. The carer of one of the passenger's we accompanied explained that *"it's better than getting a taxi. You're lucky if a taxi driver straps them in properly or even shows willingness, it seems too much for them."*

It is the trustworthiness of this form of transport and the knowledge that individuals' needs are catered to that lowers the threshold to using it, compared to using mainstream transport, where individuals with special needs often get second-rate treatment. Organisation D commented that especially for individuals who are rather shy and intimidated by using public transport, community transport is a good option,

because it encourages them to get out of the house. Demand-responsive transport thus enables its users to develop more independence, facilitating their participation in everyday life and relieving pressure on their families and/or carers. The other factor that has an encouraging effect is the lower cost of community transport, compared with that of taxis.¹⁵ This is particularly significant in light of recent research highlighting that one in five of over-60s 'skip meals to save money on food.'¹⁶ Most passengers we interviewed during their trip with community transport commented on the cost and how using community transport enabled them to get out more often than would be possible by taxi, thus maintaining a modicum of an active lifestyle despite their condition. Passengers appeared to use the CTOs for various purposes. For example, one passenger uses the CTO service not only for grocery shopping, but also to get to church and to an exercise class. Another passenger was adamant about preserving her independence and told us that the transport service helps her to do so.

As individuals stay more independent and thus more active, this benefits their own health, both physical and mental.¹⁷ Participants at the focus group discussed the importance of being independent and active for their health, noting that always being dependent on someone for help makes you feel "useless" and as though "you are a burden on someone else." They also noted that their physical health gets worse if they do not have the ability to leave the house.

Effect on families and carers

This research has brought to our attention several examples of the positive spin-off effects on carers when those they care for gain independence. After having accompanied a passenger on his journey from the GP surgery back home, we had the opportunity to speak to his wife. She told us that this had been the first time he had been out since suffering a stroke and that she would have had to go along with him if he had taken a taxi instead of the volunteer car scheme. But knowing that volunteer drivers give the extra care that is needed, she was able to spend the time as she pleased instead. A CTO related an anecdote about a woman who had arranged for her mother to be picked up. As the driver was about to pull away, he noticed that the woman was crying. When asking her if everything was alright, she said "*This is the first time in ten years that my mum has left the house on her own. I thought I'd never see the day.*" Organisation A made reference to the fact that many families break up under the strain of a family member being diagnosed with the severe condition that the organisation specialises in and pointed out the importance of providing routes to independence to help prevent this.¹⁸

¹⁵ *The Value of New Transport to Deprived Areas*, p. 33, gives an example illustrating the impact of cost on travel decisions.

¹⁶ *Older people skip meals to save money*, news release by Help the Aged, April 15, 2009

¹⁷ Even moderate levels of physical activity have been shown to slow mobility decline in older people according to research cited in *Active Travel and Healthy Ageing*, Active Travel Information Sheet FH08, Sustrans, August 2006, p. 2, available at www.activetravel.org.uk

¹⁸ *The Value of New Transport in Deprived Areas*, p. 38, features a case study that illustrates further the effect of independence from carers.

Social interactions

It might be hard to quantify the effect on health of getting out, but the effect on some of the passengers we spoke to seemed significant. We asked one of the passengers who used the CTO service to go out shopping with her support worker how she felt about getting out and about with the service and she said "*it cheers me up.*" A learning disabled passenger who said that she would stay at home if the CTO service did not exist gave us a broad smile and said that she likes it because she gets to meet friends and other people. Conversely, not getting out of the house was perceived as harmful by many. One passenger recalled the time when she was first diagnosed with her condition and how she became quite depressed as a result of being "*stuck in the house the whole time.*" Another interviewee, who now works for a CTO told us of her experience of sitting in the house the whole day with a small baby: "*It was mentally very difficult. You become unaccustomed to speak to people, lose your confidence.*"¹⁹

