



# Centre for Transport Studies University College London

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## Final Report

### BEXLEY REPORT

#### A Report to MCCH on a Suitable Transport Policy for its Bexley Services

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# ***BEXLEY REPORT***

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FOR ITS BEXLEY SERVICES***

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## **INTRODUCTION**

This report presents the findings of and recommendations from the study commissioned by MCCH to advise on a comprehensive transport policy for MCCH to use in providing services in both its residential homes and day-care centres in Bexley.

It describes the current positions of transport supply for, and of transport demand by the community of people with learning difficulties in the London Borough of Bexley. It also considers the extent to which the transport supply is meeting or not meeting the transport demands and the expressed needs of the people and/or their representatives. The report considers the implications for improvement in transport provision of certain proposed actions by MCCH.

Finally, the report presents some recommendations based on a user-centred strategy to help MCCH incorporate their concept of empowering their service users through suitable transport provision.

This study has been conducted with the ethos and operational objectives of the MCCH group firmly in mind. MCCH has an objective to enhance quality of life for their service users and is very concerned with ensuring that its service users are enabled to exercise the rights and opportunities of citizenship with particular reference to freedom of choice in time and mode of travel.

MCCH holds that real improvement in services to learning disability people must include increased range and choice of people-centred opportunities that address the total needs and aspirations of service users and their carers, underpinned by values and principles of good practice. Thus MCCH desires to put back in the control of users, the lever of decision making as regards services provided to

them and intends to do this by actively eliciting user/stakeholders involvement in decision-making.

Contrary to the standard social service transport provision style, MCCH desires to create choice for service-users, feeling that people should be able to decide whether, e.g. to go by bus or train and be supported in their decision and not be constrained by the schedule of the provided transport.

The specific terms of reference for this study are

1. To examine the current demand for, and provision of, transport within MCCH's Bexley services. To assess how best these services might be reconfigured and managed, having regard to:
  - Desire to increase empowerment and choice for service users
  - Optimizing the integration of the transport management in Bexley within MCCH's organization, in the light of most efficient use of resources and practice elsewhere in MCCH
  - Desire to better integrate residential services with day services in Bexley
  - MCCH's intention to reconfigure Bexley day services
  - The move of service users towards 'supported living' as opposed to registered care
  - The objectives and concerns of all parties involved, including Bexley Social Services, Bexley Transport Services, the parents/relatives/carers of the service users and the service users themselves
  - The way vehicles are currently owned and funded
  - Efficiency and cost
2. To produce outline proposals, plans and specifications of how a reconfigured transport service would look and operate, including details of resource requirements in enough detail to allow reasonably accurate costing to be derived.

## **METHODOLOGY**

The objective of this study is to develop an appropriate transport policy for MCCH to implement in providing transport for its clients with learning disabilities in Bexley. MCCH has also requested advice on the appropriateness of a take-over of the operational management of the BTS vehicles.

To achieve these objectives, a number of exercises were conducted to determine the current levels of transport provision and transport demand, identify any gaps that exist and determine what options would best meet the needs expressed by the learning-disability clients (or their representatives).

The exercises included:

1. Interviews with staff of MCCH residential homes and day-care centres
2. Interview with present operators of BTS vehicles
3. Interview with learning-disability advocacy groups
4. Interviews with parent-carers groups
5. A travel diary survey of clients in the residential homes
6. A vehicle usage survey for home-owned vehicles

In addition, vehicle operation schedules were obtained from the BTS operators. Data and information from the interviews, surveys and schedules were analysed with a view to determining the temporal distributions of transport supply and transport demand; and the temporal and spatial match/overlap of transport supply versus transport demand. Also of interest was the determination of the travel

issues of importance to the learning-disability clients and their preferred transport options.

## **CURRENT TRANSPORT POSITION**

### ***Introduction***

The total number of learning disability service users in MCCH care provides an estimate of the demand for transport. This number is given as 149 service users for the residential homes and about 135<sup>1</sup> service users daily (on the average) for the day-centres. For the three day-centres, the number of service users currently on register is 294. (NB day-centre numbers include other service users living in their own homes and not in residential homes). Approximately 139 service users live at home with their parents.

Currently, multiple operators manage transport provision to learning-disability clients in Bexley. While some journeys are provided by Bexley Trading Services, BTS (a contractor to Bexley Council); some journeys are provided on the vehicles owned by the residential homes or by the day-centres; and some journeys are undertaken by public transport – taxis, buses and trains, and by private cars – owned by parents, carers, staff or service-users.

All service users attending the current day-services have access to transport if required to and from the day-centres. Most use the dedicated minibuses; others use public transport or taxis, while a few users are transported by their carers. Service users attending college are usually transported to the centres and then

transported on to school. Other service users participate in activities either at the day-centre or at the other activity centres. Separate vehicles are available to the day-centres for travel to the various activity centres.

### ***Transport Provision***

In considering transport provision, it is important to recognize and take account of these different viewpoints:

- Passenger-carrying capacity of vehicles, including capacity for any special equipment such as tail-lifts, wheelchair spaces, child-booster seats.
- Spatial capacity i.e. the spatial distribution of the fleet at any specific time.
- Temporal capacity i.e. when the vehicles are available.

It is insufficient to think of capacity simply in terms of vehicles: it is necessary to consider the set of supporting equipment contained in the vehicle when determining what 'capacity' really exists. A simple example is when a wheelchair user cannot be transported because either

1. There is no wheelchair accessible vehicle;
2. All the wheel chair accessible vehicles are full;
3. All the wheel chair accessible vehicles are somewhere else;
4. All the wheel chair accessible vehicles are booked for other use at the time required or
5. All the wheel chair accessible vehicles are unavailable for some reason (e.g. no driver and/or escort).

The same principle applies equally to the availability or otherwise of staff with appropriate skills including ability to use specialist equipment.

