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**CHANNEL CORRIDOR COMMUNITY TRANSPORT STUDY –
FINAL REPORT**

Version: Final

by A Davies, C Burke, K Townley and S Reid

Prepared for:

Client: Maidstone Borough Council (Mr David Terry)

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Executive summary

TRL Limited was commissioned by Maidstone Borough Council, on behalf of the Channel Corridor Partnership, to undertake a Community Transport Review and Feasibility Study with the aim of identifying and examining gaps in public transport and community transport provision in rural and disadvantaged areas.

Upon identification of these gaps, the aim is:

‘To promote social inclusion of rural people and those disadvantaged by exclusion from conventional private and public transport services by enhancing transport services and securing a long term improvement in the accessibility of rural and disadvantaged people to jobs, services and social activities’.

The study explored the context and background of the Channel Corridor Region, examining the community strategies for the three boroughs of Maidstone, Ashford and Shepway, the SEERA Social Inclusion report, Kent County Council’s provisional Local Transport Plan and the Accessibility Strategy for Kent. These documents identified various access and transport issues and helped to set the scene for the rest of the study.

Demographic information was mapped displaying the distribution of disadvantaged groups in the region and this was compared to the accessibility of Public Transport and Community Transport. Concentrations of people from disadvantaged groups were generally clustered around the urban centres of Maidstone, Ashford and Folkestone. Clusters of older people and disabled people were identified along the coastal areas in Shepway and these areas also lacked access to community and public transport.

The study undertook postal questionnaire surveys of community services, organisations and parish councils within the Channel Corridor region. 707 questionnaires were sent out to a services providing Healthcare, Education, Entertainment, Sport, Post Offices, Parish Councils and other community activities. Overall 168 organisations completed and returned questionnaires. The surveys indicated that the majority of people were accessing services on foot or by car. Key barriers to access outlined by respondents included poorly connected and infrequent bus services, low levels of access to healthcare and urban centres and a lack of facilities in rural communities.

The findings from these surveys were then further explored in three community seminars held in the three boroughs during September 2005. Representatives from community organisations, local groups and local authorities further expanded the findings of the questionnaire surveys, identified underlying problems regarding access to key services and started to identify potential solutions. Participants explored many issues including access to healthcare, access options to employment not reflecting the seven-day sector and access problems to Job Centres in the region.

The review of existing strategies and background information, questionnaires with community groups and parishes and community seminars were successful in identifying barriers to accessing key services and opportunities in the Channel Corridor region. However, as not all parishes and wards participated in the consultation exercises, it was not possible for this study to identify the worst affected areas.

A number of barriers to access exist in the region including spatial, economic, perceptual, physical, informational, and mode specific barriers. Each of these barriers has been experienced in the Channel Corridor in at least one of the regions.

Spatial barriers are prevalent in the Channel Corridor, with rural villages spread out over the Kent countryside. Distances to key services are a particular problem for some, but are an important factor in the provision of public transport (few people living in many villages requiring transport services – problems for service viability).

Economic barriers were identified, not only for individuals, but also for organisations wishing to provide community transport solutions. For some individuals, such as young people/teenagers, elderly people and those on low income, the cost of public transport, or taxis where there is no alternative, is

a problem when trying to access key services or opportunities. Community groups or organisations have consistently said that the cost of minibus hire, or purchase and running costs, is too expensive and alternative solutions need to be found if they are to continue providing transport that is vital to certain members of the community.

Not many **perceptual barriers** to accessibility were raised in the questionnaire responses or seminars, but this may be due to the fact that community representatives were contacted in the majority of cases. However, those that were mentioned related to school aged children and teenagers on public transport in the afternoon, which some people found a problem when wanting to use public transport at similar times, perhaps feeling threatened.

Physical barriers were identified primarily regarding walking and cycling. In some of the rural villages and smaller towns, elderly and disabled people are finding it easier to get around using mobility scooters on footways. However, owing to the lack of or inconsistency in dropped kerb provision, or to footway obstructions, users are either being forced onto the road (which can often be narrow and involves traffic travelling at high speeds) or not travelling at all, seriously limiting accessibility. It can also be assumed that this problem will be experienced by parents with young children in pushchairs, or those using wheelchairs. The road condition in some of the more rural areas is not adequate for cyclists, who find it quite treacherous in some locations, and the lack of cycling facilities is preventing the uptake of a mode that could potentially solve some accessibility problems in the region. Severance is being experienced at some locations in the region, particularly when created by heavy traffic on major roads. Combined with inadequate pedestrian and cycle crossing facilities, this is creating problems for those trying to cross such roads. In some cases people are waiting up to 10 minutes to find a gap in the traffic and safely cross.

Information if lacking or poor in quality, can be a major barrier, particularly related to awareness of both scheduled transport services and alternatives such as community transport or mobile services. The questionnaires and seminars highlighted the need for better provision and distribution of travel and transport information in the region. There is a large number of schemes currently being run in the area. However, not all residents, including those who require it most, are aware of these schemes. The way in which information is presented is also a barrier to accessing services and opportunities, for example, because of complexity of timetables or the style or size of print.

Many **mode specific** barriers were identified in the questionnaires and seminars. To ensure inclusive mobility in the region and access to key services and opportunities, all vehicles, trains, buses, taxis and minibuses, need to be fully accessible (wheelchair access etc) to all. This is not always the case, particularly for public transport, for which DDA compliance is to be phased in over the next few years for older vehicles. Until then, certain services will be inaccessible to certain members of the community. A key problem relating to mode specific barriers is the lack of public transport services between barriers, the low frequency or lack of certain service, or the lack of services running at certain times (e.g. early mornings, evenings, and weekends). These mode-specific barriers can pose accessibility problems for a variety of groups, including young people and adults trying to get to employment, teenagers attending social and leisure activities, and patients and friends and relatives attending hospital appointments/visiting hours.

The study made several recommendations that may bring about solutions to the problems identified. These include long term strategic area wide recommendations:

- Create a Community Transport Association;
- Encourage and Improve Community Transport Information and Marketing;
- Enhance access to Healthcare.

Several quick win recommendations were also proposed including:

- Identifying areas for facilitating community car schemes;
- Enhance and extend taxi voucher schemes;
- Align Dial-a-Ride services with current healthcare working hours;

- Create formal interaction between healthcare and community transport;
- Investigate partnerships between major employers and transport provision;
- Ashford:
 - Extend the Marsh Mobile Scheme
 - Dial-a-ride tailored to healthcare users - fully accessible vehicles
- Maidstone:
 - Connect Health Hopper services to Maidstone and Pembury Hospitals and improve flexibility
 - Investigate viability of Bearsted Park and Ride on Sundays
- Shepway:
 - Enhance the Health Hopper program to become more demand responsive and serve the coastal area of Shepway
 - Improve marketing of the current Dial-a-Ride provision in Shepway (Kent Karrier)

1 Introduction

TRL Limited has been commissioned by Maidstone Borough Council, on behalf of the Channel Corridor Partnership, to undertake a Community Transport Review and Feasibility Study with the aim of identifying and examining gaps in public transport and community transport provision in rural and disadvantaged areas.

Upon identification of these gaps, the aim is:

‘To promote social inclusion of rural people and those disadvantaged by exclusion from conventional private and public transport services by enhancing transport services and securing a long term improvement in the accessibility of rural and disadvantaged people to jobs, services and social activities’.

1.1 Project Aims

The main aim of the needs assessment is to obtain information about the people of the rural areas and disadvantaged communities within the Channel Corridor Area Investment Framework (AIF) area and their perceived needs for transport provision, analyse and test the hypotheses. This information is to be made available to a Channel Corridor AIF wide Community Transport representative steering group which can subsequently promote and instigate the findings to provide a more effective and efficient set of services to meet identified needs.

Key outputs expected from the research include:

- Output 1: Compile and test a questionnaire which is user friendly and which will meet the aims and objectives of the Assessment (a rural and disadvantaged areas needs assessment survey). Ensure effective distribution of questionnaires to organisations and in particular to identified areas of social exclusion.
- Output 2: To initiate 3 Community Transport seminars, one in each of the 3 districts contained within the channel corridor partnership area. These facilitated workshops will inform the needs survey process (Kent facilitators network can be used for workshops).
- Output 3: Compile data on existing public transport provision and community transport provision throughout the area, highlighting the potential gaps and potential for transport diversity.
- Output 4: Arrange for inputting and analysis of data on a location specific basis – districts and wards.
- Output 5: Make the results of the research available through a draft report and present the main findings and recommendations to representatives at Maidstone Borough Council.
- Output 6: Incorporate relevant comments from the meetings into a Final Report.

1.2 Content of Report

Chapter Two gives an overview of the methodology use and **Chapter Three** provides background to the Channel Corridor Region. **Chapter Four** collates demographic information about the area and compares it to community and public transport information. **Chapter Five** gives a more detailed methodology for the surveys undertaken with community groups and parish councils, and discusses the results of the survey. **Chapter Six** looks at the format of the community seminars and findings relating to transport needs and solutions in the region. Finally, **Chapter Seven** provides a gap analysis of the community and public transport information obtained through the surveys and seminars, and concludes with a summary of the issues and recommendations for the future of Community Transport provision in the Channel Corridor region.

2 Methodology

This chapter provides an overview of the study methodology. More detail on the questionnaire survey and community seminars is given in subsequent chapters (see Chapters 5 and 6 respectively). Figure 2.1 provides an overview of the study methodology.

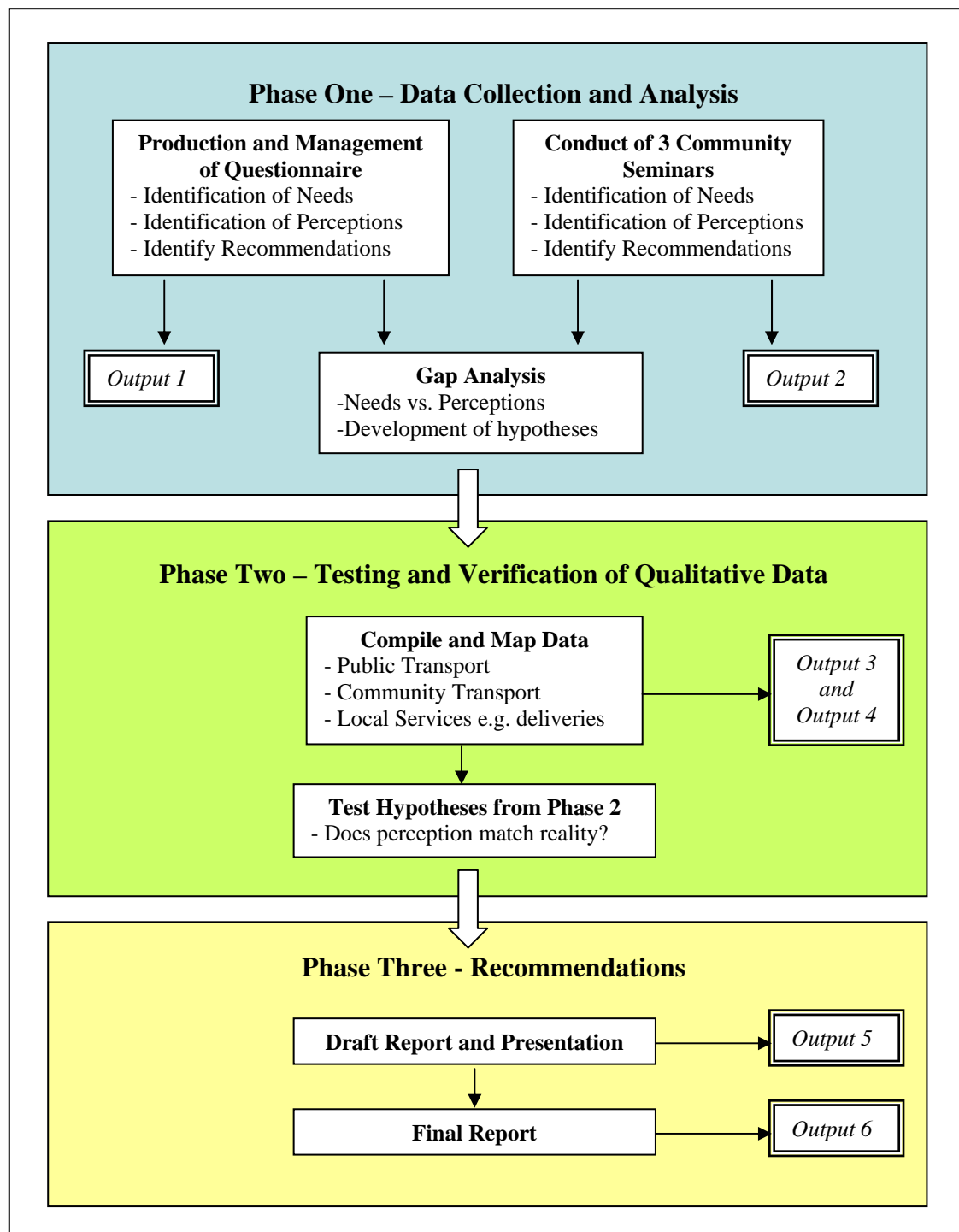


Figure 2.1: Study Methodology

2.1 Phase One – Data Collection and Analysis

Phase 1 concentrated on a review of existing opinions, in particular, assessing the public's needs and perception of transport, services and accessibility. Firstly, a questionnaire was developed and sent to a number of organisations in the Channel Corridor region. Following the administering of the questionnaire, three community seminars were held in Ashford, Shepway and Maidstone. More detailed descriptions of the methodologies used for these two key elements can be found in Chapters 5 and 6.

2.2 Phase Two – Testing and Verification of Qualitative Data

Phase 2 aims to test and verify the data and opinions collected in Phase 1 and to reject or accept the hypotheses formed. This was undertaken as a desk study compiling public transport and land use data. These data have been used to map accessibility using MapInfo. An assessment was made as to whether public perception is matching reality or whether there are inconsistencies. Where anomalies between findings in Phase 1 and Phase 2 have been identified, they were investigated further to identify the true picture.

TRL verified the findings from Phase 1 by compiling data on existing public transport and community transport provision. This highlights the potential gaps and potential for transport diversity. It will also clarify, test and verify the findings from Phase 1 to enable us to identify whether problems identified are actual or perceived. Sources used include:

- Public transport data
- Community transport data
- Draft Local Transport Plan for Kent, 2006-2011
- Draft Accessibility Strategy for Kent (ASK)

The data were mapped using MapInfo Geographical Information System. Scrutiny of these sources has ensured that policy developments are taken into account in the review and inform the development of methodologies in Phase 2.

2.3 Phase Three – Recommendations

Phase 2 will have offered the opportunity to confirm the access situation in the Channel Corridor area. This will provide a sound basis on which to determine the appropriate recommendations. Phase 3 draws together the findings from Phase 1 and 2 into this draft report, which will be presented to the Channel Corridor Partnership Board and the Channel Corridor AIF Transport Partnership Group. Following their feedback the research will be finalised in a final report. Constructive recommendations for the future targeted improvement of accessibility in the study area have been made. The feedback received from the subsequent presentations will be incorporated into the Final Report

2.4 Summary of Outputs

There are six key outputs of the study, which are as follows:

- Output 1 – A questionnaire to assess accessibility to jobs, services and social activities in rural and disadvantaged areas;
- Output 2 – Three Community Transport seminars
- Output 3 – Compilation of data on existing transport and community transport provision + land use surveys
- Output 4 – Analysis of data spatially through the use of mapping software

- Output 5 – Draft report and presentation
- Output 6 – Final report (this report)

3 Background to the Channel Corridor Area

The Channel Corridor region covers the areas of Shepway, Ashford and Maidstone and has a population of around 350,000. The three main towns are Folkestone, Ashford and Maidstone. Figure 3.1 provides a map of the Channel Corridor region.

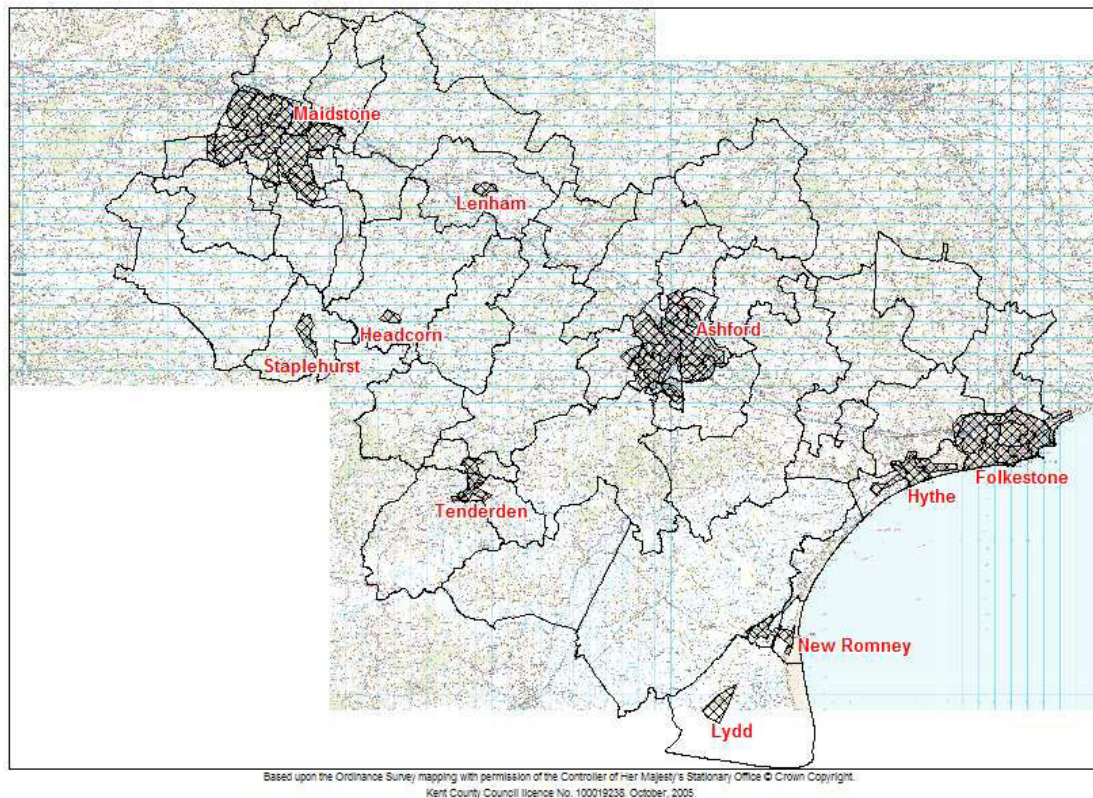


Figure 3.1: The Channel Corridor area

The Channel Corridor Partnership is an alliance of public, private and voluntary organisations within the Channel Corridor area¹. The partnership includes:

- The district councils of Ashford, Maidstone, Shepway;
- Kent County Council;
- The South East England Development Agency (SEEDA);
- The Government Office for the South East (GOSE);
- The Learning and Skills Council (LSC);
- Business Link Kent;
- Primary Care Trusts (PCT); and
- Voluntary Representatives.

The aim of the partnership is to secure the social, economic and environmental well being of the Channel Corridor area. The partnership has been organised to develop the Area Investment

¹Channel Corridor Partnership Website (2004) URL: <http://www.channelcorridor.org/index.asp> [11.04.05]

Framework (AIF) which is sponsored by SEEDA. The objective of this AIF is to identify total financial investment in the area from public, private and voluntary sectors at national, regional and local levels. This is matched against an assessment of the needs of the area, set out in an AIF strategy, to provide a view of the investment gaps, and the local authorities, organizations and agencies that can be expected to fill these gaps.

A number of documents have been initially reviewed in this section to identify potential transport and accessibility problems in the region. These include:

- Shepway Community Strategy (2002);
- Maidstone Community Strategy (2003);
- Ashford Community Strategy (2002);
- South East England Regional Assembly (SEERA) Social Inclusion Report (2002);
- Kent's Provisional Local Transport Plan (2005); and
- Accessibility Strategy for Kent (2005).

3.1 Shepway Community Strategy

Shepway is on the Channel coast, approximately 75 miles from London and 200 miles from Paris. Around 100,000 people live in the Shepway District (see Figure 3.2 for map).

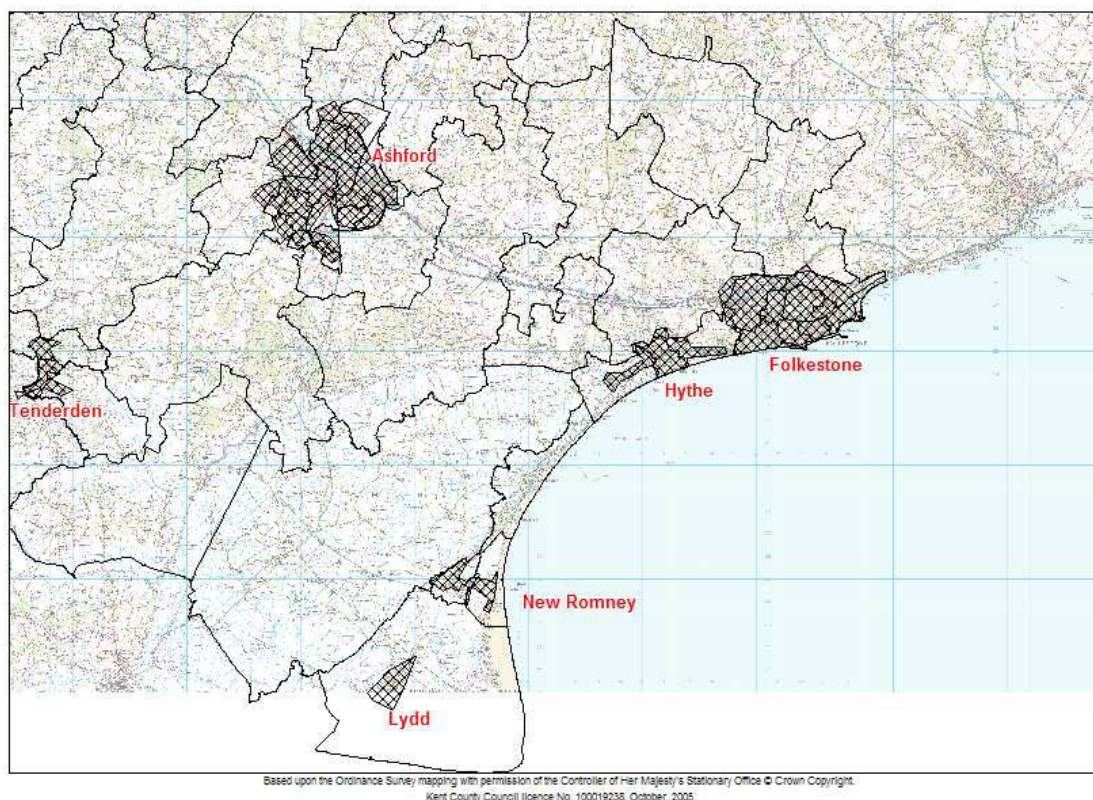


Figure 3.2: Map of Shepway District

The Community Strategy for Shepway was published in 2002². The vision of the strategy is to “*make Shepway the natural choice for opportunity, leisure and quality of life*” To achieve this vision, seven

² Shepway District Council (2002) *Shepway District Community Strategy 2002 – 2005*.

main themes have been developed, including transport and accessibility. These themes include quality services; creating opportunity in Shepway; leisure and recreation; protecting the environment; care and support; aspirations and citizenship; and transport and accessibility.

3.1.1 Transport

A number of key actions for Transport and Accessibility in the District of Shepway have been developed, which include:

- Secure high speed rail access from Folkestone to London;
- Transport schemes to service commercial shopping centres;
- Transport links to support patients travelling to various hospitals in East Kent and staff working with them;
- Ensure improvements to signage, directions to parking and local transport facilities are included in transport action plans;
- Encourage alternative methods of commuting which are healthier and less environmentally damaging;
- Aim to reduce road traffic accidents;
- Work with Aviation to make the best use of Lydd Airport; and
- Develop cycle routes.

3.1.2 Access to Services

Actions include making sure that rural communities have the following services in the Shepway District:

- Village hall;
- Pub;
- Post Office/Shop; and
- Local bus service.

3.2 Maidstone Community Strategy

Maidstone is 30 miles from the City of London and 30 miles from the English Channel and Channel Tunnel. The resident population of Maidstone, as measured in the 2001 Census, was 138,948. Figure 3.3 highlights the area of Maidstone.

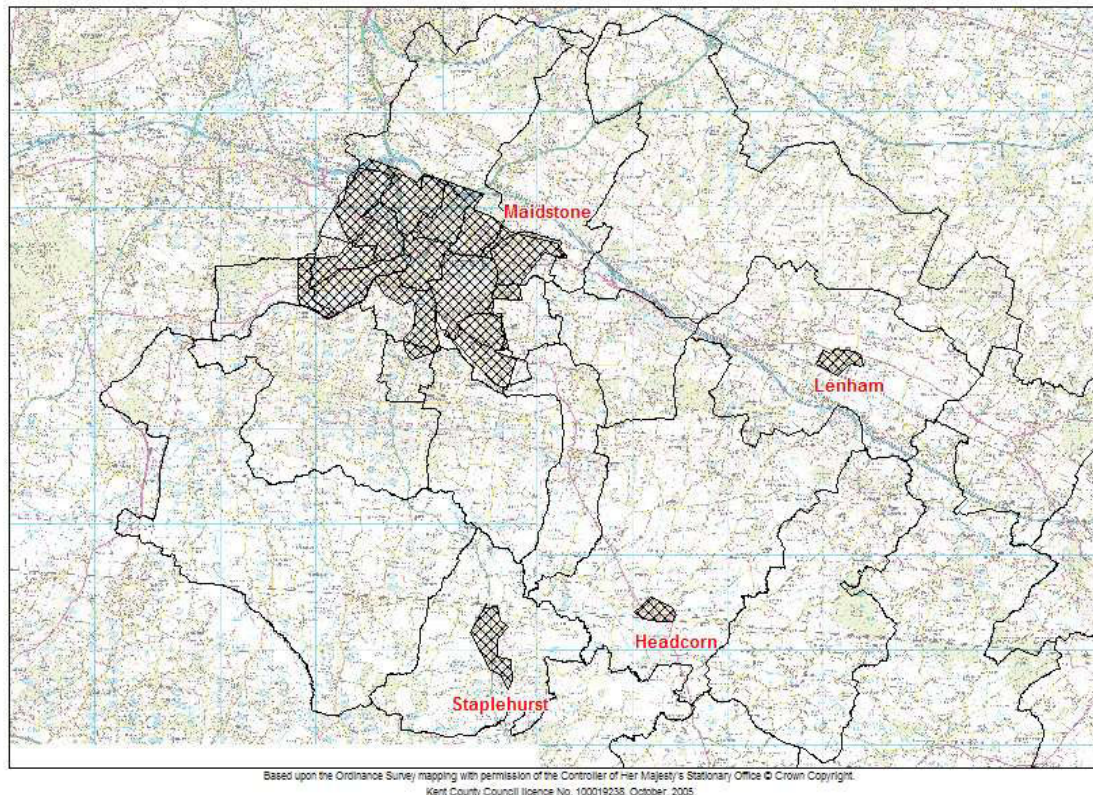


Figure 3.3: Map of Maidstone

There are seven themes in Maidstone's Community Strategy, which was published in April 2003³. These include skills and learning; community safety and social inclusion; economic development and tourism; housing; health; environment and leisure; and transport and land use planning.

3.2.1 Access to services and inclusion

The main priority is to ensure that access to services, employment, transport and facilities are available for all and to encourage partnerships and different approaches to delivering services. In Maidstone, activities that are happening already include a shop mobility scheme; a savings and loan partnership scheme; and town centre one stop shop.

3.2.2 Transport

Priorities regarding transport include improving road and rail services, increasing accessibility to members of the public, increase public transport use, considering those who due to age, disability cannot use public transport, supporting initiatives to address speeding and promote traffic calming. In Maidstone, things that are happening already include:

- Concessionary fares;
- Safer Routes to Schools;
- Travel planning;

³ Maidstone Borough (April 2003) *Maidstone Matters, Community Strategy for Maidstone Borough*, April 2003.

- Lobbying group to campaign for the All Saints Link Road; and
- Park and Ride voluntary transport sector.

3.3 Ashford Community Strategy

The resident population of Ashford, as measured in the 2001 Census, was 102,661. Figure 3.4 highlights the area of Ashford.

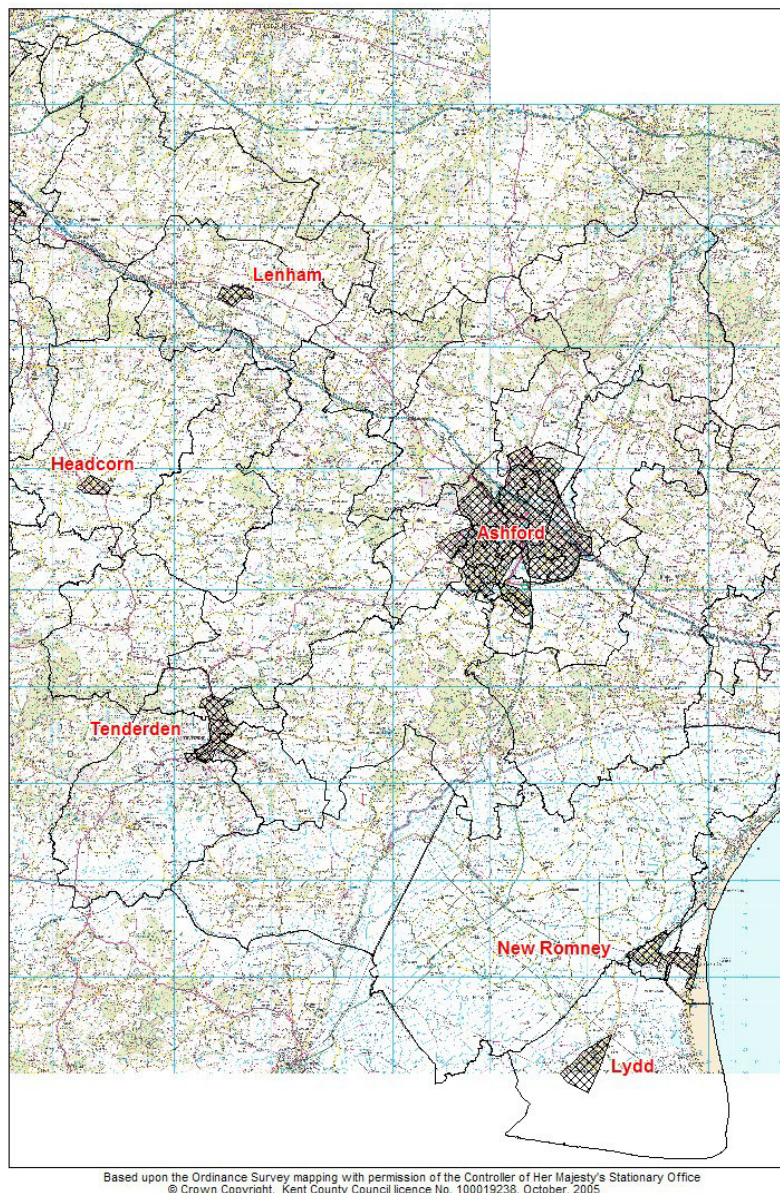


Figure 3.4: Map of Ashford

Ashford's Community Strategy was published in 2002⁴. Ashford has eight key themes for its Community Strategy. These include health and social care; lifelong learning; transport; housing and the environment; regeneration; prosperity; community safety; and leisure and culture.

⁴ Ashford Partnership (2004) The Ashford Borough Community Strategy

3.3.1 Transport

Ashford's key priorities for transport are:

- Create a better more affordable integrated transport system;
- Create safer roads;
- Ensure fewer children are hurt in road traffic accidents;
- Secure better rail service; and
- Secure better access to motorway network.

Ashford is already undertaking a joint transport strategy for South Ashford, developing a joint bus strategy for Ashford Borough and piloting new schemes of rural transport. Various key actions are to be achieved by certain years. The community strategy will be continuously reviewed

3.3.2 Access to Services

A number of wards have been identified in the Ashford Community Strategy where access to services in rural areas needs to be improved. These areas include Hothfield, Wittersham, Tenterden West, Aldington, Chilham, Bethersden, Rolvenden, Smarden, and Boughton Aluph. Ashford has already developed community forums in urban Ashford to ensure that they have input into key issues including access to services.

3.4 Social Inclusion in the South East

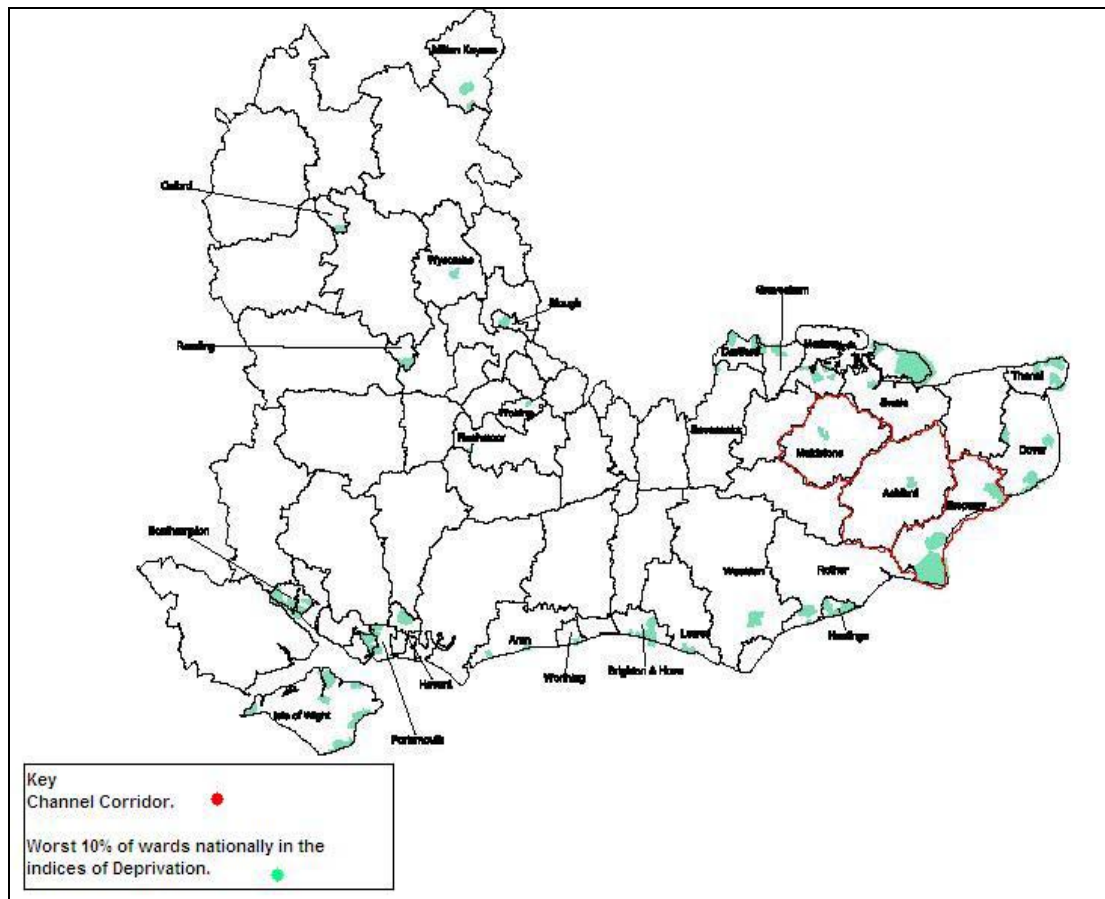
A report on Social Inclusion in the South East, encompassing the Channel Corridor region, has been produced by the South East England Regional Assembly (SEERA)⁵. Section 6 of this report highlights the main issues that are facing the South East, of which transport is one.

