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Community Transport in Northern Ireland

1 Overview

Community transport receives support to deliver transport services where mainstream services are inaccessible for reasons such as location and physical mobility. There is however, potential for community transport to do more, particularly in terms of providing home-to-school transport and transport to health related appointments.

This paper discusses:

- the development of community transport;
- the current state of the community transport sector in Northern Ireland;
- the potential for community transport to be better utilised for home-to-school, and patient transport; and
- the potential role of community transport within proposed local transport plans

2 Background

The majority of people in Northern Ireland have access to either private or public transport and therefore will have few problems accessing work; education; healthcare; and services. There is a proportion of the population that for variety of reasons do not have access to public or private transport, including::

- a) *Location: Public transport does not exist in the areas concerned, perhaps as a result of service withdrawals over time. This is generally assumed to be the case in rural areas, but it is also true of some outer suburban or inner city housing areas. Note that public transport is effectively non-existent if it is beyond walking distance of the prospective traveller.*
- b) *Time: If services do not run at times suitable for the desired activity. For example, it is unlikely to be available for leisure trips on Sundays and public holidays or for late returns home after evening activities or shift work.*
- c) *Cost: Even where available, public transport might be too expensive for people on low incomes.*
- d) *Special needs: Physical incapacity makes public transport effectively unavailable for many individuals, through their inability to walk even short distances and/or to board the vehicle. Vehicles' interior fittings and seating may be unsuitable for older persons, people with disabilities or children. Destinations might also be determined by the special needs of individuals, such as clinics or day centres, which are not necessarily well served by public transport. People with mobility restrictions ideally need a door-to-door transport service.¹*

2.1 Voluntary sector intervention

The voluntary sector has stepped up in an attempt to try and ease these problems by providing its own transport solutions; this is commonly referred to as Community Transport (CT). Effectively CT is run by local voluntary organisations to meet specific local needs:

“In almost all cases, CT services originate from the efforts of local people to do something about the outstanding transport needs of their community. In circumstances where private cars cannot be used and conventional public modes of transport are absent or unsuitable, groups of people have resorted to setting up some kind of transport operation of their own. Such ‘schemes’ are run wholly or mainly by unpaid local volunteers”.²

According to the Community Transport Association (CTA):

“Community transport services are operated by non-profit taking bodies (usually but not always charities) which are community-based. They are able to raise funds from a variety of sources, including self-generated income. Community transport operators range from small local organisations servicing a specific community to larger social enterprises delivering commercial contracts such as bus routes, education, health and

¹ Nutley, S. (2001) “Community Transport in Northern Ireland –a policy review”. *Irish Geography*, Volume 34(1), 50-68.

² Ibid

social services, which help to cross-subsidise and sustain vital community transport services".³

2.2 Towards community transport

The provision of inclusive transport services has always been the goal of the community transport movement⁴ since the first voluntary community transport scheme was set up in the United Kingdom (UK) in 1966. Since then it has grown dramatically, to the extent that, that it is now a vital component in the delivery of social welfare services.

Many of the early community transport schemes were set up on an ad hoc basis to deal with problems when and where they arose. However, it was noted that these schemes did not always reach those in real need, i.e. those people on the periphery and suffering the greatest levels of social exclusion. However, as community transport developed largely due to: increased demand for transport; a decline in conventional bus and rail services and a growth in the politicisation and recognition of problems faced by people with disabilities and older people, so too did the degree of professionalism in the way CT was managed.

2.3 The Community Transport Association

The shift towards greater professionalism within the movement was helped by the successful launch of the Community Transport Journal in 1982 which subsequently led to the formation of the Community Transport Association (CTA) in 1986. The CTA started as a national association for CT operators providing advice and guidance to its members and is now the leading UK-wide body for voluntary and community transport. In addition to its role in providing training, advice and guidance CTA acts as a lobby group campaigning for improved recognition and facilities for voluntary sector transport. Its vision is of:

"A fairer society free of social exclusion and injustice where everyone has personal choice, mobility and access to the services they require."⁵

2.3.1 State of the Sector Reports

Little was known about the true extent of the CT sector anywhere within the UK prior to the 2009 publication of the CTA England's State of the Sector Report:

"This [was] the CTA's first State of the Sector report [compiled] to enhance our understanding of the community transport sector across England. Our aim [was] that the baseline information gathered [would] enable us to

³ (CTA) Community Transport Association (2010) *The CTA Northern Ireland State of The Sector report 2010*. CTA: Belfast

⁴ Jones, M. (2004) "A road less travelled: case studies from community transport". In: Lucas, K. (ed.) *Running on Empty: Transport, social exclusion and environmental justice*. The Policy Press: Bristol

⁵ (CTA) Community Transport Association (2010) "About the CTA: delivering public benefit" CTA: Cheshire

develop a robust and comprehensive evidence base for our sector through further State of the Sector reports in future years”.