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<sup>1</sup> In Bexley, there are around 550 adults registered as having learning disability and of these, more than 300



The complexity of special needs transport is such that each of these viewpoints needs to be seen in the context of the others at all times. This is made more difficult because often needs change from one time to another in relation to both the physical and psychological dimensions. What may be suitable at one moment may not be at another (and might even make matters worse in some circumstances). Although it is possible in some cases to combine different facilities on the same vehicle, in many cases it is not possible. Therefore some level of specialization, which results in loss of fleet management flexibility, is bound to be required.

Information on transport provision was obtained from the meetings with the staff of MCCH residential homes and day-centres; the staff of the BTS operators; the parents-carers groups and the vehicle usage survey. A copy of the survey form is shown in the Appendix. The vehicle usage survey sought to know the typical (weekly) origins and destinations for the vehicles, the purpose of the trips, the times the trips start and end, the number of passengers carried for each trip and the special requirements (if any) such as tail lift, mobility aid, escort, etc needed for the trip. In terms of transport potentially available to MCCH, several vehicles and services exist and they will be reviewed here.

### **Bexley Trading Services (BTS)**

One source of vehicles available to MCCH is the fleet of vehicles operated by the Bexley Trading Services on behalf of the Bexley Council. BTS operates on Mondays to Fridays carrying service users between their homes and day-centres, and between their homes and colleges or other places as required on a regular basis. BTS has nine vehicles: three 10-seat vehicles with tail-lift and six 15-seat vehicles without tail-lift. Each vehicle makes one or two scheduled trips in morning (8.30-10.30) and afternoon (3.30-5.30). Most vehicles appear to operate below capacity, majority of the time. Slack seat capacity range from 2 - 8. The possibility

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use the current day-centre services.

of taking on more passengers per trip appears high. However, as explained above, this appearance is deceptive. The reality is that the ability to take on more passengers is actually very low.

Most of the BTS vehicles are idle between the morning and afternoon periods of activity; so in principle they might be thought to be available for MCCH-related trips. However the drivers are involved on other services using other vehicles (e.g. meals on wheels services). Thus, although the vehicles are free at these times, they are not really available unless additional drivers are provided. As the main cost associated with operating a vehicle is the crew element, this would make any trips using these vehicles at such times subject to a very high marginal cost. On the other hand, the midday down time does provide ample time for routine vehicle maintenance without impinging on the main transport service periods.

One of the major problems with managing the operation of special needs transport is that the journey origins and destinations are determined, respectively, by where the service user lives and by where the facility they need to use are located. From a purely 'transport' perspective; it would improve efficiency to duplicate facilities in each of several local centres and deliver service users to the centre nearest them. However, this is rarely successful in practice because service users could move house so that the optimum centre location shifts arbitrarily; and it can be prohibitively expensive to duplicate costly facilities and staff.

When centres are specialized so that different facilities (and staff) are made available only at different locations, there will inevitably be a large amount of travelling all over the Borough between homes and day-centres and/or other facilities, and between day-centres and other facilities. In transport terms, this creates inefficiency in resource utilization and it is no surprise to find that the BTS operators and drivers hold the view that the current spatial distribution of origins and destinations of their scheduled trips does not allow for much control and

minimization of trip times. However, it is as inefficient to have permanent facilities available at multiple sites – a facility for children with severely challenging behaviour requires both infrastructure and specially trained staff even though the actual number of such service users is quite small and could even be zero in some places at some times. The issue of duplication of transport needs to be considered along with that of duplication of care facilities and neither considered in isolation.

Another point raised by BTS operators and drivers is the delay caused by service users not being ready on time. They consider that improved client punctuality would help cut total journey times by 25%. Again, this is a valid problem in transport terms, but it must be seen in the context of the nature of the service users. It can often be difficult to handle a service user who is ready to go and waiting for a delayed vehicle. So it is possible that some carers wait till they are certain that the vehicle is going to appear within a certain time frame before they start to get the service user ready. While it is important to stress the need to reduce this source of delay; it must be conceded that it must be due to a small number of persistent offenders, since in most cases it is in the carers' interest to ensure the service user is ready on time. Thus the likelihood is that the current position is about as much as might be expected. Possibly, this problem could be resolved by calling such a carer at an appropriate time interval before the vehicle is due to arrive. The escort on the vehicle could make this call.

The interview with BTS operators and drivers also revealed that escorts have been removed from one of the 15-seat vehicles. This gives rise to situations where two vehicles have to serve the same area at the same time as a particular client may require having an escort on the vehicle while the majority of others do not. In general, it is not particularly good practice to use vehicles without escorts when they are carrying service users with special needs.

There does exist the potential of providing ad-hoc mid-day and nighttime trips in vehicle downtime, but at additional cost due to driver over-time pay (as explained above) and increased operating costs in maintenance due to increased usage, driver out-of-hours pay, increased insurance rates and costs of nighttime maintenance cover. However, the small number of vehicles with tail-lifts restricts flexibility and the capacity to cater for wheelchair users. A final point raised by BTS relates to their ability to make investments in new equipment, vehicles or operating software e.g. scheduling software, which could help with cutting trip times.

### **Day-Centres Vehicles**

The second source of vehicles potentially available to MCCH is the vehicles located at the MCCH day-centres. These vehicles are mainly used within daytime hours (Monday to Friday) to transport service users on trips from the day-centres to other centres for educational and recreational activities and back to the day centres. These vehicles also have potential for use at weekends and nighttime, but then the implications of such out-of-hours usage as discussed above also apply. There is also the potential for these vehicles to be used for home pickups/drop-offs, particularly with reference to spatial capacity – for example; the present empty runs from parking lot to/from day centre for the Smerdon vehicles could be used to transport service users living close to the parking lot.

There are three day-centres under MCCH management and they have between them a total of nine (9) vehicles distributed thus:

1. Carlton Road Resource Centre (**4 vehicles** – one 7-seater, two 10-seater and one 15-seater).
2. Ken Boyce Centre (**2 vehicles** – a 17-seater and a 15-seater with tail-lift).
3. Smerdon Resource Centre (**3 vehicles** – three 15-seaters, two of which are converted for wheelchairs).

