Arsyllfa **Wledig** Cymru
Wales **Rural** Observatory

Coping with Access to Services

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Research Report 12

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Contents

Section One: Introduction

This report is one of a series that provide key findings from the Wales Rural Observatory's Phase Three work programme on social, economic and environmental issues in rural Wales. The theme of the report is access to key rural services and how people employ coping mechanisms to counter poor access levels to such services. Drawing on previous survey work on rural services carried out by the Wales Rural Observatory, as well as new GIS-based analysis and survey analysis, this report highlights the main barriers to accessing rural services and how rural residents respond to such situations. The report also assesses current policy responses to rural services access and provision in Wales.

1.1 Specific aims of study

The specific aims of the study are to identify:

- patterns of access to a range of key and essential services (public and private) across rural Wales
- levels of satisfaction with access to services
- major influences on patterns of access, including rurality, age, gender and socio-economic status
- particular groups with specific needs and difficulties
- coping strategies used by those experiencing difficulties with access to services

It is also anticipated that patterns and trends in the study may enable the construction of a typology of service users across rural Wales.

1.2 Summary of the research project

This project examines access to services in rural Wales from the perspective of rural residents. It reports on patterns of access, experiences of access, strategies of access, choice of access and the influence of access on the quality of life for rural residents. The research report also sets out the key influences on access to services in rural Wales.

1.3 Focus of research

The research focuses on the following issues in terms of rural services:

- The distances or time that rural residents travel to access services
- The means by which rural residents access services
- The degree of choice exercised by rural residents over services
- The ease or difficulty rural residents experience in accessing services
- The strategies adopted by rural residents for coping with access difficulties
- Expectations of access to services

The research considers the impact of a range of factors on access to services. These include, but are not necessarily limited to: type of settlement (self-defined); length of residence; age; gender; socio-economic status; disability; household composition; access to private transport.

1.4 Sources of data

The report draws on and combines three main sources of data: existing data gathered by the Observatory on service provision, difficulty accessing services and perceptions of the quality of services; other existing data on service provision across rural Wales; new data gathered through survey work. In addition, the report considers comparative data on access to services / provision of services in rural England.

Existing data supplied by the Observatory

The Observatory has already gathered data on the provision of services in rural areas, problems of access to services experienced by rural residents and perceptions of service quality in rural Wales. Summary data on levels and patterns of service provision in rural Wales will be used to place the current survey in context. We also calculate the availability of services in terms of the physical distance to particular service outlets through GIS based travel time analysis. Further analysis of data on problems of access and perceptions of quality focuses on the cross-tabulation and filtering of responses.

Other existing data

The Observatory also has access to historical data from a survey of service provision across rural Wales carried out in 1995. Comparison of this data with data from the later

2004 survey is used to provide evidence on trends (losses and gains) in rural service provision over the last nine years.

Additional survey work

Additional survey work takes the form of 200 telephone interviews with a stratified sample of rural residents selected from respondents to the survey of rural households undertaken by the Observatory in 2004. Questions focus on distance to services, modes of access to services, ease and difficulty of access, coping strategies and expectations of access. The majority of questions are closed response. Responses have been cross-referenced to data from the household survey.

Surveys of service provision in rural England

Since 1997, the Rural Development Commission and subsequently the Countryside Agency have carried out annual surveys of service provision and access to services in rural England. Because these surveys utilise different methodologies to the current survey and because Welsh Town / Community Council and English Parish / Town Council areas differ in size there can be no direct comparison of the two sets of data though there is scope to compare summary findings.

Section Two: Access to Services in Rural Areas

2.1 The Importance of Services in Rural Areas

For the purposes of this research, it is important to differentiate between those services which are essential and provide the basic requirements for a community to function on a day to day level, for example police, fire and medical services and environmental services, those that can be regarded as key and people require but do not necessarily have to be located in their immediate vicinity, such as post offices, shops and banks and services that can be understood as auxiliary services or 'lifestyle enhancers', such as leisure centres, cinemas and restaurants. This differentiation acts as a starting point for looking at the different levels of service provision, and the associated issues.

In this report we consider a broad range of services that include both essential and key services to provide a holistic view of the experience of rural residents in accessing such services. The differentiation is a useful tool for understanding the different levels of importance and relevance of different services in rural Wales, though, as demonstrated below, this can be developed and expanded into a more practical typology. Rural communities generally require essential services in a quantity and quality that is equivalent to urban areas, and having access to services in rural areas is critical to community sustainability. Nevertheless rural-urban discrepancies in service provision and standards have been manifest over time and on an international level (Furuseth, 1998).