Community transport, in those situations, can be the first step before things get worse by providing a non-threatening accessible alternative to public transport. From our interviews it is clear that for many individuals, subject to or threatened by social isolation,²⁰ community transport is a lifeline, not only with regard to accessing much-needed services, but also to social interaction. Many references were made to drivers being one of the few, if not the only, individual passengers talk to. Drivers as well as CTOs commented that many of the riders seem starved for conversation, and that the conversation mostly picks up where it has been left off the last time. A passenger who went from having a full-time carer to seeing her carer once a day said that she missed the personal contact and appreciated the company of the driver and the other passengers. As one CTO noted about the relationship of drivers to passengers, "*drivers become more of a friend to them.*" We found evidence of riders developing reasonably close relationships to the CTOs and/or their drivers in question, such as certain drivers enjoying greater popularity than others with some passengers or drivers being invited to attend passengers' social occasions. One CTO told the story of a woman who called the office every Monday to tell staff that she is still alive. This lady's shopping was done by one of the CTO's admin staff.

One could say that by travelling with community transport, riders have a chance to become part of a particular community, with its concomitant positive effects on health

¹⁹ *Making the Difference – Assessing the Impact of the Life to Years Volunteers Scheme*, Jane Colling and Michael White, Stockport PCT and Stockport CVS, Stockport, 2009, p. 10 – 13, accessed at <http://www.qni.org.uk/userfiles/file/Life%20to%20Years%20Final%20Report.pdf> on June 10, 2009. This report cites a few examples of social isolation in old age and its impact on mental well-being, as well as the positive impact on mental health of getting out and interacting with individuals other than the family. *The Value of New Transport in Deprived Areas*, p. 23, also makes reference to evidence that the authors encountered about the health and social benefits of getting out of the house.

²⁰ *Taking Part: The National Survey of Culture, Leisure and Sport* indicates that those with a limiting disability or illness and those aged 65 and over had significantly lower rates of participation. *Taking Part: The National Survey of Culture, Leisure and Sport, PSA21: Indicator 6 – Provisional results from the first six months of the 2008/09 Taking Part survey*, Department for Culture, Media and Sport, Statistical Release, 9 April 2009, p. 7

and the availability of support mechanisms.²¹ This function of building social capital has been associated with public transport and other public spaces, but it would be logical to think that it is even more so with community transport, given the fact that it usually takes place at a much smaller scale and is by definition more personalised. Those who regularly find themselves riding the same bus might get the opportunity to strike up a relationship. This is most likely when a CTO provider offers group transport in the form of collecting all those going to the same location and taking them to that location together instead of individually. Organisation B, some of whose members travel together either on the organisation's own minibus or on Ring and Ride, reported that travelling to the day centre together provides an opportunity for forming friendships the same way as participating in the same exercise class at the centre would. Therefore, travelling together forms a commonality between individuals that facilitates social contact. One of the CTOs provides transport to employees of a distribution park and told us that this opportunity to socialise before work has led to the establishing of friendships, often between individuals that would normally not have met, due to age or background separating them. One example given to us was that of a friendship between a lady in her early sixties with a woman in her mid-twenties. Whenever one of them is not on the bus as expected, the other one asks about her. All the other CTOs gave examples of this and one noted that the passengers had commented positively on the ability to travel with individuals who are in a similar situation to their own. Another CTO told us that these types of transport-based relationships have led to new groups being formed, so that those who have met on the bus book it for their own group-based outings. Organisation D noted the beneficial effect of groups of clients travelling together to their meeting by community transport. According to D people frequently make friends on the bus and the camaraderie on the bus makes attending the first meeting less intimidating for some.

Health and its impact on transport choices and experience

We conducted a focus group with users of one third sector health service provider to shed more light on how health impacts the way in which individuals experience transport and the choices they have at their disposal. This revealed the crucial significance of transport for health and wellbeing and shed further light on the fact that it is not just the ability to get from A to B that matters, but also the way in which the journey unfolds. The liveliness of the discussion showed that transport was a vital issue for participants that they had a lot to say and felt quite passionate about.