## **Residential Homes Vehicles**

The third source of vehicles potentially available to MCCH is made up of the vehicles located at the residential homes. The vehicles based at residential homes provide an opportunity for unscheduled and more flexible journey making; and a survey (the vehicle usage survey) was undertaken to see how these vehicles were being used.

The vehicles are mainly used to transport service users on trips involving smaller numbers such as social events, church services, college, and hospital appointments. These vehicles provide the opportunity for travel at weekends and in good weather they are also used to take service users for out-door outings. The vehicles are also used to run essential house trips e.g. shopping. Occasionally trips are made solely for therapeutic purposes – there was evidence of a journey being made simply to remove a service user from a conflict situation in the home for a short period. These residential home vehicles are driven by home staff, and thus their usage is subject to the availability of such staff. In many cases, these vehicles have been bought by service users themselves, or on their behalf by the carers, parents or friends of service users (e.g. a local pub raised funds to buy a vehicle for one of the residential homes). There is an issue therefore as to exactly how available these vehicles might be considering that ownership control and willingness to release could be the main factors determining their availability in practice. This also raises questions about the need for service users, with access to home vehicles, to be transported on the scheduled minibuses. Transporting them with their home vehicles would free up more capacity on the minibuses.

The 24 residential homes under MCCH management are located at 13 sites and have between them 10 vehicles distributed thus:

1. Wadeville site (37 service users) has one 13-seater bus.
2. Bursted site (37 service users) has no vehicle.

3. Hainault (16 service users) has two minibuses – one 9-seater (no tail-lift) and one with 2-seats and 2 wheelchair spaces.
4. Lesney Park (8 service users) has one vehicle.
5. Betsham Rd (9 service users) has one 7-seater minibus.
6. Lower Stn Rd (3 service users) has no vehicle.
7. Emerton Close (12 service users) has two people carriers – 3-seats + 2 wheelchair spaces and 4-seats + 2 wheelchair spaces.
8. Fen Grove (4 service users) has one people carrier with 5-seats + 2 wheelchair spaces.
9. Dartford Rd (5 service users) has no vehicle.
10. Lion Rd (5 service users) has one 5-seater car.
11. Hoblands (17 service users) has no vehicle.
12. Brook St (a Respite Unit) has no vehicle.
13. Pengarth Rd (6 service users) has one 7-seater people carrier.

In summary, there seems to be a reasonable number of passenger spaces potentially available to MCCH, although there is considerable doubt about how this might relate to the actual demand in terms of equipment, availability and staffing. Before being able to determine if the current position might be sufficient for a future expansion in the flexibility of the service of the service provision, it is necessary to look at the nature of the travel demand.

### ***Travel Demand***

Information on travel demand and user needs was obtained from the meetings with the parents-carers groups; the advocacy group (Bexley Mencap); the staff of

MCCH residential homes and day-centres; and the travel diary survey. A copy of the survey form is shown in the Appendix.

A simple travel diary survey of service users was conducted at the residential homes, and it revealed that in addition to travel on the BTS vehicles, while there was sparse travel in some homes, there was a lot of independent travel in others using public buses, taxis and even trains. Thus, there is a great deal of discrepancy in the amount of travel undertaken by the service users. This discrepancy is very likely related to the degree to which the disability of the service user impedes his or her ability to travel independently. For the service user with more challenging needs, travel with personal support is essential and the availability or otherwise of suitable supporting people – whether their carer, an escort, or both – thus affects the amount of travel undertaken.

The travel diary survey required a record to be made of each journey undertaken by a resident, including the time the journey started and ended; the start and end points of the journey; how the journey was made; and who, if anyone, accompanied the service user on the journey. This enabled us to deduce the temporal distribution of trips. At first sight, it seems that most travel takes place in the time periods in which the various transport means are available, particularly the BTS services and the day-centre vehicles. It was not clear, however, whether this is the result of supply responding to demand, or if the demand is simply responding to the timetable of the supply. Discussions with carers, MCCH staff and BTS staff indicated that there is a latent travel demand, which would be revealed if transport were available at other times. Currently, out of hours journeys were made using mainly taxis, cars owned by staff and even sometimes on foot. On the other hand, most of the travel was associated with attendance at a day centre or other activity and thus the time of the journey is dictated by the timing and location of the activities. There is little evidence of travel that is not associated with organised activities in this way, although service users who do not live in the

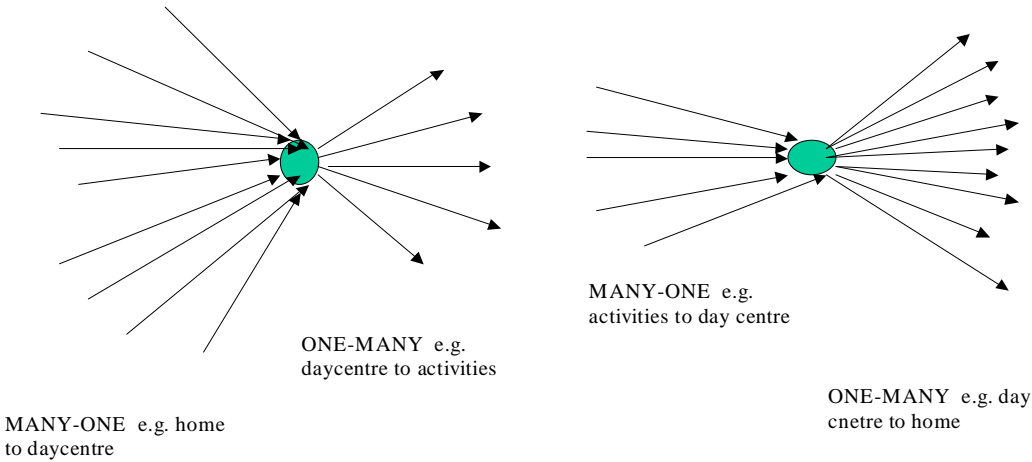
residential homes do seem to go out more than those who live in residential homes. Whether it is due to differences in the degree of their disability or to a differential availability of supported travel is not clear.