The Regional divisions of the CTA in Northern Ireland, Wales and Scotland have all now published their own State of the Sector reports while CTA England updated its publication. There is little doubt that these reports are the most comprehensive evidence base for the size and scope of the community transport sector across the UK. They also include details of:

- Financial/funding arrangements within CT;
- The characteristics of the organisations delivering CT; and
- The impact of CT on the communities it serves.

The remainder of this report will therefore draw heavily from:

- [The CTA State of the Sector Report for England 2010](#);
- [The CTA Northern Ireland State of the Sector Report for 2010](#);
- [The CTA Wales State of the Sector Report 2010](#); and
- The (DRAFT) CTA State of the Sector Report for Scotland 2012 (unpublished).

3 Community Transport in Northern Ireland: State of the Sector

CT has evolved from a community based movement to a sector which is integral to the delivery of inclusive and accessible public transport across Northern Ireland. Its role is recognised within key government policies, including:

- The Regional Transportation Strategy; and
- The Accessible Transport Strategy;

Furthermore, the Transport Act (NI) 2011 gave the Department for Regional Development statutory powers to provide financial support to the CT sector. The Transport Act provides the legislative platform to reform the way in which public transport is delivered in Northern Ireland. It is envisaged that in the coming months and years that CT will become more integrated into the wider public transport network and provide accessible transport opportunities for those unable to make use of the conventional public transport system.

3.1 Characteristics of the sector

The CTA NI has a record of 89 community transport organisations throughout Northern Ireland ranging from those whose main purpose is to provide transport services to the local community, as well as those where transport is an ancillary service to the organisation's main objectives. The types of groups include rural Community Transport partnerships, local community-based minibus operators, schools, churches, youth

clubs and community groups. 62 of these groups participated in the State of the Sector survey; therefore any figures quoted are not complete.

“CTA NI is certain that its figures under-estimate the scale of activity, particularly in relation to numbers of passenger journeys, vehicles and volunteer contribution”.

The majority of CT organisations are membership-based, and among those who responded to the CTA survey there are approximately 40,000 members of which an estimated 30,000 of these members currently use community transport services on a frequent basis. The demand for CT is highlighted by the fact that many of the organisations have a waiting list to register new passengers.

3.2 Key finding from the report

CT is used by a cross section of the community in Northern Ireland, including:

- Children and adults (95% of organisations who responded carry children);
- people on low incomes (carried by 73%);
- people with disabilities (carried by 73%); and
- older people (carried by 70%).
- Just fewer than 1,000,000 passenger trips were recorded in 2009/10. However, it should be noted that less than a third (29) of the organisations surveyed had access to this data meaning this is not representative of the true figure.
- The total fleet size across all vehicles in Northern Ireland according to the data collected is approximately 700 vehicles.
- The three most popular types of vehicle used for community transport services are accessible minibuses (9-16 seats), accessible cars/MpVs and volunteers' own cars.
- There are approximately 420 paid staff employed in the CT sector.
- 60% to 70% of operating costs relate to staffing.
- The majority of volunteers are drivers (65%), principally involved in driving minibuses. Some are volunteer car drivers.
- Almost a quarter of volunteers are members of a management committee (23%).
- only 18 (29%) organisations record how many hours their volunteers give to their respective organisations annually. However, approximately 100,000 volunteer hours were recorded by the 18 organisations.
- If this total is scaled up from 29% to 100% of respondents the total number of hours provided by volunteers would equate to over 350,000 hours.
- The total benefit to society would be approximately £2,000,000 (this valuation is based on the national minimum wage rate).

3.3 Funding arrangements

The majority CT organisations are funded through a combination of grant aid, local fundraising or donations, and direct charging. A number of statutory bodies and charitable organisations also provide funding, including:

- Department for Regional Development (DRD);
- Department for Social Development (DSD);
- Department for Health Social Services and Public Safety (DHSSPS);
- local Health Trust;
- local Strategic partnership or other EU funding;
- Local Councils;
- other NI Executive departments; and
- Big lottery or other Charity/Trust funding

3.3.1 Department for Regional Development (DRD) funding

The DRD is responsible for the planning and delivery of public transport services within Northern Ireland. It supports community transport in both rural and urban areas via its Rural Transport Fund (RTF) and The Transport Programme for People with Disabilities (TPPD).