In the short term, SEERA will encourage Local Strategic Partnerships (LSPs) through their community strategies to complete work on mapping transport provision and consider how this can tackle social exclusion. SEERA will ensure that planning policies and proposals are consistent with regional guidance. It is recommended that Local Transport Authorities (LTAs) should review their Local Transport Plans (LTPs) in order to ensure high level of service for public transport, and that the Regional Assembly and LTAs should work together to review the mechanisms available for improving public transport. It is stated that particular attention should be paid to make public transport affordable, available and acceptable.

In the longer term the Regional Assembly will ensure that through the Regional Transport Strategy (RTS), local transport authorities increase emphasis on walking, cycling and public transport initiatives. They will ensure that the policy framework reflects a more sustainable pattern of development and that investment proposals in LTPs have a positive impact on health.

Annex E of the report takes a closer look at the wards in the South East that have been identified in the Indices of Deprivation for the year 2000. Two important maps relevant to the Channel Corridor study are shown in Figures 3.5 and 3.6. The areas highlighted in green in Figure 3.5 show wards that fall within the worst 10% of deprived wards in the UK in the South East region according to the Indices of Multiple Deprivation (The Channel Corridor area has been outlined in red). In the Channel Corridor region, wards that fall into this worst 10% are in Shepway West (Maidstone), Stanhope (Ashford) and Folkstone Central (Shepway).

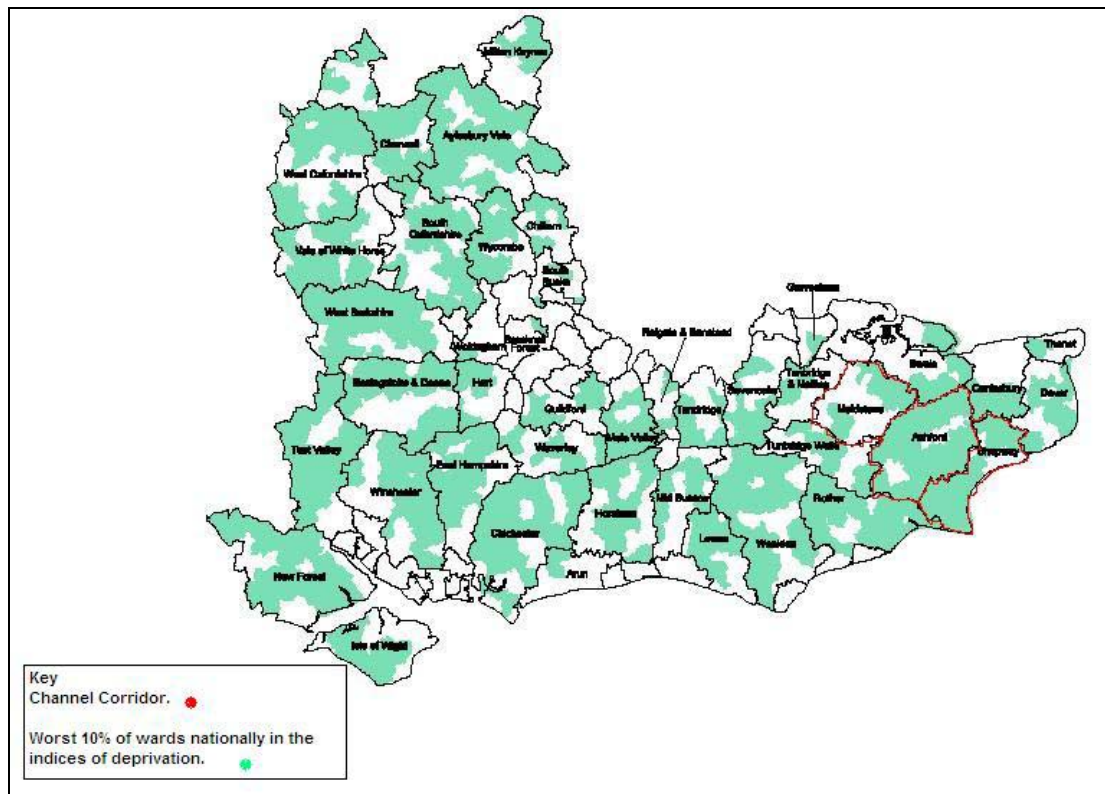
⁵ South East England Regional Assembly (June 2002) *South East Region Social Inclusion Statement*.



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Figure 3.5: Multiple Indices of Deprivation - Worst 10% of Wards Nationally: South East Region (Source: SEERA, 2002)

Figure 3.6 focuses on accessibility as a domain in the Indices of Deprivation. Those areas highlighted in green are wards within the worst 10% in the UK with regards to access (the Channel Corridor area is outlined in red). The map shows that a number of wards within the Channel Corridor region fall into this worst 10%, indicating a high level of poor accessibility in the region.



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Figure 3.6: Worst 10% of wards that are in the Indices of Deprivation – Access Domain, South East Region (Source: SEERA, 2002)

3.5 Kent Provisional Local Transport Plan

The vision for Kent's draft Local Transport Plan is *"To widen the choice of transport available and reduce dependency on the car, thereby providing good accessibility to jobs and services for all sections of the community and conserving and enhancing the environment"* (KCC, 2005b). There are nine key objectives in the plan, which are as follows:

- Accessibility;
- Demand Management;
- Environment, Heritage and Communities;
- Integration;
- Keep Kent Moving;
- Road Safety;
- Sustainable Regeneration;
- UK Connections; and
- UK Gateway.

The theme emphasis for the Channel Corridor Region is on UK Connections and UK Gateway; Demand Management; Accessibility and Social Inclusion; and Sustainable Regeneration. The strategies for each of these themes are displayed in Table 3.1.

Table 3.1: Kent LTP Themes and Strategies

| LTP Theme | Strategy Description |
|---------------------------------|---|
| Accessibility | <ul style="list-style-type: none"> • Accessibility Strategy for Kent (ASK) • Changes to highway infrastructure (better footpaths, enhanced lighting and lowered kerbs at crossing points) |
| Demand Management | <ul style="list-style-type: none"> • Increasing viable alternatives to a journey by car • Measures to make the car less attractive • Ensuring demand for travel generated by development is met in sustainable ways |
| Sustainable Regeneration | <ul style="list-style-type: none"> • Meeting the challenges of growth generating significant new demand for the movement of people and goods which must be met in sustainable ways |
| UK Gateway | <ul style="list-style-type: none"> • Resolve the issue of Dover being disconnected from the rest of the rail network; • Tackle unofficial parking by lorry drivers; • Support the evolving high-speed train market and promote the role of Ashford International Station as a cross-channel passenger terminal; |
| UK Connections | <ul style="list-style-type: none"> • High-speed domestic services on the Channel Tunnel Rail Link (faster and more direct services) • CrossRail and ThamesLink 2000 will increase connectivity between parts of Kent and destinations beyond London. |

Of the nine objectives set out in the Provisional Local Transport Plan for Kent 2006 -2011 (Kent County Council, 2005b) three have relevance to Community Transport. They are:

- **Accessibility** - "Kent County Council will support independence and reduce social exclusion by improving transport links to key destinations and bringing services closer to communities"
- **Environment, Heritage and Communities** - "Kent County Council will stabilise and, where possible, reverse the adverse effect of transport and its infrastructure on the natural and built environment and on local communities"
- **Sustainable Regeneration** - "Kent County Council will promote development that reduces the need to travel while supporting the local economy"

Taxis are identified in the LTP as an important mode that reduces some of the barriers that exist with other modes of transport. These 'door to door' services provide immediate transferral from mode to mode and the security of a guaranteed connection, helping to alleviate crime and fear of crime as a further barrier to use of bus, rail and coach services.

With regard to demand responsive transport services, the LTP identifies previous examples of schemes, such as 'SUN', 'DART', and 'Shepway Kent Karrier', as successful schemes in linking

rural areas to key local destinations. The LTP states that KCC ‘welcomes the opportunity to develop innovative approaches to public transport and will consider the potential for additional demand responsive services in Kent, subject to funding considerations.

3.6 Accessibility Strategy for Kent (ASK) – Framework Version

The Framework ASK (published July 2005) completes the first stage of the five stage approach of producing accessibility strategies recommended by the Government. The five stages are as follows:

- **Strategic accessibility assessment:** Identification of high level accessibility issues across the County Council's administrative area
- **Local accessibility assessments:** Informed by the strategic accessibility assessment and focusing on priority areas, groups and issues
- **Option appraisal:** Consideration of potential scheme options and identification of resources
- **Accessibility action plan development:** Development of frameworks for the implementation of schemes and interventions
- **Monitoring and evaluation:** Appropriate indicators and targets to measure the impact of the accessibility strategy and specific measures.

Further stages will subsequently be completed and may have relevance to the recommendations of this study.

The strategy outlines some ways in which accessibility planning can be achieved through the Local Transport Plan. The strategy recognises that Public Transport and demand responsive transport to rural areas often *‘provide the only public transport link between rural communities and the major towns and are relied upon by some residents to access employment, local shops, health facilities and other services’* (Kent County Council, 2005c). The LTP provides an ongoing commitment to the financial support of these local bus services and demand responsive services.

The strategy considers rural areas as having particular accessibility issues, with some areas containing ‘significant pockets of deprivation’ and specifically identifies Romney Marsh as a possible area with access issues and location for local accessibility audits. The strategy aims to *‘work with other organisations to identify constraints and potential solutions in rural areas, whilst Accession outputs will be used to inform the planning of tendered and commercial bus services’* (Kent County Council, 2005c).

With regard to accessing Health services, the strategy states that *‘Some hospital sites are well served by Public Transport services but information is not easily available’*. Suggested actions to remedy this situation include sending out summary information with appointment letters (as tested at Kent and Canterbury Hospital).

When considering access to employment the strategy suggested using Accession software (accessibility software that can model access levels across the county) to identify gaps in service provision and revise bus services. This may be one solution to the problems of infrequent bus services for lone parents who want to reach employment opportunities during off-peak periods and need access to such as business parks and edge of town areas.

The indicators that Kent County Council have outlined to measure levels of access include an indicator that will measure access to Ashford town centre: the percentage of local population able to reach the town centre by Public Transport modes within 45 minutes. Considering access to Ashford town centre the strategy comments that within Ashford *‘there are specific areas of acute deprivation within the urban area and an extensive rural hinterland formed by Romney Marsh, parts of which are very isolated. In addition, significant growth is planned in Ashford town in future years and it is intended that the ASK will inform the location of key development sites and the provision of transport*

infrastructure and key services to maximise accessibility for local residents' (Kent County Council, 2005c).

The observations and actions outlined in the ASK directly and indirectly impact and relate to the findings and recommendations of this report and may be useful when seeking funding and supporting evidence for future projects.

3.7 Summary of Community Strategies, LTP2 and SEERA Report

This section has reviewed the Community Strategies for the Channel Corridor region, which have focused on transport and accessibility problems, and SEERA's report on social exclusion in the South East.

These policy documents outline the key areas that require focus in the Channel Corridor and South East region, with particular reference to transport and accessibility issues. This study will aid the identification of specific transport and accessibility problems to key services and opportunities in the region and provide the groups involved (borough councils, SEERA) to examine potential solutions to these problems.

The Local Transport Plan and Accessibility Strategy for Kent (ASK) outline strategies to improve accessibility, public and community transport during the next 5 year period and indicate specific actions designed to impact upon various access issues that residents in rural areas are experiencing.

The SEERA report highlights the most deprived wards within the Channel Corridor. Initiatives developed by this project need to consider how these areas of deprivation can be reduced with regards to access to public transport.

4 Identification of Equality Target Groups and Public and Community Transport Services

4.1 Mapping of People in Equality Target Groups

4.1.1 The Equality Target Groups

Drawing upon the Equality Impact Assessment process, a defined set of categories relating to discrimination against persons or groups are of interest to this study and were subsequently mapped. These are known as the Equality Target Groups (ETGs) as set out in work done by the Greater London Authority (2003)⁶.

The Equality Target Groups are:

- Women;
- Black and minority ethnic people;
- Children (0 – 15) and Younger people (16 – 24);
- Older people (65+);
- Disabled people;
- Lesbians, gay men, bisexual and transgender people; and
- People from different faiths.

While important to the study, the categories of women and Lesbians, gay men, bisexual and transgender people were excluded from the mapping process. This was because there was no significant spatial variance for gender and census information on sexual orientation is extremely limited.

In order to identify substantial concentrations of people in ETG categories, wards were classified as having ‘clusters’ of people from ETGs⁷. These are displayed in Tables 4.1 to 4.3 below. Designated clusters are highlighted in red.

⁶ Greater London Authority (2003) *Equality Impact Assessments - How to do them*

⁷ To aid identification of clusters of people from Equality Target Groups, a system of cluster identification was employed. If a ward contained over 20% more people from an ETG than the average for that borough then it was deemed to have a cluster of that group. The cluster threshold is the level at which the concentration of a particular group is pronounced.

4.1.2 Tabulation of Equality Target Groups

Table 4.1: Percentages of People in Equality Target Group Categories in the South East, Kent and Ashford

| | | Age | | | Disability | Ethnicity | | | | | Religion | | | | | |
|-------------------------------|----------------------------------|---------------------|--------------------------------|--------------------------|---|-------------------------------|--|--|-------------------|--|--------------------|-----------------|------------------|------------------|----------------|---|
| | | Children (0 -15) | Younger People (16 - 24) | Older People (60+) | Long term Illness (including disability) | People of Mixed Race | Asian or Asian British People | Black or Black British People | Chinese People | People from Other Ethnic Group | Buddhist People | Hindu People | Jewish People | Muslim People | Sikh People | People stating religion as Other religion |
| South East Average | | 19.93 | 10.58 | 21.17 | 15.47 | 1.07 | 2.33 | 0.71 | 0.41 | 0.37 | 0.28 | 0.56 | 0.24 | 1.36 | 0.47 | 0.36 |
| Kent Average | | 20.42 | 10.05 | 22.31 | 17.27 | 0.83 | 1.42 | 0.36 | 0.29 | 0.22 | 0.22 | 0.37 | 0.13 | 0.49 | 0.61 | 0.32 |
| LA | Ward | | | | | | | | | | | | | | | |
| Ashford Average | | 21.16 | 9.34 | 21.18 | 16.10 | 0.85 | 0.72 | 0.43 | 0.21 | 0.22 | 0.17 | 0.26 | 0.12 | 0.56 | 0.07 | 0.30 |
| Cluster Threshold for Ashford | | 25.39 | 11.21 | 25.42 | 19.32 | 1.02 | 0.86 | 0.52 | 0.25 | 0.26 | 0.20 | 0.31 | 0.14 | 0.68 | 0.08 | 0.36 |
| Ashford | Aylesford Green | 25.35 | 10.76 | 19.55 | 19.85 | 0.81 | 0.92 | 0.37 | 0.18 | 0.11 | 0.11 | 0.55 | 0.00 | 0.51 | 0.00 | 0.15 |
| | Beaver | 22.52 | 10.23 | 20.49 | 20.01 | 0.71 | 0.26 | 0.28 | 0.19 | 0.11 | 0.09 | 0.18 | 0.00 | 0.12 | 0.11 | 0.28 |
| | Biddenden | 19.59 | 5.55 | 27.44 | 16.31 | 0.37 | 0.33 | 0.45 | 0.00 | 0.12 | 0.25 | 0.16 | 0.00 | 0.12 | 0.00 | 0.25 |
| | Bockhanger | 21.38 | 9.93 | 23.19 | 17.54 | 1.01 | 0.69 | 0.53 | 0.12 | 0.00 | 0.00 | 0.32 | 0.00 | 0.77 | 0.00 | 0.41 |
| | Boughton Aluph and Eastwell | 23.95 | 8.34 | 17.5 | 13.51 | 1.13 | 0.72 | 0.21 | 0.31 | 0.00 | 0.00 | 0.31 | 0.26 | 0.67 | 0.00 | 0.15 |
| | Bybrook | 22.03 | 10.88 | 23.31 | 17.92 | 0.95 | 0.88 | 0.30 | 0.42 | 0.15 | 0.11 | 0.19 | 0.27 | 0.68 | 0.30 | 0.27 |
| | Charing | 15.58 | 6.65 | 33.84 | 23.42 | 0.74 | 0.52 | 0.31 | 0.13 | 0.31 | 0.26 | 0.00 | 0.22 | 0.44 | 0.00 | 0.22 |
| | Downs North | 18.67 | 6.98 | 25.43 | 16.19 | 0.46 | 0.46 | 0.13 | 0.17 | 0.17 | 0.21 | 0.00 | 0.21 | 0.13 | 0.13 | 0.38 |
| | Downs West | 18.8 | 7.55 | 26.92 | 19.77 | 0.53 | 0.49 | 0.24 | 0.00 | 0.00 | 0.16 | 0.20 | 0.00 | 0.24 | 0.00 | 0.12 |
| | Godinton | 23.59 | 10.55 | 14.56 | 12.41 | 0.74 | 1.17 | 0.33 | 0.36 | 0.28 | 0.43 | 0.43 | 0.00 | 0.69 | 0.00 | 0.48 |
| | Great Chart with Singleton North | 22.03 | 7.42 | 19.61 | 12.21 | 0.91 | 0.40 | 0.34 | 0.00 | 0.17 | 0.17 | 0.17 | 0.17 | 0.40 | 0.17 | 0.40 |
| | Highfield | 21.87 | 9.99 | 14.86 | 11.45 | 0.59 | 0.71 | 0.71 | 0.24 | 0.12 | 0.35 | 0.27 | 0.00 | 0.55 | 0.24 | 0.12 |
| | Isle of Oxney | 17.68 | 8.64 | 25.04 | 16.01 | 0.44 | 0.36 | 0.12 | 0.00 | 0.00 | 0.12 | 0.00 | 0.12 | 0.00 | 0.00 | 0.24 |
| | Kennington | 17.45 | 11.08 | 22.23 | 14.74 | 1.12 | 1.03 | 0.52 | 0.65 | 0.43 | 0.17 | 0.65 | 0.13 | 0.56 | 0.17 | 0.34 |
| | Little Burton Farm | 25.88 | 6.92 | 17.47 | 13.74 | 0.90 | 1.27 | 1.32 | 0.28 | 0.28 | 0.28 | 0.56 | 0.28 | 0.71 | 0.19 | 0.19 |
| | Norman | 23.63 | 10.16 | 17.31 | 17.19 | 0.86 | 1.39 | 0.75 | 0.26 | 0.11 | 0.23 | 0.41 | 0.00 | 1.02 | 0.26 | 0.11 |
| | North Willesborough | 19.51 | 9.87 | 21.62 | 15.61 | 0.90 | 1.99 | 0.43 | 0.18 | 0.55 | 0.18 | 1.19 | 0.06 | 0.88 | 0.12 | 0.18 |
| | Park Farm North | 29.69 | 5.92 | 6.87 | 7.85 | 1.77 | 1.08 | 0.94 | 0.36 | 0.14 | 0.18 | 0.22 | 0.14 | 0.69 | 0.14 | 0.14 |
| | Park Farm South | 25.8 | 7.38 | 10.15 | 10.50 | 0.98 | 0.27 | 0.89 | 0.27 | 0.36 | 0.00 | 0.00 | 0.27 | 0.36 | 0.27 | 0.00 |
| | Rolvenden and Tenterden West | 18.69 | 6.82 | 28.96 | 15.00 | 0.37 | 0.12 | 0.00 | 0.00 | 0.00 | 0.21 | 0.00 | 0.29 | 0.12 | 0.00 | 0.29 |
| | Saxon Shore | 18.87 | 8.54 | 23.24 | 15.66 | 0.37 | 0.22 | 0.14 | 0.12 | 0.16 | 0.22 | 0.08 | 0.16 | 0.10 | 0.06 | 0.49 |
| | Singleton South | 20.84 | 10.23 | 13.53 | 13.13 | 0.94 | 0.49 | 0.65 | 0.12 | 0.16 | 0.12 | 0.16 | 0.33 | 0.49 | 0.00 | 0.12 |
| | South Willesborough | 24.67 | 9.85 | 13.79 | 15.04 | 1.67 | 1.16 | 0.42 | 0.28 | 0.28 | 0.42 | 0.23 | 0.00 | 1.16 | 0.14 | 0.42 |
| | St Michaels | 19.4 | 8.62 | 25.44 | 16.70 | 0.25 | 0.61 | 0.12 | 0.41 | 0.00 | 0.12 | 0.12 | 0.00 | 0.16 | 0.29 | 0.00 |
| | Stanhope | 32.11 | 14.84 | 8.7 | 16.12 | 1.40 | 1.46 | 1.04 | 0.09 | 1.83 | 0.00 | 0.00 | 0.00 | 3.09 | 0.00 | 0.34 |
| | Stour | 20.3 | 10.55 | 18.76 | 16.69 | 1.57 | 1.42 | 0.83 | 0.39 | 0.16 | 0.06 | 0.45 | 0.18 | 1.28 | 0.12 | 0.24 |
| | Tenterden North | 14.15 | 6.85 | 41.15 | 21.64 | 0.56 | 0.65 | 0.14 | 0.14 | 0.00 | 0.14 | 0.19 | 0.46 | 0.19 | 0.00 | 0.32 |
| | Tenterden South | 20.02 | 7.34 | 30.33 | 18.53 | 0.71 | 0.18 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.13 | 0.31 | 0.00 | 0.75 |
| | Victoria | 21.96 | 12.55 | 18.19 | 17.42 | 1.14 | 0.65 | 0.92 | 0.78 | 0.27 | 0.27 | 0.19 | 0.10 | 0.80 | 0.00 | 0.36 |
| | Washford | 27.65 | 9.96 | 10.18 | 12.34 | 1.19 | 0.40 | 0.13 | 0.13 | 0.00 | 0.13 | 0.13 | 0.13 | 0.49 | 0.00 | 0.13 |
| | Weald Central | 19.41 | 7.96 | 22.88 | 14.94 | 0.61 | 0.11 | 0.13 | 0.09 | 0.00 | 0.11 | 0.00 | 0.24 | 0.13 | 0.00 | 0.46 |
| | Weald East | 18.46 | 8.57 | 23.4 | 16.04 | 0.84 | 0.53 | 0.16 | 0.00 | 0.00 | 0.16 | 0.42 | 0.00 | 0.00 | 0.00 | 0.26 |
| | Weald North | 19.52 | 7.39 | 23.34 | 13.24 | 0.47 | 0.13 | 0.00 | 0.00 | 0.26 | 0.26 | 0.13 | 0.00 | 0.00 | 0.00 | 0.64 |
| | Weald South | 17.31 | 8 | 25.92 | 17.95 | 0.59 | 0.06 | 0.20 | 0.00 | 0.06 | 0.08 | 0.06 | 0.12 | 0.00 | 0.00 | 0.53 |
| | Wye | 15.21 | 15.52 | 29.93 | 18.30 | 1.46 | 1.58 | 1.25 | 0.17 | 0.62 | 0.42 | 0.42 | 0.17 | 1.12 | 0.00 | 0.17 |

Table 4.2: Percentages of people in Equality Target Group categories in Maidstone

| | | Age | | | Disability | Ethnicity | | | | | Religion | | | | | |
|---------------------------------|----------------------------|------------------|--------------------------|--------------------|--|----------------------|-------------------------------|-------------------------------|----------------|--------------------------------|-----------------|--------------|---------------|---------------|-------------|---|
| | | Children (0 -15) | Younger People (16 - 24) | Older People (60+) | Long term Illness (including disability) | People of Mixed Race | Asian or Asian British People | Black or Black British People | Chinese People | People from Other Ethnic Group | Buddhist People | Hindu People | Jewish People | Muslim People | Sikh People | People stating religion as Other religion |
| Maidstone Average | | 19.64 | 10 | 20.7 | 15.23 | 0.79 | 1.10 | 0.30 | 0.27 | 0.20 | 0.23 | 0.48 | 0.12 | 0.53 | 0.11 | 0.52 |
| Cluster threshold for Maidstone | | 23.57 | 12.00 | 24.84 | 18.28 | 0.95 | 1.32 | 0.36 | 0.32 | 0.24 | 0.28 | 0.58 | 0.14 | 0.64 | 0.13 | 0.62 |
| Maidstone | Allington | 17.11 | 8.77 | 27.13 | 15.39 | 0.52 | 1.24 | 0.33 | 0.34 | 0.28 | 0.09 | 0.64 | 0.15 | 0.71 | 0.13 | 0.58 |
| | Barming | 16.04 | 6.77 | 31.22 | 17.20 | 0.31 | 1.39 | 0.13 | 0.18 | 0.00 | 0.58 | 0.54 | 0.13 | 0.22 | 0.00 | 0.40 |
| | Bearsted | 18.22 | 7.98 | 25.8 | 15.81 | 0.74 | 0.86 | 0.19 | 0.17 | 0.10 | 0.19 | 0.36 | 0.10 | 0.44 | 0.00 | 0.59 |
| | Sutton | 18.05 | 8.81 | 23.63 | 15.01 | 0.24 | 0.67 | 0.12 | 0.00 | 0.16 | 0.28 | 0.12 | 0.20 | 0.12 | 0.24 | 0.55 |
| | Boxley | 23.41 | 9.44 | 11.52 | 9.19 | 1.16 | 1.30 | 0.25 | 0.35 | 0.13 | 0.20 | 0.50 | 0.13 | 0.38 | 0.19 | 0.91 |
| | Bridge | 14.57 | 12.04 | 24.74 | 18.42 | 1.29 | 1.80 | 0.76 | 0.45 | 0.49 | 0.32 | 0.81 | 0.06 | 1.34 | 0.11 | 0.38 |
| | Coxheath and Hunton | 18.82 | 8.48 | 25.02 | 15.05 | 0.55 | 0.17 | 0.20 | 0.13 | 0.20 | 0.17 | 0.06 | 0.00 | 0.07 | 0.00 | 0.25 |
| | Detling and Thurnham | 22.16 | 9.12 | 15.18 | 11.05 | 0.85 | 0.81 | 0.27 | 0.54 | 0.17 | 0.20 | 0.30 | 0.10 | 0.44 | 0.10 | 1.19 |
| | Downswood and Otham | 21.72 | 10.76 | 9.48 | 8.39 | 0.62 | 1.05 | 0.33 | 0.22 | 0.11 | 0.15 | 0.58 | 0.11 | 0.25 | 0.11 | 0.15 |
| | East | 17.65 | 11.25 | 20.28 | 15.26 | 0.78 | 1.92 | 0.32 | 0.58 | 0.32 | 0.34 | 0.81 | 0.09 | 0.90 | 0.10 | 0.91 |
| | Fant | 20.76 | 11.11 | 15.84 | 14.18 | 1.12 | 1.32 | 0.31 | 0.30 | 0.42 | 0.36 | 0.35 | 0.06 | 0.93 | 0.29 | 0.69 |
| | Harrietsham and Lenham | 19.15 | 8.61 | 23.01 | 16.39 | 0.63 | 0.32 | 0.10 | 0.22 | 0.06 | 0.08 | 0.10 | 0.16 | 0.12 | 0.20 | 0.34 |
| | Headcorn | 18.19 | 9.39 | 22.67 | 14.75 | 0.69 | 0.21 | 0.27 | 0.12 | 0.12 | 0.12 | 0.06 | 0.42 | 0.17 | 0.10 | 0.17 |
| | Heath | 21.3 | 13.72 | 16.1 | 14.57 | 1.16 | 2.28 | 0.92 | 0.48 | 0.46 | 0.26 | 1.53 | 0.09 | 0.68 | 0.09 | 0.68 |
| | High Street | 21.29 | 13.21 | 17.62 | 16.40 | 1.26 | 2.26 | 0.27 | 0.19 | 0.42 | 0.44 | 0.49 | 0.15 | 2.30 | 0.22 | 0.36 |
| | Leeds | 16.36 | 9.44 | 22.39 | 14.30 | 0.67 | 0.63 | 0.00 | 0.22 | 0.13 | 0.00 | 0.49 | 0.13 | 0.13 | 0.00 | 0.22 |
| | Loose | 15.77 | 8.11 | 25.69 | 17.31 | 0.50 | 0.32 | 0.14 | 0.00 | 0.00 | 0.14 | 0.18 | 0.00 | 0.00 | 0.18 | 0.36 |
| | Marden and Yalding | 20.52 | 8.09 | 20.71 | 14.83 | 0.57 | 0.19 | 0.21 | 0.27 | 0.09 | 0.12 | 0.04 | 0.16 | 0.15 | 0.00 | 0.39 |
| | North | 19.52 | 10.49 | 17.26 | 16.38 | 1.18 | 3.09 | 0.67 | 0.35 | 0.31 | 0.66 | 1.92 | 0.28 | 0.71 | 0.17 | 1.14 |
| | North Downs | 16.95 | 8.84 | 22.77 | 14.71 | 0.34 | 0.26 | 0.13 | 0.00 | 0.00 | 0.17 | 0.13 | 0.17 | 0.21 | 0.13 | 0.86 |
| | Park Wood | 25.62 | 11.04 | 17.57 | 18.98 | 0.99 | 0.57 | 0.30 | 0.17 | 0.00 | 0.15 | 0.20 | 0.07 | 0.40 | 0.07 | 0.37 |
| | Shepway North | 22.82 | 10.88 | 21.07 | 17.76 | 0.57 | 0.57 | 0.22 | 0.14 | 0.13 | 0.11 | 0.29 | 0.07 | 0.27 | 0.05 | 0.33 |
| | Shepway South | 18.84 | 9.41 | 28.15 | 21.10 | 0.54 | 0.84 | 0.15 | 0.15 | 0.06 | 0.11 | 0.22 | 0.06 | 0.41 | 0.17 | 0.33 |
| | South | 18.32 | 9.14 | 21.94 | 14.12 | 0.57 | 0.80 | 0.18 | 0.15 | 0.22 | 0.15 | 0.29 | 0.06 | 0.24 | 0.08 | 0.27 |
| | Staplehurst | 19.94 | 11.07 | 17.85 | 12.84 | 0.55 | 0.48 | 0.15 | 0.13 | 0.05 | 0.08 | 0.47 | 0.10 | 0.05 | 0.05 | 0.25 |
| | Sutton Valence and Langley | 18.69 | 10.4 | 24.51 | 16.58 | 0.96 | 0.11 | 0.41 | 0.92 | 0.26 | 0.11 | 0.11 | 0.00 | 0.00 | 0.00 | 0.15 |

Table 4.3: Percentages of people in Equality Target Group categories in Shepway

| | | Age | | | Disability | Ethnicity | | | | | Religion | | | | | |
|-------------------------------|-----------------------------|------------------|--------------------------|--------------------|--|----------------------|-------------------------------|-------------------------------|----------------|--------------------------------|-----------------|--------------|---------------|---------------|-------------|---|
| | | Children (0 -15) | Younger People (16 - 24) | Older People (60+) | Long term Illness (including disability) | People of Mixed Race | Asian or Asian British People | Black or Black British People | Chinese People | People from Other Ethnic Group | Buddhist People | Hindu People | Jewish People | Muslim People | Sikh People | People stating religion as Other religion |
| Shepway Average | | 19.52 | 9.16 | 25.66 | 20.50 | 0.71 | 1.45 | 0.21 | 0.19 | 0.15 | 0.22 | 1.04 | 0.11 | 0.35 | 0.02 | 0.33 |
| Cluster threshold for Shepway | | 23.42 | 10.99 | 30.79 | 24.60 | 0.85 | 1.74 | 0.25 | 0.23 | 0.18 | 0.26 | 1.25 | 0.13 | 0.42 | 0.02 | 0.40 |
| Shepway | Dymchurch and St Mary's Bay | 15.02 | 7.44 | 36.83 | 27.15 | 0.36 | 0.05 | 0.21 | 0.13 | 0.05 | 0.18 | 0.06 | 0.13 | 0.15 | 0.00 | 0.31 |
| | Elham and Stelling Minnis | 18.99 | 6.71 | 27.93 | 17.56 | 0.54 | 0.15 | 0.15 | 0.00 | 0.15 | 0.15 | 0.15 | 0.15 | 0.00 | 0.00 | 0.59 |
| | Folkestone Cheriton | 23.75 | 10.01 | 18.17 | 17.27 | 0.85 | 5.43 | 0.13 | 0.06 | 0.22 | 0.46 | 4.41 | 0.08 | 0.22 | 0.04 | 0.11 |
| | Folkestone East | 26.36 | 10.96 | 19.86 | 20.46 | 0.63 | 0.34 | 0.42 | 0.19 | 0.11 | 0.06 | 0.11 | 0.06 | 0.46 | 0.06 | 0.25 |
| | Folkestone Foord | 25.76 | 11.34 | 15.19 | 17.69 | 0.81 | 0.79 | 0.32 | 0.17 | 0.13 | 0.08 | 0.24 | 0.00 | 0.64 | 0.06 | 0.56 |
| | Folkestone Harbour | 21.41 | 11.71 | 21.33 | 20.58 | 0.83 | 0.49 | 0.18 | 0.33 | 0.20 | 0.14 | 0.28 | 0.06 | 0.35 | 0.00 | 0.41 |
| | Folkestone Harvey Central | 13.6 | 12.12 | 29.88 | 27.99 | 1.23 | 1.32 | 0.53 | 0.33 | 0.42 | 0.31 | 0.35 | 0.20 | 1.34 | 0.00 | 0.60 |
| | Folkestone Harvey West | 12.31 | 8.53 | 36.26 | 26.80 | 1.05 | 0.58 | 0.52 | 0.66 | 0.37 | 0.21 | 0.29 | 0.26 | 0.89 | 0.08 | 0.45 |
| | Folkestone Morehall | 22.05 | 10.49 | 20.25 | 16.40 | 0.75 | 0.77 | 0.19 | 0.49 | 0.07 | 0.28 | 0.49 | 0.07 | 0.54 | 0.00 | 0.14 |
| | Folkestone Park | 20.05 | 10.58 | 22.71 | 18.17 | 0.97 | 0.89 | 0.43 | 0.10 | 0.33 | 0.20 | 0.48 | 0.07 | 0.66 | 0.05 | 0.26 |
| | Folkestone Sandgate | 13.26 | 9.99 | 25.13 | 18.56 | 0.59 | 12.80 | 0.21 | 0.26 | 0.00 | 0.99 | 10.94 | 0.24 | 0.24 | 0.00 | 0.33 |
| | Hythe Central | 13.94 | 7.13 | 37.98 | 24.50 | 0.46 | 0.65 | 0.12 | 0.14 | 0.11 | 0.30 | 0.30 | 0.14 | 0.14 | 0.00 | 0.39 |
| | Hythe East | 16.25 | 8.31 | 33.91 | 22.43 | 0.58 | 2.00 | 0.00 | 0.07 | 0.10 | 0.43 | 1.45 | 0.22 | 0.00 | 0.00 | 0.24 |
| | Hythe West | 21.17 | 8.17 | 26.29 | 19.85 | 0.51 | 0.14 | 0.21 | 0.14 | 0.09 | 0.12 | 0.00 | 0.09 | 0.09 | 0.00 | 0.19 |
| | Lydd | 21.43 | 8.54 | 24.61 | 21.93 | 0.54 | 0.28 | 0.00 | 0.05 | 0.07 | 0.00 | 0.12 | 0.09 | 0.10 | 0.05 | 0.45 |
| | Lympne and Stanford | 20.72 | 7.2 | 21.91 | 16.15 | 0.62 | 0.00 | 0.00 | 0.00 | 0.15 | 0.15 | 0.15 | 0.15 | 0.21 | 0.00 | 0.15 |
| | New Romney Coast | 16.11 | 8.42 | 32.74 | 23.60 | 0.44 | 0.75 | 0.09 | 0.09 | 0.09 | 0.00 | 0.35 | 0.09 | 0.32 | 0.00 | 0.35 |
| | New Romney Town | 21.84 | 9.17 | 26.11 | 19.13 | 0.43 | 0.63 | 0.20 | 0.34 | 0.14 | 0.00 | 0.09 | 0.09 | 0.48 | 0.00 | 0.26 |
| | North Downs East | 23.07 | 7.71 | 18.01 | 15.98 | 0.93 | 0.17 | 0.17 | 0.19 | 0.09 | 0.19 | 0.07 | 0.05 | 0.19 | 0.00 | 0.41 |
| | North Downs West | 18.71 | 6.98 | 27.43 | 18.66 | 0.91 | 0.20 | 0.17 | 0.20 | 0.12 | 0.17 | 0.00 | 0.07 | 0.10 | 0.07 | 0.27 |
| Romney Marsh | 21.22 | 8.12 | 20.48 | 17.02 | 0.75 | 0.26 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.13 | 0.00 | 0.26 | |
| Tolsford | 18.64 | 7.37 | 24.23 | 16.51 | 0.91 | 0.25 | 0.15 | 0.15 | 0.15 | 0.00 | 0.20 | 0.51 | 0.15 | 0.00 | 0.15 | |

4.1.3 Distribution of Children (0 – 15 yrs)

Figure 4.1 (below) shows the concentration of children in the Channel Corridor area. The map shows that there are 10 wards in the area with concentrations higher than the Kent average (20.4%) and over 38 that are over the South East average of 19.9%. These concentrations are focussed upon the urban areas, especially in Ashford (see Figure 4.2 below).