Trips are distributed spatially over a very wide area. Service users travel from all over the borough to attend the three day-centres, which are located in different parts of the Borough. While the Smerdon Day Centre is located in the North-central part of the borough, the Ken Boyce Centre is located in the East and the Carlton Day Centre is located at the extreme Southwest of the borough. As a result, travel occurs all over the Borough and often entails long distances (Bexley is the second largest Borough in London) and correspondingly long journey times. In addition, journeys from day centres to activity centres can often mean the service user changes from one bus to another as soon as they arrive at the day centre, resulting in travel becoming the single most time consuming activity of their day. In poor weather, the service users could be adversely affected. If the day centres are broken up into smaller, more specialized, centres this would tend to increase the amount of travel required and also increase the complexity of the journeys as more intricate journey patterns develop.

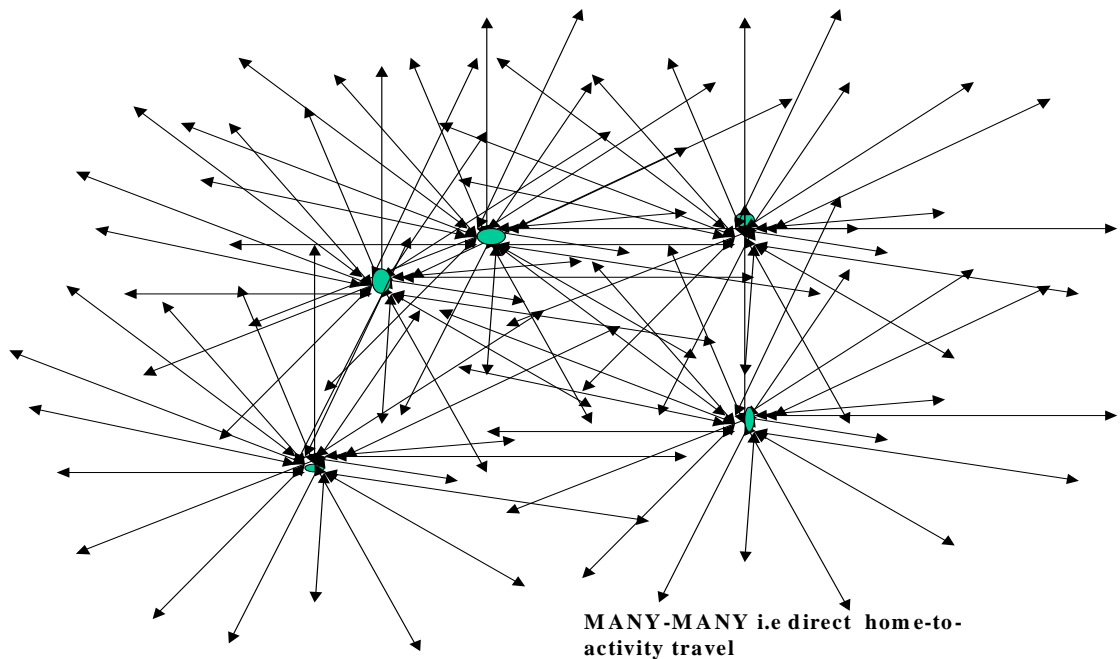
There was some evidence of perverse journeys – a service user attending an activity at a facility near their residence, being taken back to the day centre at the other end of the borough so that the normal scheduled vehicle could take them home, for example. The reason such examples exist is that the attempt to provide a responsive set of activities to the service user has to be superimposed on a scheduled rigid transport system. The underlying principle of the transport provision is a set of largely fixed routes and timetables that require people to be in a certain place at a certain time in order to use the transport. On the other hand, distributed activities imply that people will be found at many places and will require travel to many other places. Thus the demand is characterised as ‘many to many’ whereas the supply is characterised as ‘many to one’ or ‘one to many’. The



options available to a transport provider are very few and rely on aggregating passengers at central points before distributing them to their ultimate destinations.



**FIGURE 1: Schema of present trip patterns**



**FIGURE 2: Many-to-Many Schema**

This can be characterized according to Figure 1, which shows a schema for a notional day. In this scenario, the day centres act as transport hubs. The alternative of providing direct home-to-activity travel would result in Figure 1 becoming like Figure 2, which illustrates the complexity: virtually every journey is independent of every other and thus, at the extreme, would require its own vehicle. The cost implications of that approach are the main reason for aggregating trips in the transport hub model.

Another feature of the ‘transport hub’ model is that it requires intricate timing. This is made more of a problem because of the way in which the daily activities are actually providing respite care for the carers where the service user lives at home. Such carers have to plan their other activities so that they can be at home when the service user returns – reliability of the return-home time is therefore critical. Similarly the collection time is important so that the service user can feel comfortable with the consistency, and the carer can make arrangements for their

own activities (e.g. medical appointments). Thus the case for more flexible travel arrangements should consider parents/carers' availability and convenience also.

Unscheduled delays thus cause a lot of difficulties, both for the service user and the carer. It is difficult to move beyond the anecdotal account of specific instances to discover just how often this happens, but there seemed to be a sense amongst the carers that communication should be better. Some carers claimed not to have a timetable or schedule informing them about the specific times of vehicle arrivals and that the apparent one-to-two hour window for vehicle arrival was unsatisfactory. Some carers had removed themselves from the transport provision for this reason and carried their child or ward in their own vehicle. At least some part of this could be resolved by a more consistent approach to informing carers about the vehicle - a call say 15 minutes before arrival to confirm that the vehicle will be at their place soon could be a routine for the escort and a call as soon as an event occurs that might result in additional delay should be a standard routine.

Many service users become used to regular transport staff and feel uncomfortable with changes. Carers were therefore concerned that the staff should generally remain the same. It may be the case that it would be beneficial to encourage service users to be accustomed to a small group of staff rather than just one or two. Organizing transport staff in groups covering maybe two or three service patterns and interchanging regularly between them would help the transport staff, the carers and most importantly, the service users to be more confident as the inevitable temporary changes (e.g. due to sickness, holidays etc) in staffing arise.