The OECD in 1991 suggested that rural services can be classified by a four-part typology derived by scale and user group (OECD Report X, 1991). First, there are services that are intended to make rural areas more accessible to the larger world, for example communication networks. Second are the basic infrastructure services which support human development, such as water supplies, electricity and roadways. Third, there are services that are designed to enhance the quality of life and, a second tier of infrastructure that represents an additional level of more costly public service. Governments and other service providers increasingly view these services as 'betterment' services beyond the scope of basic services. Examples include expanded educational and health care facilities, postal services and recreation. Fourth are services to business, including consultancy services, R&D investments and upgraded infrastructure that provide a platform for rural business interests. Service delivery and the need for

government subsidy of service provision vary between rural areas according to local conditions (Furuseth, 1998). This report tends to concentrate on the third quality of life type of rural services highlighted by the OECD report but also considers infrastructure and facilitating services (types 1 and 2 above) in terms of infrastructure and communications services.

Previous studies into rural services by researchers such as Shaw (1979) and Moseley (1979) were largely concerned with investigating the types of factors determining levels of service provision in rural areas and the relative physical (in)accessibility of social groups to such facilities. Shaw (1979) distinguished between three components of deprivation; namely household, opportunity and mobility deprivation. Household deprivation stemmed from income / housing inequalities. The latter two components, however, were largely concerned with the loss of job / service opportunities and the inability of some groups within rural areas to gain access to jobs, services and facilities. Although this definition of rural deprivation has been criticised in some quarters due to the perceived over-emphasis on service provision (Bradley et al., 1986), service rationalisation and centralisation during the previous two decades led to a number of studies in the 1980s which focused on the relationships between mobility and accessibility in relation to declining public services. These explored the implications of deteriorating levels of, for example, transport, retail, health and leisure opportunities both at the community (e.g. Nutley, 1980) and household (e.g. Nutley and Thomas, 1992) scales. By primarily focusing on case study approaches examining detailed travel patterns of population sub-groups to a variety of facilities, such research highlighted the problems faced by those sections of the community who do not have access to private transport (Nutley, 1992; 1996). These factors are likely to differentially impinge on social groups with the greatest impacts likely to be for elderly, young, immobile and unemployed sections of rural communities. Many of these findings re-surfaced in the Rural Lifestyles research in England (Cloke et al., 1994) and Wales (Cloke et al., 1995) which focused on the nature of disadvantage in rural areas through ethnographic approaches. These studies, together with the higher profile given to rural issues with recent developments such as the 'BSE Crisis' and 'foot and mouth' and the highly publicised public protests by farmers and rural dwellers, for example in relation to high fuel costs that impact heavily on rural businesses and individuals, have re-focused attention on issues such as disadvantage and employment creation in rural areas. The issue of provision of services

in rural areas has maintained its profile through the 1990's and in recent years in the UK and this focus has been both on the availability of services in rural areas, as evidenced by surveys of rural services in England and Wales, and in terms of accessibility to particular key or essential services or sectors, for example, health or education services (see for example, Lovett, et al 2000). Recent developments such as the Rural White Paper of 2000 and the formation of the Department for Environment, Food and Rural Affairs in England have all highlighted the need for more information on rural issues and problems, with service delivery and problems in accessing services a key element of this.

There has been a great deal of research into the delivery of rural services, particularly those for the individual or household (see for example Shucksmith 2004, Countryside Agency, 2004, Higgs, 2003). That research has related to a wide range of different services such as health-care, retailing, passenger transport and policing as well as, to a more limited extent, such infrastructure services as water supply, gas, electricity and telecommunications. Much of this work has approached the subject from a particular angle – the changing fortune of village service outlets – and sometimes with an implicit assumption that retaining such outlets will have a positive impact on promoting sustainable rural communities (Moseley et al, 2006)

Trends in the location and viability of service outlets have received much attention, for example in the triennial censuses undertaken in England by the Countryside Agency and its predecessor body the Rural Development Commission (CA, 2001, for example). Such survey-based studies of the provision of services have also been carried out in Wales, first in 1996 and second, as part of the Wales Rural Observatory work programme, in 2005 (Higgs and White, 2000; WRO, 2005). These have tended to reveal a steady reduction of many 'village services' e.g. shops, pubs and post offices and of such 'small town services' as police stations and small hospitals. Indeed a steady drift of many service outlets 'up the urban hierarchy' (i.e. from villages to small towns and from small towns to large towns and to out-of-town locations) has been quite commonplace – though some other services have tended to increase their penetration into rural areas in recent years, such as child care and community-run and demand actuated transport (Moseley et al, 2006). The use of survey information in order to gauge levels of provision has been criticised. The use of questionnaires sent to parish (community) clerks as in the Countryside Agency and WRO surveys is open to criticism, not least because of the difficulties of obtaining a