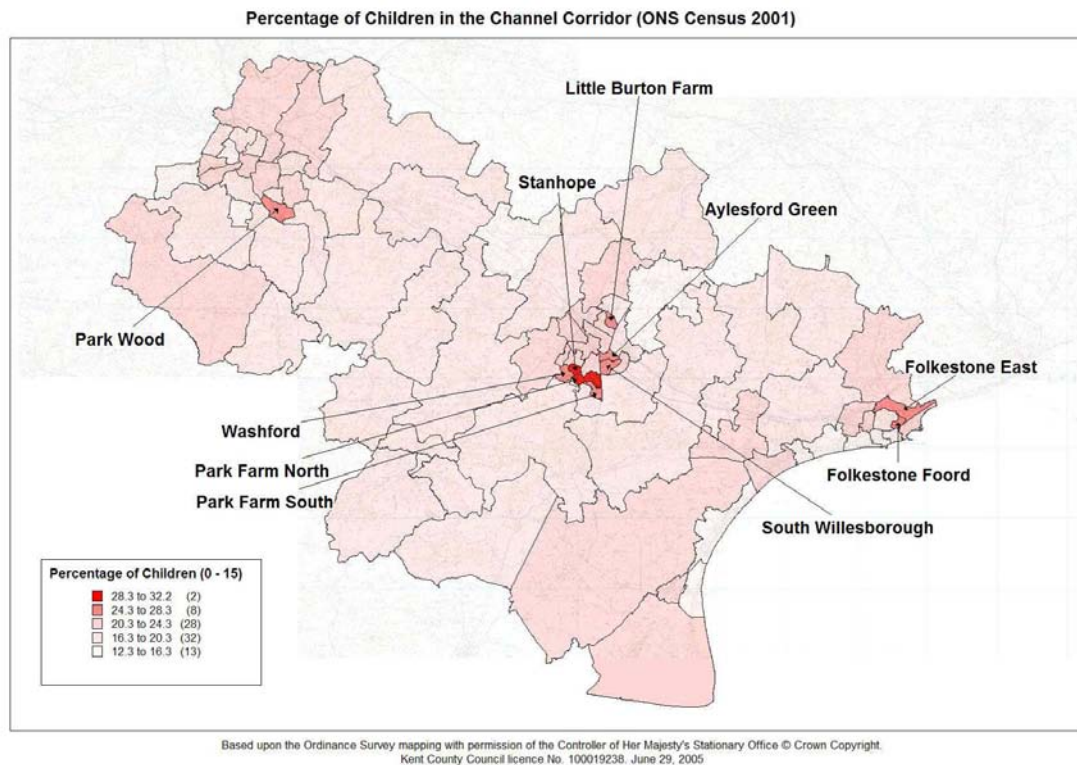
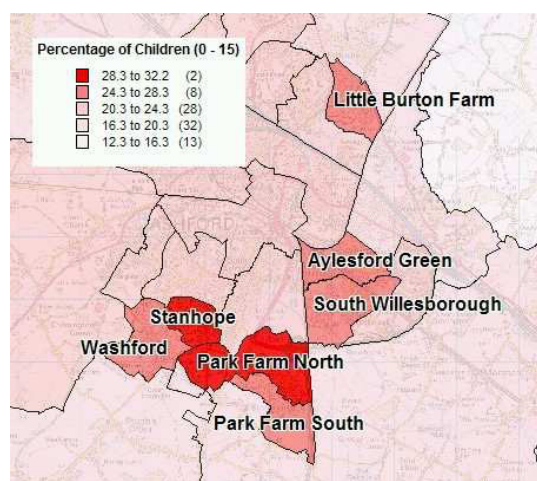


Figure 4.1: Percentage of Children in the Channel Corridor Area



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Figure 4.2: Concentrations of Children in Ashford

4.1.4 Distribution of Younger People (16 – 24 yrs)

The percentages of younger people in each ward (see Figure 4.3 below) shows that the area has several wards with high concentrations of younger people that are both above the Kent average (10.1%) and the South East average (10.6%). Again the concentrations tend to be around the urban centres (such as Maidstone see Figure 4.4), with a particular high concentration in Wye, possibly because of the location of an Imperial College campus in this ward.

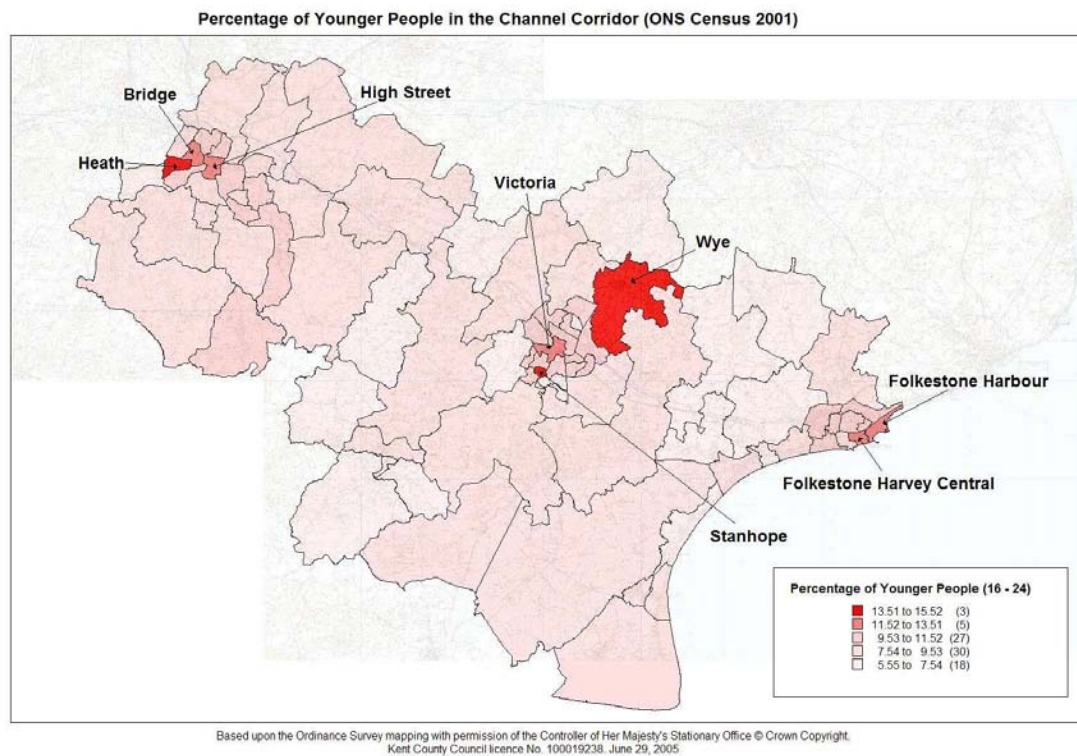


Figure 4.3: Percentage of Younger people (16 – 24 yrs) in the Channel Corridor Area

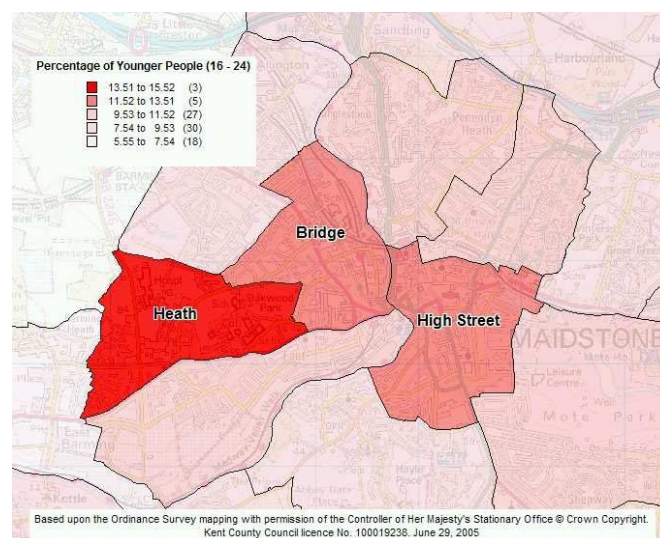


Figure 4.4: Concentrations of Younger people in Maidstone

4.1.5 Older people (65+ yrs)

The distribution of older people shown in Figure 4.5 (below) indicates that there are high concentrations of people from this Equality Target Group on the coastal area of Shepway, especially in Dymchurch and St. Marys bay, Hythe Central and Folkestone Harvey West. All these wards have proportions of older people over 34.4% that are much higher than the South East average of 21.2% and the Kent average of 22.3%. It is of particular importance to this study that the majority of areas with high concentrations of older people are in rural areas further away from the urban centres.

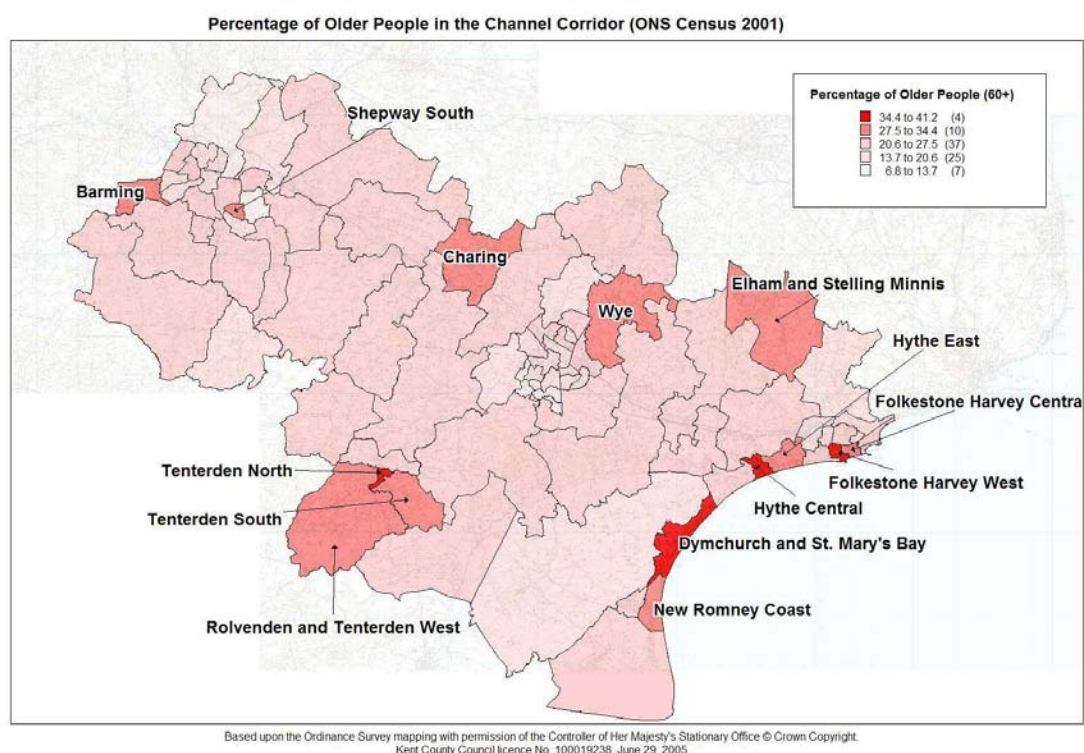


Figure 4.5: Percentage of Older people (65+ yrs) in the Channel Corridor Area

4.1.6 People with a Limiting Long Term Illness (including disability)

As with the concentrations of older people, the concentrations of people with a limiting long term illness are heavily concentrated upon the coastal area of Shepway (see Figure 4.6 and 4.7 below). These areas have concentrations that are much higher than the South East (15.5%) and Kent (17.3%) averages for this Equality Target Group.

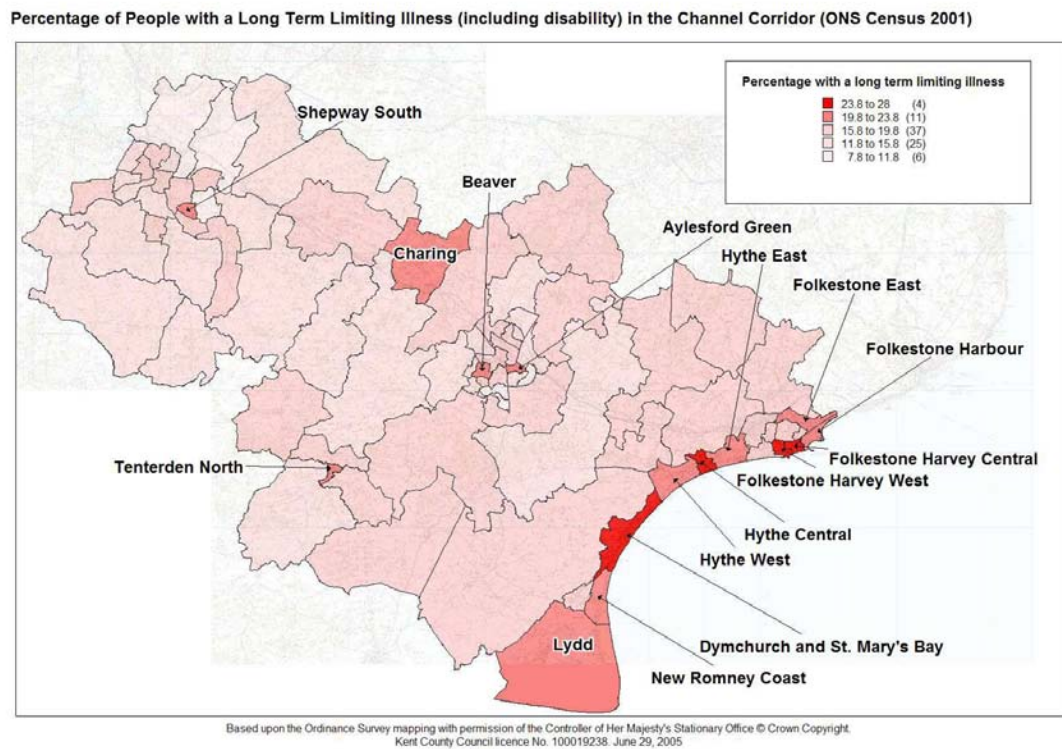


Figure 4.6: Percentage of people with a limiting long term illness (including disability) in the Channel Corridor Area

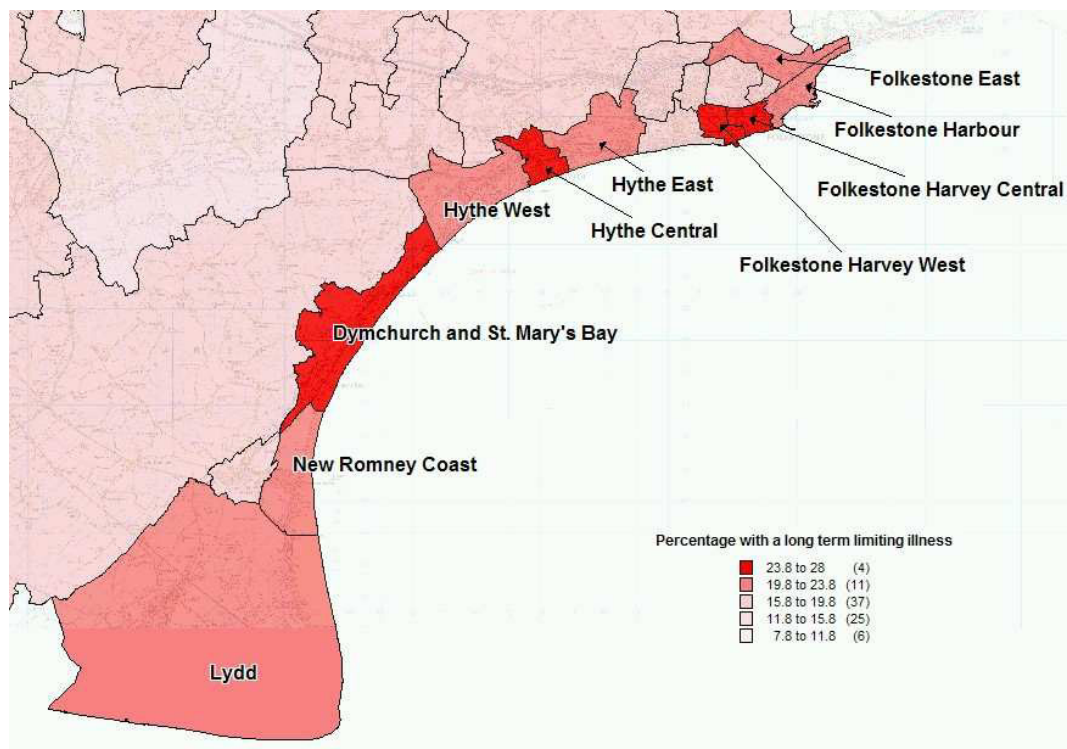


Figure 4.7: Concentrations of people with a Limiting Long Term Illness (including disability) in Shepway

4.1.7 Distribution of Ethnic Minority Groups in the area

There are many relative concentrations of people in ethnic minority group categories (people of Mixed Race, Asian / Asian British, Black / Black British, Chinese and people of other ethnic group) in the Channel Corridor area when compared to the averages for Kent and the South East (see the ETG tabulation in Table 4.1). Figure 4.8 (below) shows the concentrations of Asian / Asian British people in the area with only three significant concentrations in the wards of North, Folkestone Cheriton and Folkestone Sandgate.

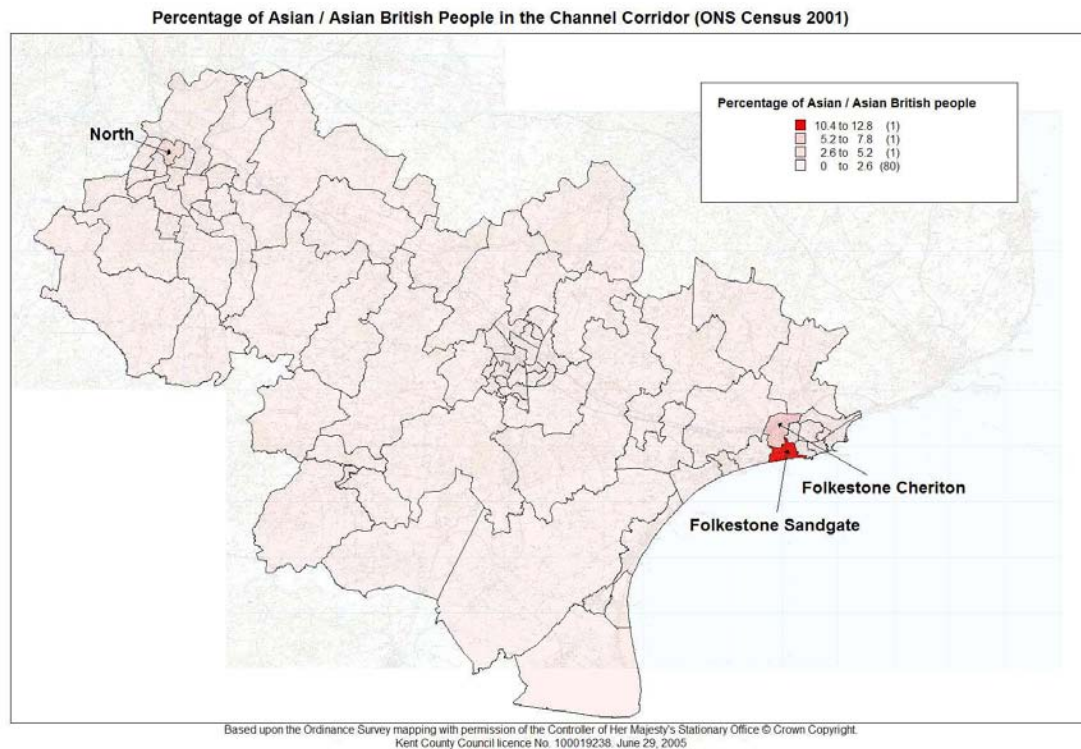


Figure 4.8: Percentage of Asian / Asian British people in the Channel Corridor Area

4.1.8 Distribution of faith groups

As with ethnicity there are many relative concentrations of people in faith group categories (Buddhist, Hindu, Jewish, Muslim, Sikh and people of other religions) in the Channel Corridor area when compared to the averages for Kent and the South East (see the ETG tabulation in Table 4.1). Figure 4.9 (below) indicates that the highest concentrations of Muslim people in the area are found near the major urban areas especially Ashford (Stanhope) and Maidstone (High Street).

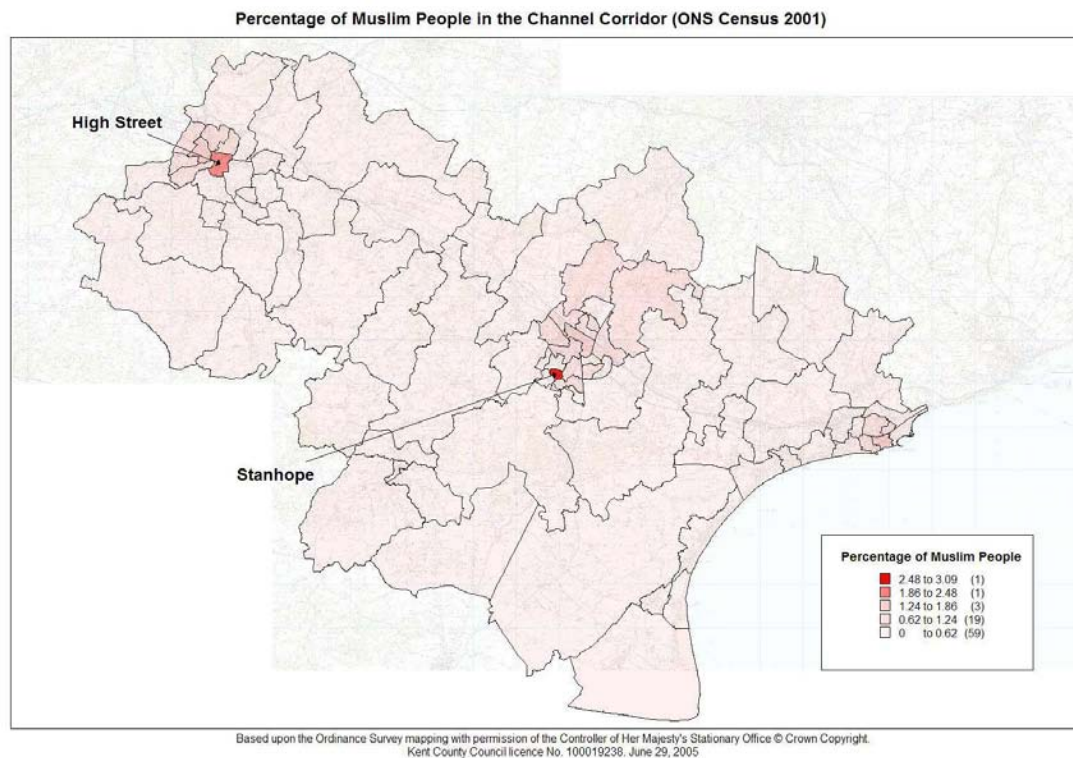


Figure 4.9: Percentage of Muslim people in the Channel Corridor Area

4.1.9 Concentrations of Equality Target Groups in the Channel Corridor

Figure 4.10 (below) shows that the highest number of clusters of people in ETG categories are situated near to the urban centres of Maidstone, Ashford and Shepway. The wards of North, Bridge, Heath, Wye, Folkestone Harvey West and Folkestone Harvey Central all have over 9 identified clusters of people from ETG categories within them. While most of these areas are more urban, the ward of Wye (see Figure 4.11) is near to Ashford but still in a relatively rural area, which may affect its access opportunities.

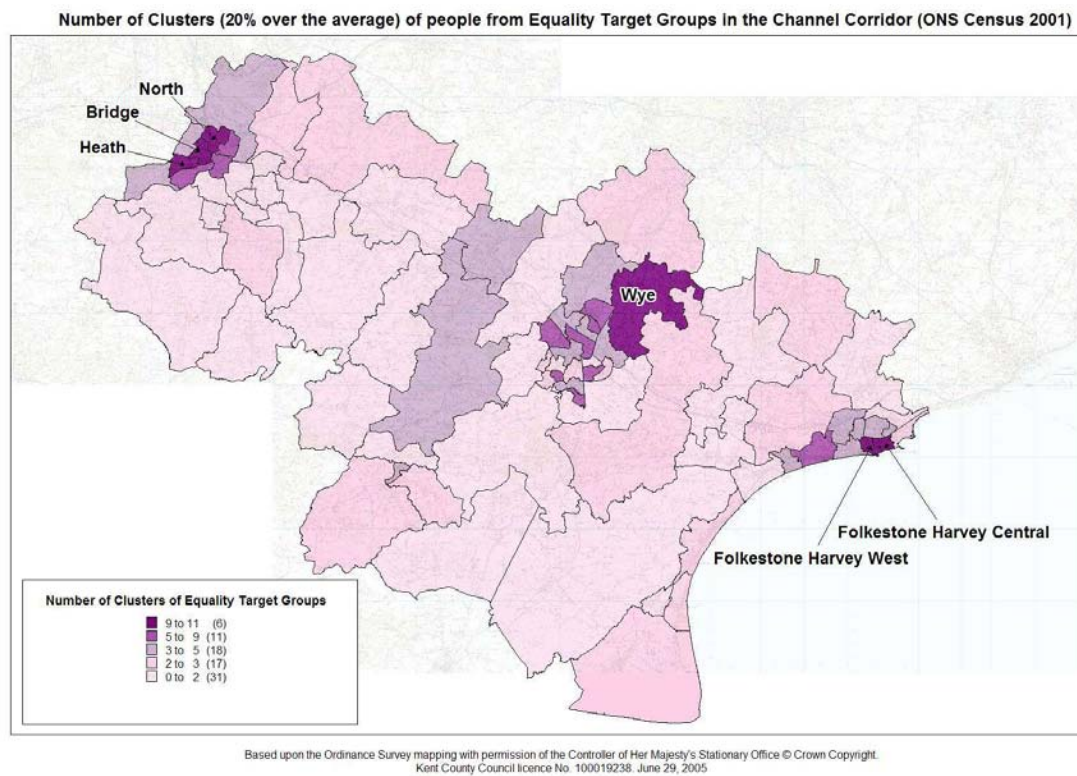


Figure 4.10: Number of clusters of people from Equality Target Groups in the Channel Corridor Area

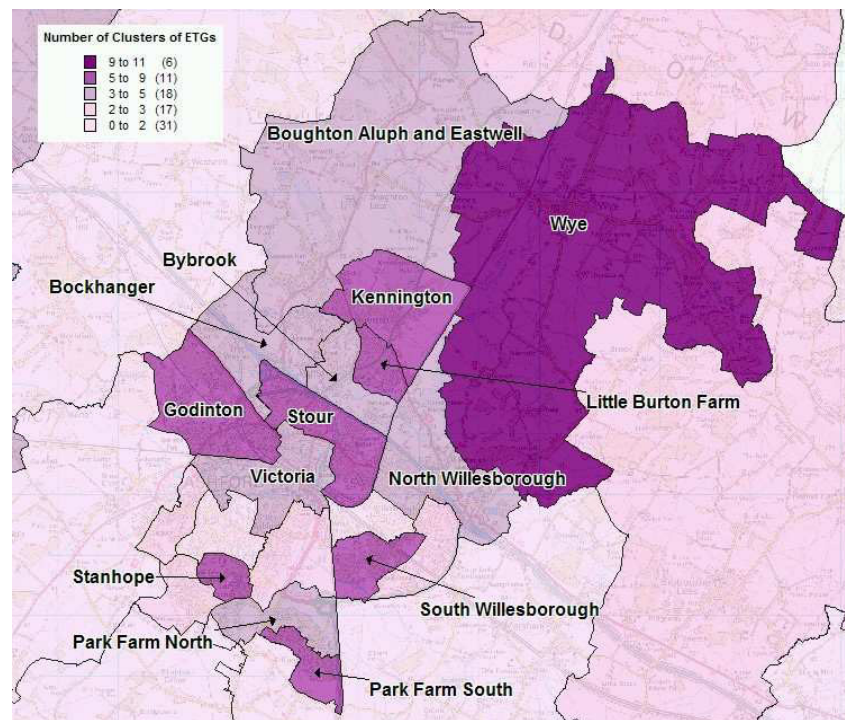


Figure 4.11: Concentrations of Equality Target Groups in Ashford

4.2 Mapping of Land Use

Figure 4.12 below shows the land use morphology for the Channel Corridor Area.

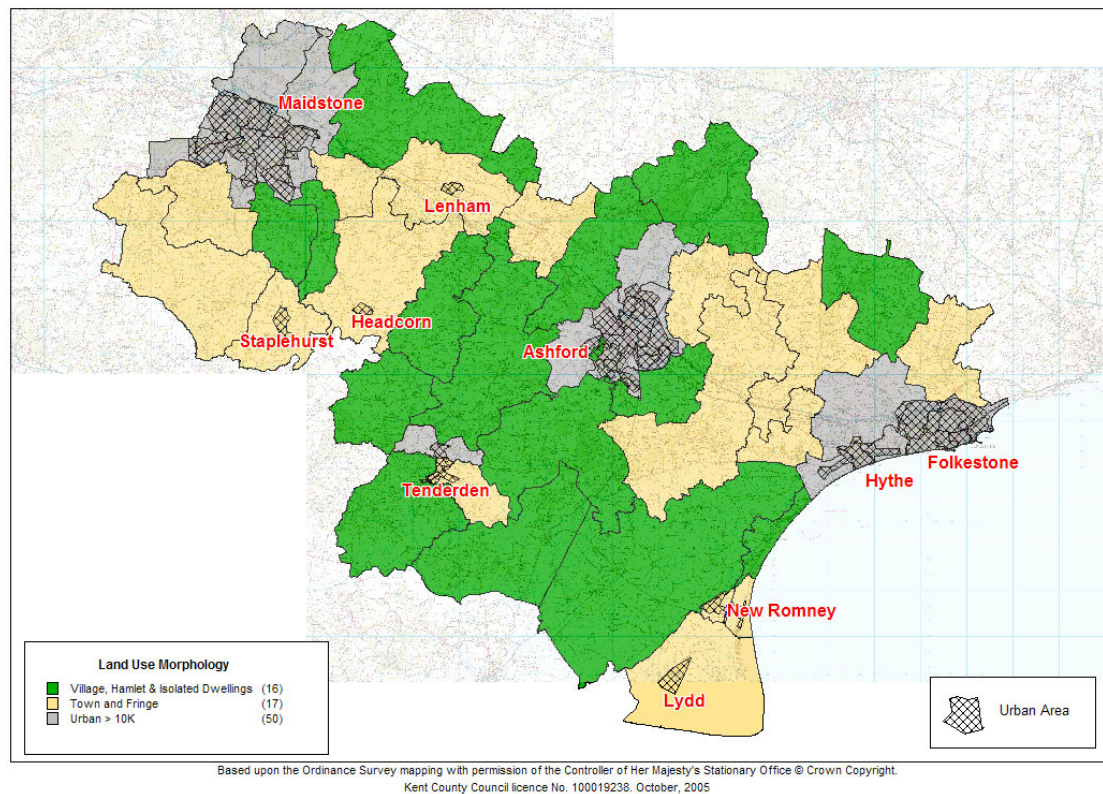


Figure 4.12: Land Use Morphology in Channel Corridor Area

4.3 Mapping of Car Ownership

Figure 4.13 (below) shows the percentages of households with no car or van (ONS Census 2001). Thirty one wards in the area have a higher proportion of households with no car or van than the percentage for the South East (19.4%). However the majority of these are found in the more urban areas with the exception of Wye (over 26%), Tenderden South, Hythe West and New Romney Town, a significant proportion of people living in these areas will need to access services using non-car modes of transport.

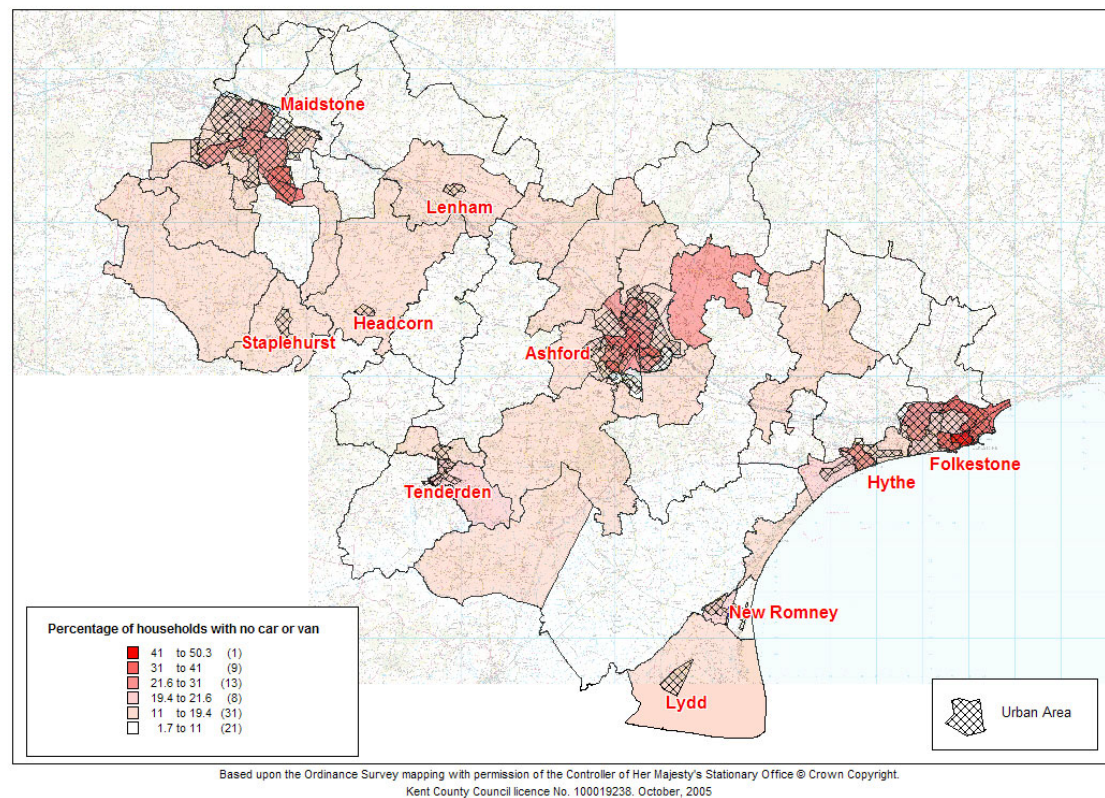


Figure 4.13: Percentage of households with no car or van

4.4 Mapping of Rank of Income Deprivation Score

Figure 4.14 (below) shows the rank of each lower super output area in the Channel Corridor area for income deprivation from the Indices of Multiple Deprivation 2004. The map indicates that most of the areas experiencing the worst income deprivation (ranked in the worst 40% in England and Wales) are located in the urban areas around Maidstone, Ashford and Folkestone. However the areas around Romney Marsh, Dymchurch and Hythe are also ranked in the bottom 40% for income but are generally rural areas.