Many of the carers felt that the large vehicles are stigmatizing, especially when labelled, and that smaller less obviously distinguishable vehicles would be preferable. Smaller vehicles (with fewer pickups) could help reduce waiting time and in-vehicle time variations. However, larger vehicles do have their advantages – when larger groups need to be carried, they are easier for adults to move

around in and to board and alight for example – so a mixed fleet would be ideal. A mixed fleet operation could also provide fixed scheduled transport and flexible transport to enable individualized variation in mode, time and direction of travel. While parents and carers recognised the advantages to service users of individual travel, they also realize that traveling in larger groups provides an opportunity for socializing with friends by service users.

One transport service operates without an escort. Although most of carers whose wards used this service were happy about it in principle, some concern was raised about what would happen in an emergency (such as vehicle breakdown, an accident or some problem with one of the passengers). It was felt that all 'bus' type operations should operate with an escort. This would also provide a means of improving communication between the vehicle and the carers, particularly vis-à-vis the progress of the vehicle on its journey. Escorts should be trained in first aid, and to implement appropriate procedures in the case of emergency (medical or otherwise) needs during a journey. Escorts are not only needed on large vehicles – one carer whose son has challenging behaviour and who drove him to the day-centre in her own vehicle acknowledged that it was becoming a problem controlling him in the car. She is, thus, seeking funding for an escort to accompany them in their own vehicle, feeling that the unreliability of the bus transport would still cause too many behavioral problems and so could not be contemplated.

Inevitably things go wrong and it was felt that there is a need for fallback plans so that trip cancellation does not occur, and that all concerned should know about any 'Plan B'. However, not every event can be forecast and planned for in this way, so it would not solve all problems. Nevertheless, the discipline of thinking through a few alternatives as part of the design of the transport provision would be beneficial.

Another concern of parents and carers was the mixing of service users with different abilities on a vehicle. The best way to solve this problem is to have close contact between parents and carers and the transport staff. The transport group suggested above could be a good way to approach this – having a direct contact between the driving/escort staff and the parents/ carers would help to resolve this much closer to the source of the problem. By the time transport management is involved, the difficulties tend to become more problematic and the easiest thing to do is nothing.

The idea of moving towards more independent travel was raised and some concerns about the practicality of achieving this, especially for service users who require 1:1 assistance. The main issue here is to decide what is meant by 'independent travel'. Independence could range from being able to travel without assistance on public transport without becoming lost at one extreme, to simply being able to express some choice over which journey to take at another. This is an issue for travel training and steps to help everyone according to their abilities could help to make traveling easier and more enjoyable for everyone.

One ongoing concern of many carers was their own health and longevity. Some of the carers are in their seventies and they have a genuine concern over what would happen as their health deteriorates and they die. One of the concerns relates to transport because of the amount they (the carers) provide, both in place of the formal provision to day centres and the like, and the informal provision they make in the evenings and weekends. This is a time bomb for all concerned with learning difficulties and transport is no exception.

Carers were concerned about the uncertainty prevailing about services – including transport – in the area. A lot of attention should be paid to ensuring that people are involved in this thinking from an early stage. This helps to avoid a lot of unnecessary worry and antagonism.

## **DISCUSSION**

Perhaps the most physical aspect of the transport system is the vehicle fleet. The first consideration to make is that of size. It is important to differentiate the stated (and registered) size of a vehicle and the number of people it can accommodate. With fit and agile, and fairly small young people, it might be possible to use all the seats if the journey is a one-to-one trip from a single origin to a single destination. However, if it is necessary for people to board and alight at different places; if people are not particularly agile; if people are relatively large; if people require assistance to reach the seat and fit their seat belts; etc, it will not be sensible to schedule the vehicle to be filled. It is a matter for management to decide exactly how to deal with this, but it is unlikely that more than 50% of the vehicle should be occupied on journeys where passengers are joining or leaving the vehicle along the route, or 70% on a single origin to single destination journey.

It is important to provide flexibility in vehicles. Specifying vehicles with moveable seats allows the configuration to be changed to suit circumstances (although this would have to be done at the depot, not on route). Vehicles should also be specified with wheelchair access. There is an ongoing debate about the need for tail lifts as opposed to low floor vehicles. It is important to be objective about this. Tail lifts are well established as a means of providing access to high-floor vehicles and thus have the advantage of being commonly used. On the other hand, they constitute another piece of technology that could go wrong; they are sometimes thought to be stigmatizing and some service users feel unsafe when using them.

Low floor vehicles are newer and thus less common. They also have an associated technology (the lowering suspension system) that could go wrong. They require (in most cases) a ramp (which could be manual or powered) for

access by wheelchair users. However, wheelchair users can often use them 'unaided' and the low entry with no steps apart from the initial one to the floor of the vehicle makes entry a lot easier for all users. The wide door means that it is easy for people to assist others onto the vehicle if necessary. The low floor also means that headroom is invariably much better than on conventional vehicles and they tend to feel spacious (of course this depends on the actual design of the vehicle). Generally passengers seem to prefer them. These vehicles tend to cost more than a conventional minibus plus tail-lift combination, but the more general benefits are worth thinking about. In both types of vehicles, air conditioning should be provided, and semi-transparent blinds should also be provided for use on hot days.

Vehicles should be crewed with a driver and an escort. It may not always be known if a vehicle will have to collect a service user who needs an escort; it is impossible to know if an incident will occur which would mean that the driver has to leave the vehicle e.g. to be engaged in a roadside repair (even changing a wheel would leave the service users otherwise unattended); and it is impossible to know before hand if one of passengers would have an epileptic fit, a nose bleed, an argument with another passenger or some other distraction. The rule should be very simple: the driver is employed to drive the vehicle and this should be their sole responsibility. They should not have to be involved in boarding or setting down passengers. Of course both drivers and escorts must create an appropriate atmosphere within the vehicle so that service users are not in a condition where their stress levels are raised. Dealing with passengers with heightened stress levels or those with the likelihood of reacting stressfully to common situations should be part of the driver and escort training programmes. Both driver and escort should be fully trained for their jobs using accredited methods such as MiDAs or PATS (Passenger Assistant Training Scheme) – both available from the Community Transport Association.