3.3.2 The Rural Transport Fund

The RTF was set up in 1998 in recognition of the difficulties rural communities have in accessing mainstream public transport. The RTF offers support through two primary means of assistance:

- Subsidy for new rural services provided by Translink which are economically unviable but socially necessary; and
- Revenue and capital funding for Rural Community Transport Partnerships that offer a range of complementary services to the public transport network for their members.

Within the budget period up to 31 March 2015 the annual allocation to the Rural Transport Fund will be £3.75 million, split between Translink and the 19 rural community transport partnerships. This figure is subject to review annually but currently “*...the bulk of the funding [is] paid to the partnerships to provide services in their operating areas*”⁶.

The RTF also provides financial support to the Community Transport Association (CTA) which offers training, advice and information to the community transport sector.

⁶ AQW 4967/11-15 (23rd November 2011)

3.3.3 The Transport Programme for People with Disabilities (TPPD)

Since 1991 The Transport Programme for People with Disabilities (TPPD) has developed a number of specialised transport services for people with disabilities people. The Programme supports initiatives including: Door-2-Door (D2D), Easibus and Shopmobility. The D2D scheme is the only one of these where the CT sector is involved in delivery:

- D2D Transport - an urban transport service for older people and persons with disabilities. It provides a regular bus services for those who experience difficulty accessing and using mainstream public transport facilities. D2D Transport is available in 29 urban areas across Northern Ireland (having a population of 10,000 or more) and users are charged a flat fare of £1.50 per single journey to travel anywhere within their local operational area. There are almost 11,000 members at present across Northern Ireland. Services are delivered by three operators: Bridge Accessible Transport in Londonderry, Disability Action in Belfast and Chambers Coach Hire in the remaining 27 towns/cities in Northern Ireland. In the 2009 calendar year, D2D provided more than 148,000 passenger trips in Northern Ireland.
- Easibus – Revenue support is provided to Translink's Easibus services through the TPPD. These services, of which there are 10 in total, operate in Belfast. The services provide accessible local bus services mainly, but not exclusively, for mobility-impaired people who cannot avail of existing conventional services. As the availability of Door-2-Door services has increased Easibus services have been phased out with services in Bangor and L/Derry being discontinued in 2010.
- Shopmobility - This scheme lends manual and powered wheelchairs and scooters to members of the public with limited mobility to shop and use leisure and commercial facilities.

The Transport Programme for People with Disabilities (TPPD) was allocated a budget of approximately £4.6 million in the 09/10, of which around £3.1 million was spent on delivering D2D Transport services.

3.4 DHSSPS and patient transport

The Department of Health, Social Services and Public Safety (DHSSPS) has a statutory duty to provide transport to enable eligible patients and clients to access health and social care services following an assessment of need. The Northern Ireland Ambulance Service currently provides most transport for patients, while transport to facilitate access to social care services is provided mainly by the transport fleets operated by Health and Social Care Trusts (Trusts). Trusts, however, have the flexibility to commission transport services from a range of other providers including voluntary and community sector organisations.⁷

⁷ DHSSPS (2007) A Transport Strategy for Health and Social Care Services in Northern Ireland. DHSSPS: Belfast

According to the CTA the use of CT varies across trusts. This may mean that trusts are using other options open to them such as private taxis or private/voluntary ambulance services. However, it may also be the case that many patients transport needs are not being met.

Patient non-attendance at non-emergency appointments is a significant problem and one of the main reasons cited by patients for failing to attend outpatient appointments is location/transport.⁸ Indeed, Northern Ireland has the highest 'non-attendance' rates for clinical appointments in the UK. Data from DHSSPS shows that patients missed a total of 172,877 appointments during 2009/10, resulting in a 'did not attend' (DNA) rate of 10.3%.⁹ The substantial financial cost associated with missed appointments is a huge source of inefficiency. Inevitably, this also adds pressure to waiting lists, prolonging waiting times for all patients, impacting on health outcomes and increasing operational costs.

3.4.1 Potential role for CT

The relationship between Health Trusts and CT organisations varies greatly across the UK. CT organisations in the UK suggest that health related journeys account for 90% of their total service output and there is evidence to suggest that positive relationships between trusts and CT bring about a marked decrease in missed appointments.

A significant problem is funding: while NHS trusts may be very willing to refer patients to CT in order to access appointments, in the absence of funding most patients will have to pay for this service, which in turn raises the issue of affordability. This cost is exacerbated by patients also having to meet the cost of parking at hospitals as in most cases CT vehicles will wait for the patient to make the return journey.

3.5 DE and School Transport

The Department of Education has a statutory responsibility to provide home to school transport for children across Northern Ireland. Following a recent review of the procurement arrangements for school transport it was decided that other operators should be able to tender for the contracts to deliver school transport.