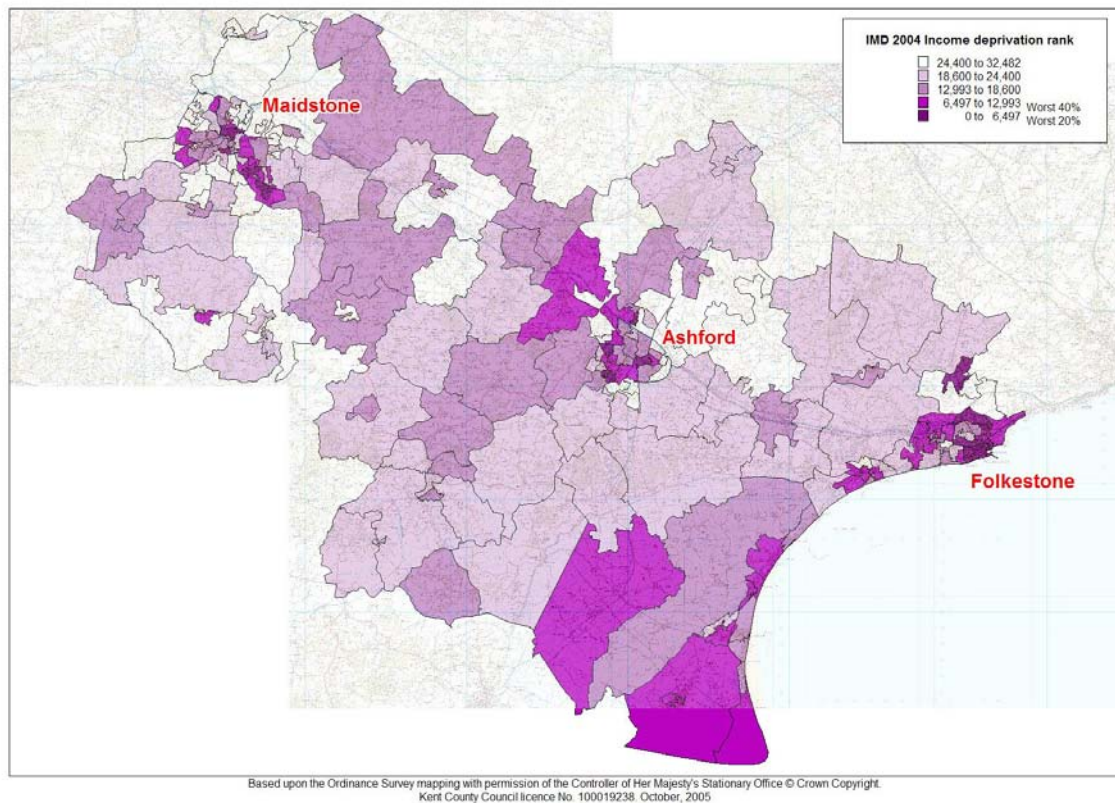


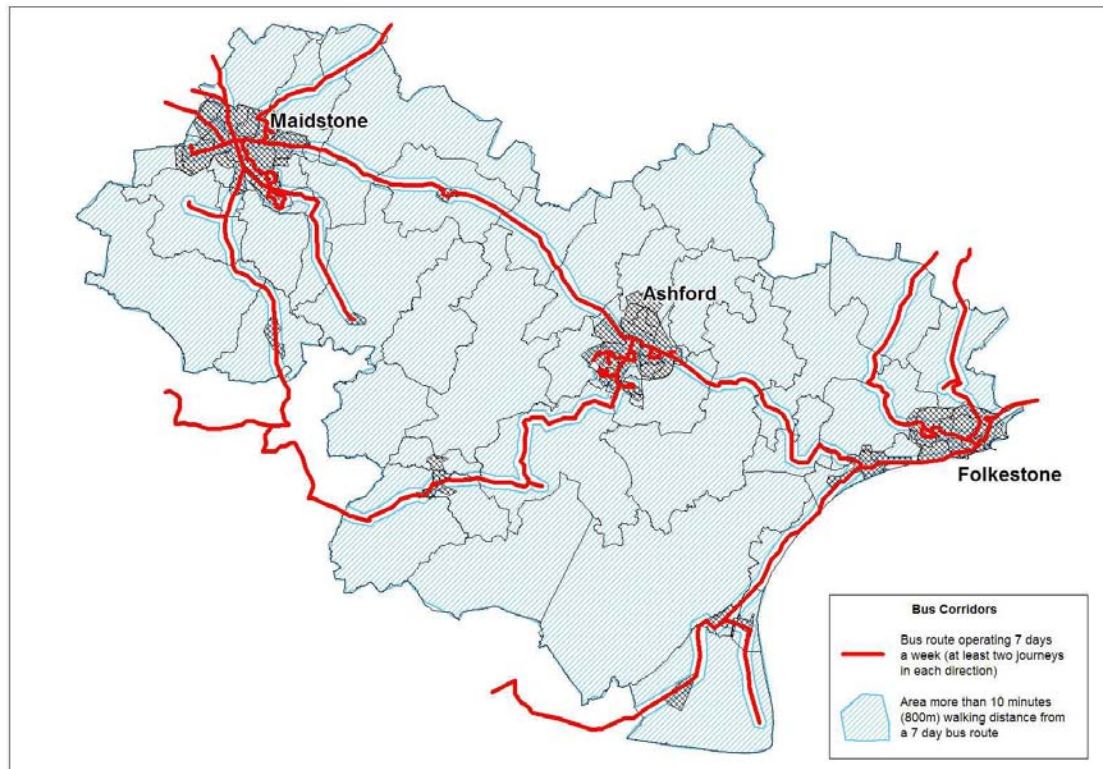
Figure 4.14: Rank of Income deprivation score in the Channel Corridor area

4.5 Existing Public Transport in the Channel Corridor Area

Using Kent County Council Public Transport Maps (KCC, 2005) it has been possible to create maps of areas served by bus and train in the Channel Corridor area. These are outlined below.

4.5.1 Bus services

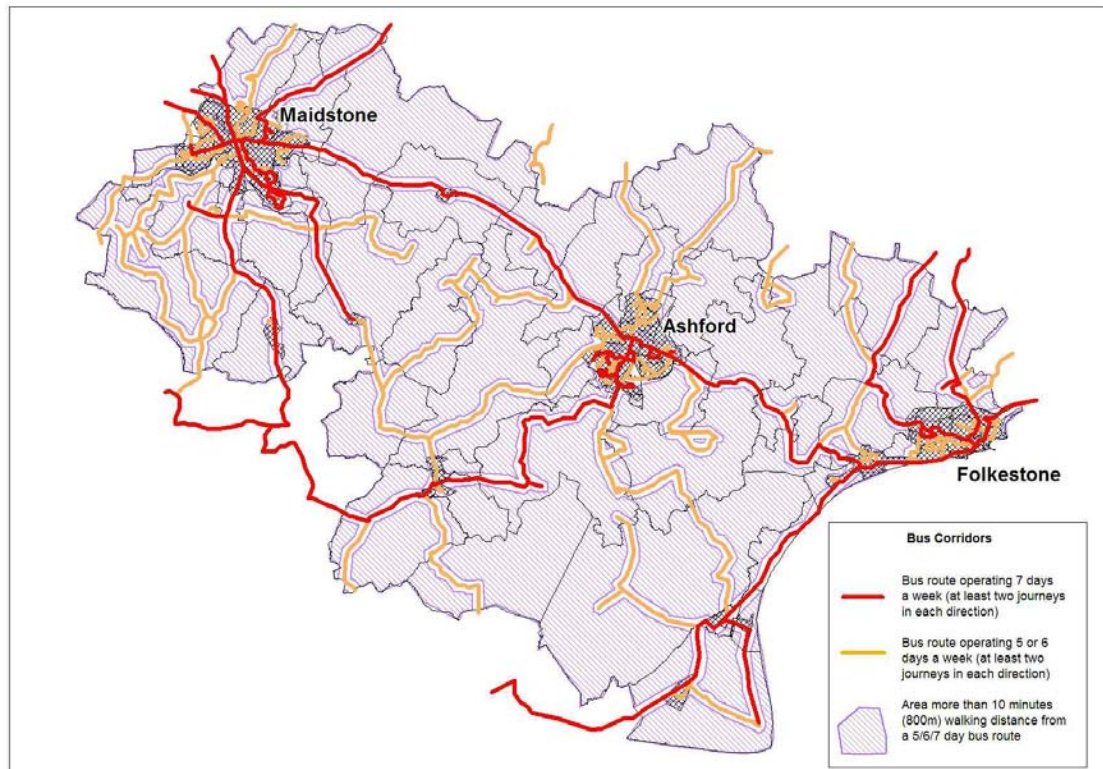
Figure 4.15 below shows the areas more than a 10 minute walk (800 metres) from a bus route that operates 7 days a week with at least two journeys in each direction. It is clear that while the urban areas of Maidstone, Ashford and Folkestone have better access to these routes, there are many significant rural areas that are not within walking distance of public transport that runs every day of the week.



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Figure 4.15: 7 day Bus Corridors in the Channel Corridor area

Figure 4.16 below shows the areas that are more than a 10 minute walk to bus services that operate between 5 and 7 days a week at least two journeys in each direction. These routes serve many more of the rural areas, but there are still large areas that are not within walking distance of a bus route operating at least 5 days a week.



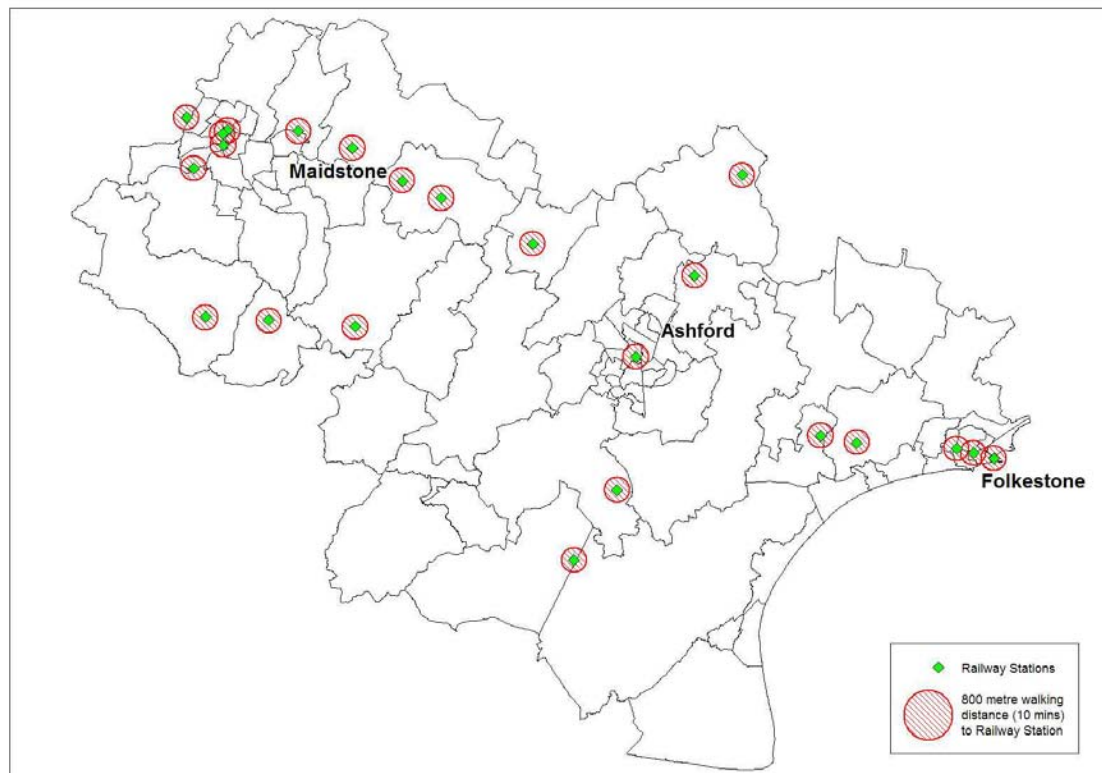
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Figure 4.16: 5 / 6 / 7 day Bus Corridors in the Channel Corridor area

4.5.2 Railway services

Figure 4.17 below shows the locations of railway stations in the Channel Corridor area and the areas within 10 minutes walking distance of these stations.



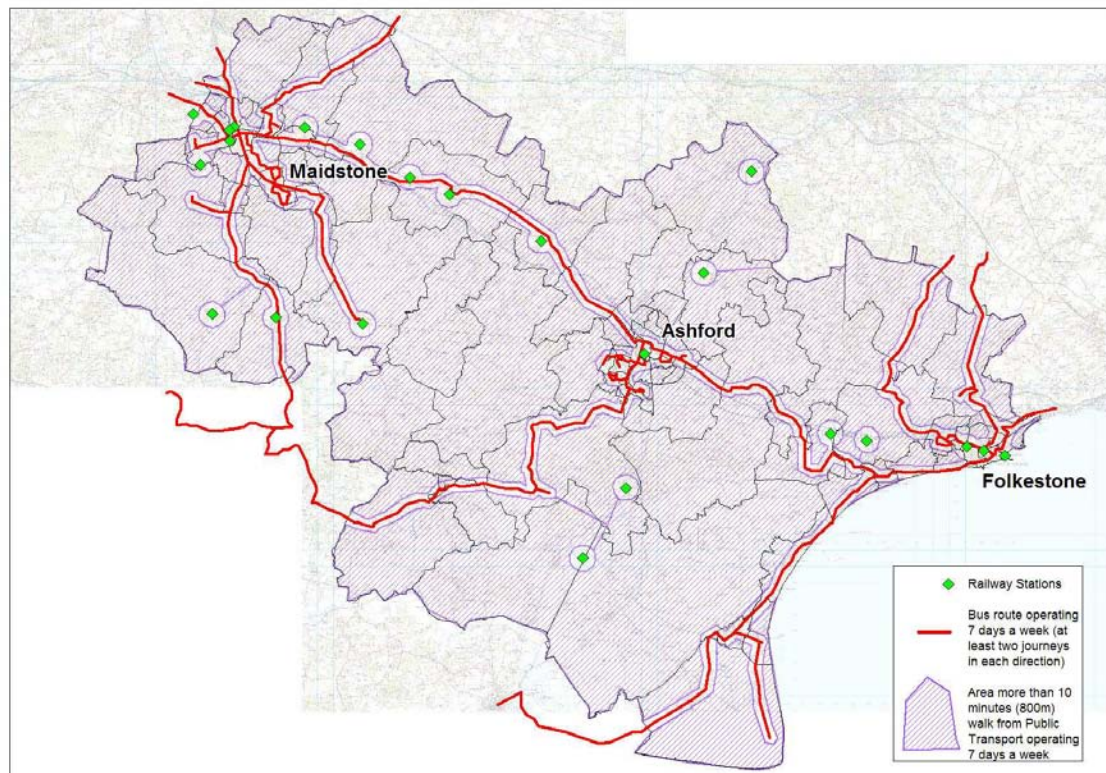
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Figure 4.17: Railway Stations in the Channel Corridor area

4.5.3 Areas with no access to Public Transport (7 days a week)

Figure 4.18 below shows the areas (striped purple) in the Channel Corridor that are more than a 10 minute walk from public transport that runs 7 days a week. It is clear that the majority of the area does not have walking access to regular public transport. These areas tend to be largely rural. The three urban areas of Maidstone, Ashford and Folkestone have much better coverage of walking access to public transport, and while the population density is much higher in these areas, a significant proportion of people living in rural areas do not have access to regular public transport.



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Figure 4.18: Areas more than 10 minutes walk to Public Transport that runs 7 days a week

4.6 Existing Community Transport in the Channel Corridor Area

4.6.1 Matrix of Community Transport provision

Tables 4.4 to 4.7 provide details of community transport schemes that cover the entire Channel Corridor region, Maidstone, Shepway and Ashford.

Table 4.4: Schemes covering entire boroughs

| Community Transport | Who can use the service | Area covered | When it runs | Cost to users | Which groups use it |
|--|---|--|--|---|---|
| Maidstone Kent Karrier – dial-a-ride and shopping service | Users must reside in Maidstone council area, have a medical condition that makes travelling on Public Transport Difficult or live in a rural area more than 500m from a conventional bus route. | Shopping service only goes to Maidstone town centre (including Railway Stations, Hospital and High Street). Dail-a-Ride will go anywhere in the borough. | Travel between 9:00am and 2:00pm Monday - Friday. 9:30am and 5:00pm on Saturdays. Shopping service serves different areas on different days of the week. | £5 membership fee plus fares | Many disabled people - as the bus has lift |
| Ashford Kent Karrier – dial-a-ride | Users must reside in Ashford council area, have a medical condition that makes travelling on Public Transport Difficult or live in a rural area more than 500m from a conventional bus route. | Dail-a-Ride will take users from their residence to Ashford (inc. Hospital, Railway Station, Superstores), Tenterden or Wye. | Travel between 9:30am and 2:00pm and 4:30pm and 7pm, Monday - Friday during school term time. 8am to 7pm Monday to Friday during School holidays. | £5 membership fee plus fares (usually between £1 and £2.50) | Many disabled people - as the bus has lift |
| Shepway Kent Karrier – dial-a-ride | Users must reside in Shepway council area, have a medical condition that makes travelling on Public Transport Difficult or live in a rural area more than 500m from a conventional bus route. | Dail-a-Ride will take users from their residence to Ashford (inc. hospital), New Romney, Hythe or Folkestone (inc. hospital) depending on the day of the week. | Shopping trips start at 9am and 11am and return journeys are at 1pm and 4:30pm Monday - Friday. | £5 membership fee plus fares | Many disabled people - as the bus is lowfloor |

Table 4.5: Community Transport Schemes in Maidstone

| Community Transport | Who can use the service | Area covered | When it runs | Which groups use it |
|--|--------------------------------------|---|--|---|
| Maidstone Volunteer Bureau - Voluntary Transport to hospital | Users must live in Maidstone borough | The service will go to any hospital users want (inc. Medway Hosp, East Grinstead (Royal Vic), Preston Hall (Maidstone)) | 6am to 7pm | Mostly aged 60yrs+ with mobility problems (getting on Public Transport) and disabled people under 60yrs |
| Maidstone Volunteer Bureau - Transport to Disabled Childrens Centre - Union St, Maidstone | | Transport users to and from home to the centre - to try and fill the gaps of the hospital car scheme | | Disabled children |
| Royal Mail Post Buses | | Route 332 - Maidstone-Stocket Lane Route 331 - Maidstone-Lenham Heath Route 300 - Sittingbourne-Wormhill | Monday to Friday: Route 332 - Buses at 10am and 1pm Route 331 - Buses at 9am and 12:45pm Route 300 - Buses at 6:35am and 1:15pm | Between 9 and 15 seats per bus |
| Maidstone Car Scheme | Users must live in Maidstone borough | | | |
| Sittingbourne Car Scheme | No information available | | | |

Table 4.6: Community Transport Schemes in Ashford

| Community Transport | Who can use the service | Area covered | When it runs | Cost to users | Which groups use it / Vehicle type / Volunteers |
|---|--|--|--|--|--|
| Royal Mail Post Bus | | Route 306 - Ashford-Biddenden-Egerton-Pluckley | Buses at 10am and 1:10pm | | 14 seats per bus |
| Tesco's Bus Services to Ashford Park Farm Store | No information available | | | | |
| Health Hopper | Patients, visitors and on-duty staff are welcome to use the free service for transport between East Kent hospitals, providing that they are independently mobile and space is available. | Route A: William Harvey Hospital - Kent and Canterbury Hospital Route C: William Harvey Hospital - Royal Victoria Hospital - Buckland Hospital - Queen Elizabeth The Queen Mother Hospital (QEQM) | Monday to Friday Route A: departs from William Harvey Hospital from 7:30am at intervals of 45mins - 90mins up until 3:30pm Route C: departs from William Harvey Hospital at 7:50am, 12:35pm and Royal Vic Hospital at 8:20am, 11:15am, 1:05pm and 4:10pm | Free of charge | Patients, visitors and on-duty staff |
| St Augustines Centre Minibus | Groups within Harbour, Foord, Central and East Folkestone | na | na | | Schools, Playgroups, Sports clubs, Churches, Youth Clubs, Local Charities or any non-profit organisations |
| Ashford Careers Support Minibus | | na | na | | 17 seater minibus |
| Arthritis Care Minibus | | na | na | | VW minibus wheelchair and electric step |
| Wealden Wheels | Open to organisations clubs and familiys | Serves villages of Challock, Charring, Smarden, Egerton, Pluckley | na | Users pay £10 per year membership fee - can hire vehicle on self drive or with driver - 80p per mile | 109 organisations, clubs and families currently members - slightly more older people using service. Transit Torneou 9 seater (Minibus) and 15 seater with removable seats (for Wheelchairs) with tail lift and various volunteer drivers |
| The Link Group (Bethersden) - Voluntary Driver Scheme | No information available | | | | |
| Voluntary Driver Scheme - Smarden | No information available | | | | |
| Wye Car Scheme | Just for people living in Wye and Brook. Mainly over 65+ users | Will take people to Doctors surgery, Dentist and William Harvey Hospital. | na | There is no charge, but they do have parking permits. | |
| Ashford Car Scheme - Ashford Volunteer Bureau | Anyone in the Ashford Borough | | | | |
| Aldington Parish Car Scheme | No information available | | | | |
| Cherring Car Scheme | No information available | | | | |
| Tenderden Volunteer Bureau Car Scheme | Serves villages of Ashford borough - will go to airports hospitals or other. No restrictions mostly elderly and disabled - mostly people from Ashford Borough (100 clients) | | | Client pays (except via Social Services) 40p per mile | 14 volunteer drivers in Tenderden |

Table 4.7: Community Transport Schemes in Shepway

| Community Transport | Who can use the service | Area covered | When it runs | Cost to users | Which groups use it / Vehicle type / Volunteers |
|---|---|---|---|---|---|
| Marsh Mobile Ride On - Scooter Hire | Anyone without access to public or private transport wanting to access training, education or employment 16 - 65 yr olds - | Just Romney Marsh - Parishes | na | £10 per week | Mostly used by younger people Voluntary and Community Groups based in Romney Marsh. 16 Scooters 50cc - 100cc Scheme provides compulsory training and equipment, tax, insurance - most people are referred by employment office |
| Appledore Good Neighbour Service - Voluntary Driver Scheme | Must live in Appledore | 10 mile radius of appledore (or as far as Hythe sometimes) | Basically ring and ride - but need 48 hours notice to arrange | | Mostly older people use it to access healthcare 12 reliable Voluntary Drivers use own cars (are given money for petrol) - user fee is optional |
| Shepway Car Scheme | | Whole of Shepway | | Users pay drivers mileage - 40p a mile plus annual fee. | Older people and disabled people Mostly for healthcare 50 volunteer drivers |
| Marsh Hopper | Private Hire (2 cars) | Romney Marsh area | | £1 a mile, £2 booking fees - lady driver Have several other vehicles - including buses | A cross section, all ages |
| Tesco Free Buses | Folkestone Store | T1: Wed - Fri - Folkestone Town Service T2: Wed only - Palmarsh - Hythe - Sandgate T3: Thurs only - Sellinge - Saltwood T4: Thurs only - Elham T5: Wed only - Densole - Hawkinge - Holywell T7: Fri Only - Lydd - New Romney - Dymchurch - Hythe | | Free | na |
| | Dover Store | no information available | | | |

4.6.2 Mapping of Community Transport

Figures 4.19 and 4.20 below, show the spatially specific Community Transport schemes in the Channel Corridor Area. Figure 4.19 shows the catchment areas of schemes that do not have a particular route and will often go anywhere within the borough that the user requires. Figure 4.20 shows schemes that are routed. In the case of the Health Hopper scheme, exact routes were not available and so routes have been approximated along the main roads connecting each hospital.

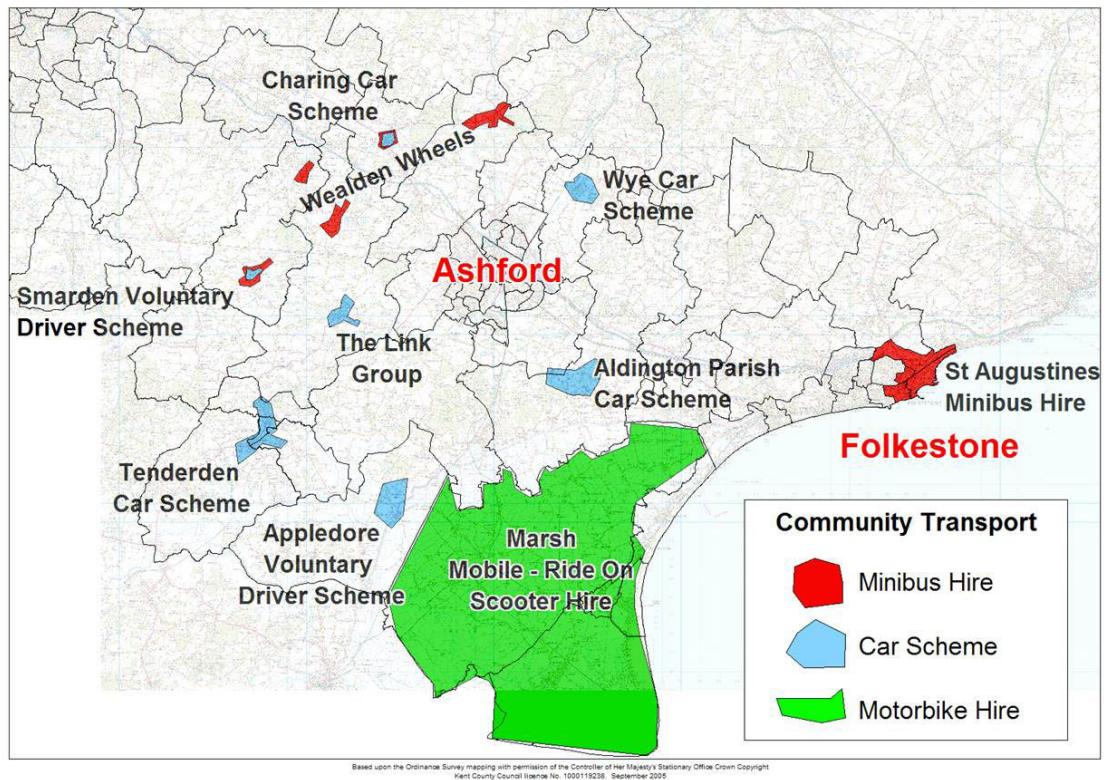


Figure 4.19: Areas covered by Community Transport schemes

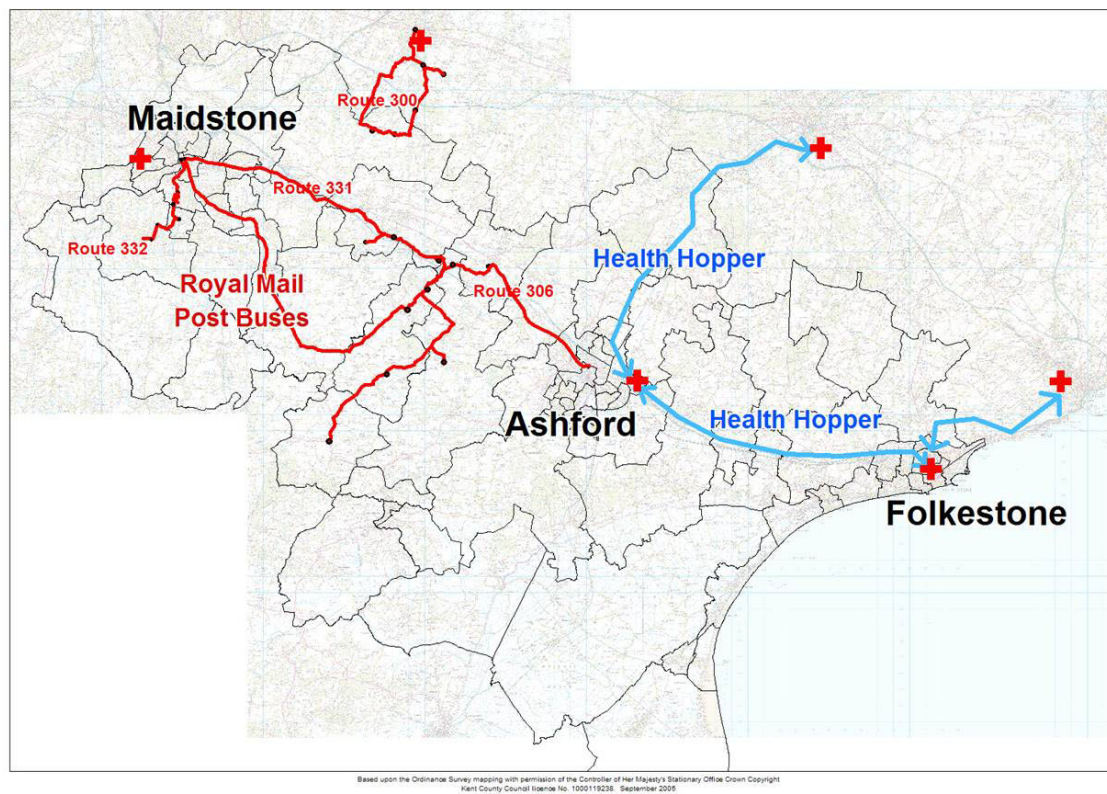


Figure 4.20: Community Transport routed schemes

4.6.3 Gap analysis of Public Transport and Community Transport provision in the area

Figure 4.21 (below) shows Community Transport Schemes (non-routed) over-laid with areas that are more than 10 minutes walk from public transport that runs every day of the week. The map indicates that some of the localised Community Transport schemes are well situated in serving communities that do not have access to regular public transport, such as Wealden Wheels in Ashford, The Link Group in Bethersden, Aldington Parish Car Scheme and Marsh Mobile scooter hire (which covers a very large area with poor access). At the same time many of the Community Transport schemes shown in Figure 4.21 are located in areas that have relatively good public transport, including Wye Car Scheme, Tenderden Car Scheme, Appledore and Saint Augustines Minibus Hire. The area of Maidstone Borough is conspicuous because of its lack of Community Transport schemes (or at least lack of information about Community Transport Schemes and large areas with poor access to public transport).

Areas with poor public transport access and an apparent lack of localised Community Transport schemes include the wards:

Maidstone

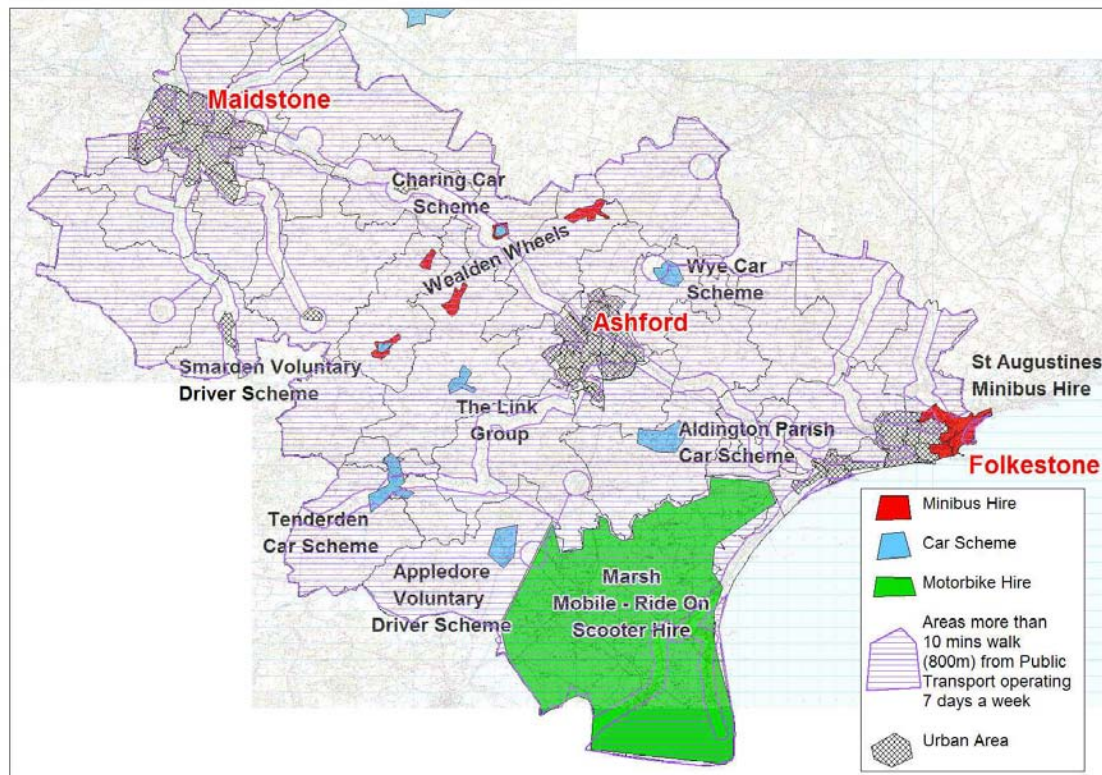
- Marden and Yalding
- Boughton Monchelsea and Chart Sutton
- Coxheath and Hunton
- Boxley
- North Downs
- Headcorn (northern end)
- Barming

Ashford

- Biddenden
- Downs North
- Boughton Aluph and Eastwell
- Great Chart with Singleton North
- Saxon Shore (northern end and Bislington area)

Shepway

- North Downs West
- Elham and Stelling Minnis
- Tolsford (northern end)
- Romney Marsh (more accessible vehicle schemes needed)
- Lydd (more accessible vehicle schemes needed)



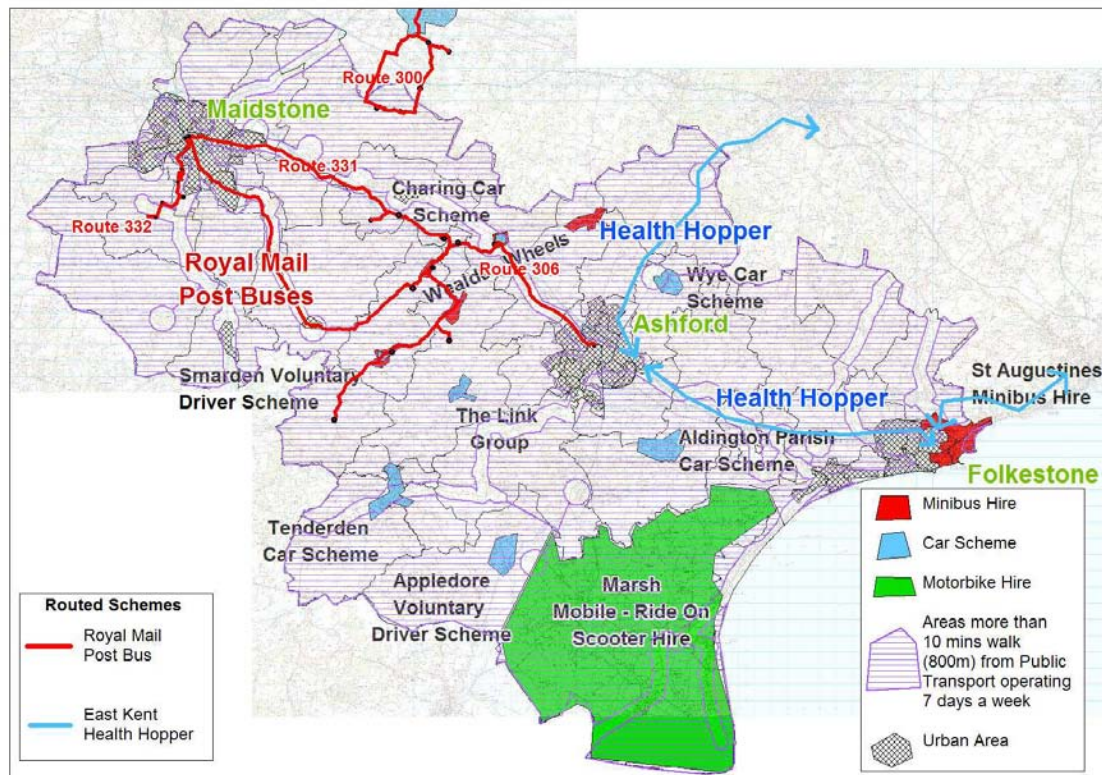
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Figure 4.21: Community Transport Schemes compared to areas with poor access to Public Transport

Figure 4.22 below shows the areas in the Channel Corridor with poor access to public transport and localised and routed Community Transport Schemes. While it is clear that the Royal Mail post buses and East Kent Health Hopper fill some of the gaps, much of these two routes run along public transport corridors or in parallel to them.