However flexible the transport provision may be, the impacts on the quality of life of the service users arising from the rigours of the scheduled journey to and from a day centre are unlikely to be avoided. If the overall aim is to maintain or improve the quality of life of the service users, then due concern has to be given to ensuring that the journey – however it is provided – is an appropriate experience. This experience could be different for each service user. One may feel comfortable using a public transport service; another may feel they need to be accompanied in a dedicated shared minibus service. There is no general rule about this: the correct choice depends on the service user's needs.

For a scheduled service, it is essential that everyone knows the schedule and that journeys do not attempt to pick up too many people. The reliability of the actual performance depends both on the traffic conditions and the reliability of the carers and service users to be ready on time. On pick-up journeys, the escort should call carers to alert them say 15 minutes before they expect to arrive at the agreed pickup point. Such a time period could be agreed upon and set as part of the timetable. This enables the carer to ensure the service user would be ready or to alert the escort that there is a problem. This helps to reduce stress in the service user by avoiding the situation where they are ready to travel but the vehicle does not appear when expected.

In terms of the return journey, a call could be made to the carer to advise the expected arrival time. This could confirm arrival, but would also alert the escort if there is some problem – e.g. the carer has been delayed – which might require action in the vehicle. It would also be sensible to devise a fallback plan where a service user who could not be set down (e.g. because their carer has been delayed) could be taken to a known destination with which they are familiar. Such 'safe houses' might be one of the centres or possibly one of the residential homes where staff are available to perform the 'looking after' function until the carer is able to collect their ward. Having a procedure for this would enable the



driver/escort to continue their journey when a service user cannot be set down without further disrupting the journeys of the other service users on the vehicle. However, there needs to be a process in place to ensure that the service users are familiar with the safe houses and their staff so that they are not worried any more than necessary by finding themselves being taken there.

Staffing is important, as unmet transport needs seem to be influenced mainly by the non-availability of personnel (drivers, escorts or care staff). With an appropriate number of suitably trained care staff, service users in residential homes could enjoy increased flexibility in travel. This might reduce the need for mass movement to the day-centres, but more particularly, it would enable more evening trips, and trips for weekend activities could become more available. Service users in residential homes would begin to experience the same levels of empowerment and choice as some of their friends who live at home. This raises an important point about the characteristics and qualities of the staff employed in residential homes. It appears that there may be a case for care-staff employed specifically with a job specification including driving as well as providing care service in non-driving time. Some care-staff expressed concerns over the local day-to-day management of the vehicles based at the residential homes. These issues relate to matters such as responsibility for daily maintenance of the vehicle (e.g. oil, water and tyres checks). They were also concerned about the reduced time they would spend with service users if they were employed on a lot of driving duties. Their concerns about dual responsibility for driving and caring at the same time have been reflected upon above.

A number of people raised the desire to have smaller vehicles. This point was mentioned, generally, above in the section on vehicle size. Smaller vehicles (e.g. 7-seat 'people carriers') have a number of advantages over larger vehicles, particularly when used on one-to-one journeys. The biggest advantage is that they would not require a special driving licence as they would not need to be registered

as a passenger carrying vehicle under the Public Service Vehicles Act 1981. However, their capacity will be small – given the comments above, such vehicles might only be able to accommodate 3 or 4 passengers including a wheelchair. They are less stigmatizing than the larger vehicles and the licensing arrangements mean that, under appropriate conditions, they might be suitable for carers to borrow or be involved in driving them for some journeys. The smaller vehicles would seem to go hand-in-hand with the general move towards increasing empowerment and choice, but the more imaginative and less dense seating arrangements in physically larger vehicles might be a reasonable place to start investigating the possibilities. It should be noted that a notional 17-seat minibus, if it were initially registered with only seven seats would not be regarded as a public service vehicle – thus the licensing requirements for drivers would be less stringent.

There might be scope for greater sharing of resources, or at least for better coordination of their use. However, if this is to retain temporal and spatial flexibility, it would be necessary to put some form of coordination scheme in place. Coordination works on the principle that a central point has detailed knowledge of all service users and all vehicles. When a service user needs to make a trip, they contact the coordination centre, which allocates a vehicle/driver/escort, with the appropriate facilities on board, for the journey. In doing so, the coordination centre will be aware of any possible current journeys that might be merged and would seek to combine trips where this is feasible and desirable. The range of transport resource available to the coordination centre could include not only ‘official’ vehicles owned by or contracted to MCCH, but also suitably qualified contractors who are prepared to sign up for the appropriate training, police checks, quality performance standards, etc required in order to undertake such work. A scheme along these lines works elsewhere in London and it would be worth seeing how this works in practice, for even though the actual circumstances are very different from those in Bexley, the principles involved are worthy of thought. A copy of the

service specification on which the transport contracts were tendered and let is provided in the Appendix.

There are however, issues that could act as constraints to the potentials of transport resource sharing, which need to be addressed. In some homes with severely challenged service users, it could be essential that the vehicle based at the residence should be kept on standby in case there is a sudden urgent need to take a resident out of the home environment, for example to defuse a potentially violent situation. At present, there appears from the data to be only one such home amongst the MCCH homes, but that situation could change and the availability of potential resources could alter as the situation alters. There could also be issues of vehicle sharing that might impinge on the legal status of the vehicle, but as long as fares are not charged, this should not be a problem. As mentioned previously in the section on Transport Provision, issues of vehicle ownership, control and release willingness could be such constraints that, some vehicles, such as those owned by service users in residential homes, would be unavailable for resource sharing. However, if those service users with access to such vehicles were taken off the itinerary of other vehicles, then more capacity would be created in those resources.