100% response rate and the implications for making comprehensive judgements of trends in service provision over time given their irregular nature. Despite these methodological problems, findings from local surveys when used in conjunction with ancillary information, suggest that there has been a significant rationalisation of services to larger settlements in some rural areas and that this often appears to be independent of the types of socio-economic restructuring taking place in such areas (CA, 2001; WRO, 2005). Clark and Woollett (1991) noted, from their review of such surveys in the 1980s, that there was some evidence to suggest that villages were continuing to lose food shops but that such trends were not spatially or temporally consistent. Similarly, the rate of loss of rural sub-post offices seemed to 'tail off' in the mid 1980s. Paradoxically, some communities experiencing a growth in population numbers have not necessarily experienced an increase in the levels of facilities and/or public transport (e.g. White et al., 1997). This has been variously attributed to increased access to services in urban centres made possible by greater levels of car ownership in recent decades. In such circumstances certain social groups, especially those without access to private transport, are very often differentially impacted by changes in service provision levels (Cloke et al, 1994).

Concern about the net effects of these trends has centred on their consequences for disadvantaged (generally car-less) people and for aspects of community life that need a physical focus (Moseley et al, 2006). At the same time, delivering services from fewer, larger and more widely spaced outlets has generally improved the quality of the service – as long as it can be readily accessed. Moseley et al (2006) assert that a good deal of innovation in service delivery has been apparent in recent years as service providers have grappled with the conflicting objectives of high quality, wide geographical dispersion and low unit costs – it being apparent that any two, but not all three, of those desiderata are relatively easy to achieve (Moseley et al, 2006).

2.2 Accessibility Issues

In this report we employ Geographical Information Systems (GIS) methods to highlight areas with varying levels of accessibility to key or essential services (see section 3). This analysis then feeds into the selection of interview respondents in terms of the survey work carried out for this research project. At this juncture it is useful to highlight the rationale for a focus on accessibility when studying rural services

Penchansky and Thomas (1981) identify five important dimensions of access;

- Availability – defines the supply of services in relation to needs – are the capacity and types of services adequate to meet needs?
- Accessibility – describes geographical barriers, including distance, transportation, travel time, and cost. It highlights the geographical location of services in relation to population.
- Accommodation – identifies the degree to which services are organised to meet clients' needs, including hours of operation, application procedures and waiting times
- Affordability – refers to the price of services in regard to people's ability to pay. Income levels are obviously crucial to this element,
- Acceptability – clients views on particular services and how service providers interact with clients

In terms of GIS, the emphasis is necessarily on accessibility – the explicitly geographical dimension of access. People's access to services is rooted in their daily activity patterns in time and space (Cromley and McLafferty, 2002). Time-space constraints will have an influential role mitigating access to services, for example health care. Utilisation is often based on alternatives that best satisfy perceived service needs within the time-space constraints of daily life. When aggregated together, these individual choices form spatial patterns of service utilisation – the flows of people over space to particular services.

A key aspect of service utilisation patterns is distance decay, or the tendency for interaction with facilities to decrease with increasing distance (see Joseph and Bantock, 1984; Cromley and McLafferty, 2002 for examples). Distance decay is a function of the added time, cost, and effort of travelling long distances; as an individual's costs increase their willingness to travel decreases. People's knowledge of, or familiarity with, service opportunities also decline with distance, exacerbating the pattern of distance decay (Cromley and McLafferty, 2002).

The role of geographical accessibility in service utilisation also depends on population characteristics. People differ in their ability to overcome distance and in how locational constraints affect their service use. Characteristics such as age, income, occupation and

gender will effect accessibility to services and those whose mobility is restricted (e.g. through low income or poor access to transportation) are more sensitive to distance, and thus more likely to use the nearest service provider (Cromley and McLafferty, 2002).

GIS and Potential Accessibility Measures

Most efforts to implement policies to improve service availability focus on 'potential accessibility', the geographical matching between people and essential services. At its core, the concept refers to the separation between services and population and the dynamic relationship and influencing factors between the two.