Of the areas mentioned before that have poor public transport access and a lack of Community Transport schemes, the only poorly served wards that are reached by routed services are in Downs North (Health Hopper) and Boughton Aluph and Eastwell and Biddenden (Royal Mail post bus).



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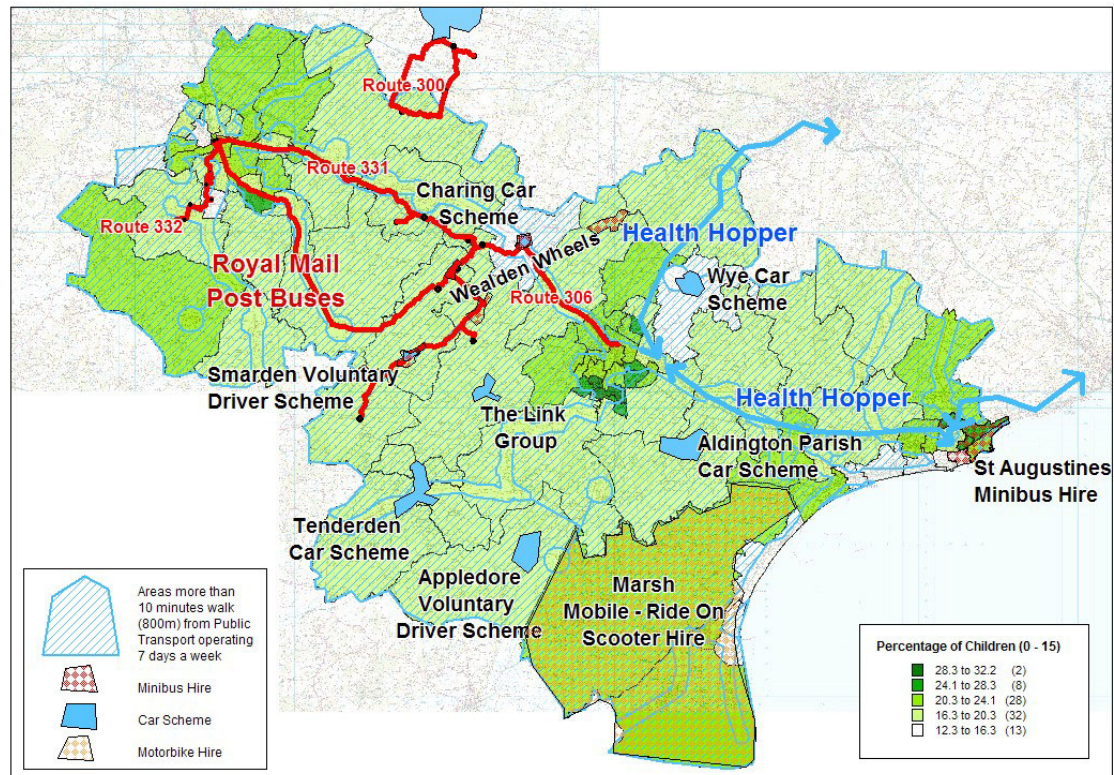
Figure 4.22: Routed Community Transport compared to areas with poor access to Public Transport

4.7 Equality Target Groups compared to public and community transport provision

Four Equality Target Groups (ETGs), children, younger people, older people and disabled people, have been mapped alongside community transport schemes in the Channel Corridor, and access to public transport within a 10 minute (800m) walk. These issues are explored in more detail in the following sections.

4.7.1 Children and Transport Access

Figure 4.23 shows the location of clusters of children, access to public transport schemes and Community Transport coverage in the Channel Corridor region. Clusters of children are primarily located in the urban areas of Maidstone, Ashford and Folkestone, where there is also access to public transport services within a 10 minute (800m) walk.



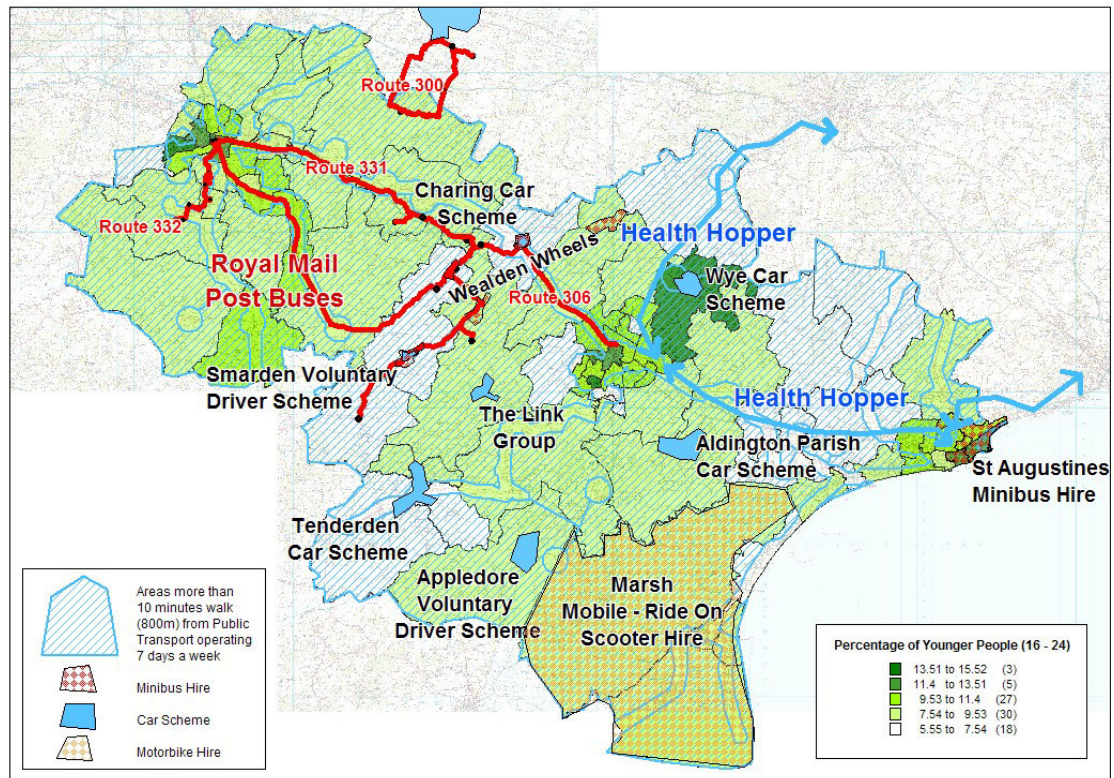
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Figure 4.23: Clusters of Children, Public Transport and Community Transport on the Channel Corridor Region

4.7.2 Younger People and Transport Access

Clusters of younger people (16 – 24) tend to be located close to the main urban areas of Maidstone, Ashford and Folkstone, but with a large proportion in Wye, perhaps owing to the location of Imperial College (see Figure 4.24). All of these areas have access to a public transport service within 10 minutes walk, with the exception of Wye. There is a community car scheme located in this area, and the Health Hopper service does travel along the western side of this ward. Nevertheless, young people may find it difficult to reach certain services, such as social activities, employment opportunities and food shopping if they do not have access to a vehicle.



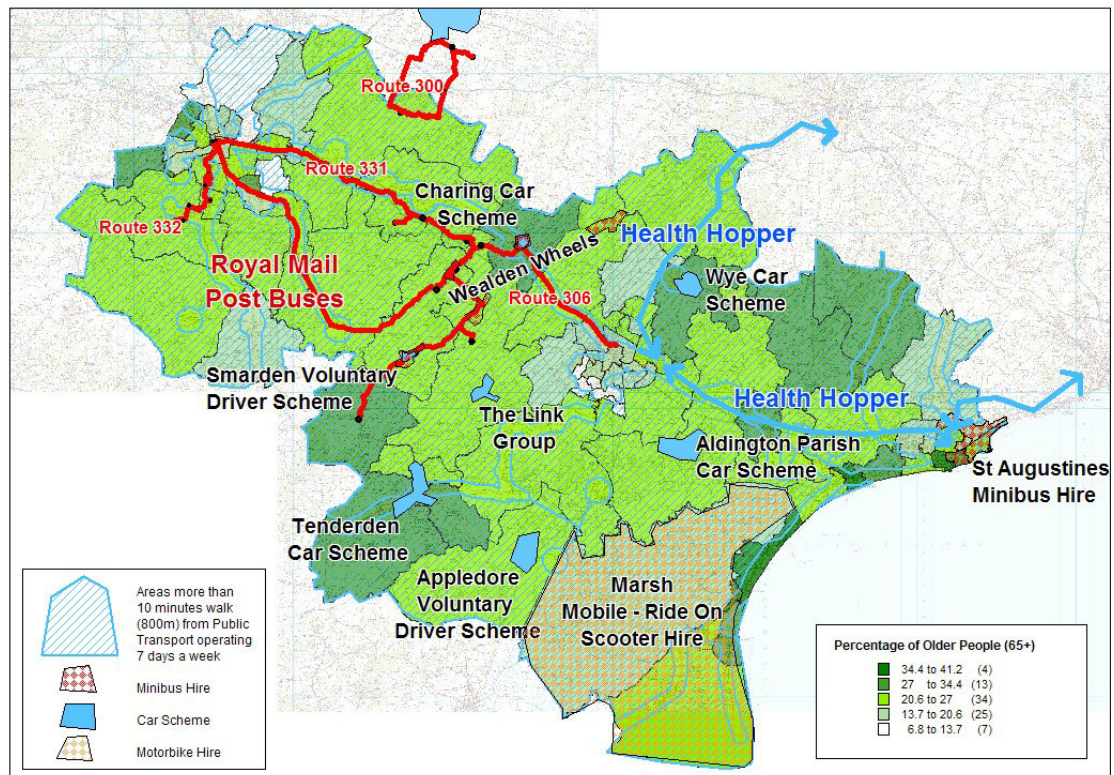
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Figure 4.24: Clusters of Younger People, Public Transport and Community Transport on the Channel Corridor Region

4.7.3 Older people and Transport

Figure 4.25 shows the location of clusters of older people in the Channel Corridor Region, access to public transport schemes within 10 minutes walk (800m) and community transport schemes. In areas where there are clusters of older people along the coast (Dymchurch and St Mary's Bay, Hythe Central, Folkestone Harvey West), there is a lack of public transport services within walking distance. Community transport schemes in this area include minibus hire at St Augustines, and Marsh Mobile to the south (which is probably not a viable alternative for the majority of older people). It is likely that older people in this coastal region will find it difficult to reach most key services if they do not have access to a private vehicle. Other wards with clusters of older people (Tenterden North and South, Charing, Wye, Elham and Stelling Minnis, Barming and Shepway South) do have some access to public transport services and a variety of community transport schemes, including car schemes, post buses and the Health Hopper services.



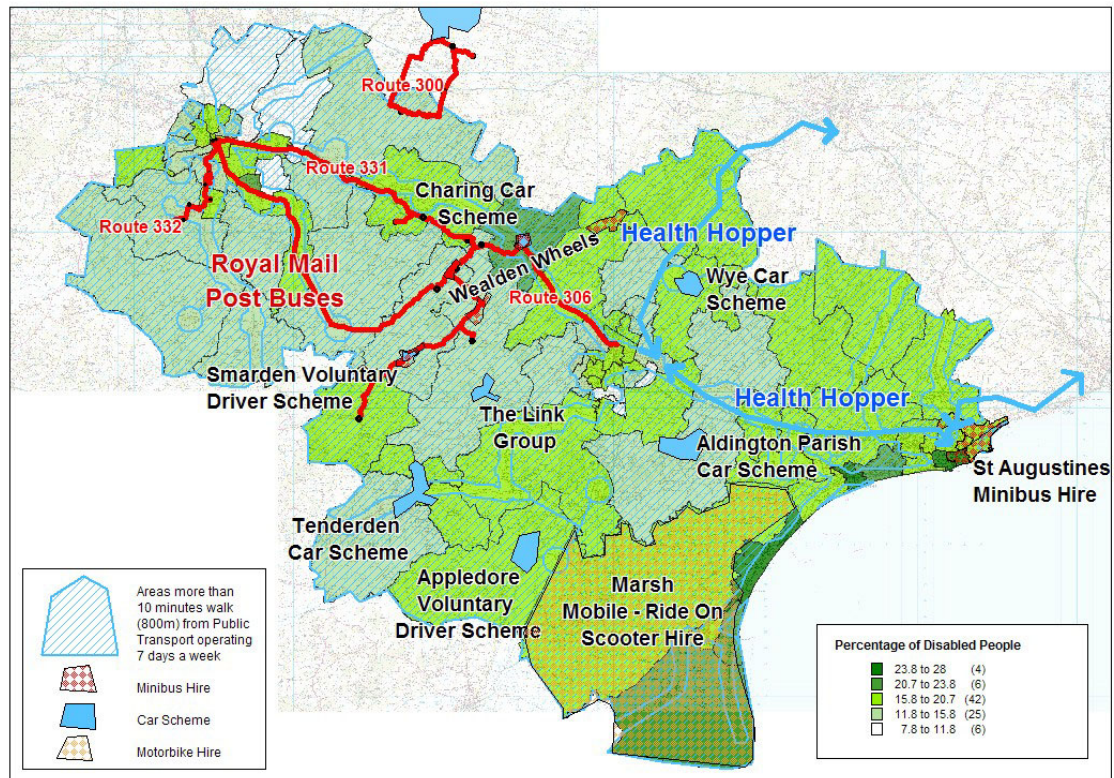
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Figure 4.25: Clusters of Older People, Public Transport and Community Transport on the Channel Corridor Region

4.7.4 Disabled people and Transport

Figure 4.26 shows the location of clusters of disabled people, access to public transport services and community transport schemes in the Channel Corridor region. As with clusters of older people, there are clusters of disabled people along the coastal region in Shepway. This has implications for access to key services as there is a lack of public transport services and community transport schemes in this area.



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Figure 4.26: Clusters of Disabled People, Public Transport and Community Transport on the Channel Corridor Region

5 Questionnaire Survey

5.1 Methodology

The questionnaire survey for this study was derived from a previous project completed by TRL for the Countryside Agency in February 2003 (TRL, 2003). The project aimed to help set accessibility standards and to develop an accessibility audit for use within rural areas. The main aim of the study was to identify standards for accessibility that might be applied to those living in different types of rural areas, thereby suggesting proposed standards for policy makers to use as targets for improvements in accessibility. The study also aimed to develop and test methodologies for simple accessibility audits in rural areas.

The methodologies developed involved the use of household-based questionnaires, and questionnaires to be completed by representatives of rural parishes (e.g. parish clerks) to assess accessibility.

After being piloted a new two-staged approach was developed, including an initial ‘qualifying’ questionnaire, to be filled in by a representative of a parish to determine how accessibility-poor a parish was, and if it would benefit from carrying out a household accessibility audit. In addition to this approach, more emphasis was given to qualitative data, which was likely to be the basis for identifying accessibility problems and barriers in rural parishes.

This methodology was piloted in two parishes in rural England. The revised methodology was well received and parishes were able to identify accessibility and begin to think about solutions. Minor alterations were made to this methodology to create the final methodology.

The final methodology therefore incorporated the two-staged approach, however, this study only utilised the initial sift questionnaire. The initial sift questionnaire has been designed to determine which key services are available in villages, and which can be easily reached by public transport; the proportion of people residing in a parish that are likely to suffer from the effects of poor accessibility; and the level of bus service to nearest town. Combined, these factors will indicate whether or not the parish would benefit from carrying out a household accessibility audit.

The rural accessibility audit is intended to enable rural communities to assess current accessibility of key services in the area and to identify any barriers that prevent or make it difficult for residents to get to these key services.

5.1.1 Accessibility and Barriers to Accessibility

Accessibility has been defined as ‘the ease with which people can reach, or be reached, by the activities that concern them’ (Moseley, 1977)⁸. The original study (TRL, 2003) identified six key barriers to accessibility:

- **Spatial Barriers:** the distance or location of individuals and the key services or opportunities which they wish to access
- **Economic Barriers:** the cost of accessing key services or opportunities
- **Perceptual Barriers:** the existence of perceptual barriers, such as fear of crime or safety.
- **Physical Barriers:** physical barriers to accessing key services or opportunities, such as transport services not catering for the mobility impaired, or severance (which is the ‘separation of residents from facilities and services they use within their community, caused by new or improved roads or by changes in traffic flows’, DMRB, 1993⁹).

⁸ Moseley *et al* (1977) *Rural Transport and Accessibility: Main Report Volume 1*, University of East Anglia, UK.

⁹ DMRB (1993) *Volume 11 – Design Manual for Roads and Bridges*, Highways Agency, UK

- **Informational Barriers:** barriers created through the lack of information provision regarding services (both transport services and key services/opportunities)
- **Mode Specific Barriers:** in addition to cost and physical barriers, the level and type of transport service of importance.

5.1.2 Key Services and Opportunities

During the development of the accessibility audit tool (TRL, 2003), a list of key services and opportunities was compiled. The main sources used were DfT (2001)¹⁰, SEU (2003)¹¹, DEFRA (2002)¹² and consultation with the project steering group. Services were put into two categories;

- **Essential**, which are those to which access may be required on a daily or weekly basis and encompass education and employment, healthcare and food, and
- **Desirable**, which are perhaps less important to be accessed on a daily basis, but are considered important for quality of life.

The essential and desirable key services identified and used in the resulting accessibility audit are as follows:

| Essential: | Desirable: |
|--|--|
| <ul style="list-style-type: none"> • Primary School • Doctor's surgery/medical advice • Essential groceries, food shop <ul style="list-style-type: none"> • Secondary school • College/further education • Job centre services • Prescription services <ul style="list-style-type: none"> • Dentist • Opticians • Emergency services <ul style="list-style-type: none"> • Hospital • Other food shopping <ul style="list-style-type: none"> • Cash | <ul style="list-style-type: none"> • Places to eat out • Library services • Youth services • Leisure facilities (indoor) • Leisure facilities (outdoor) • Nursery facilities • Place of worship • Other community facilities |

¹⁰ DfT (2001) *National Travel Survey*, at URL <http://www.transtat.dft.gov.uk/personal> [14.03.03]

¹¹ SEU (2003) *Making the Connections: Transport and Social Exclusion: Interim Findings from the Social Exclusion Unit*, at URL: <http://www.socialexclusionunit.gov.uk/publications/reports/html/Making%20the%20Connections/index.htm> [05.03.03]

¹² DEFRA (2002) *Rural Services Standards*, 2002, at URL: <http://www.defra.gov.uk/wildlife-countryside/ruralwp/rss/ruralstandard.pdf> [14.03.03]

- **Welfare services**
- **Post office/postal services**

This study for the Channel Corridor area used the same list of key services and opportunities, as they represent needs in both rural and urban areas.

5.1.3 Accessibility Standards

In addition to the development of an accessibility audit for rural areas, the research for the Countryside Agency (TRL, 2003) also resulted in the production of a Technical Note on setting accessibility standards. Existing thresholds and standards of accessibility were identified, with the majority being based on time, distance and cost.

As with the Countryside Agency Accessibility Audit (TRL, 2003), this Channel Corridor audit did not set a time or distance standard for accessing key services or activities. Standards of time, distance, cost, etc vary greatly between individuals. The standard of access should be based on presence of key service in locality, and access via non private motorised modes (e.g. walking, cycling, bus, train etc).

5.1.4 Modifying the accessibility audit for the study

For the purposes of the study two questionnaires were devised that depended on the respondent or community organisation completing the questionnaire. The first questionnaire was concerned with accessibility to key services within an area (e.g. a ward, within which an organisation is located) and was aimed at Parish Councils. Key data that the questionnaire collected included:

- Whether key services are available to people in the area;
- The level of access people have to key services;
- The problems and barriers people encounter in accessing these services;
- Community groups that exist in the area and their access needs;
- Areas that suffer from poor accessibility; and
- Ideas to improve access to these services (potential solutions).

The second questionnaire was concerned with access to a particular key service or facility (that of the respondent such as a school or doctors surgery) and was sent to the other organisations identified. Key data that the questionnaire collected included:

- Details about the service or facility;
- How and when people access the service;
- Who needs to access the service (group, where are they from etc.);
- How easily can users access the service;
- Barriers to accessing the service;
- The current level of transport provision to the service; and
- Ideas to improve access to this service (potential solutions).

The templates of both questionnaires can be found in Appendices A and B.

5.1.5 Response Rate

In total, 707 questionnaires were sent to a variety of organisations in the boroughs of Maidstone, Ashford and Shepway. Organisation details were provided by Maidstone Borough Council, Action with Communities in Rural Kent and various internet sources and targeted Parish Councils and a wide range of key services and facilities in the Channel Corridor area. The respondents were given three weeks to complete the questionnaire and a pre-paid envelope was included in the pack to encourage a high response rate. Slow responders were then sent a reminder letter nearer the deadline. The types of organisations targeted along with the number of respondents are shown in Table 5.1 below:

Table 5.1: Organisations targeted and response rate

| Organisation | Number of questionnaires sent | Number of questionnaires returned |
|---------------------|-------------------------------|-----------------------------------|
| Healthcare | 69 | 22 |
| Schools / Nurseries | 182 | 51 |
| Libraries | 26 | 7 |
| Parish Councils | 78 | 25 |
| Community | 102 | 34 |
| Post Offices | 32 | 8 |
| Entertainment | 128 | 6 |
| Sport | 90 | 15 |
| Total | 707 | 168 |

Overall 168 organisations returned completed questionnaires, giving a response rate of 24%. Various problems were encountered in the survey process, including some questionnaires being sent back uncompleted because respondents did not believe that the survey was applicable to them (e.g. felt they were not in a position to represent the local community or were unaware of accessibility or transport problems).

Response rates varied across the study area with a higher rate of responses from those closest to urban areas.

As not all parishes and community groups were represented in the survey exercise, the findings regarding accessibility problems should be viewed as indicative only. It may be the case that some of the more accessibility-poor or excluded parishes have not responded, therefore the results will not be representative of their needs. Action with Communities in Rural Kent will be following up this exercise after the completion of this study to ensure that all parishes have an opportunity to contribute their views.

5.2 Parish Council responses by area and destination – Access to Key Services

The following section looks at the questionnaire responses to determine access to various key services, based on parish council responses, in each of the boroughs.

5.2.1 Access to key services in the borough of Ashford

Access to key services in **education and learning** in Ashford appears varied (see Table 5.2 below). Access to local primary schools in the same ward seems relatively good; only 3 out of the 14 of

respondents (21%) did not have access to a primary school in the same ward. However, for those without very local access there is also a lack of non-private transport options: 2 of the 3 parishes without local primary schools also lack easily accessible public or community transport to another school. Only 2 out of the 14 respondents (14%) had a secondary school within the same ward. In the wards lacking secondary school facilities where children need to reach secondary schools by vehicle (e.g. too far to walk/cycle), 5 out of these 12 areas (42%) recorded problems reaching these facilities using public and community transport. Library services are perceived to be much more accessible, with only 1 respondent (7%) registering no way of easily reaching a library service in their parish. This may be attributable to mobile library services which seem to available to be a large majority of respondents.

Access to key **healthcare services** (Doctors Surgeries and Hospitals) in the borough of Ashford varies by area, but is generally thought to be poor by the questionnaire respondents. Access to **essential groceries** is comparatively good in the Ashford area with only one respondent indicating that there is no easy access to food and other essentials for people living in their parish. Access to **job centre services** mirrors the gaps in access to education and healthcare, with a large proportion of respondents (86%) indicating that there is no Job Centre located within in their ward. To compound this parishes in the north east and the southern periphery are experiencing a lack of public and community transport access or a mobile service that allows them to reach **employment opportunities and benefits** (other areas may also be suffering from a lack of public transport but have not responded to the survey). **Indoor leisure facilities** are in general perceived as easier to reach with only 3 respondents (21%) experiencing a lack of easy access to this type of facility.

Accessibility barriers identified in the area include the cost and frequency of bus services, and, on a more organisational basis, GP surgeries reducing days of opening, resulting in access problems. Table 5.2 gives an overview of the level of access to key services that responding Ashford parishes reported. The parish councils that responded to the questionnaire are identified in the map in Figure 5.1 below.

Table 5.2: Levels of access to key services in Ashford Parishes (ONLY those parishes that responded are included within the table)

| | | ASHFORD PARISH COUNCILS | | | | | | | | | | | | | | ASHFORD PERCENTAGE |
|---------------------------|--|-------------------------|-----------|---------------------|---------------------------|------------|------------------------|-------------|-----------|-------------|-----------|-----------|--------------|-----------|---------|--------------------|
| KEY SERVICE | PARISH COUNCIL | Molash | Rolvenden | Mersham & Sevington | Boughton Aluph & Eastwell | Bilsington | Aldington & Bonnington | High Halden | Hothfield | Shadoxhurst | Orlestone | Appledore | Little Chart | Biddenden | Egerton | |
| | BARRIER TO ACCESS | | | | | | | | | | | | | | | |
| Primary School | Not available in ward | ★ | | | ★ | | | | | ★ | | | | | | 21% |
| | Not easily accessible by public transport | ★ | | ★ | ★ | ★ | ★ | ★ | | | | ★ | ★ | | | 57% |
| | Not easily accessible by community transport | ★ | ★ | ★ | ★ | ★ | | | | | | ★ | | | | 43% |
| | Not available as a mobile service | ★ | ★ | ★ | ★ | | | | | | | ★ | ★ | ★ | | 50% |
| Secondary School | Not available in ward | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | | | ★ | 86% |
| | Not easily accessible by public transport | ★ | | | ★ | | | | | | ★ | ★ | | | ★ | 36% |
| | Not easily accessible by community transport | ★ | ★ | ★ | ★ | | | | | | | ★ | | | | 36% |
| | Not available as a mobile service | ★ | ★ | ★ | ★ | | | | ★ | | | ★ | ★ | ★ | | 57% |
| Library Services | Not available in ward | | | | ★ | | | | | | ★ | ★ | | | | 21% |
| | Not easily accessible by public transport | | | | ★ | | | | | | | ★ | | | | 14% |
| | Not easily accessible by community transport | | ★ | | ★ | | | | | | | ★ | | | | 21% |
| | Not available as a mobile service | | | | | | | | | | | ★ | | | | 7% |
| Doctors Surgery | Not available in ward | ★ | ★ | ★ | ★ | | ★ | ★ | ★ | ★ | | | | | ★ | 64% |
| | Not easily accessible by public transport | ★ | | | ★ | ★ | | | | | | | ★ | | ★ | 36% |
| | Not easily accessible by community transport | ★ | ★ | ★ | ★ | ★ | | | | | | | | | ★ | 43% |
| | Not available as a mobile service | ★ | ★ | ★ | ★ | | | | ★ | | | | ★ | ★ | ★ | 57% |
| Hospital | Not available in ward | ★ | ★ | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | | ★ | ★ | 86% |
| | Not easily accessible by public transport | ★ | ★ | ★ | ★ | | | | | | ★ | ★ | ★ | ★ | ★ | 64% |
| | Not easily accessible by community transport | ★ | ★ | | ★ | | | | | | | ★ | | | | 29% |
| | Not available as a mobile service | ★ | ★ | ★ | ★ | | | | | | | ★ | ★ | | | 43% |
| Essential Groceries | Not available in ward | ★ | | | | | | | | ★ | | | | | | 14% |
| | Not easily accessible by public transport | ★ | | | ★ | ★ | | | | | | | | | | 21% |
| | Not easily accessible by community transport | ★ | ★ | | ★ | ★ | | | | | | | | | | 29% |
| | Not available as a mobile service | ★ | ★ | | ★ | | | ★ | ★ | | | ★ | | ★ | | 50% |
| Job centre services | Not available in ward | ★ | ★ | | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | | ★ | ★ | 86% |
| | Not easily accessible by public transport | ★ | ★ | | ★ | | | | | | | ★ | | ★ | ★ | 43% |
| | Not easily accessible by community transport | ★ | ★ | ★ | ★ | | | | | | | ★ | | | ★ | 43% |
| | Not available as a mobile service | ★ | ★ | ★ | ★ | | | | | | | ★ | ★ | | | 43% |
| Indoor Leisure facilities | Not available in ward | ★ | | | ★ | | | | | | ★ | ★ | | ★ | | 36% |
| | Not easily accessible by public transport | ★ | | | ★ | ★ | | ★ | | | | ★ | | | | 36% |
| | Not easily accessible by community transport | ★ | ★ | ★ | ★ | ★ | | | | | | ★ | | | | 43% |
| | Not available as a mobile service | ★ | ★ | ★ | ★ | | | | | | | ★ | ★ | | | 43% |

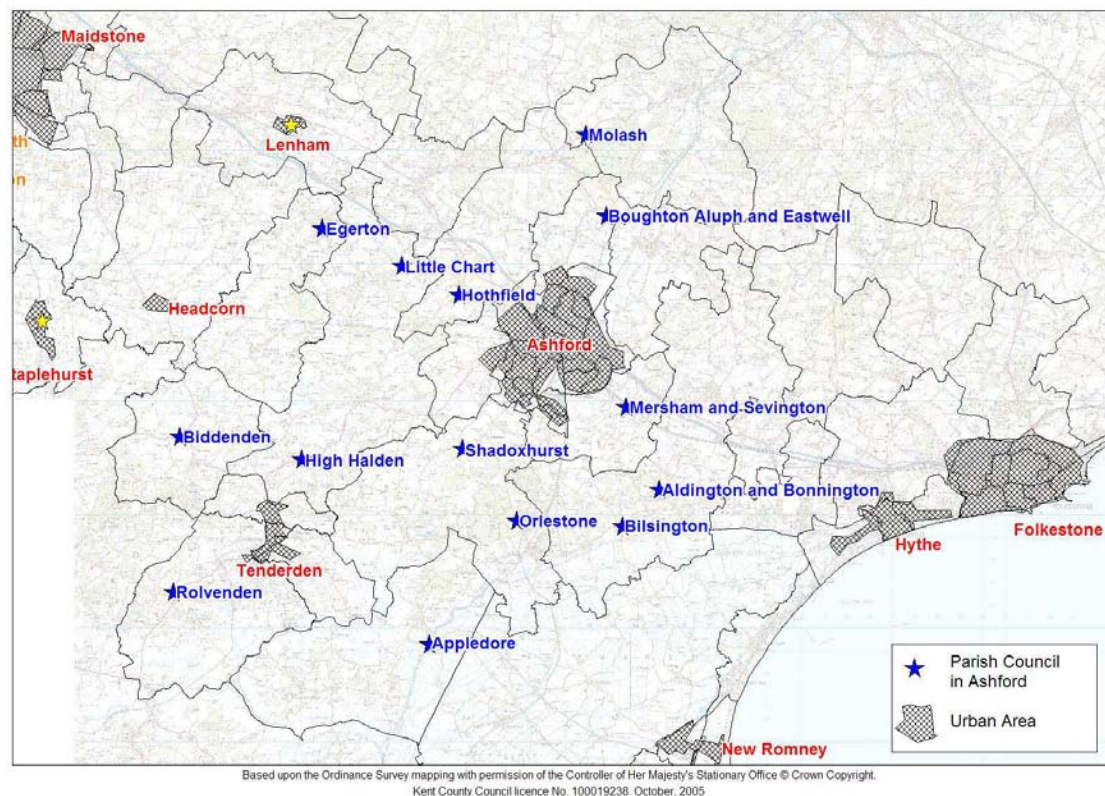


Figure 5.1: Locations of responding Parish Councils in Ashford borough

5.2.2 Access to key services in the borough of Maidstone

Access to **key education and learning** services in the borough of Maidstone varies depending upon type of service and area. Access to primary schools is relatively good with 73% of respondents having a primary school in the same ward. However, some parishes indicated that there is no school in the ward nor easy access to primary schools outside the ward. Regarding secondary schools, 7 out of the 11 respondents (64%) indicated that there is no secondary school in the same ward, but only 18% (2) respondents stated that they did not have easily accessible public transport to secondary schools. Access to a **library service** is good, with all respondents indicating that there is some kind of access to this service.

Access to **key healthcare services** in Maidstone is varied with 5 out of the 11 respondents (45%) without a doctor's surgery in the same ward and 9 out of 11 (82%) without a hospital. However, only 2 respondents stated that they have no opportunities to reach a doctor's surgery or Hospital.

As with Ashford, the majority of parishes have reasonably good access to **essential groceries** with only 4 out of the 11 respondents (36%) indicating that there is no outlet for these necessities in the same ward. However between 5 and 6 of the 11 respondents (45% - 55%) indicate a gap in public transport, community transport or mobile access to these services. None of the respondents had access to a **Job Centre** in the same ward and for a minority on the peripheries this was compounded by no public transport, community transport or mobile access to this service. Access to **Indoor Leisure Centres** was (as with Ashford) slightly easier with all respondents indicating that they have some kind of access to this type of facility.

The main accessibility problems experienced in the borough relate to 'a lack of public transport' (1 bus per hour) which fails to serve the rural area of the parish; a number of gaps in public access options to the key services examined, and the cost of public transport.

Table 5.3 gives an overview of the level of access to key services that responding Maidstone parishes reported. The parish councils that responded to the questionnaire are identified in the map in Figure 5.2 below.