With respect to reconfiguring the day centre services by providing smaller, more spatially distributed centres, the implications for increased travel needs and a diffused directional trip patterns have been discussed above. But, considering the MCCH-Bexley expectation to resolve this by reducing drastically or putting an end to the present mass travel by buses and encouraging independent individual travel to and from the day centres, some further discourse has to be provided here. Primarily, there are lots of implications and requirements for such a change in the transport provision for the service users in Bexley. Some of these issues impinge on political decisions and thus are strictly beyond the scope of this study. However, it has to be said that there would be major implications for travel training

for the service users and funding provision both for travel costs and travel support costs. The reliance on public transport to cater for the travel needs of MCCH service users would depend on acceptance and understanding from the local community, including the public transport operators. There may also be a need to influence changes to the public transport network and infrastructure to ensure the provision of routes and facilities to meet the travel patterns and needs of the service users – a potential new user group. However, there would still be some service users with extremely challenging behaviour and needs that public transport would not be able to cater for, For such users, some sort of transport provision would still be needed. Thus transport provision costs may not necessarily be defrayed by a move to independent travel.

The view could be taken that service users and their carers should be weaned off transport services between home and facility. The argument for doing this is that successful use of travel training, journey learning and carer-based supervision is a user-empowering way to move towards independent living. However, this must be seen first in the context of the ability of the service providers to provide a fully flexible service, which can truly reflect each individual's preferred schedule, and the fact that one of the functions of the day-care services is to provide respite for the carers who take on the care burden for the rest of the day. MCCH needs to come to a strategic decision with carers about what the care service provision should be, and then, after that, begin to think about the consequent transport needs. It would be premature to attempt to estimate the transport effects of such changes before these are more clearly formulated than they are at present.

To remove the present scheduled transport services between home and service delivery facility would require a long-term programme of efforts to convince carers and users that they would all be significantly better off under such a regime. Carers, at least, would be highly sceptical of such a proposal in the first instance, and MCCH would need to plan for a sustained effort over the medium to long term

before it would be likely to be accepted. In addition, intense political lobbying may be required to effect such a change from the present method of transport provision – a state of affairs apparently preferred by the carers who make up part of the electorate. The futuristic tendency for such a change occurring, suggests that current efforts should be concentrated on best management of the present scenario.

## **COST ISSUES**

Given the nature of this type of transport operation, the likelihood of making huge financial savings is slim. Though it could well be the case that some thoughts need to be given to how the resources could be utilized to greater gain. Even though transport is not the main objective of the MCCH operation – which is to provide appropriate facilities and services to service users and respite to carers – transport does enable the achievement of the main objectives and so it can, if not approached sensitively, provide an adverse environment. Transport provision must reflect the needs of service users in relation to the activities at either end of the journey and in terms of their care and protection while on the journey itself.

Increased flexibility in service provision tends to increase transport costs as well as increasing the opportunities available to service users. If benefits from more flexible service provision are not evident, the increased transport costs are not justified. The increases in costs arising from better escort provision and training will be compensated by improved services and relations with carers and thus in better and lower cost solutions when problems arise – as they inevitably will.

The option of taking over transport operations and placing it directly under the control and management of MCCH cannot be recommended at this stage. This is

because transport operations are so intense and demanding that they could easily displace in importance the mainstream activities of MCCH. Also, the pressures and requirements of providing quality transport service could become so overwhelming that in the absence of a contractual, and thus financial, demand and control (as would be required of a contractor by MCCH), MCCH, being unable to monitor its services independently, could begin to slip up on quality transport provision.

The best way to maximize use of transport resources is through dynamic management and planning with full knowledge of the needs of all users and quasi-real time knowledge of the whereabouts of vehicles and users such as can be provided in a transport coordination centre. Better communications between vehicles and carers, and between them and the coordination centre would also help to avoid, allay and resolve problems. If the intention is to move towards multi-centre, many-to-many operations, some form of transport coordination will inevitably be required in order to manage costs and ensure a satisfactory service for users. It may well be easier – and more sensible – to build up the coordination centre in advance of the other changes in order to provide sufficient capacity in terms of expertise and skill in the coordination activity.

It must be said here that a transport coordination centre operation does not require full ownership of and/or control over the transport resources. All that is essential is some form of contractual relationship between the owners/operators of the transport resources and the coordination centre. Also, flexibility of transport operations, without the colossal costs of a large vehicular fleet/crew acquisition and management, and vehicle scheduling software costs, is really only possible within the framework of a transport coordination centre.

A transport coordination centre would have knowledge of the transport needs of service users – in terms of when they need to travel, where their origins and

destinations are and any travel aids they require. The centre would know which service users have or do not have access to a vehicle already and whenever a fallback plan has to be implemented for any service user. The centre would also have access to a database with information on the availability of all the transport resources register with the centre whether fulltime or on a hire-request basis. Without owning or controlling directly any vehicle, and based on the contractual relationships, the coordination centre would be able to arrange for provision of transport for any service user(s) requiring it so long as there is sufficient notice (as agreed upon) to contact the transport provider. Being independent, the centre would be in a position to be an impartial assessor of the quality of transport service provided by any operator and thus the coordination centre could also monitor transport service quality. The transport resource could be obtained from both the public and private sectors. The transport coordination service specification document in the Appendix provides a detailed description of the activities of a transport coordination centre.

There is some mileage in generating spare capacity in the private sector to enable the coordination centre to have access to more resources on a short-term, short-notice basis – especially for ad hoc trips. But this can only be done if there is in place a rigorous service specification, which includes all aspects of quality, safety and qualification, and a robust system to ensure that this is enforced.

It is unlikely that the ‘mass-transit’ type of service currently offered by BTS could be scrapped. The movement of many service users at the same times in the mornings and afternoons is the backbone of the notion of respite for carers, who are looking for such a schedule. Simply changing the vehicle fleet would do little to reduce costs and could easily increase them if smaller vehicles were used exclusively. Nevertheless, there is a strong case for rethinking the route and scheduling strategy so that unreliability could be reduced and use of vehicles and crew improved as a result. Agreeing a service specification with the provider of

these 'mainstream' services would enable costs to be controlled better and quality to be assured.