This has allowed community transport operated under the S10b permit to apply on the grounds of quality and value for money. Community transport's ability to deliver accessible transport in smaller vehicles provides the education sector with an opportunity to consider their provision of special education transport solutions.

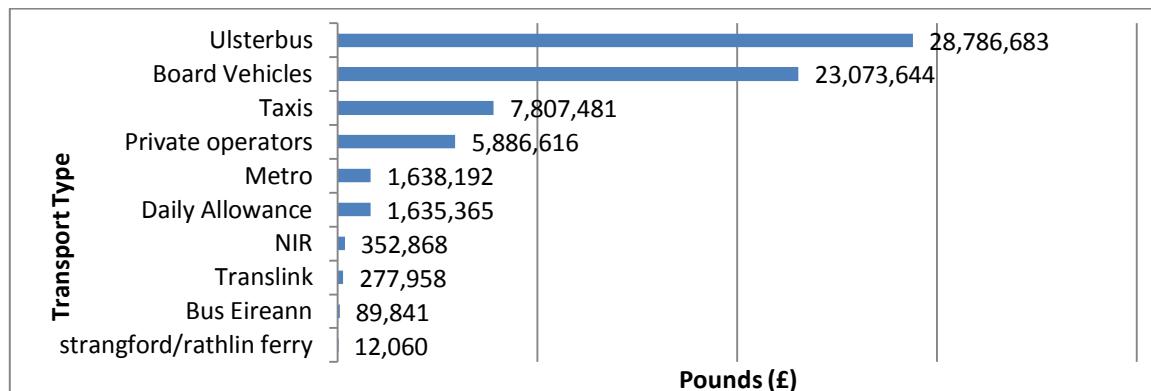
Currently the Education and Library Boards (ELBS) are spending significant sums of money on taxis, which are predominantly used to transport children with special education and mobility needs. Despite only 3% of pupils being transported by this

⁸ RalSe (2011) Costs and Efficiencies: Supporting Evidence. RalSe: Belfast [online] available from: <http://nia1.me/t8>

⁹ DHSSPS (2010) Northern Ireland Hospital Statistics: Outpatient activity 2009-10. Available online at: <http://nia1.me/t9>

mode, it accounts for the third highest cost (see table 1). ELBs are required to have regard to the interests of economy and efficiency as well as the safety of pupils¹⁰ and therefore making greater use of the CT sector has significant potential to achieve savings.

Table 1: Transport Spend by mode



4 Integrated transport

The aim of public transport reform in Northern Ireland is to create an efficient, effective and sustainable public transport service that contributes to the Executive's transportation, environmental, social inclusion and equality objectives, while supporting the development of the wider economy.

As part of public transport reform a Public Transport Agency will be formed within the Department of Regional Development. This agency will be responsible for the delivery of public transport, combining the roles of the Northern Ireland Transport holding Company (NITHC), Translink, the Department of Regional Development (DRD) and the Department of the Environment (DoE). The new departmental agency will initiate the process of developing local transport plans in line with community development policy.

The DRD emphasised the need for an independent body as an important factor in bringing together all the various stakeholders involved with public transport into a cohesive unit, to provide the best possible service. However, this would not be achievable through the existing NITHC model.

4.1 Local Transport Plans

The Public Transport Agency will coordinate with all the necessary stakeholders to develop Local Transport Plans:

"As the organisation with lead responsibility for planning public transport, the departmental agency will be required to work with other organisations, such as Road Service, operators, local councils, education authorities and

¹⁰ DE (2009) Circular: School Transport Bangor: Department of Education

local consumer and community representatives to devise and agree local transport plans. In preparing such local plans, account will need to be taken of local councils' proposed new role in relation to community planning under the Review of Public Administration".¹¹

Integrated local transport plans should be based on specific local needs. All stakeholders will be able to come together to identify what is needed and jointly plan how transport in the area should be taken forward. Schools, Health Trusts, and community transport providers should be key players in the development of these plans and they should provide a significant opportunity to achieve savings and improve services.

A recent report by the House of Commons Transport Committee has suggested that:

There is evidence of some potential [...] to reduce costs through better co-ordination, planning and delivery of different types of transport services, including public buses, community transport, education, social care and health.

The potential exists therefore for the Regional Development Committee to identify ways to ensure local transport plans are effective at coordinating transport delivery. It should examine current barriers, including regulatory or legislative barriers, and draw on any examples of good practice that may exist elsewhere.

¹¹ (DRD) Department for Regional Development (2009) 'Public Transport Reform Consultation: Detailed policy proposals' DRD: Belfast [online] available from: <http://nia1.me/td>