Table 5.3: Levels of access to key services in Maidstone Parishes (ONLY those parishes that responded are included within the table)

| KEY SERVICE | | PARISH COUNCIL BARRIER TO ACCESS | MAIDSTONE PARISH COUNCILS | | | | | | | | | | MAIDSTONE PERCENTAGE |
|---------------------------|--|-------------------------------------|---------------------------|--------|--------|----------|--------|--------|---------------------|---------------------|-----------|-------------|----------------------|
| | | | West Farleigh | Hunton | Teston | Coxheath | Lenham | Linton | Boxley - North Ward | Boxley - South Ward | Bredhurst | Staplehurst | |
| Primary School | Not available in ward | ★ | | ★ | | | | ★ | | | | | 27% |
| | Not easily accessible by public transport | | | | | | ★ | ★ | | ★ | | ★ | 36% |
| | Not easily accessible by community transport | | | ★ | | | ★ | ★ | | | ★ | | 36% |
| | Not available as a mobile service | | | ★ | | | ★ | ★ | | | ★ | ★ | 45% |
| Secondary School | Not available in ward | ★ | ★ | ★ | | | | ★ | ★ | | ★ | ★ | 64% |
| | Not easily accessible by public transport | | | | | | ★ | ★ | | | | | 18% |
| | Not easily accessible by community transport | | | ★ | | | ★ | ★ | | | ★ | | 36% |
| | Not available as a mobile service | | | ★ | | | ★ | ★ | | | ★ | ★ | 45% |
| Library Services | Not available in ward | | ★ | ★ | | | | ★ | | | | | 27% |
| | Not easily accessible by public transport | | | | | | ★ | | | | | ★ | 18% |
| | Not easily accessible by community transport | | | ★ | | | ★ | ★ | | | ★ | | 36% |
| | Not available as a mobile service | | | | | | ★ | ★ | | | ★ | ★ | 36% |
| Doctors Surgery | Not available in ward | ★ | ★ | ★ | | | | ★ | | ★ | | | 45% |
| | Not easily accessible by public transport | | | | | | ★ | ★ | | ★ | | ★ | 36% |
| | Not easily accessible by community transport | | | ★ | | | ★ | ★ | | ★ | ★ | | 45% |
| | Not available as a mobile service | | | ★ | | | ★ | ★ | | ★ | ★ | ★ | 55% |
| Hospital | Not available in ward | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | | ★ | | 82% |
| | Not easily accessible by public transport | | | | | ★ | | ★ | ★ | | | ★ | 36% |
| | Not easily accessible by community transport | | | ★ | | ★ | | ★ | | | ★ | | 36% |
| | Not available as a mobile service | | | ★ | | ★ | | ★ | | | | ★ | 36% |
| Essential Groceries | Not available in ward | ★ | ★ | | | | | ★ | | ★ | | | 36% |
| | Not easily accessible by public transport | | | | | | ★ | ★ | | ★ | ★ | ★ | 45% |
| | Not easily accessible by community transport | | | ★ | | | ★ | ★ | | ★ | ★ | | 45% |
| | Not available as a mobile service | | | ★ | | | ★ | ★ | | ★ | ★ | ★ | 55% |
| Job centre services | Not available in ward | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | ★ | 100% |
| | Not easily accessible by public transport | | | | | ★ | | ★ | | | | ★ | 27% |
| | Not easily accessible by community transport | | | ★ | | ★ | | ★ | | | ★ | | 36% |
| | Not available as a mobile service | | | ★ | | ★ | | ★ | | | ★ | ★ | 45% |
| Indoor Leisure facilities | Not available in ward | | | | | | ★ | | | | ★ | | 18% |
| | Not easily accessible by public transport | | | | | | | ★ | | | | ★ | 18% |
| | Not easily accessible by community transport | | | ★ | | | | ★ | | | ★ | | 27% |
| | Not available as a mobile service | | | ★ | | | | ★ | | | ★ | ★ | 36% |

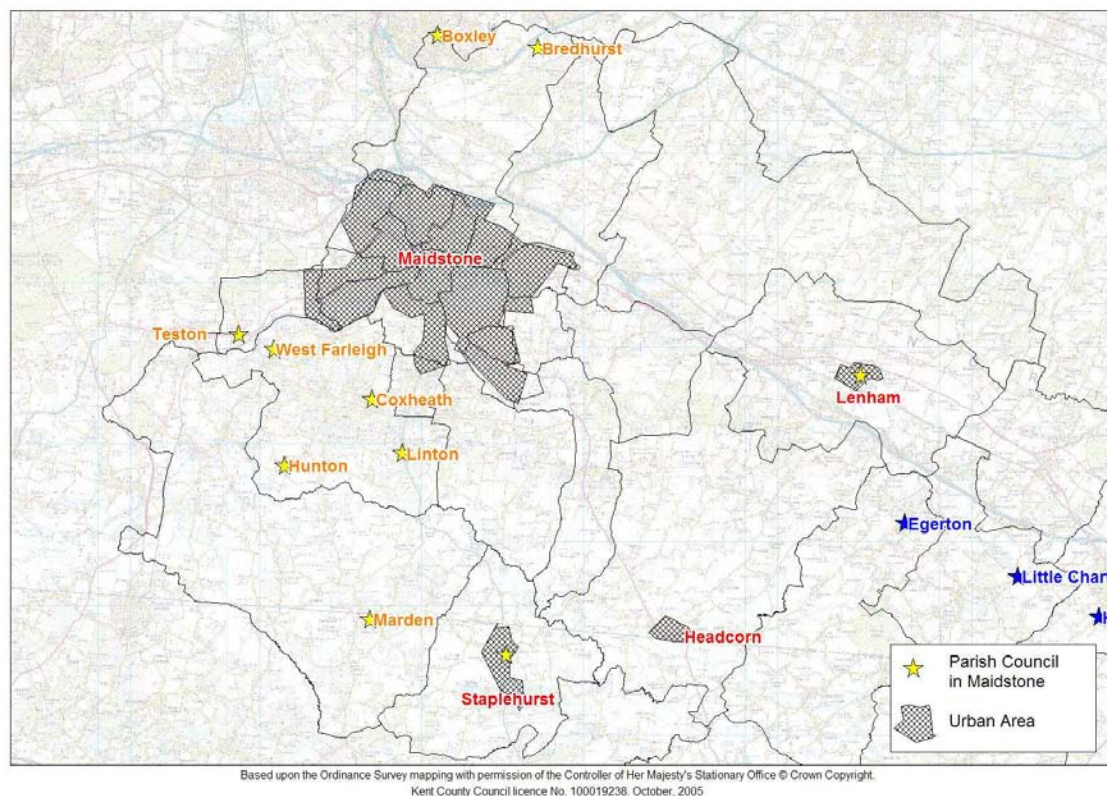


Figure 5.2: Locations of responding Parish Councils in Maidstone borough

5.2.3 Barriers to access in Ashford and Maidstone identified by Parish Councils

The questionnaire surveys have identified a number of geographical areas where access to certain key services may be difficult, relating to either lack of service within a ward, or lack of public or community transport services to get residents to the services.

The survey results for Ashford suggested that public transport issues were of great importance in accessibility problems. Common problems identified by the parish councils included the following:

- Poor Bus Services:
 - high cost;
 - low frequency (especially in evenings and on weekends); and
 - lack of information and confusing timetables.
- Poor access to healthcare - local Doctors Surgeries are closing or reducing opening days.
- Poor access to leisure and social activities (cinema, restaurants etc) is severely limited because of a lack of bus services in the evenings.

The parish councils responding in the Maidstone area also identified a number of key issues relating to poor access to key services and opportunities. These included:

- Lack of connections between rail and bus services (times not connecting and extreme walking distances).
- Poor links to Maidstone Town centre and Maidstone Hospital.

- Lack of facilities (e.g: secondary schools) in rural communities.

5.2.3.1 *Community groups using group hire*

The parish councils indicated that there were a wide range of community groups operating in many of the parishes surveyed including:

- Sports clubs
- Churches
- Women's Institute
- Youth Clubs
- Pre-school groups
- Scouts, Guides, Cubs and Brownies
- Arts groups
- Campaign groups
- Social Clubs (e.g. Gardening, Afternoon club, Older people, Coffee mornings)

Of the 15 respondents (65%) who provided information about community groups, 6 (40%) indicated that these groups required group hire transport (such as minibuses or taxis).

5.2.3.2 *Geographical areas suffering from poor accessibility*

Many of the respondents failed to identify specific areas that had worse accessibility than others, however several indicated that the smaller hamlet areas in their parishes were likely to be experiencing the worst accessibility (this is the case in Marden, Lenham, Boxley North and Staplehurst).

Specific areas that were highlighted, *by respondents*¹³, include:

- Rolvenden Layne (South of Tenderden) which is poorly served by bus
- Goat Lees residential development (North of Ashford) that has no bus service
- A lack of bus connections between Hamstreet and Tenderden
- Boxley Village and Sanding Village have poor accessibility

5.2.3.3 *Potential Solutions Identified by Respondents*

When encouraged to provide ideas for solutions, respondents agreed on several themes including:

- Public Transport
 - More low-floor accessible buses
 - More frequent but smaller buses in the evening and on weekends
 - Improve connections between bus services and train services
 - Lower the cost of public and community transport
 - Improve facilities at bus stops

¹³ Specific places listed as experiencing poor accessibility are not necessarily representative of the Channel Corridor as a whole – not all Parish Councils responded to the questionnaire, and therefore the places listed should not be viewed as a definitive list.

- Pedestrians and Cyclists
 - Enhance pedestrian crossings and safety on busy roads
 - Improve the environment for pedestrians
 - Provide more cycle paths
- Provide more mobile services (e.g. Groceries)
- Create more facilities in rural communities (e.g. supermarkets)
- More provision for older people and disabled people

5.3 Facility responses by area and destination

This section focuses on the survey responses of community facilities and groups.

5.3.1 How people access key services by postcode area

In the Maidstone postcode areas, the most popular modes people use to access key services are private car and by foot (see Figure 5.3 below), and travelling by bus is the most popular form of vehicular public transport.

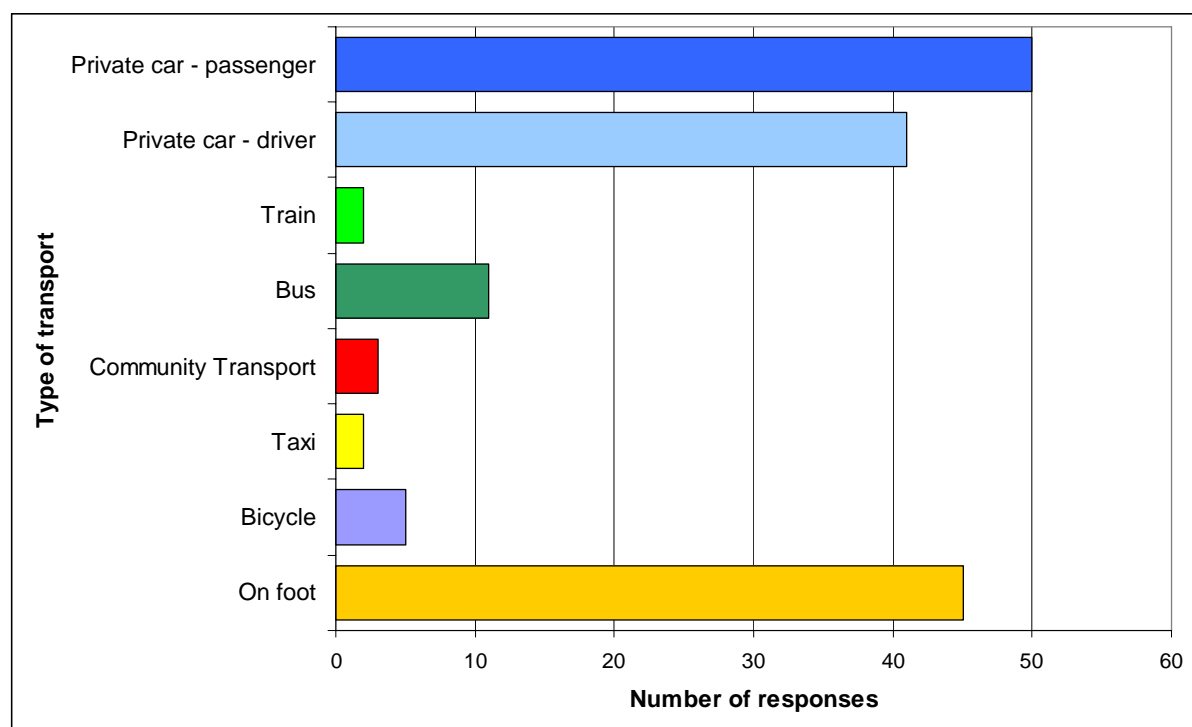


Figure 5.3: Access to Key Services in Maidstone – Mode Used

In the Ashford postcode areas, the most popular modes people use to access key services are private car (with more drivers than in Maidstone) and by foot (see Figure 5.4 below). Travelling by bus is the most popular form of vehicular public transport.

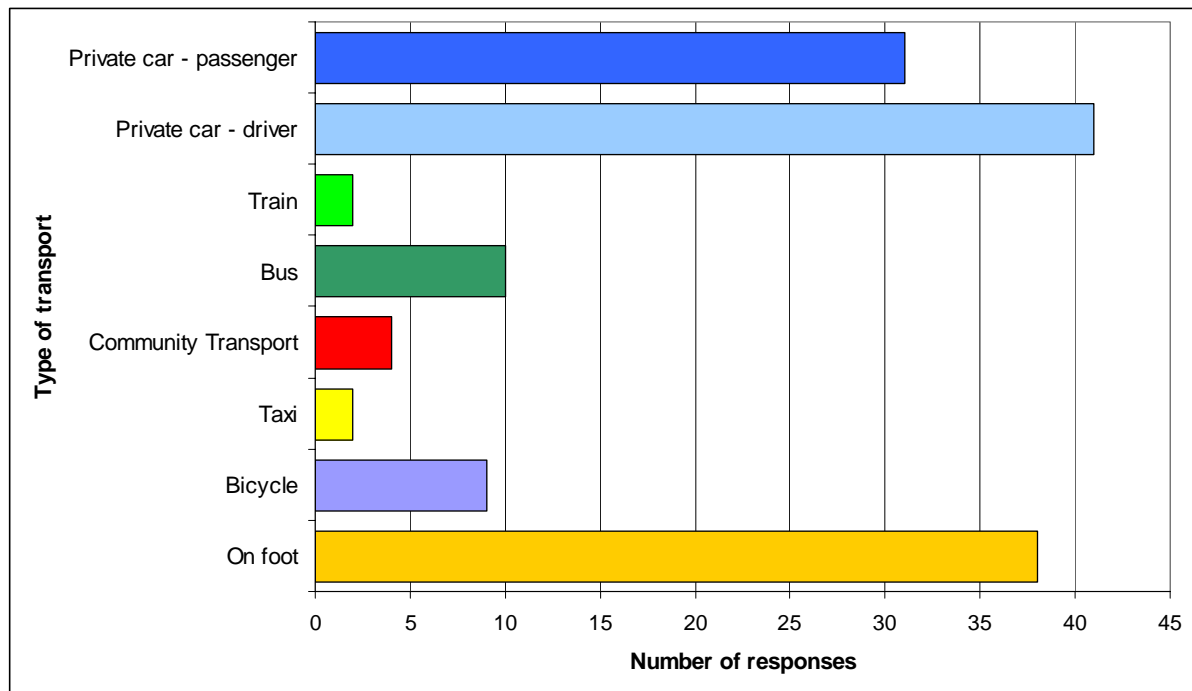


Figure 5.4: Access to Key Services in Ashford – Mode Used

In the Shepway postcode areas, the most popular modes people use to access key services are private car (with more passengers than Maidstone and Ashford) and by foot (see Figure 5.5 below), and travelling by bus is the most popular form of vehicular public transport. Use of bicycles to access services is also a popular choice in Shepway. Community Transport is the least popular mode.

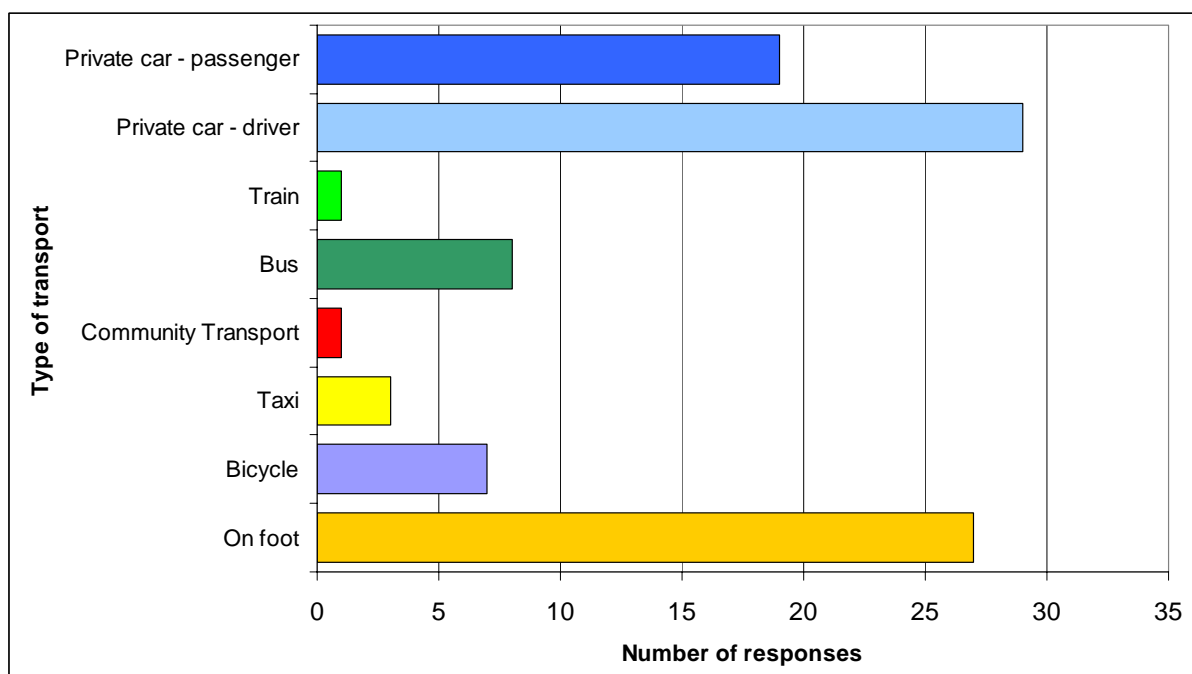


Figure 5.5: Access to Key Services in Shepway – Mode Used

5.3.2 *How people access key services by type of service*

Figure 5.6 (below) demonstrates the proportions of people and how they travel to different types of key services in the Channel Corridor area. It is clear from the chart that travel by car is the dominant mode for accessing most types of services with Entertainment, Sports and Post Offices being accessed by the highest proportions of car users.

However, several key service types are accessed by a majority of non-car modes; 60% of users access Libraries by modes other than the car, including a large proportion by walking, bus and bicycle. Those accessing youth services tend to do so in more public and sustainable modes with almost 40% walking to the service. This may be explained by the fact that many young people do not have a driving licence. Half of those accessing services for older people do so by non-car modes including over 20% by Taxi and Community Transport. Again this may be because some older people are unable to drive. Over 50% accessing Schools and Colleges do so on foot, by Bicycle, Taxi, Community Transport, Bus and Train.

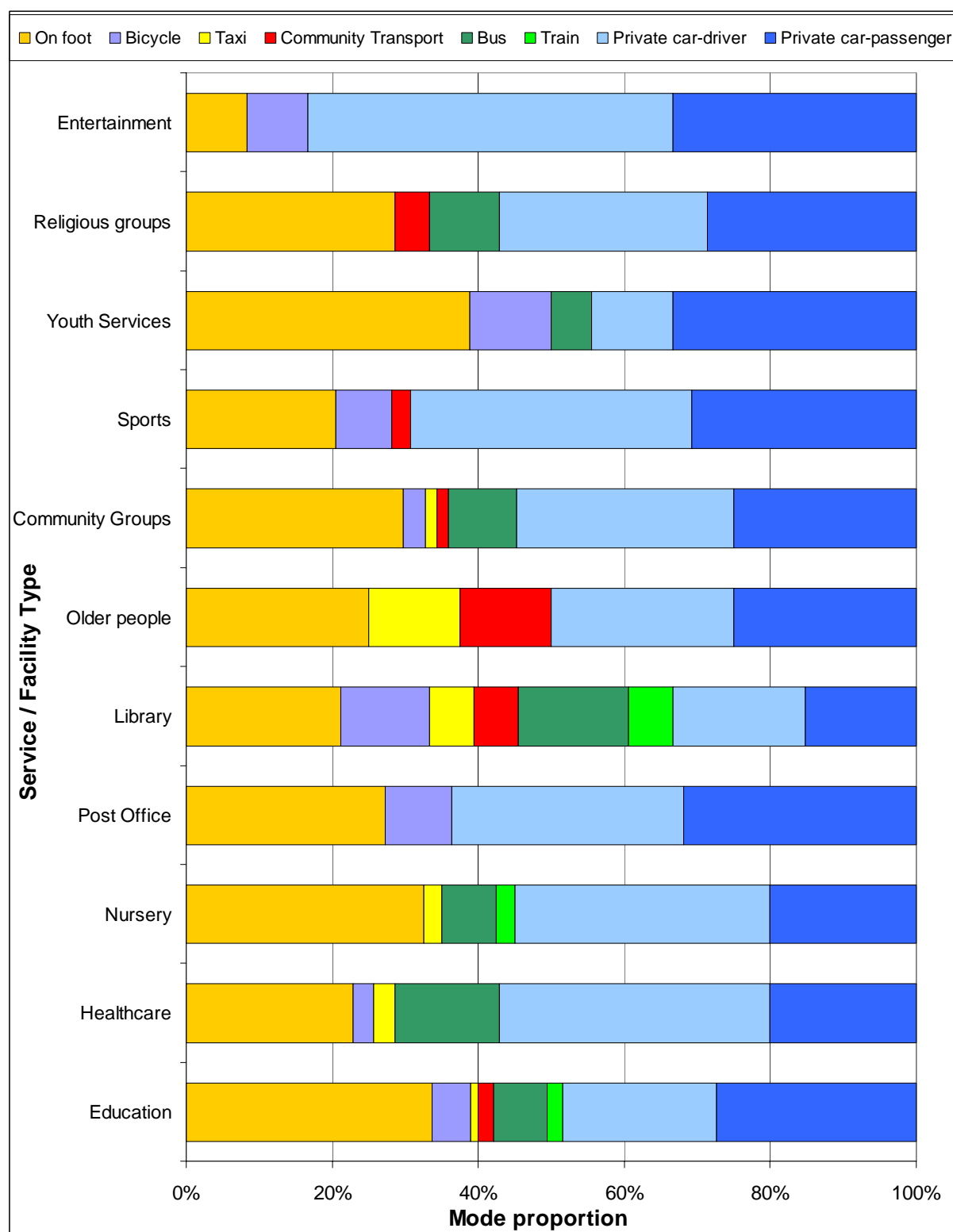


Figure 5.6: Access to Key Services by Type of Service/Facility – Mode Used

5.3.3 *Origin of service users*

Figure 5.7 below shows where users of services originated for all three boroughs (Maidstone, Ashford and Shepway). It is clear that many users are extremely local with exactly 50% originating in the same village, town or ward as the service, which helps to explain the high number of journeys by foot.

However, the largest proportion of users originate in the same borough (38%) indicating that many people are travelling considerable distances to access these key services. These users are likely to be more dependent upon vehicular modes of transport.

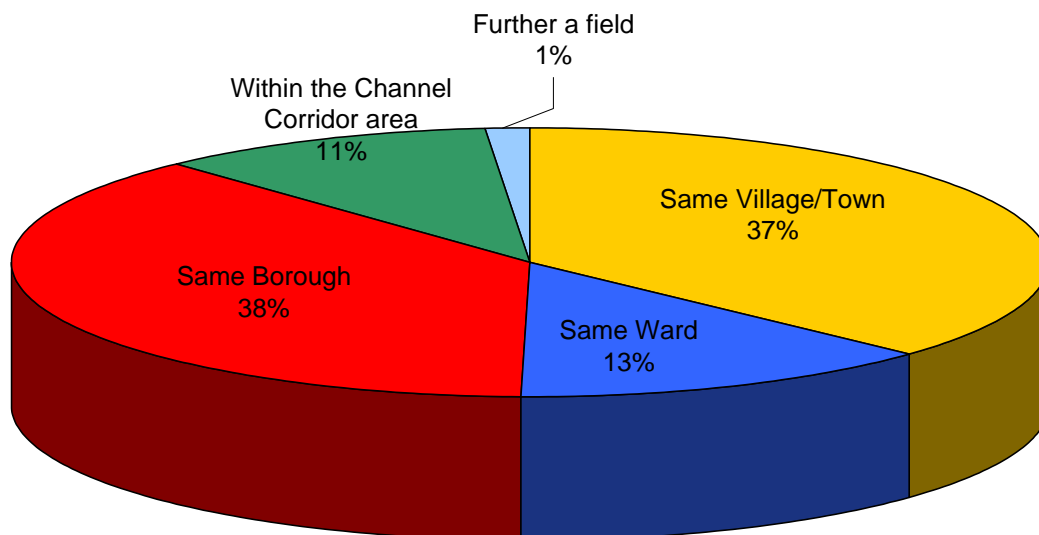


Figure 5.7: Where Respondents Originate Using Key Services

5.3.4 *Barriers to access*

A number of barriers to accessing the various key services and opportunities were identified in the community groups and organisation questionnaires. These are discussed in more detail in the following sections.

5.3.4.1 *Barriers to Education*

Figure 5.8 (below) shows the barriers identified by schools and colleges that may be stopping people accessing their service. Lack of Public Transport is identified as the strongest factor stopping people accessing Education in the Channel Corridor area with over 50% identifying this as of high or medium significance. Of almost equal significance is Fear for safety on the road, with under 15% of respondents identifying this as of no significance. The barrier of least importance is a lack of accessible vehicles.

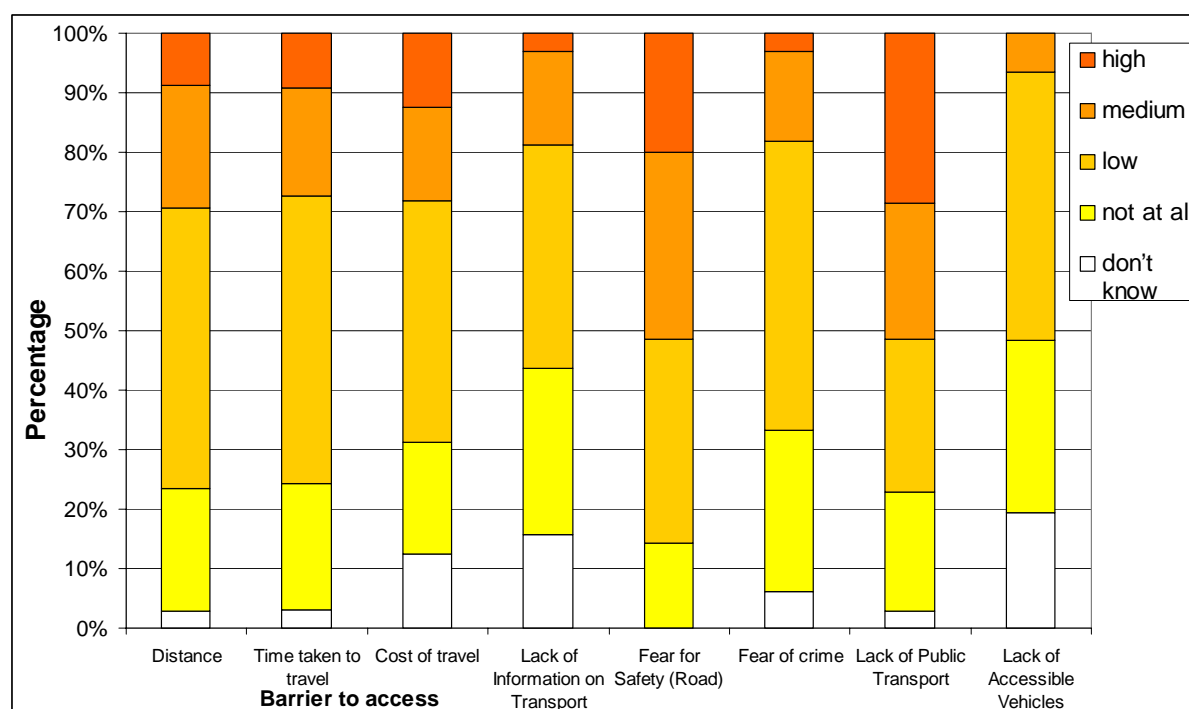


Figure 5.8: Barriers to Accessing Education and Learning

5.3.4.2 Barriers to Healthcare

Figure 5.9 (below) shows the factors that stop people accessing healthcare services identified by the 22 healthcare facilities that responded. The factor with highest significance is 'Lack of Public Transport' with almost 50% 'high' significance. 'Lack of Information on Transport' factor is also significant with over 30% high or medium significance. 'Lack of accessible vehicles' and 'Time taken to travel' are also important factors, which may be partly because many users of healthcare facilities have significant mobility problems.

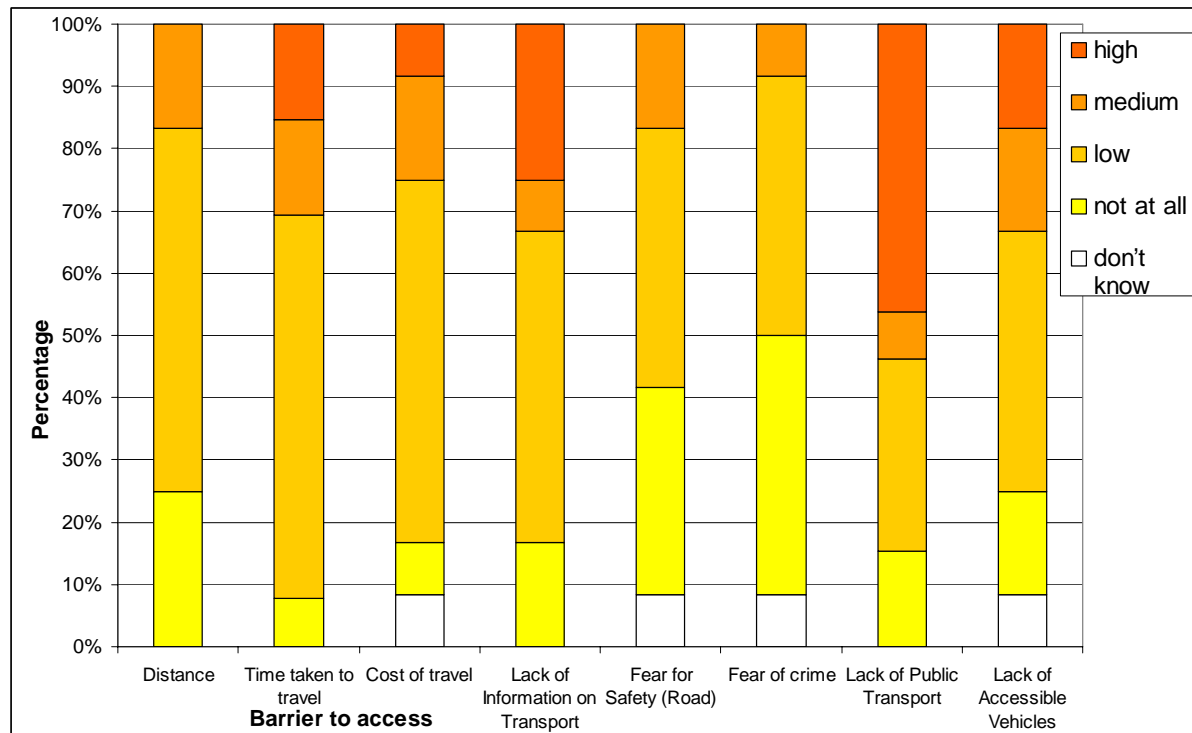


Figure 5.9: Barriers to Accessing Healthcare

5.3.4.3 Barriers to Youth Services

Figure 5.10 (below) shows the factors that stop people accessing Youth Services. As with Healthcare and Education the most significant factor is 'Lack of Public Transport' scoring 50% high or medium significance. Next in significance is 'Fear of Crime' and 'Fear for Safety (Road)' both of which gained almost 40% high or medium significance. Of least significance are the factors of 'Cost' and 'Time taken' which may indicate the relatively high resources of time and money that children and younger people have.

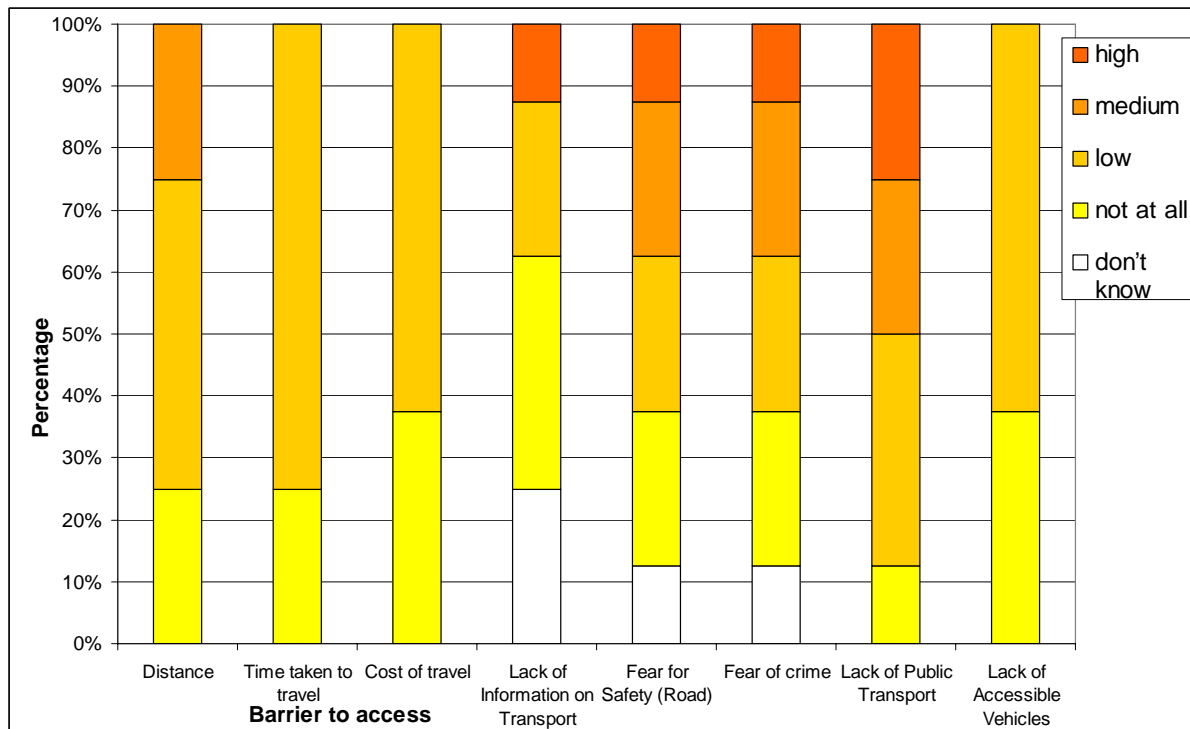


Figure 5.10: Barriers to accessing Youth Services

5.3.5 Potential Solutions Identified by Respondents

Respondents suggested various solutions to the accessibility problems and barriers explored in the survey. Solutions that similar facility types suggested included:

- Education and Learning:
 - Aligning transport service times to serve the school day
 - Improve road safety for pedestrians (especially near schools)
 - Better provision of cycle paths to schools and colleges
 - Connect non-car modes together (Pedestrian, Cycle, Bus and Train)
 - Make transport more affordable for students
 - Provide better connections between local residential areas
 - Limit parking near schools
 - Gain parent consensus for Walking Buses
- Healthcare:
 - Connect people in rural areas on the periphery
 - Enhance accessibility of bus stops
 - Bus Services: Increase frequency and decrease cost
 - Improve the cycling environment
 - Better Community Transport for older people in rural villages
- Other:
 - Provide cycle hire

- Provide accessible vehicles in all services
- Connect rural villages together as well as with urban centres
- Provide up-to-date information
- Reduce traffic speeds
- More bus stops
- Better signage and way-finding for pedestrians
- Enhance dial-a-ride for disabled people
- Re-open rural railway stations
- Bus services in the evening

5.4 Summary of problems and solutions identified - Identifying needs and perceptions

The following provides a summary of the problems identified by the questionnaire survey phase of the project:

- The majority of people are accessing services on foot or by car;
- 36% of respondents indicated that those needing access to secondary schools in the Ashford area cannot do so easily by public or community transport;
- Parishes to the north east of Ashford report the poorest access to healthcare;
- Molash, Appledore and Boughton Aluph and Eastwell report consistent problems accessing health, education and employment services¹⁴;
- Only 18% of respondents in Maidstone indicated no opportunity to access healthcare;
- Staplehurst, Linton and Teston (to the south of Maidstone) and Boxley North ward consistently reported the poorest accessibility;
- Key barriers to access identified in Ashford include:
 - Poor Bus services;
 - Poor access to healthcare;
 - Lower levels of access in the evening for leisure and social destinations.
- Key barriers to access identified in Maidstone include:
 - Lack of connections (between modes, between communities and to urban centres);
 - Low levels of access to Maidstone Town and Hospital for rural communities;
 - Lack of facilities in rural communities.
- 40% of active community groups require group hire transport such as mini-buses or taxis
- Specific geographical areas that with poor accessibility include:
 - Rolvenden Layne (South of Tenderden);
 - Goat Lees residential development (North of Ashford);
 - Connections between Hamstreet and Tenderden;
 - Boxley Village and Sanding Village.

¹⁴ Specific places listed as experiencing poor accessibility are not necessarily representative of the Channel Corridor as a whole – not all Parish Councils responded to the questionnaire, and therefore the places listed should not be viewed as a definitive list.

Solutions that respondents want to see include:

- Enhanced public transport – more accessible vehicles and waiting facilities, increase frequency, improve connections and lower cost;
- Improved provision for pedestrians and cyclists – enhance safety, provide more cycle paths and improve pedestrian environment;
- Education – Public transport aligned to the school timetable, improve cycling to school, connect non-car modes and gain consensus for walking buses;
- Healthcare – serve communities on the periphery, improve bus services and prioritise the healthcare access of older people;
- Provide more facilities within rural areas and mobile services;
- Prioritise the needs of older people and disabled people;
- Connect rural communities together;
- Provide up-to-date information;
- Re-opening of rural railway stations.