Transport as key to independence

Discussions among participants suggested that all of them experienced the ability to make their own transport arrangements as empowering and noted that it had been part of their recovery process to learn how to do this. They saw transport as a key to

²¹ *Making the Case: Improving Health Through Transport*, NHS Health Development Agency, London, 2005, p. 3, makes reference to studies that have demonstrated links between strong social networks and health, as well as their role in creating support mechanisms and informal advice and care.

independence, with the concomitant effects on improved self esteem. The discussants noted the adverse effect on self esteem of having to rely on someone else all the time. As one participant put it, being dependent on someone for help or a ride all the time makes you feel "useless." For the participants the ability to get out of the house, facilitated by the ability to access transport, had generated improvements in their overall wellbeing, not only in terms of accessing the services the organisation who hosted the focus group had to offer, but also in terms of meeting other people, socialising and generally being more integrated into everyday life. Participants also noted that being more active eased discomfort and pain arising from their condition. It was fairly obvious that even participation in the focus group itself was considered a welcome opportunity for social interaction for many.

Importance of the quality of the journey itself

The effect of transport on the health of participants did not exhaust itself in the ability to get from A to B. Instead, participants were adamant about the need for transport to be accessible and appropriate and gave various examples of how stressful journeys on public transport can be, due to access issues and unpredictability. One participant who uses a wheelchair described transport as an "adventure," describing the unpredictability of disabled access as follows: *"sometimes you cannot really get away from A, but if you get to B, then will you be able to get back?"*

Whilst the issue of wheelchair access is widely acknowledged, albeit not resolved, the group comprised individuals with disabilities that are not as visible or acknowledged, for whom access needs can sometimes be complex. One participant showed us a page of notes that described every detail of the journey she makes every time she accesses the organisation that hosted the focus group. Because she has a memory problem, for her even a small element of unpredictability, such as the bus terminating at an earlier stop can wreak havoc and result in complete disorientation. Whilst not everybody in the group had to plan their journey to such a level of detail, all require more advance planning than passengers without disabilities. The unreliability and unpredictability of public transport is magnified for those with access issues, as they do not have the luxury of reacting to problems that arise on the journey spontaneously.

Many participants spoke about the anxiety and stress that is caused by the prospect of missing appointments or showing up late for work because a bus that was listed on the schedule as accessible was replaced by an inaccessible one or similar problems. One participant's comment highlights the importance of the nature of the journey: *"If I've had a rotten journey from A to B then I just want to go home again. What I'm doing at B goes out of the window."* The nature of the journey is not only determined by unexpected events, but also by features relating to safety whilst boarding the vehicle or being on it. For example, participants pointed out that having to stand during the whole journey is exhausting for them and that it can make falls more likely, if the vehicle stops abruptly. Our discussants also experience discrimination, with some situations being described as compromising someone's dignity. Some of the participants had their right to a concessionary fare questioned by bus drivers, because

they do not "*look disabled*." Others took a long time to find out that they were eligible for any type of travel support at all, due to the complexity of regulations.

Participants' comments revealed that their ability to use transport may vary from one day to another. Whilst on good days they might be able to brave the adventure of going out by public transport, on bad ones they might need door-to-door transport. Door-to-door transport might also be needed for specific situations. For example, one participant pointed out that when going to exercise she is compelled to take a taxi, because otherwise by the time she arrives at the gym, she would be too tired to exercise. Therefore, the cost of exercising to her is much higher than it would be, were she not disabled. Another participant described her situation with regard to shopping and noted that she does not have enough strength to carry her shopping.

Perceptions of community transport

Interestingly, despite describing situations where community transport would present itself as an alternative to more costly taxis, it appeared that most of the participants of this focus group were not considering this as an option. One discussant commented that he did not think Ring and Ride, which is often referred to as a metaphor for all other community transport, was for him and described all the "*hoops*" that he would have to jump through in order to use it. Another person complained that Ring and Ride was a second-class transport provision and noted that instead public transport should be more accessible and accommodate those with health problems or disabilities, rather than asking passengers to move to a different kind of provision altogether. Adamant about their independence, many of the participants appeared to see the need to book one day ahead and the fact that the ride may not take you directly to your location, but may pick up other passengers along the way as compromising their independence. It must be noted in this context that the focus group participants differ from those we interviewed on community transport in an important respect, namely that they have more choices at their disposal and in some cases expect to recover. So, whilst for them regaining their independence is associated with the ability to use public transport and, ideally, regaining the ability to drive, for others independence means the sheer ability to leave the house, which is something community transport can help them do. Nevertheless, it is worth noting that even among the focus group the types of characteristics that they often missed in their current transport mix, such as helpfulness of drivers, reliability, safety and cost-savings, are those that could be offered by community transport.