In regard to BTS, it is unlikely that there is a meaningful competitor in the market who could take over this service in the immediate future. However, the opportunity should be taken as urgently as possible to test the current service price in the market. The contract should be put out to open tender against a robust specification of service quality and provision, which reflects issues raised in this document including escort provision, maximum vehicle occupancy and equipment provision. MCCH would then have a market-tested estimate of what its transport provision would cost. In addition, a well-specified contract could attract and generate strong competitors to tender for the service operation.

The contract should be for a substantial period. A ten-year contract with a five-year break point and an annual performance review (possibly with a penalties for underachievement and/or rewards for agreed service improvements) would enable the contractor to invest in vehicles, defraying the costs over the life of the vehicle. By using the break point as an opportunity to (i) close off a badly performing contractor; (ii) put in place an extension beyond the ten-year endpoint; and/or (iii) review the performance specification, it should be possible to enable the contractor to make sensible investment decisions about their resources and to ensure that quality is maintained. The reason for the 10-year rolling horizon is that the useful life of small vehicles is about 7 years. By having a ten-year initial contract, it is worth the contractor investing in appropriate vehicles. The five-year break point provides the opportunity to increase the horizon to ten years, two years before the end of the economic life of the vehicles, thus permitting them to make decisions about vehicle replacement/renewal in good time. The vehicle fleet is thus maintained in good order and up-to-date.



The coordination centre need not be a complex organization, however, some thought should be given to where in the system it should be located. One possibility is that it is a part of the management team of the contractor, and thus would be incorporated in their price. This would be convenient for MCCH because it would mean only one contractor and one payment stream. However, the coordination centre could not then supervise the performance of the contract – particularly important in relation to performance and quality – so MCCH would need to maintain that role. Also, this would mean a major upheaval, if and when, there is a need to change the contractor. The experience garnered with respect to matching service user needs and transport provision and knowledge of and established contacts with suitable transport providers would be lost.

A second possibility is to contract out the coordination centre either as a separate entity in its own right or acting as an agent of MCCH. In either case, the centre could act to let the transport contracts including long-term and adhoc contracts, and would act as an independent supervisor of performance. However, this would be with a different contractual arrangement with MCCH, although it would mean that MCCH would be employing transport expertise to monitor and supervise the transport contractor(s) through a contracted organization, rather than in-house.

A third possibility is for MCCH to act as the coordination centre. This would most certainly entail employing transport expertise in MCCH for the purpose as otherwise it would be difficult to maintain adequate supervision and enforcement of the transport contract(s) without the requisite knowledge. However, if MCCH chose this approach, the expertise could be made available to other areas of MCCH's operations, thus defraying the costs. This benefit could also apply to the second option above.

Of the three options, the first provides the easiest solution for MCCH, but also places MCCH at the highest risk as the means for supervising contract

performance is either made part of the contract agreement or has to be maintained within MCCH. The second option would be most complicated, but leaves MCCH free of needing extensive in-house transport expertise. The third option means more in-house involvement in day-to-day operation and supervision (though not the actual management of vehicles or drivers). However, there might be an opportunity for MCCH to use the expertise in other parts of its operation. MCCH needs to decide this issue, whatever it decides to do about the transport services it uses to support its other services.

## **RECOMMENDATIONS**

1. Service users must be involved closely in any consideration of future transport provision. Transport, though not an end in itself, is the means by which MCCH's other services can be delivered. The philosophy that applies to MCCH mainstream services therefore has to apply to the provision of transport services. The main effect of this relates to empowerment and choice for service users.
2. The availability of transport should be increased, particularly in relation to evening and weekend travel needs. This will almost certainly require some system of making best use of existing vehicles with an element of adhoc hiring when existing vehicles are not available.
3. The main Monday – Friday transport provision should be put out to tender to obtain an appropriate market price. However, the tenders should be based on a detailed and rigorous specification of quality and should be let for a rolling ten-year horizon, with a roll-forward break point after five years to enable contractors to make longer term plans for investments and improvements.
4. A coordination system should be put in place to enable best use to be made of all transport available to MCCH. This could be in-house within MCCH or let as

a tendered contract. We would not recommend placing the contract for coordination with the entity which provides the main transport service.

5. All mainstream transport provision should operate with a driver and escort. The escort should be provided with a mobile phone, first aid and passenger assistance training. The driver should be MiDAS trained and all crew should have first aid training.
6. Mainstream services should have reasonable schedules and should advise carers at a time to be agreed before the expected arrival of the vehicle at the pick-up point.
7. Vehicles should not be operated at more than an agreed proportion of its notional capacity.
8. Thought should be given to the possibility of training care staff for occasional driving duties. Responsibility should be conferred formally on named individuals for the daily vehicle checks on vehicles based at residential homes. However it should be acknowledged that the care staff's *raison d'être* is usually to provide care, so combining care and driving duties should be minimized.
9. Some thought should also be given to the selection of vehicle types. Low floor vehicles are more in keeping with modern approaches and forthcoming legislature will mean that such vehicles will be the norm in due course. There may be a case for some specialized vehicles (e.g. crew-cab pickups for gardening projects). All vehicles should be wheelchair accessible and carry (or be able to carry) equipment such as booster seats, spill kits and so on. Crew should be trained in the use of all equipment on each vehicle.
10. Pressure should be brought to bear on the London Borough of Bexley to arrange to permit MCCH mainstream vehicles to use bus lanes. This would help reliability performance.

In summary, in the short-term, it would be advisable for MCCH to improve on the present transport provision by pushing for a more market-based and competitive pricing of the services, and by increasing quality through a re-specification of the

terms of the transport contract. In the short-to-medium term, MCCH should, in collaboration (i.e. agreement) with carers and representatives of service users, decide on the fundamental issues of their core care services especially with regards to small-and-many versus big-and-few day-centres and scheduled timetabled daily activities versus flexible scheduling of activities, and then begin to plan and prepare for a longer-term transformation of the care services and the consequent transport services. It is expected that a five-year timescale would be adequate time to complete the processes of consultation and planning necessary to achieve these adjustments prior to moving into whatever system is settled upon by both MCCH and the carers.

# APPENDIX