6 Community Seminars

The purpose of the community seminars was to present findings of the questionnaire survey to the local public, confirm findings and to identify further information regarding access and transport problems in the Channel Corridor Region. The seminars were also used as an opportunity to encourage local people to begin to identify potential solutions. This section describes the methodology used and the results of each of the borough seminars.

6.1 Methodology

Seminars were organised in each of the Channel Corridor Boroughs, Ashford, Shepway and Maidstone on the 27th, 28th and 29th September 2005 respectively. Representatives from community organisations, local groups and local authorities were invited to attend and participate in the seminars. The seminars consisted of three key sessions, which are as follows:

1. Presentation of Questionnaire Results

A presentation was given at the start of the seminar providing attendees with further information regarding the questionnaire survey results in the area as a whole, in addition to specific details relating to their respective areas (information detailed in Chapter 5).

2. Breakout Session 1

The first breakout session was used to answer two key questions; 'Have any key areas or groups with accessibility problems been missed from the analysis of questionnaires?' and 'What additional barrier are their which make it difficult for people to access services in the Channel Corridor area?'

3. Breakout Session 2

The second breakout session focused on 'How can public transport providers and the community sector work more closely to produce solution?'

For both of the breakout sessions, the discussion was facilitated by TRL and a member of the project team (Maidstone Borough Council and Action with Communities in Rural Kent). Discussion points and ideas were recorded onto flipcharts. At the end of each session, participants were asked to prioritise statements/solutions in terms of importance. To achieve this, participants were provided with 5 stickers each, which they could place next to the statements they wished to indicate as their highest priority. Participants could either spread their stickers amongst 5 statements, or add more weight to a statement by adding two or more stickers. Stickers were numbered to identify which participants rated which statements as their highest priorities.

The prompt sheet used in the break out sessions can be viewed in Appendix D.

As with the Surveys conducted with parishes in Ashford, Maidstone and Shepway, not all areas or type of organisation was represented at the community seminars. Therefore, all information provided should be regarded as perceptions of those present only, particularly where locations are cited. This does not necessarily mean that there are not other areas in a worse situation

6.2 Ashford Seminar Findings

6.2.1 Participants

A total of 5 people attended the Ashford seminar. This included representatives and members from the following organisations:

Local Authority:

- KCC Youth and Community
- KCC Community Warden

Other Organisations:

- Ashford Volunteer Bureau;
- Boughton Aluph and Eastwell Parish Council
- CARM

6.2.2 Identifying problems

A number of specific areas in the Ashford region were identified as having particularly poor access to transport and other services. These include Heart Farm (which is currently developing a walking bus scheme, although there are a number of parking problems), Dymchurch (Where there is a Park and Stride Scheme) and Wye (and associated locations). The Goat Lees housing development just outside of Ashford is a key example of poor access. Due to the lack of facilities built at the same time as the development, (e.g. school), children have to travel outside of the development. However, there is no bus service, so everyone has to drive or attempt to walk. Problems have come to light with accessing services on foot from the development, as some of the major roads (A20) are creating severance. Although there are official crossing points, they cannot always be used due to the condition of the footway – pushchairs/wheelchairs being too wide for pavement.

Services to which there is poor access include healthcare, education and employment. People become reluctant to use hospital transport for appointments (time taken to travel etc), there is no formal transport to GPs. As people live with these accessibility problems on a daily basis, they have learnt to adapt. Therefore access to health, education shopping etc is not seen as a top priority – because of undisclosed problems. In a survey (conducted by the volunteer bureau) of local village it was found that it was often one of the oldest people in the village running informal schemes to get to services. When people were asked about where they would like to go, it was difficult to answer. Finally, people decided that they would like to visit friends and family, beach etc.

Young people in particular are being offered places of employment (often low paid) but have to turn then down due to the cost or lack of transport services. There is a lot of ship work in the area which is often out of regular hours – the lack of transport services are therefore a problem. This stifles business opportunities, but also rural businesses as potential staff will not be able to get to work unless they have a private vehicle.

There is a wide range of community transport schemes running in the area, but not without problems. There is a known problem of group minibus hire amongst local groups and organisations. Problems include cost, volunteer drivers, insurance, and when purchased, maintenance. Certain organisations, such as Age Concern, have a number of buses. However, insurance issues make it difficult for other groups to make effective use of vehicles when they are not in use by the owners.

A potential solution would be to establish a Community Transport Association (CTA) – an umbrella organisation that owns and maintains a number of vehicles which can be hired by groups across the boroughs/county. Barriers include finding volunteer drivers, commercial coaches being inaccessible (steps up to coach). Conditions could be applied to current funding mechanisms to ensure shared use of vehicles, which is not currently monitored.

Young people and transport was also cited as a problem. Young people are often reluctant to use public transport, mainly due to the availability and cost. Kent Leader Plus is for younger people, which aims to enhance their communities. They are hoping to purchase a multi-purpose vehicle for use by them and community groups. All of the vehicles will be accessible. The Ashford Youth Forum is also considering establishing a ‘figure of 8’ service, which will hopefully reduce hotspots of vandalism.

Some public transport services caused concern. The nearest shopping place for Shepway is Folkestone – which is where public transport services are concentrated. However, people prefer to travel to Ashford (which is generally cheaper) despite the lack of services. Public transport services have not changed to reflect this change in travel patterns. Superstore buses were recognised as very important assets; providing extremely low fares and enabling a lot of people to get their shopping or simply take a trip out to socialise. However, the only complaint is that they do not have enough time at the end destination, which highlights a gap in the service.

Finally, the lack of safe footpaths and lighting is a barrier. The elderly often choose the scooter as a mode to enhance their access to local services, but the lack of dropped kerbs or inconsiderate parking can instantly block access.

Key findings:

- Access to education, employment and health care is considered to be a problem in the Ashford region
- Barriers to accessing public transport include:
 - Cost of transport
 - Lack of accessible vehicles
 - Services not running to the locations people want to travel to
 - Services not running at the times people want to travel.
- Other barriers to accessing services include:
 - Organisations obtaining funds to purchase and maintain accessible vehicles with volunteer drivers
 - Condition and provision of quality footways with dropped kerbs
 - Inconsiderate parking

6.2.3 Potential Solutions

Improvements to existing public transport services may include making vehicles accessible to all and complying with DDA. Physical access to vehicles can become a major barrier for the elderly, disabled or parents with young children.

There needs to be more integration of public and voluntary services. There may be a negative effect of the introduction of concessionary fares.

Walking bus schemes need further promotion in the region. These could be implemented through school travel plans and Safer Routes to School.

The potential creation of a Community Transport Association (CTA) was generally agreed to be a good idea and would solve many of the problems experienced in the area. It would provide support and resources to a number of smaller groups and organisations that may otherwise not be able to fully fund or effectively organise their own schemes. Training and call centres could also be part of the set up. Support could be provided to voluntary car schemes, minibuses, and the setting up of walking bus schemes. The provision of information is also an important solution.

6.3 Shepway Seminar Findings

6.3.1 *Participants*

A total of 16 people attended the Shepway seminar. This included representatives and members from the following organisations:

Community Transport Schemes

- Marsh Mobile
- Kentish Express
- Marsh Forward

Local Authority

- New Romney Town Council
- Shepway District Council
- Kent County Council

Other local organisations

- Primary Care Trust
- Kent Guidance Consortium
- Romney Resource Centre
- Shepway Volunteer Centre
- Romney Marsh Christian Fellowship
- Folkestone Club house
- Community Rail Partnership

6.3.2 *Identifying Problems*

Those present at the seminar recognised that the rural nature of the area contributed significantly to accessibility problems. There are small numbers of people within villages that are experiencing accessibility problems, but they are widely spread, making it difficult to identify effective solutions to meet everyone's needs.

Access to education, employment and healthcare for certain sectors of the community were listed as accessibility concerns in the Shepway area. Access to adult education establishments, such as colleges, is particularly difficult as a result of the lack of public transport services running to them.

The current job centre is moving to Folkestone, which may cause future accessibility problems, in addition to getting to employment opportunities. However, some employers are picking up their employees (including SAGA in Hythe and Smith Mechanical in Folkestone).

Access to healthcare is a particular concern in the Shepway area. A number of the facilities have been spread out across Kent and further a field, creating a problem for consistent access. For example, cardiac patients are required to travel to London hospitals, whereas neurology has been moved to Medway. Where transport is provided, it is either limited in terms of those who can use it, such as hospital cars which are only for those who are over 60 and disabled, or the times of travel (there is a lack of afternoon/evening services to and from the hospital, whereas visiting times are extended until 8pm).

A number of concerns were expressed regarding public transport services in the area. There was a general feeling amongst participants that the frequency of services was not adequate for a number of

the rural areas, although it was understood that the low number of passengers would be a problem to ensure viability. In some areas, services are restricted to school term time only, which causes problems for individuals, particularly those trying to gain access to employment, to get to their destinations during the holidays. It was also identified that there is sometimes a lack of integration between services, either between buses or bus and train. Other barriers to using public transport included lack of lighting at bus stops, reducing feelings of security for waiting passengers, and the unwelcoming attitude of some bus drivers on certain services. However, cost of public transport was not seen as a particular barrier in this area and it was felt that supermarket bus services contributed a great deal to increasing accessibility to centres.

A number of issues regarding current community transport schemes were identified as potential barriers to accessibility. Although there are a number of schemes, and a need for a number of schemes that use volunteer run cars and minibuses, there is a serious lack of volunteer drivers (Romney marsh and the hospital car service each have 3 drivers). There are a number of existing vehicles (minibuses) but they appear to be underused. The schemes are generally un-audited, so the location of the buses/drivers is usually unknown. Car sharing schemes may be a way forward in some of the communities, but there is a lack of communication and co-ordination to maximise this option.

Participants expressed a desire to cycle, but there are a number of barriers preventing them from doing so. These include the poor condition of local roads, the lack of dedicated cycle lanes/paths and poor street lighting, cumulating in a fear for personal safety.

Summary of Key Problems:

- Access to education, employment and health care is considered to be a problem in the Shepway region
 - Lack of public transport services to transport those not eligible for hospital/school transport
- Barriers to accessing public transport include:
 - Services not running at the times/frequency people want to travel (including lack of out of term services)
 - Lack of lighting at bus stops
 - Unwelcoming attitude of bus drivers
- Other barriers to accessing services include:
 - Lack of cycling facilities – cycle paths/routes, street lighting, poor road condition
 - Lack of volunteer drivers, preventing maximum use of current community transport schemes

6.3.3 Proposing Solutions

The second session focused on proposing potential solutions to some of the access and transport problems identified in the previous session.

Marketing, PR and the provision of information was identified as being key to making the most of existing transport services. It is often the case that people are unaware of service times and destinations and special community transport services available to them. This is sometimes due to the general lack of information surrounding these requirements, but also the way in which the information is presented/located. Suggestions for improvements included providing timetable information in larger print, educating people on how to understand timetables and the creation of a district book which includes timetable and transport information for all services.

Conditions for cyclists were seen as a barrier for using this mode. Therefore it was suggested that grants or funding should be sought for cycle paths. Recommendations as to the locations of cycle paths or improvements to routes included Dymchurch to Hythe, Lydd to New Romney, Station Road, and New Romney to the coast.

To enable or encourage public transport use to access key services, bus frequency should be considered on certain routes, particularly where a lack of morning or evening services is preventing people from getting to education or employment. Services to hospitals are also essential, for both patients and visitors. The provision of bus services would also increase conditions for bus users.

The provision of mobile services was identified as a potential solution; bringing key services to the villages. These could include traditional services such as libraries, but also internet services (to enable online food and other good ordering), doctor and dentist facilities, and job centre facilities.

Improvements could be made to the Romney Marsh Bus Club, involving more integration with the Traders Association. A co-ordinator is currently in place, but only temporarily.

There is a desire for children and teenagers to use the leisure centre after school, however, the lack of transport home following activities is a problem which needs addressing.

More could be done in the area to encourage car sharing, especially aimed at school and collage pupils. One idea is to create a web-based service matching up parents to children who require lifts to and from schools. This initiative could be part of the school travel plans.

Finally, employers could be approached to work more with the community to find ways in which to get their current and prospective employees to work, including pick up and drop off services.

6.4 Maidstone Seminar Findings

6.4.1 Participants

A total of 14 people attended the Maidstone seminar. This included representatives and members from the following organisations:

Transport Organisations:

- MUB Transport
- South Eastern Trains
- NHS Driving Assessment Centre

Local Authority:

- KCC Community Warden
- KCC Public Transport

Other Organisations:

- BTCV
- MFBV
- The Beacon Church
- Occupation Therapy Users Group

6.4.2 Identifying Problems

Access to healthcare, primarily the hospital, was cited as a major problem in the Maidstone area. A common problem of specialisation and reallocation of services is making it difficult for users to travel

to the various locations. When using public transport, there are often no direct services to the hospitals (e.g. Pembury), which makes it difficult in terms of time taken to access the services, but also for elderly or disabled people who will therefore be required to change services a number of times. GP surgeries in Boughton and Coxheath were also mentioned as problematic to access, and bus services during the evenings and weekends are being reduced. In some of the surgeries in the area, same day appointments are making it difficult to plan journeys. A number of taxi firms are providing access to the hospital, but services are very expensive. The volunteer bureau car scheme is helping to get patients and visitors to the hospitals owing to hospital transport increasing their accessibility criteria so fewer patients qualify. However, there are 30 to 40 new passengers every month, which is beginning to stretch resources.

There are a few concerns regarding parental choice and the dispersal of children and schooling, with children travelling further to attend school. Walking bus schemes to schools are proving difficult to implement due to lack of support from head teachers/volunteers.

Access to employment is problem in certain areas, particularly for young people. Retail is generally a seven-day sector, but the public transport services do not reflect this. In addition, the current job centre in Maidstone has recently relocated from a central location to the outskirts, making it difficult for people to find/get to easily, potentially creating a barrier to employment.

There are a number of main services and routes running along key corridors in the area, but the lack or infrequency of feeder services to these main services is a major problem. Some of the existing feeder services are underused or not effectively integrated, which includes rail services.

There are a number of community transport schemes running in the area, including Kent Karrier and taxi services serving different areas each day, and Dial-a Ride. Voluntary group hire is a significant issue in the area. Purchasing and funding minibuses is very expensive. The Volunteer Bureau has had talks with social services about potential solutions with minibuses, perhaps the creation of a Community Transport Association (CTA). However, the lack of volunteer drivers is still a major barrier top any scheme.

Other barriers to accessing transport or services in the Maidstone area include the volume of traffic on the roads. Some situations make this worse, such as the Park and Ride Service being closed on Sundays and free parking within the town centre, providing an incentive to drive rather than look for public transport services. School children on buses between 3.00 and 4.30 were also cited as a problem by some who are afraid of using these services at certain times.

Summary of Key Problems:

- Access to health care is considered to be a particular problem in the Maidstone region, followed by employment and education
 - Lack of direct or accessible public transport services to various hospital sites
 - ‘Same day’ appointments at GP surgeries make it difficult to plan journeys
 - Public transport does not always reflect the 7 day retail environment
- Barriers to accessing public transport include:
 - Lack of integration between services, both bus and rail – lack of feeder services to main services
- Other barriers to accessing services include:
 - Traffic volumes on the roads
 - Young people/children on public transport at certain times can be seen as threatening

6.4.3 *Proposed Solutions*

Like other areas in the Channel Corridor region, the improved provision of information on transport services was raised as a key solution to some of the accessibility problems. Suggestions include ‘fridge magnet’ maps providing public transport information, or an internet database of information to promote the availability of existing services. The scope of existing Travel Line could be extended, with a call centre providing local travel information.

Healthcare was cited as a major problem in the Maidstone area, and a number of suggestions were made as to how these problems may be alleviated. It was suggested that the Greater Health Authority should accept more responsibility for transport needs to the hospitals. The hospital transport scheme should become more involved in transport networks where negotiation can take place for funding a co-ordination of patient-to-hospital transport. To improve links between hospitals, a public transport terminus could be introduced at one of the major hospital sites.

A number of suggestions regarding various community transport schemes that could be implemented to improve accessibility to either mainline transport services or key services/opportunities. Rural parishes could jointly contribute to rural community bus services, the use of multiple use vehicles could be explored (such as extension of the post bus services, health hopper services etc). A development pack could be designed and published for those groups wishing to start up and run their own community transport schemes. The idea of an overarching Community Transport Association (CTA) was again identified as a potential solution to the problem of purchasing and maintaining minibuses, and the lack of volunteer drivers. Through creating an organisation at a regional level, resources will be used in a more efficient manner by organisations at the local level and may reduce some of the problems experienced with management or insurance.

To improve access to employment, the use of Wheels to Work/moped schemes could be explored, if management issues and funding can be sorted out.

Current Park and Ride schemes could be extended, which would improve bus journeys into the town centres. This would help to improve congestion problems in the area. Free transport passes could also be provided for unemployed people, which are tied to the signing-on procedure. There could also be a reconsideration of bus timetables, which would hopefully move away from the 8-9 and 2 to 5, ensuring that other travel times can be accommodated.

There could be further integration of the planning system to gain Section 106 funding to assist the funding of transport infrastructure.

Finally, it was suggested that local surveys to assess public transport needs and the potential use of free services transport surveys should be undertaken. The relevant funds (perhaps through council taxes) could then be raised.

7 Gap Analysis, Summary and Recommendations

7.1 Summary of Barriers to Access in the Channel Corridor Area

7.1.1 *Nature of Barriers to Access*

The review of existing strategies and background information, questionnaires with community groups and parishes and community seminars were successful in identifying barriers to accessing key services and opportunities in the Channel Corridor region. However, as not all parishes and wards participated in the consultation exercises, it is not possible to identify the worst affected areas at this stage.

As mentioned in Chapter 5, there are a number of barriers to accessibility; spatial, economic, perceptual, physical, informational, and mode specific barriers. Each of these barriers has been experienced in the Channel Corridor in at least one of the regions.

Spatial barriers are prevalent in the Channel Corridor, with rural villages spread out over the Kent countryside. Distances to key services are a particular problem for some, but are an important factor in the provision of public transport (few people living in many villages requiring transport services lead to problems for service viability).

Economic barriers were identified, not only for individuals, but also for organisations wishing to provide community transport solutions. For some individuals, such as young people/teenagers, elderly people and those on low income, the cost of public transport (or taxis where there is no alternative) is a problem when trying to access key services or opportunities. Community groups or organisations have consistently said that the cost of minibus hire, or purchase and running costs, is too expensive and alternative solutions need to be found if they are to continue providing transport that is vital to certain members of the community.

Not many **perceptual barriers** to accessibility were raised in the questionnaire responses or seminars, but this may be owing to the fact that community representatives were contacted in the majority of cases. However, those that were mentioned related to school aged children and teenagers on public transport in the afternoon, which some people found a problem when wanting to use public transport at similar times, perhaps feeling threatened.

Physical barriers were identified primarily regarding walking and cycling. In some of the rural villages and smaller towns, elderly and disabled people are finding it easier to get around using mobility scooters on footways. However, owing to the lack of, or inconsistency in, dropped kerb provision, or to footway obstructions, users are either being forced onto the road (which can often be narrow and involves traffic travelling at high speeds) or not travelling at all, seriously limiting accessibility. It can also be assumed that this problem will be experienced by parents with young children in pushchairs, or those using wheelchairs. The road condition in some of the more rural areas is not adequate for cyclists, who find it quite treacherous in some locations, and the lack of cycling facilities is preventing the uptake of a mode that could potentially solve some accessibility problems in the region. Severance is being experienced at some locations in the region, particularly when created by heavy traffic on major roads. Combined with inadequate pedestrian and cycle crossing facilities, this is creating problems for those trying to cross such roads. In some cases people are waiting up to 10 minutes to find a gap in the traffic and safely cross.

Information if lacking or poor in quality, can be a major barrier, particularly related to awareness of both scheduled transport services and alternatives such as community transport or mobile services. The questionnaires and seminars highlighted the need for better provision and distribution of travel and transport information in the region. There is a large number of schemes currently being run in the area. However, not all residents, including those who require it most, are aware of these schemes. The way in which information is presented is also a barrier to accessing services and opportunities, for

example, because of complexity of timetables or the style or size of print (see Balcombe and Vance, 1998).

Many **mode specific** barriers were identified in the questionnaires and seminars. To ensure inclusive mobility in the region and access to key services and opportunities, all vehicles, trains, buses, taxis, most private hire cars and minibuses, need to be fully accessible (wheelchair access etc) to all. This is not always the case, particularly for public transport, for which DDA compliance is to be phased in over the next few years for older vehicles¹⁵. Until then, certain services will be inaccessible to certain members of the community. A key problem relating to mode specific barriers is the lack of public transport services between barriers, the low frequency or lack of certain service, or the lack of services running at certain times (e.g. early mornings, evenings, and weekends). These mode-specific barriers can pose accessibility problems for a variety of groups, including young people and adults trying to get to employment, teenagers attending social and leisure activities, and patients and friends and relatives attending hospital appointments/visiting hours.

7.1.2 Equality Target Groups and Access to Transport and Services

Four key ETGs were investigated; children, younger people, older people and disabled people. Clusters of these groups were compared to access to public transport within a 10 minute walk (800m) and the coverage of Community Transport schemes. The analysis revealed that whilst wards with clusters of children generally had access to public transport services, wards with clusters of young people, particularly Wye, did not, therefore potentially restricting access for this group to certain key services and opportunities. The analysis also revealed clusters of older people and disabled people along the Shepway coastal wards, where there is poor access to public transport services and Community Transport schemes, restricting access of these groups to key services and opportunities.

The questionnaires and community seminars also identified groups that have poor access to public transport services and therefore key services. These groups included young people trying to reach employment opportunities or education, and elderly and disabled people in the region, who often have poor access to public transport services.

7.2 Recommendations for the Channel Corridor Region

Recommendations have been made at two levels; the strategic and area wide level, which we envisage being implemented over the next 5-year period, and more localised, short term recommendations.

7.2.1 Strategic and Area wide

There are three key areas at the strategic level where recommendations have been made to improve accessibility to key services and opportunities in the Channel Corridor Region. These include the development of a Community Transport Association (CTA), the provision of information and marketing of schemes, and focusing on access to healthcare. Each of these is described in more detail in the following sections.

7.2.1.1 The Channel Corridor Region – Provision of Community Transport

The study has revealed that there is general consensus that a solution is needed to aid the effective provision of community transport schemes that meet the needs of the local population in the Channel Corridor region. Key problems related to accessing key services and opportunities have been summarised in section 7.1 above. Although some of the problems may be solved through the provision of additional public transport services, and services running at a higher frequency, this is not often a viable option. Therefore community transport schemes and initiatives need to be implemented

¹⁵ All public transport buses must be accessible to disabled passengers by 2015-2017. All public transport coaches must be accessible to disabled passengers by 2020.

to ensure adequate access for all. Barriers to successful community transport implementation often come in the form of organisational aspects (managing the scheme, finding and retaining volunteer drivers etc) or difficulty in identifying available funding.

Discussions with local groups in the community seminars revealed the need for the development of a Community Transport Association (CTA) for the Channel Corridor region. It is envisaged that such an organisation would provide support and advice, whilst helping to secure funding, to parishes and wards so that they can implement their own transport solutions.

Figure 7.1 provides an overview of the potential Community Transport Association.

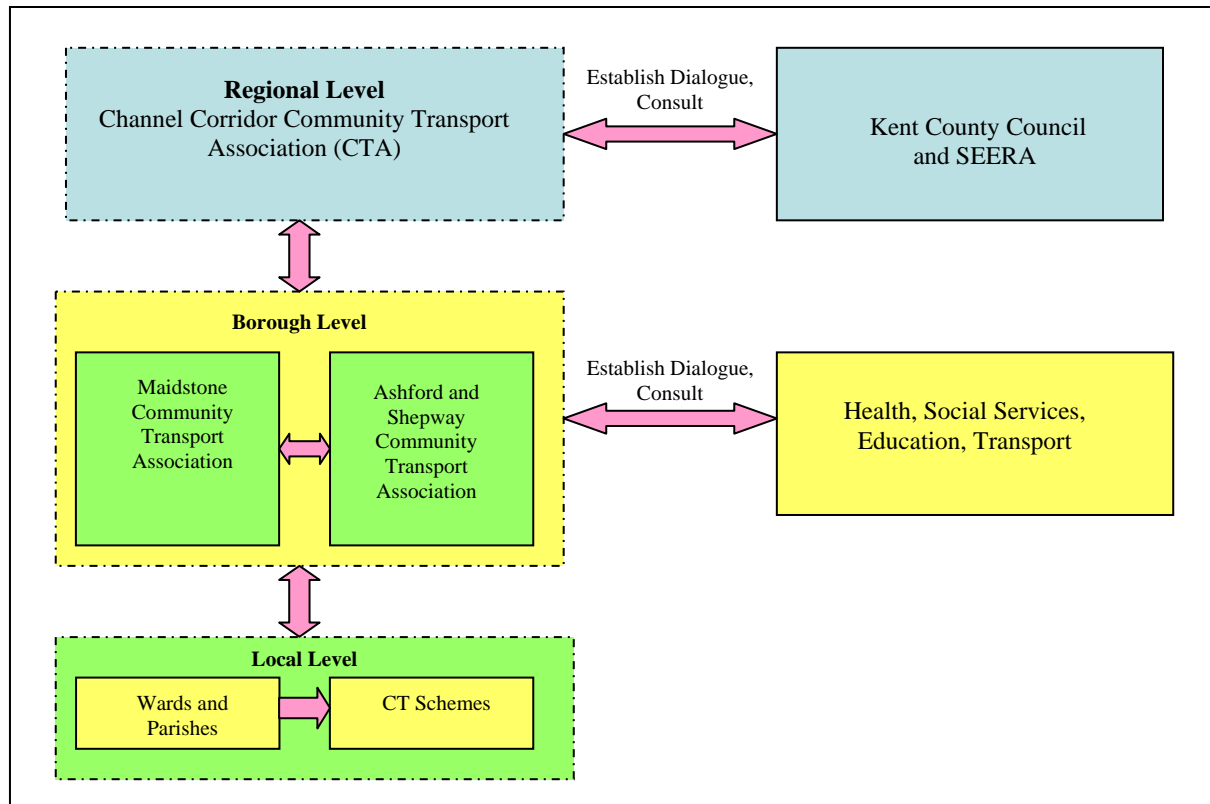


Figure 7.1: Development of a Community Transport Association for the Channel Corridor Region

It is envisaged that the CTA would operate at three levels; regional, borough and ward/parish level. The Channel Corridor Region Community Transport Association (CTA) at the regional level would be non-operational in scheme delivery. Its main focus would be policy and strategy development with the County. This will involve dialogue with bodies such as Kent County Council (KCC) and SEERA to identify priorities in the region and where transport or access improvements may fit in.

At the borough level it is foreseen that two Community Transport Associations (CTAs) would operate:

- Maidstone CTA; and
- Ashford and Shepway CTA

Ashford and Shepway will benefit from a joint CTA owing to the movements between the two boroughs (e.g. residents of Shepway travelling to Ashford). At this level, CTAs will communicate with various council departments about potential transport needs and developments, including social services, education, health and transport. It may be at this level that organisation and support are provided to the ward and parish level.

Needs will be identified at the Ward/Parish level (with the help of the Maidstone/Shepway and Ashford CTAs where appropriate) and potential schemes proposed. It is at this level, bottom-up, that schemes will be implemented, rather than having schemes imposed upon the local areas.

7.2.1.2 *Provision of Information and Promotion of Available Services*

As the research revealed, there are a number of successful community transport schemes running in each of the Channel Corridor boroughs. However, it was also identified that some of those residents, perceiving an accessibility problem and a lack of transport options, were actually unaware of existing schemes that could meet their needs (both public transport and community transport schemes). This highlights the need for effective marketing and promotion of schemes, in a way in which those residents requiring the services will be reached. Information, for example service timetables or booking information, needs to be in a format that is easy to understand, removing the ‘information’ barrier.¹⁶

A starting point in promoting existing schemes will be to compile a database of schemes and relevant details, such as where it operates, days of operation, whether vehicles are fully accessible etc. A similar database currently exists in the Ashford area, but is in need of updating. This exercise could build upon this existing database.

There are a number of ways in which services could be marketed.

- At the destination – Leaflets, posters and service information could be displayed at key destinations, such as local hospitals, GP surgeries, collages and leisure facilities (such as cinemas).
- Producing materials aimed at target groups – for young people and teenagers web-based information could be provided, advertisement of text-based information, and paying particular attention to the aesthetics of information. For elderly people, or those with sensory disabilities, information should be provided in a clear and understandable manner, perhaps in a variety of formats, including large fonts, or in audio format. To ensure that information is inclusive, it may also be provided in other languages.
- Through effective distribution – The available information should be distributed in such a way that it reaches its intended audience. This may involve placing materials in village shops or post offices, GP surgeries, job centres, hospitals, or distributing through schools and colleges, community organisations, or as a post drop by parishes.

Improvement in the provision of information and marketing of schemes and services will also come through at each of the levels of the Community Transport Association, particularly at the borough and parish/ward level.

Promotion and Marketing of DRT Services in West Yorkshire

Metro in West Yorkshire have used a variety of methods to effectively promote, market and provide information regarding their Demand Responsive Schemes. These include reviewing timetable formats, creating one-dimensional timetables (from Origin X to Destination Y only), credit card sized travel information, fridge magnets including call centre telephone number, and promotional material such as pens, balloons etc at local events advertising the services. Experience in the West Midlands region has identified key attributes that information requires to be effective in promoting schemes and providing potential users with relevant information. These include:

- Bright, clear brochures:
 - Explaining the concept of DRT;

¹⁶ See Balcombe and Vance (1998) for details of a study of passenger information requirements.

- Times and Areas Served;

- Posters;
- Up to date website, Journey Planner;
- Promotional material (Pens, balloons etc);
- Information provided in a variety of formats: large print, Braille Typetalk, audio-tape (Bishop, 2005).

In order to ‘spread the word’ about schemes, the following methods have been successful:

- Press launches and good news stories;
- Sales Caravan to remote villages;
- Door-to-door newsletters;
- Interview passengers to gain feedback

7.2.1.3 *Improving Access to Healthcare in the Channel Corridor Region*

Although access to a number of key services was identified as a problem in the Channel Corridor region, access to healthcare, in particular hospitals, was perceived to be an overarching problem and was consistently cited as a difficulty.

There are two hospitals within the boundary of the region, Maidstone hospital, just to the west of Maidstone, which is split onto three sites: Pembury Hospital, Kent and Sussex Hospital (Tunbridge Wells) and Maidstone. The other hospital in the region is the William Harvey Hospital to the east of Ashford. Other hospitals in the locality include Royal Victoria (Folkestone), Buckland (Dover), Kent and Canterbury and Sittingbourne.

Hospital transport is only available to patients who are unable to travel to appointments at outpatient clinics, day centres and day surgery units by public transport because of a medical condition. Requests to use the service must be made on a doctor’s authority. Therefore, this service is not available to a large proportion of individuals who wish to get to the healthcare establishments, but are unable owing to lack of public transport services (in some cases, to the actual hospital site), restricted service running times (not matching up to appointment times or visiting hours) or unconnected services (villages to main bus corridors). It must be stressed that there is a frequent service to the Maidstone Hospital from the town centre, but individuals have to first reach this point, which could be the main problem. Therefore, for those whom hospital transport is not available, and do not own a private vehicle, travel to appointments can be very difficult. It is likely that in this case, the majority of those that will be affected are elderly or disabled people.

Our first recommendation would be to establish and maintain a dialogue with the Health Authority / Primary Care Trust to identify transport needs to healthcare facilities in the area. This will promote a more ‘joined-up’ approach to providing transport to healthcare in the Channel Corridor region. More information is needed by the transport providers on the way in which appointments or visiting hours operate.

Following the establishment of dialogue with healthcare providers, the following potential solutions could be considered:

- One official ‘Health Hopper’ service is currently operated in the Channel Corridor region, linking together Kent and Canterbury, William Harvey, Royal Victoria and Buckland hospitals. However,

there is currently no comparable service for the West Kent hospitals at Maidstone. An investigation of the potential provision of such a service should be undertaken.

- A need has been identified for some form of flexible transport for making on-off or limited trips to healthcare facilities. It is recommended that the issuing of taxi vouchers for use in licensed taxis and licensed private hire cars, is explored for such trips. Dial-a-Ride schemes were considered, but it is thought that potential users will not be keen to travel the fixed routes on their way to appointments, and would prefer the directness of taxi services. More and more taxis and private hire vehicles are becoming accessible, and many private hire companies offer specialised services, which will also meet the needs of potential users. One of the barriers to accessing healthcare was related to appointment booking procedures, which sometimes cause problems for patients. Where patients are required to make appointments on the day, it can be difficult to arrange transport. The provision of taxi vouchers would help to reduce this barrier.
- As mentioned earlier, the health service needs to be more involved in linking up transport and patient requirements, particularly when making appointments. One potential solution may be to explore the use of an integrated booking system, either providing information or arranging community transport options to coincide with a recently made medical appointment to ensure that the individual will be able to attend. It is suggested that this solution could be piloted in an Ashford surgery, as it has been identified as one of the areas particularly affected by this problem.

It is envisaged that the regional and borough levels of the community transport association would be most involved in establishing and maintaining dialogue with healthcare representatives in the region. Information could then be passed down to the parish/ward level. Conversely, the parish/ward level can help identify local problems in accessing healthcare which can then be passed upwards through the CTA to the healthcare establishments.

7.2.2 Short Term localised Recommendations

While the strategic and area wide recommendations may have a longer time scale of implementation, several quick wins are also suggested.

- **All areas**
 - Identify villages and wards for facilitating the creation of community car schemes specifically targeted at vulnerable users – encourage Parish Councils to take ownership
 - Enhance and extend taxi voucher scheme to provide for the temporal, individualised needs of healthcare users
 - Align Dial-a-ride services with current health care working hours
 - Create a formal interaction between Health care and Transport providers
 - Investigate the possibility of major employers providing transport for their employees who live in rural areas
- **Ashford area**
 - An extension of the Marsh Mobile scooter hire program to the Ashford area
 - Dial-a-ride tailored to healthcare users travel requirements with fully accessible vehicles for mobility impaired users
- **Maidstone area**
 - Connect Health Hoppa Services to Maidstone and Pembury Hospitals and improve flexibility of service
 - Investigate viability of Bearsted Park and Ride service operating on a Sunday

- **Shepway area**

- Enhance the Health Hopper program to become more demand responsive and serve the coastal area of Shepway
- Improve marketing of the current Dial-a-ride provision in Shepway (Kent Karrier)

7.3 Potential Funding Sources

A number of potential funding sources have been identified that may help with the implementation of recommendations made here and subsequent community transport schemes in the Channel Corridor region. Funding sources include the following:

- Channel Corridor Partnership – The CCP funded this study into the identification of perceptions and needs in the Channel Corridor Region, so potentially may fund subsequent schemes
- Kent County Council – through transport bids, for government challenge bids and funding
- Kent County Council Transport Budget – KCC is currently removing public transport services that are running at a loss, so may be willing to provide money to fund community transport schemes that may be more cost efficient.
- Rural Transport Programme – current Rural Transport Partnership funding is due to cease.
- Parish councils working together may be able to secure funds for community transport projects, potentially there is ‘Connections’ money available for funding.
- Lottery Funding

7.4 Other Considerations

There are a number of other recommendations that the Channel Corridor Partnership could consider which are slightly outside the remit of this community transport study, but which would help to improve accessibility in the region. These primarily relate to improvements to local public transport services, and cycling and walking facilities.

7.4.1.1 Public Transport

A number of recommendations came out of the study regarding improvements to public transport services in the Channel Corridor region. The Channel Corridor Partnership should consider liaising with public transport operators in the region to see whether any of the following recommendations could be implemented, resulting in the enhancement of the transport system in Kent.

Frequency of public transport was identified as a key problem in the Channel Corridor region. This is a particular problem for trips to GP surgeries, for example, where only a short time is required at the destination. The running times are also a problem, especially where services do not run early in the morning, evenings, weekends or school holidays. The latter can act as a key barrier to access, particularly to education, employment out of standard hours, and visiting friends or relatives during visiting hours. They can also have implications for social and leisure activities, reducing the opportunities available for individuals to broaden their social horizons.