Emerging findings

The state of people's health determines the transport choices they have at their disposal. Disabled people cannot react as spontaneously to the changes in plan that using public transport sometimes requires, making their journey on public transport stressful. Nevertheless, it appears that individuals who face health problems and/or disabilities will make every effort to maintain or restore their independence as much as

possible and this appears to be reflected in the transport choices they make. Often, using public transport on their own is a milestone in their process of recovery or of coping with their condition and for some, community transport can be a stepping stone in this process.

Participants of our focus group, on the other hand, saw using community transport – for them exemplified by the Ring and Ride provision – as a loss of independence and preferred making their own arrangements. This stands in sharp contrast to those we interviewed on community transport, who saw using this type of provision as a way of maintaining their independence. Clearly, where community transport is perceived as specifically catering to the ageing and/or disabled, it is a lifeline for those who use it, but also might be avoided for that very reason by those who still have other options at their disposal, no matter how much stress this might cause them. Yet, even the individuals we spoke to who did not see themselves using community transport criticised other transport for the absence of the very features that characterises community transport: reliability, safety, sympathetic drivers, cost-effectiveness. The question is whether community transport should remain a specialist provision, only for those who are dependent on it, or whether it should branch out, as one of our interview organisations did, into more generalist provision whilst maintaining its hallmark caring quality. It should be considered whether this might be a way of improving cost-effectiveness and therefore the sustainability of such services. The second question, perhaps, is whether community transport needs to find a way of overcoming the perception that is a last resort only for those with the greatest needs.

Those who use the community transport services that we studied experience transport as a trustworthy, reliable and safe, sometimes even enjoyable experience enhanced by the personal relationship that can evolve between drivers and passengers. Drivers appear to have an important role in safeguarding their passengers' health and wellbeing, for the time of the journey, but occasionally with implications that go beyond the journey itself and affect passengers' prospects for maintaining and/or recovering their health. The extra care and attention that passengers receive in this interaction is not comparable at all to that one might receive on an average taxi ride and, indeed, community transport passengers told us that they consider making a journey by taxi as stressful and too costly. Carers have made reference to the fact that they would not be able to leave those they care for alone in a taxi, but feel comfortable to do so in a community transport situation. Community transport provision thus plays an important role in enabling individuals who cannot access public transport to maintain a somewhat active lifestyle despite their condition. It generally seems to level the playing field for those for whom accessing other forms of transport would be an intimidating prospect and could therefore be seen as preventing health problems, both mental and physical, that are associated with social isolation and lack of access to vital services. Because of community transport's close connection to a community, either of place or of interest, its riders have the chance of becoming part of a community, further increasing chances of reducing social isolation and the concomitant negative repercussions on health and well-being.

Conclusions and recommendations

Conclusions

Transport has an impact on the health and wellbeing of individuals and, equally, the health of individuals influences the transport choices they make. Yet, the health dimension of transport is underappreciated in respect of trips that are not made to attend medical appointments or for other obviously health-related purposes. The information that we have collected suggests that transport is closely interwoven with aspects of everyday life that all have a connection to health, therefore making access to transport part of prevention and rehabilitation alike - a crucial determinant of one's prospects to live as healthy and active a lifestyle as possible. In other words, even trips that do not have an explicit health purpose can have an implicit connection to health.

