COMMUNITY TRANSPORT INQUIRY
CARE LOCHABER
WRITTEN SUBMISSION

Care Lochaber is a Scottish charity established in 1997. We enable residents in Lochaber who are older, experience ill health, have mobility difficulties or feel isolated to maintain their independence, safety, health and wellbeing. We particularly help those without extended family support and it is important to us to fill the gaps where no other services exist.

Since 2000 our Community Car Scheme, using volunteer drivers and their own cars, has provided clients with access to appointments, social and community events. Last year 45 volunteers gave 4000 hours of service to take 250 clients on over 3500 journeys covering 60,000 miles. Many of the 20,000 Lochaber residents live in very isolated communities with some villages being 50 miles from the nearest supermarket. Public transport can be infrequent and, on some days, non-existent. A flexible, sympathetic, door-to-door service is crucial for many of our clients.

The major issues facing us are:

Responding to the demand for our services

We have experienced a 30% increase in demand for journeys during the last 12 months. Any changes to public transport arrangements are likely to have a direct and immediate impact on demand for our services as clients see us as approachable and willing to solve individual travel needs rather than merely providing a set service. This is best demonstrated through an example of a new client. Mrs A lives 17 miles from the town of Fort William on a narrow road five miles off the main 'A' road. Her nearest neighbour is 300 metres away. She has no sight in one eye and deteriorating sight in the other. She has arthritis and walks painfully with a stick. She requires surgery on her hand. She is in her 80s with no family living nearby. Until recently she has been able to get the small bus to take her the 7 miles to the passenger ferry which will then take her across the loch into Fort William to the shops. However, she is unable to accomplish her shopping in time to get the ferry back. If she did get to the other side of the loch and missed the bus, she could not walk the 7 miles back and with very few houses along the road, she would be completed isolated. She does not go into town anymore. She can’t cook for herself now as she is not safe in the kitchen and lives on supermarket ready meals which are placed in the microwave. We have been able to revolutionise her life. She can still get the bus and ferry into town knowing that a volunteer driver will pick her up and take her home. (She was very keen to continue to use the bus just in case it got taken off.) She can now attend the lunch club (16 miles away) and eat a nutritious home-cooked meal in the company of her peers twice a week. She can even book a hair appointment which will considerably improve her feeling of wellbeing. This is
only one example. We have many, many more. A car scheme is the best solution to this problem.

**Strategic planning linked to organisational development**

We receive a grant from Highland Council to cover 70% of the cost of the car scheme. We have to raise the rest of the funds required through fares and our own fundraising. The Highland Council are not in a position to guarantee funding beyond twelve months at present which means that, despite having many opportunities to raise top-up funding for a three-year period, we are unable to apply for this as other funders require security. Therefore, every year we have to write funding bids to raise the top-up funding required. Charitable fundraising usually requires that you write more bids than you need to take into account a percentage of bids which are rejected owing to oversubscribed funding programmes. This time-consuming activity could be reduced if longer-term funding was available and the available staff time spent on recruiting new volunteers to meet the increasing demand.

**Volunteers are seen as a cheap solution**

We pay volunteers 42p per mile to cover the costs of their vehicles. This is below the 45p per mile rate generally used by most employers and the rate accepted by HM Revenue and Customs as having no taxable benefit but we cannot afford more. In order to resource 3500 journeys a year, employed staff are needed not only to book journeys, allocate drivers and deal with data for monitoring purposes but also to recruit, get disclosed, train and support those volunteers so that we can deliver a quality service. Our volunteers are not a clearly-defined staffing resource available consistently. They are individuals with many priorities in their lives and so are not always able to respond positively to a request for a journey. Finding drivers to resource journeys can be a time-consuming task and a logistical challenge. We consider ourselves to be cost-effective but we do require adequate levels of financial resources to run our service.

**The need for an integrated transport solution**

We receive requests from our clients to do journeys to hospital but we are not funded to do these journeys. These are usually where clients do not qualify for patient transport even though they have no way of getting to hospital either because public transport does not provide for their needs or they cannot afford a taxi. We have no way of accessing any spare capacity on patient transport services once priority cases have been accommodated. This results in missed appointments and clients not getting access the medical help when needed. This not only affects their physical health but their emotional wellbeing too.

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19 April 2013