The vehicles used on scheduled services can also be a barrier to accessing key services or opportunities. Vehicles should be fully accessible to accommodate the needs of disabled or elderly passengers, and parents with young children who may have a pushchair with them.

The cost of public transport was raised in some areas of the Channel Corridor region, and was primarily associated with teenagers or those on low incomes trying to gain access to educational, employment or leisure opportunities.

The way in which public transport information is presented and promoted should be considered by public transport operators in the region. Although there is much information available, it is not often in a clear and understandable format suitable for all.

7.4.1.2 *Cycling*

The seminars revealed that cycling is not currently a viable option in certain areas, owing to the poor condition of the road and lack of cycle lanes/facilities. It was felt that the bicycle would become more attractive if actions were taken to improve conditions for cyclists. The Channel Corridor Partnership should consider liaising with the relevant authorities to explore the possibility of providing cycle paths in areas where they are needed. The community seminars have initially identified a number of areas which would benefit from cycling facilities:

- Dymchurch to Hythe;
- Lydd to New Romney;
- Station Road; and
- New Romney to the Coast.

Through making these improvements, perceptual barriers relating to fears over road safety may be reduced, possibly increasing accessibility to education or employment opportunities for teenagers or young adults.

7.4.1.3 *Walking*

It was identified that although there were public transport services running from certain villages, it is not always possible for some to get to these services; particularly the elderly or disabled who rely on the use of wheelchairs or mobility scooters. This is owing to the poor condition of the footways, obstructions, and the lack of drop kerbs, making it impossible, in some circumstances, to access the bus stop. The Channel Corridor Partnership should consider liaising with the relevant authorities to discuss the possibility of auditing access to public transport stops within rural areas, and improving pedestrian access, particularly for elderly and disabled people.

7.5 **Overview of Recommendations**

Table 7.1 below shows the main recommendations with the likely impacts that may facilitate prioritisation.

Table 7.1: Benefits of Recommendations: Reducing Barriers to Accessibility and improving Access for Disadvantaged Groups

| Recommendations | Barrier to Accessibility | | | | | | Disadvantaged Groups | | | | |
|--|--------------------------|----------|------------|----------|-------------|---------------|-------------------------|---------|------------|----------|-------------------|
| | Spatial | Economic | Perceptual | Physical | Information | Mode Specific | Children / Young people | Elderly | Unemployed | Disabled | Ethnic Minorities |
| Strategic Area Wide | | | | | | | | | | | |
| Community Transport Association | ✓ | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Community Transport Information and Marketing | | | | | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Access to Healthcare | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Localised Short Term | | | | | | | | | | | |
| Identifying villages and wards for facilitating community car schemes | | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Enhance and extend taxi voucher scheme | | ✓ | | | | ✓ | | ✓ | ✓ | ✓ | ✓ |
| Align Dial-a-Ride services with current healthcare working hours | | | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Create formal interaction between healthcare and community transport | | | | ✓ | | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Investigate partnerships between major employers and transport provision | | ✓ | | ✓ | | ✓ | ✓ | | ✓ | | ✓ |
| Ashford | | | | | | | | | | | |
| Extension of the Marsh Mobile Scheme | ✓ | ✓ | | | | ✓ | ✓ | | ✓ | | ✓ |
| Dial-a-ride tailored to healthcare users, fully accessible vehicles | ✓ | | | ✓ | | ✓ | | ✓ | | ✓ | |
| Maidstone | | | | | | | | | | | |
| Connect Health Hopper services to Maidstone and Pembury Hospitals, improve flexibility of service | ✓ | | | ✓ | ✓ | ✓ | | ✓ | | ✓ | |
| Investigate viability of Bearsted Park and Ride on Sundays | ✓ | ✓ | | | | | ✓ | ✓ | ✓ | ✓ | ✓ |
| Shepway | | | | | | | | | | | |
| Enhance the Health Hopper programme to become more demand responsive and serve the coastal area of Shepway | ✓ | ✓ | | ✓ | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Improve marketing of the current Dial-a-ride provision in Shepway (Kent Karrier) | ✓ | ✓ | | | | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |

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Appendix A. Countryside Agency Rural Accessibility Audit – Parish Councils

Name of Village/Parish

This accessibility audit should be used to identify any potential accessibility problems in your parish.

| KEY: | Meaning: |
|--------------|--------------------------------|
| <i>Red</i> | Likely Accessibility Problem |
| <i>Amber</i> | Possible Accessibility Problem |
| <i>Green</i> | Unlikely Accessibility Problem |

PART ONE: Presence of Key Services and Activities

The aim of Part One is to identify which key services are not available within your village/parish, and if they aren't, if they can be easily reached by public transport (NOT private car).

There is a list of key services which are split into two categories, 'essential' and 'desirable' key services or activities. 'Essential' services are those to which residents may require access to on a daily or weekly basis, and encompass education and employment, healthcare and food.

Although their presence within a parish or access to them is not considered 'essential', services and activities included in the 'desirable' category are important in terms of quality of life.

You should first place ticks in column one against key services or activities that are NOT available in your village. If you have placed a tick against any key service or activity in column one, then place a tick in column two if the key service or activity is NOT easily accessible by public transport

PART TWO: Local Population

There are certain members of the community that are more likely to suffer from accessibility problems than others. These typically include people with mobility problems, the elderly, children and teenagers, households without access to a vehicle and the unemployed.

PART THREE: Level of Service – Bus Service to Nearest Town

If services are available in a nearby town, this may be considered acceptable for the majority of residents with access to a private vehicle. However, if there is a poor bus service to this town, then small pockets of poor accessibility will exist amongst those that have no option but to walk, cycle or use public transport.

PART ONE: Presence of Key Services and Activities

| Key Services | | ONE | TWO |
|--------------|-----------------------------------|---|--|
| | | Please tick if key service is NOT available in your village* | Please tick if key service is NOT easily accessible by public transport |
| Essential | Primary School | Red | Red |
| | Doctor's surgery/medical advice | Red | Red |
| | Essential groceries, food shop | Red | Red |
| | Secondary School | Amber | Red |
| | College, adult /further education | Amber | Red |
| | Job centre services | Amber | Red |
| | Prescription services | Amber | Red |
| | Dentist | Amber | Red |
| | Opticians | Amber | Red |
| | Emergency services | Amber | Red |
| | Hospital | Amber | Red |
| | Other food shopping | Amber | Red |
| | Cash | Amber | Red |
| | Welfare services | Amber | Red |
| | Post office/postal services | Amber | Red |
| Desirable | Places to eat out | Amber | Amber |
| | Library services | Amber | Amber |
| | Youth services | Amber | Amber |
| | Leisure facilities (indoor) | Amber | Amber |
| | Leisure facilities (outdoor) | Amber | Amber |
| | Nursery facilities | Amber | Amber |
| | Place of worship | Amber | Amber |
| | Other community facilities | Amber | Amber |

* includes mobile services

INTERPRETATION:

The above list has been compiled to represent the key services that the majority of people may need to access on a regular basis. Column one asks about access to key services within your parish. The first three on the list, which are accompanied by red boxes, are considered most important, representing education, healthcare and food. If these are not available within your village, it is then likely that some residents will experience accessibility problems.

However, column two asks whether the key service or activity is not easily accessible by public transport. In this case, all of the essential services are represented with red boxes, indicating that residents are likely to have accessibility problems.

PART TWO – Local Population

| | Please tick if you have a high proportion of the following groups of people residing in your parish |
|------------------------------------|---|
| Mobility Impaired | <i>Red</i> |
| Elderly | <i>Red</i> |
| Young/teenagers | <i>Red</i> |
| Households without vehicles | <i>Red</i> |
| Unemployed | <i>Red</i> |

INTERPRETATION:

Each of the groups in the above table is particularly vulnerable to accessibility problems. For each red box that you tick, the more susceptible to accessibility problems your local population is.

PART THREE: Level of Service – Bus Service to Nearest Town

| Level of service | Description | Please tick the level of service that represents the bus service to your nearest town |
|------------------|---|---|
| Nothing | Having no service, or school days only, or summer only or one a week or less. | <i>Red</i> |
| Something | Having a service on one to four days a week | <i>Red</i> |
| Daily | Having a service at least five days a week, but lacking one or more of the features necessary to be strategic | <i>Amber</i> |
| Strategic | Having services at times suitable for travel to and from work, schools, morning and afternoon shopping, generally requiring a minimum of 5 journeys a day – the minimum number considered necessary to have reasonable degree of mobility without private transport. May include rural transport initiatives. | <i>Amber</i> |
| Frequent | At least hourly, six days a week, including journeys suitable for travel to and from work, schools, morning shopping and afternoon shopping. May include rural transport initiatives. | <i>Green</i> |

INTERPRETATION:

Although local towns or centres may have all the key services or activities that residents of your parish need to access, they may experience difficulty in getting there. In rural parishes distance is often a problem, meaning that cycling or walking for many is not an option. Certain people will have to rely on public transport services to access key services and activities. Even if public transport services are available in your area, they may not run when people need to use them. The more infrequent the service (amber to red boxes) the more likely it is that residents of your parish may experience accessibility problems.

Appendix B. Channel Corridor Community Organisation Survey

Dear Respondent,

Thank you for taking the time to fill in this questionnaire on accessibility and transport issues affecting your facility and the Channel Corridor Region. Please try to answer the questions as fully as possible. If you have any queries, please do not hesitate to contact Katherine Townley on 01344 770263, or at ktownley@trl.co.uk. Your input to this study is much appreciated and will help to identify access and transport needs in your area.

Section One: Respondent Details

Full name of service (e.g. 'Brookhurst Primary School'):

Full address of service, including postcode (for mapping purposes):

Name of Ward (if known): _____

Contact Name: _____

Contact Telephone Number: _____

Section Two: Access to your Key Service

2a) What type of transport do the majority of people use when travelling to your facility? (please tick up to 3)

| | | | |
|---------------------|--|--------------------------|--|
| On foot | | Public transport – bus | |
| Bicycle | | Public transport – train | |
| Taxi | | Private car – driver | |
| Community transport | | Private car – passenger | |

2b) How often do people generally require access to your facility? (Please tick one)

| | |
|--------------------|--|
| 6 to 7 days a week | |
| 4 to 5 days a week | |
| 2 to 3 days a week | |
| Once a week | |
| Once a fortnight | |
| Once a month | |
| Less often | |

2c) Please indicate where the majority of the users of your facility live (Please tick one)

| | |
|---|--|
| In the same village/town | |
| In the same ward | |
| In the same borough (either Shepway, Maidstone or Ashford) | |
| In the Channel Corridor region (i.e. Shepway, Maidstone or Ashford) | |
| Further a field | |

Section Three: Barriers to Access

There are a number of reasons why people are unable to get to facilities that they wish to, including distance away from their home, lack of transport provision, personal mobility problems, cost and perceptions of fear and safety.

3a) What types of problem do people experience when trying to get to your facility? Please complete the table below

| Problems getting to your service | Significance (Please tick <u>one per row</u>) | | | | |
|---|--|--------|-----|------------|------------|
| | High | Medium | Low | Not At All | Don't Know |
| Distance | | | | | |
| Time taken to travel | | | | | |
| Cost of travel | | | | | |
| Lack of information on transport | | | | | |
| Fear for safety (e.g. dangerous road conditions) | | | | | |
| Fear of crime (perceived unsafe area) | | | | | |
| Lack of public transport provision (bus, rail, community/demand responsive transport) | | | | | |
| Lack of accessible vehicles, e.g. low floor buses, wheel chair lifts etc | | | | | |

3b) For those factors which were rated of 'High' or 'Medium' significance, please use the space below to describe the accessibility problems in more detail (e.g. why this factor is a problem in your particular area)

Section Four: Transport Services in Your Area

4a) Please indicate the level of service that represents public transport provision to your facility when it is required by your users.

| | |
|---|--|
| No Service | |
| Poor Service (generally does not meet user needs) | |
| Average service | |
| Good Service (generally meets user needs) | |

4b) Are there any community groups that require access to your facility? (e.g. youth services, day care centres etc) (Delete where appropriate)

Yes / No / Don't Know

4c) If yes, what types of transport services do they use? (Please tick all that are appropriate)

| | |
|--|--|
| Private transport e.g. car sharing | |
| Public transport e.g local bus service | |
| Privately hired minibuses | |
| Taxis | |
| Volunteer-run transport schemes | |
| Other (please specify) | |

4d) Please provide details of these or any other community or rural transport initiatives that serve your service e.g. Wheels to Work schemes, Dial-a-Ride etc (including name of scheme, who uses the transport service etc)

4e) Please use the space below to describe any problems (if any) in using these transport services, including accessibility of vehicles, availability, cost etc

Section Five: Potential Solutions

5a) Please use the space below to suggest any solutions or improvements that could be made in your area to improve accessibility and transport to your key service. This may include public and community transport services, improvements to bus stops, cycling and pedestrian facilities (cycleways, crossing facilities etc), increase in awareness about ways in reaching your service (please continue on a separate sheet if necessary).

Thank you for taking the time to complete this questionnaire

Appendix C. Channel Corridor Parish Council Survey

Dear Respondent,

Thank you for taking the time to fill in this questionnaire on accessibility and transport issues affecting your area and the Channel Corridor Region. Please try to answer the questions as fully as possible. If you have any queries, please do not hesitate to contact Katherine Townley on 01344 770263, or at ktownley@trl.co.uk. Your input to this study is much appreciated and will help to identify access and transport needs in your area.

| |
|---|
| <i>Section One: Respondent Details</i> |
|---|

Full name of organisation (e.g. 'Headcorn Parish Council'):

Full address of organisation, including postcode (where appropriate):

Name of Ward: _____

Contact Name: _____

Contact Telephone Number: _____

Section Two: Availability and Accessibility of Key Services in Your Area

2a) For each of the essential and desirable key services listed in the table below, please place a tick in each of the columns 1 to 4 where appropriate.

| Key Service | | ONE | TWO | THREE | FOUR |
|-------------|----------------------------------|---|---|--|---|
| | | Please tick if key service is NOT available in ward | Please tick if key service is NOT easily accessible by public transport | Please tick if key service is NOT easily accessible by community transport | Please tick if key service is NOT available as a mobile service |
| ESSENTIAL | Primary School | | | | |
| | Doctor's Surgery/Medical Advice | | | | |
| | Essential Groceries, food shop | | | | |
| | Secondary School | | | | |
| | College, adult further education | | | | |
| | Job centre services | | | | |
| | Prescription services | | | | |
| | Dentist | | | | |
| | Opticians | | | | |
| | Emergency services | | | | |
| | Hospital | | | | |
| | Other food shopping | | | | |
| | Cash | | | | |
| | Welfare services | | | | |
| DESIRABLE | Places to eat out | | | | |
| | Library services | | | | |
| | Youth services | | | | |
| | Leisure facilities (indoor) | | | | |
| | Leisure facilities (outdoor) | | | | |
| | Nursery facilities | | | | |
| | Place of worship | | | | |
| | Other community facilities | | | | |

2b) Please use the space below to discuss any barriers to accessing key services, such as the cost or lack of transport, distance, time taken, fear of crime or for safety, lack of information etc.

2c) Are there any community groups or organisations situated in your parish (e.g. those incorporating elderly people, those with mobility problems, children's groups etc)? (Please delete where appropriate)

Yes / No / Don't Know

2d) If yes, please list in the space below (including contact details if known)

2e) Do any of these groups require group hire transport, e.g. minibuses, taxis with wheelchair access etc? (Please delete where appropriate)

Yes / No / Don't Know

2f) If yes, what do these groups use the transport for and how frequently?

| | Daily | Weekly | Monthly |
|---------------------------------|-------|--------|---------|
| Visits to events | | | |
| Social meetings | | | |
| Weekend outings/trips | | | |
| Access to healthcare facilities | | | |

2g) In your opinion, which parts of the area that you represent suffer from poor accessibility or transport services (please specify)?

Section Three: Potential Solutions

3a) Please use the space below to suggest any improvements that could be made in your area to improve accessibility and transport to key services in your area. This may include public and community transport services, improvements to bus stops, cycling and pedestrian facilities (cycleways, crossing facilities etc), increase in awareness about ways in reaching your service.

Thank you for taking the time to complete this questionnaire

Appendix D. Seminar Agenda and Breakout Prompt Sheet

Attendees will already be seated ‘cabaret’ style.

1.00pm – 1.10 - Welcome and intro to project

1.10 – 1.40 - Presentation of Questionnaire results

There will be two breakout sessions that will cover the following topics:

- Discussion of key areas with accessibility problems, particular barriers and problems (35 mins)
- Discussion of key areas where traditional transport providers and the community sector can work co operatively to benefit passengers (40 mins)

You will have:

- Flipchart pad with top-sheet pre set out in format that needs to be followed for subsequent sheets
- A map of the area
- Stickers
- An attendance sheet
- Flipchart pens and biros

Breakout Session 1

| | |
|---------------|--|
| 1:40pm | Introductions Ensure attendance sheet is circulated Ask for a rapporteur |
| 1.45pm | <p>‘Have we missed any key areas and groups with accessibility problems?’</p> <p>Rapporteur to record generic issues on the flipchart Specific issues to be recorded on the map of the area</p> <p>Prompts:</p> <ul style="list-style-type: none"> • Which services are hardest to access in your area? Breakdown by: <ul style="list-style-type: none"> ○ Work (inc. Job Centre) ○ Education ○ Healthcare ○ Food shopping ○ Leisure and recreation ○ Community services (Welfare, Youth, etc) • Which groups of people find it hardest to access services? If it helps, breakdown by: <ul style="list-style-type: none"> ○ Women ○ Children (0 – 15) ○ Young people (16 – 24) ○ Older people (65+) ○ Disabled people ○ People in Ethnic Minorities • Which places in Ashford have the worst options to access services? <p>Confirm that flipchart accurately reflect the views put forward</p> |

| | |
|---------------|--|
| 2:00pm | <p>‘What are the key barriers stopping people accessing services?’</p> <p>Rapporteur to record generic issues on the flipchart Specific issues to be recorded on the map of the area</p> <p>Prompts:</p> <ul style="list-style-type: none"> • What problems stop people from accessing services? (eg: distance, cost, fear for safety, lack of information. etc) • Do peoples perceptions of barriers match the reality? • Have we failed to identify any barriers? <p>Confirm that flipchart accurately reflect the views put forward</p> |
| 2:10pm | <p>Voting:</p> <p>Each group member to be given five stickers to spend on the issues they think should be highest priority.</p> <p>The 5 can be spent in any combination from one vote for five aspects to five votes for one.</p> <p>Group members do not have to use all their stickers.</p> <p>For efficiency, spread the two sheets out on the table, and allow the group members to roam between them.</p> |
| 2:15pm | <p>Close discussion</p> <p>Checklist: Ensure rapporteur has flipchart/map [NB make sure you collect it back from them at end]</p> <p>Make sure you collect the attendance sheet</p> |

2.15 – 2.30 - Feedback from Session 1

2.30 – 2.45 - Tea and coffee

Breakout Session 2

| | |
|---------------|---|
| 2:45pm | Ask for a rapporteur |
| 2:50pm | <p>‘How can public transport providers and the community sector work more closely to produce solutions?’</p> <p>Rapporteur to record generic issues on the flipchart Specific issues to be recorded on the map of the area</p> <p>Prompts:</p> <ul style="list-style-type: none"> • Which existing services need changing or extending? • What is currently stopping transport providers and community sectors working closer together? • What new services / ideas would help to fill the gaps in access? • Does the perception of public transport provision match the reality? <p>Confirm that flipchart accurately reflect the views put forward</p> |
| 3:20pm | <p>Voting: Each group member to be given five stickers to spend on the issues they think should be highest priority.</p> <p>The 5 can be spent in any combination from one vote for five aspects to five votes for one.</p> <p>Group members do not have to use all their stickers.</p> <p>For efficiency, spread the two sheets out on the table, and allow the group members to roam between them.</p> |
| 3:30pm | <p>Close discussion</p> <p>Checklist: Ensure rapporteur has flipchart/map [NB make sure you collect it back from them at end]</p> <p>Make sure you collect the attendance sheet</p> |

3.30 – 3.45 – Feedback from Session 2

3.45 – 4pm - Close

Appendix E. Ashford Seminar Notes

Tuesday 27th September 2005 - Iron Room, Boughton Aluph

E.1 Participants

Ashford Volunteer Bureau

Boughton Aluph and Eastwell Parish Council

KCC Youth and Community

CARM

Senior Community Warden KCC

E.2 Session 1 – Key Areas with Accessibility Problems

In Maidstone, only 2 of the sports groups returned the questionnaire. However, there is a known problem with groups in the area getting access to minibuses at a reasonable price.

Age Concern has a number of buses. However, insurance is raised as a barrier. Hiring vehicles can save a lot of money and hassle.

A potential solution would be to establish a Community Transport Association (CTA) – an umbrella organisation that owns and maintains a number of vehicles which can be hired by groups across the boroughs/county (surrey example). Barriers include finding volunteer drivers, commercial coaches being inaccessible (steps up to coach).

Conditions could be applied to funding to ensure shared use of vehicles – not currently monitored.

Goat Lees housing development just outside of Ashford is an example of poor access. Owing to the lack of facilities built at the same time as the development, (e.g. school), children have to travel outside of the development. However, there is no bus service, so everyone has to drive or attempt to walk. Problems have come to light with accessing services on foot from the development, as some of the major roads (A20?) are creating severance. Although there are official crossing points, they cannot always be used due to the condition of the footway – pushchairs/wheelchairs being too wide for pavement.

It was agreed that access to health and education establishments is a problem in the Ashford area. People become reluctant to use hospital transport for appointments (time taken to travel etc), there is no formal transport to GPs.

As people live with these accessibility problems on a daily basis, they have learnt to adapt. Therefore access to health, education shopping etc is not seen as a top priority – undisclosed problems. In a survey (conducted by the volunteer bureau) of local village it was found that it was often one of the oldest people in the village running informal schemes to get to services. When people were asked about where they would like to go, it was difficult to answer. Finally, people decided that they would like to visit friends and family, beach etc. (Travel Horizons)

The lack of safe footpaths and lighting is a barrier. The elderly often choose the scooter as a mode to enhance their access to local services, but the lack of dropped kerbs or inconsiderate parking can instantly block access.

Another issue is the use of ‘monkey bikes’ in rural areas. They are currently used by teenagers on footways, but this is creating dangerous situations.

Kent Leader Plus – for young people. Enhancing communities for young people. They are hoping to purchase a multi-purpose vehicle for use by them and community groups. All of the vehicles will be accessible.

Areas of notoriously poor access include:

- Heart Farm (currently developing a walking bus scheme, although there are parking problems).
- Dimchurch (Park and Stride)
- Wye – and associated locations

Young people rarely use public transport – the two main barriers are availability and cost.

The nearest shopping place for Shepway is Folkestone – which is where public transport is concentrated on providing a service to. However, people prefer to travel to Ashford (generally cheaper) despite the lack of services. Public transport services have not changed to reflect this change in travel patterns.

The Ashford Youth Forum is considering establishing a ‘figure of 8’ service, which will hopefully reduce hotspots of vandalism.

Superstore buses are a very important asset – extremely low fares and enable a lot of people to get their shopping or simply take a trip out to socialise. However, the only complaint is that they do not have enough time at the end destination – highlights a gap in the service.

Access to employment is also a problem. Young people in particular are being offered places of employment (often low paid) but have to turn them down due to the cost or lack of transport services. There is a lot of ship work in the area which is often out of regular hours – the lack of transport services are therefore a problem. This stifles business opportunities, but also rural businesses as potential staff will not be able to get to work unless they have a private vehicle.

Key findings:

Access to education, employment and health care is considered to be a problem in the Ashford region

Barriers to accessing public transport include:

- Cost of transport
- Lack of accessible vehicles
- Services not running to the locations people want to travel to
- Services not running at the times people want to travel.

Other barriers to accessing services include:

- Organisations obtaining funds to purchase and maintain accessible vehicles with volunteer drivers
- Condition and provision of quality footways with dropped kerbs
- Inconsiderate parking

Prioritising Issues – Breakout Session One

| Issue |
|---|
| Brokerage of community transport vehicles |
| Shared existing vehicles |
| ‘Parochial objections’ |
| This could be developed by a district Community Transport Association |

| |
|--|
| A pool of vehicles to suit needs Core Funding |
| ‘New’ communities as housing expands there is a lack of local services and public transport (schools especially) |
| Health Access Major Hospitals? Improving Local Clinics / Surgeries ‘Where would you like to go?’ |
| Youth Perceived as a nuisance – ‘Monkey Bikes’ Rural Access |
| Food and Retail – Served by Supermarket Buses |
| Employment / Training Centralised Job Centres and amalgamation |
| Inter Village Links - a rarity |

E.3 Session 2 – Key areas where transport providers and the community sector can work closer together

Flipchart

| Issue |
|--|
| Existing services Extend – refocus on Ashford |
| Amend More accessible Impact of DDA? |
| Better integration of voluntary and public services Effect of concessionary fares Lift giving Child protection issues Offer of CRB? Walking buses Further promotion School Travel Plans Safer routes to school |

| | |
|---|---------------|
| Servicing | |
| Low volume | Taxi Vouchers |
| Infrequent | Volunteer Car |
| Individual | |
| Wheels to work | |
| Information | |
| Commercial support – Commercial sponsorship | |
| ‘Currency’ | |
| Dissemination | |
| Informal Lift giving | |
| Promotion | |
| Security Issues | |
| Smaller cars and access issues | |
| Community Transport Association | |
| Local Champion? | |
| Area? – County? Borough? | |
| Training | |
| Call Centres | |
| Brokerage – functioning services | |
| Support Services to: | |
| V/C Scheme | |
| Minibus – Time | |
| Walking buses | |

Appendix F. Shepway Seminar Notes

Wednesday 28th September 2005 – Romney Resource, New Romney

F.1 Participants

Marsh Mobile

Kentish Express

New Romney Town Council

New Romney Clinic (Shepway PCT) – Left at 4:15pm

Geoff Stephens – KCC – Left at 3:30pm

Liz Grant – Marsh Forward

Liz Henderson – Kent Guidance Consortium

Trevor Skelton – Rural Kent

Peter G Woolston – Marsh Forward

Edna Delaney – Romney Resource Centre

F.2 Session 1 – Key Areas with Accessibility Problems

Flipchart

| Issue |
|---|
| Concern |
| Lack of response |
| Lack of awareness |
| Still time to respond |
| Accessibility |
| To Adult education |
| Small numbers in villages but widely spread |
| Awareness of provision |
| Medical facilities |
| London for Cardiac Patients |
| Medway for neurology |
| Volunteer Drivers |
| Hospital car service |

| |
|--|
| Cross border issues |
| More drivers |
| Job centre |
| Moving to Folkestone |
| Employment |
| College not served by public transport |
| Retail |
| Jemsons – Rye |
| Waitrose – Hythe |
| Tescos – ? |
| Existing vehicles |
| Under used mini buses |
| Un-audited – where are the buses and drivers? |
| Commercial services – extension of existing services |
| Car Sharing |
| Lack of communication |
| Lack of co-ordination |
| Mobile services – Tenderden ‘Job’ bus |

F.3 Session 2 – Key areas where transport providers and the community sector can work closer together

Flipchart

| Issue |
|---|
| Marketing and PR |
| Need to be in advance and substantially ‘targetted’ |
| Notice boards – an uplift project |
| Website |
| Projects essentially from community up – not top down |
| Marsh forward |
| Romney Marsh Bus Club |
| Traders Association – more integration |
| Coordinator in place – temporarily |
| Grants for cycle paths |

| |
|-----------------------------|
| No take up of cycle parking |
| Bus Shelters |
| Not always provided |
| Youth and Community |
| Mobile services reducing? |
| Leisure Centre |
| Increased after school |
| Transport home |

Present –

Various voluntary organisations

Shepway Primary Care Trust

Shepway Volunteer Centre

Romney Marsh Cristian Fellowship

Folkstone Clubhouse

Shepway District Council

Community Rail Partnership

Session 1 – Key Areas with Accessibility Problems

Flipchart

| Issue |
|---|
| Shepway volunteer service – 50 to 60 |
| Drivers in Hythe/Folkestone. Romney Marsh – 3 drivers, Hospital car service 3 drivers |
| Are buses going to be used if provided? KCC subsidise some services |
| Rail partnership needs to be informed if there are bys/train times that don't match up – can then try to integrate them. |
| Public transport doesn't always run at the time needed, for example, key buses don't run when schools are closed. A more regular service is needed – once an hour is not always enough. |
| Explorer ticket for the bus is a good price |
| Lack of evening services to the hospital |
| St Augustine's bus runs during school time |
| Age Concern – transport for service users |
| Disability – Life Skill Centre – pick up and drop off |
| Attitude of bus drivers is not welcoming |

| |
|---|
| Cycling – roads poor, no dedicated cycle paths, poor street lighting |
| Stones and rocks are put on the grass verges to stop parking(an insurance issue for KCC) |
| There are no lights at bus stop |
| RHDR – does the school run from Burmarsh Road, Dymchurch to Southlands, New Romney – is it possible to provide a service from Lydd to Southlands? |
| Lydd airport – if it expands, bus services would need to go to the airport terminal. Possibly reopen railway line |
| SAGA (Hythe) and Smith Mechanical (Folkestone) pick up their staff |
| Difficulty in getting to the hospital (hospital cars are only for over 60 disabled travellers) |
| Generally ok to get to GP surgeries |
| Central point and group to hire out minibuses – would require socially funded drivers for the minibuses |
| Community buses (like sussex) |
| Kent Karrier – operated by KCC – available for anyone more than 50m from the bus stop. |
| Marketing – how are people getting information? (pub, postcode drop, village shop, village noticeboard, parish council noticeboard, community groups) |
| Supermarket buses – pick up |
| Shop online |
| Mobile computer service – perhaps with the mobile post office |

Session 2 – Key areas where transport providers and the community sector can work closer together

Flipchart

| Issue |
|--|
| Convert a double decker bus to offer multi-services ti villages, e.g. doctor, dentist, job centre etc |
| Improve service to William Harvey Hospital – more frequent and later services |
| Cycle paths – Dymchurch to Hythe, Lydd to New Romney, Station Road, New Romney to Coast |
| Web-based site to set up car sharing to schools/collages – aimed at students/parents who are travelling to school with 1 or 2 children in car – link to school travel plan organised through schools |
| Employers taking more responsible approach, such as large supermarkets to help fund an internet delivery scheme – bringing internet to remote areas so people can order their shopping. |

| |
|---|
| Get employers to take more responsibility with providing transport to and from work |
|---|

| |
|---|
| Marketing opportunities – stagecoach online – train times etc |
|---|

| |
|--|
| Provision of information – timetables in larger print, educate people on how to read time tables. District book with timetables and transport information for all services |
|--|

Appendix G. Maidstone Seminar Notes

Thursday 29th September 2005, Lenham Community Centre.

G.1 Participants

Group 1

BTCV

MFBV (UK

NHS Driving Assessment
Centre

The Beacon Church

MUB Transport

KCC Community Warden

Kcc Public Transport

Group 2 (CB)

Boughton Monchelseur and
Chart Sutton (?)

South Eastern Trains

KCC PT

KCC PT

Occupation Therapy Users
Group – Chair Person

Maureen's carer and husband

G.2 Session 1 – Key Areas with Accessibility Problems

Flipchart

| Issue |
|--|
| HOSPITAL / MEDICAL |
| Social Service clients |
| Current provision by a 'cartel of taxi firms' – very expensive |
| Public Transport |
| Access for those with a disability / mental health problems |

| |
|---|
| Disabled access very poor especially – changing 3 times A conductor is needed on services to assist people onto buses |
| Access to Preston Hall very poor Transport runs to Barmington Station – 1 mile from Preston Hall |
| Volunteer Bureau Car Scheme 30 – 40 new passengers a month Hospital transport increased accessibility criteria – so many now do not qualify! So the Volunteer Bureau Scheme is now picking up those not served and this is increasing the strain upon them. |
| Same day - GP Appointments Cannot plan transport demand in advance |
| Key Points: Health requirements do not match Public Transport especially with new specialist centres. For treatment you may need 3 hospital centres Consider as a separate requirement – lump sum from public transport and put in a specialist scheme – Specialist CTA |
| Road Access is an issue – we need clearer roads – traffic management issues. |
| EDUCATION Centre of Maidstone – 3 – 4:30pm problem time, School Children ‘put off’ other passengers using services |
| Walking Bus problems with convincing Head Teachers and Volunteers |
| Problem of dispersal of Schooling and Children are attending schools further away Parental Choice |
| OTHER Single women on public transport. Safety Issues |
| Voluntary Group Hire Group Hire is a significant issues Volunteer Bureau talked to social services – Minibus – Community Transport Association Stroke Drivers etc. Lions club provided minibus Existing groups – Funding minibus is expensive? |
| Integrating Transport minibus / train – expense of keeping driver at station |
| EMPLOYMENT ACCESS Job Centre |

| |
|--|
| Access is very poor – Job Centre has moved outside of the centre of town |
| Instead of each organisation spending large sums of money on transport (e.g: minibus) – each contribute smaller amounts of funding into one pot to produce a shared resource |

G.3 Session 2 – Key areas where transport providers and the community sector can work closer together

Flipchart

| Issue |
|--|
| Improved Public Transport information 'Fridge magnet map' – information database to promote availability of existing transport |
| Establish a Community Transport Association Using many small contributions from authorities / groups etc to maintain the CTA |
| Local Authority survey to discover demand for free Bus service and raise council tax appropriately! |
| Rural Community Bus Service Parish Councils to jointly contribute towards the service |
| Moped scheme on a limited scale |
| Hospital Transport scheme to become <i>involved</i> in transport networks where negotiation can take place for funding a co-ordination of Patient-to-Hospital transport |
| Insurance provision allowing pooling of minibuses Currently insurance preventing loan and use of mini buses Virtual CTA – Brokerage Scheme |
| Co-ordination of timings of services To move away from 8 – 9am and 3 – 5pm syndrome |
| Using Education transport money more efficiently to assist the community with its transport needs |
| The Greater Health Authority has got to accept more responsibility for transport needs. Target Data not seeing community need |
| Links between Hospitals improved A Public Transport terminus at a major hospital |
| Free passes for unemployed people |

| |
|---|
| Tied to signing on procedures |
| Park and Ride Extend scheme and improve Bus journey into Towns – Tackle the congestion |
| Integrate planning system gain S106 to assist funding transport infrastructure |

Session 1 – Key Areas with Accessibility Problems

| Issue |
|--|
| Boughton and Coxheath – access to surgeries is an issue. There are reducing bus services in the evenings and weekends |
| Taxis are expensive |
| Some services are not as useful – underused, perhaps poor integration |
| Maidstone hospital – common problem of specialisation and reallocation of services. Pembury – direct service is not available. More patient movements are required at weekends |
| Legislation prohibits cross-subsidy on routes – problem |
| Quality bus partnerships |
| Dial-a-ride – past hourly service. Kent Karrier and taxi service – different areas served each day |
| Access to employment – young people – 7 day retail employment. Relocation of job centre |
| Park and ride – closed on Sundays/free parking – conflict |
| Lack of volunteers |
| Access to transport |

Session 2 – Key areas where transport providers and the community sector can work closer together

| Issue |
|---|
| Feeder services to - hubs focused on, main routes, stations. Logistics? Location? |
| Pool vehicles – brokerage – management issues – funding returns and accountability expertise. |
| Taxi vouchers – not sustainable but sometimes cost effective |
| Wheels to work schemes - management issues – funding returns and accountability expertise. |
| Community buses – local capacity/access to funds |
| Free concessionary fare |

| |
|---|
| Call centre providing travel information – extend scope of traveline |
| PR and publicity |
| Multiple use vehicles – post bus, health hopper, develop and improve |
| Development pack – start up guide |
| Top down or bottom up approach |
| Develop from GIS and Census data to ‘intelligent’ analysis of passenger movements/journeys made |