It is making these connections visible that we've tried to do in this report. Similarly, we feel it might help those offering transport provision, either as their main service or as part of a health and social care service, to measure their impact on the health of their service users to ensure that this dimension is not overlooked or taken for granted. Ideally, one could envisage a situation in which transport is factored into the overall cost of service provision from the beginning. As we have seen, CTOs themselves were very aware of their provision's health impact but were not in a very good position to make a case in favour of obtaining health funding, because of the difficulty of measuring their health impact. Yet, in light of demand-responsive transport being such a resource-intensive operation to fund, CTOs are very much in need of other sources of funding, including health funding. Without broadening their funding base, CTOs continue to perform a delicate balancing act, using group transport and profitable contract work to subsidise their core provision to the most vulnerable individuals in the communities that they serve. Furthermore, the lack of sustainable funding to the sector makes CTOs hesitant to market their services widely because of the pervasive fear that demand will far outstrip their capacity to supply.

Third sector health and social care providers, too, were conscious of the contribution appropriate transport made to their clients' health, but did not always feel in a good position to make a case with their funders for transport to be included. One good practice example we found during this research suggests that CTOs and third sector health and social care providers can form mutually beneficial relationships and can obtain health funding for this, if a strong case is made in favour of transport being an integral part of the service provision and/or a barrier to wider access.

Recommendations

Community transport operators should:

- Explore suitable ways to collect evidence about the impact of their services on the health and wellbeing of service users, including qualitative evidence.
- Increase the visibility and understanding of the community transport sector by:
 - a. advocating the wider impacts of the service to funders and commissioners,
 - b. working more closely with third sector providers of services and removing barriers to closer collaboration,
 - c. addressing problems with the image of certain services through targeted marketing to potential users.

Third sector providers of health and wellbeing services should:

- Evaluate the impact of transport on their services and, if appropriate, factor in this cost when designing new services and applying for funding.
- Record any incidences of service users reporting a difficulty accessing their services because of transport issues and:
 - a. work with community transport operators and other transport providers to find ways to overcome these barriers,
 - b. use this evidence to make a case for funding to support this.
- Consider opportunities to raise the profile of the impact of transport on the lives of their services users, particularly where this can increase the knowledge of barriers the may not be well recognised, such as for those with 'hidden' disabilities.

Public sector partners, funders and commissioners of services should:

- View transport as integral to the planning and delivery of health and wellbeing services and ensure it is funded accordingly.
- Strive to make public transport more accessible for all, whether through lobbying activities or the development of new initiatives.
- Actively promote information about accessible transport and travel concessions, and make this information more readily available and easier to understand.

Appendix one: overview of interviewees

Type of organisation	Type of service provided	Staff interviewed
Charity that operates the Ring and Ride service	Door-to-door demand responsive transport ²² for individuals with mobility problems. Door-to-door group transport ²³ .	Chief Executive Depot Manager 2 drivers
Community transport operator	Door-to-door demand responsive transport for members of a geographical community regardless of physical fitness and/or purpose of trip. Door-to-door group transport.	Chief Executive Office Manager
Volunteer car scheme	Door-to-door demand responsive transport for over 50s regardless of purpose of trip. Extra assistance given, such as help with shopping.	Office Manager Driver Funder
Community transport operator	Door-to-door demand responsive transport for individuals with mobility problems. Limited group transport, but planning to expand more into this area.	Chief Executive 2 drivers
Third sector health service provider	Rehabilitation services for individuals with brain and spinal injuries. Faces transport problems due to its geographical catchment area. No specific transport provision in place.	2 vocational advisors
Third sector social service provider	Day Centre and Day Care Centre for Asian senior citizens. Has its own transport provision in place.	Chief Executive
Third sector social service provider	Day Care Centre for people with disabilities. Has arrangement in place with council-run door-to-door transport provision.	Chief Executive Day Centre Manager Project Coordinator
Third sector health service provider	Rehabilitation services for people with stroke-related speech problems	Service Coordinator

²² Demand Responsive Transport (DRT) is a flexible form of travel which matches the service provided more closely to the needs of the users. In essence, the individual user will be able to call the service to pick them up from home and drop them where ever they need to be – within the limitations of the service.

²³ Group transport is the transportation of recognised groups from one location to another, such as a local scout group or individuals accessing a day centre.