Regardless of how it is measured, potential accessibility to services is distributed unevenly over space. This reflects the way most services are provided: at fixed sites, serving a dispersed population – particularly the case in rural areas. GIS can provide a tool for viewing geographical variation in accessibility and seeing if differences in accessibility stem from obvious gaps in service coverage or are structured along social or demographic variations (Cromley and McLafferty, 2002). A GIS may be employed to 'visualise fairness' in service distribution patterns (Talen, 1998). Such a system may incorporate a variety of accessibility measures, including average travel distance and population coverage. The GIS could produce maps of accessibility that can be viewed individually and also related to maps that show the distributions of population groups, housing values, and environmental features (e.g. relief). Maps and statistics would then reveal the differential patterning of accessibility (Talen, 1998).

GIS and Revealed Accessibility

GIS are also a valuable tool for analysing 'revealed accessibility' to services, which are patterns of service utilisation. These patterns are often the result of choices about when and where to use services, the geographical configuration of facilities, and local variations in the quality of services provided (Cromley and McLafferty, 2002). GIS can be used in this area to help address a number of key questions;

- What is the market area for a facility?
- How will changes in service delivery, for example the closing of a facilityt, affect market areas and utilisation?
- Are services over or under-utilised in particular areas?

Market areas or service areas for particular services can be mapped in a GIS based on postcoded locations of households. Although these maps of service areas are useful descriptive tools, they do not address the determinants of service utilisation patterns, and thus have limited value for forecasting and planning. Spatial Interaction Models (SIMs) provide a useful tool for examining the question 'what are the effects of distance, facility size and service level on utilisation' (Cromley and McLafferty, 2002)? SIMs describe and explain the movements or interactions between places as a function of distance and other factors. GIS can clearly have an important role in terms of data processing and management, and displaying the results of such models across space so that differential patterns of utilisation or revealed accessibility can be identified.

2.3 Recent Policy Context

The Welsh Assembly Government's Rural Development Plan (RDP)(NAWG, 2000), covering the period 2000-2006 states that access to local services such as the village shop, pub, community centre, GP and public transport is declining for many rural communities. It highlights the fact that in sparsely populated areas the small number of service users means that there is rarely scope for economies of scale whilst at the same time services face higher costs, particularly for transport (NAW, 2000). The RDP for Wales does state, however, that,

> "It is important to recognise the higher costs of providing accessible rural services, as well as offering support for marginal private and voluntary sector services, so that access to services for people living in rural areas fully meets their needs. It is also important to recognise that rural services are important sources of employment and income in rural communities".
>
> (NAW, 2000 p.53)

One possible avenue for improving rural services that is mentioned in the Wales RDP is the scope for expanding the co-ordination and integration of rural services to maximise both the use of resources and the quality of service delivery. This can also be allied to strengthening liaison and co-operation between public, private and voluntary sector providers, including the development of multi-purpose community facilities and the co-location of services (NAW, 2000). This would appear sensible given the problems of supporting key or essential services in rural areas but it does also suggest a continuation of centralisation of services policies highlighted earlier in this section.

The RDP for Wales further highlights the fact that a lack of basic service provision limits the scope for the rural economy to develop fully. Improved service provision is seen as a prerequisite for encouraging the most economically able to work, invest or set up businesses in rural Wales. Poor service provision is also a significant contributor to social isolation in many villages (NAW, 2000).

Section Three: Methodology

3.1 Using access measures to select the Household Survey postal sectors

A key aim of this research was to re-survey households from the 'Survey of Living and Working in Rural Wales' household survey (Household Survey hereafter) undertaken by the Wales Rural Observatory in 2004 who agreed to take part in subsequent research projects. The following section describes the method for classifying the postal code sectors from which respondents were re-selected based on their potential accessibility to a number of services. In this study we have calculated drive time 'isochrones' from each of the selected services that data was available for. We then assign a scoring system in terms of the levels of accessibility to each of the services from the centroid of each of the postal code sectors that we have respondents for from the Household Survey mentioned above. This section details the methods used in selecting postcode sectors of differing levels of accessibility from which individual households could be sampled for re-surveying. The aim was to have a cross-section of postal code sectors with differing levels of accessibility – good and bad – from which previous respondents to the 'Household Survey' could be selected and re-surveyed to provide an effective sample of experiences of 'coping with access to services.

This drive time analysis builds on the work of Christie and Phone (2002), using a selection of services within rural Wales. The services used in the Drive Time analysis are Pharmacies, Primary Schools, Dentists, Doctors, and Post offices. Post coded data has been collected for these key or essential services enabling drive times of 5, 10 and 15 minutes to be mapped.

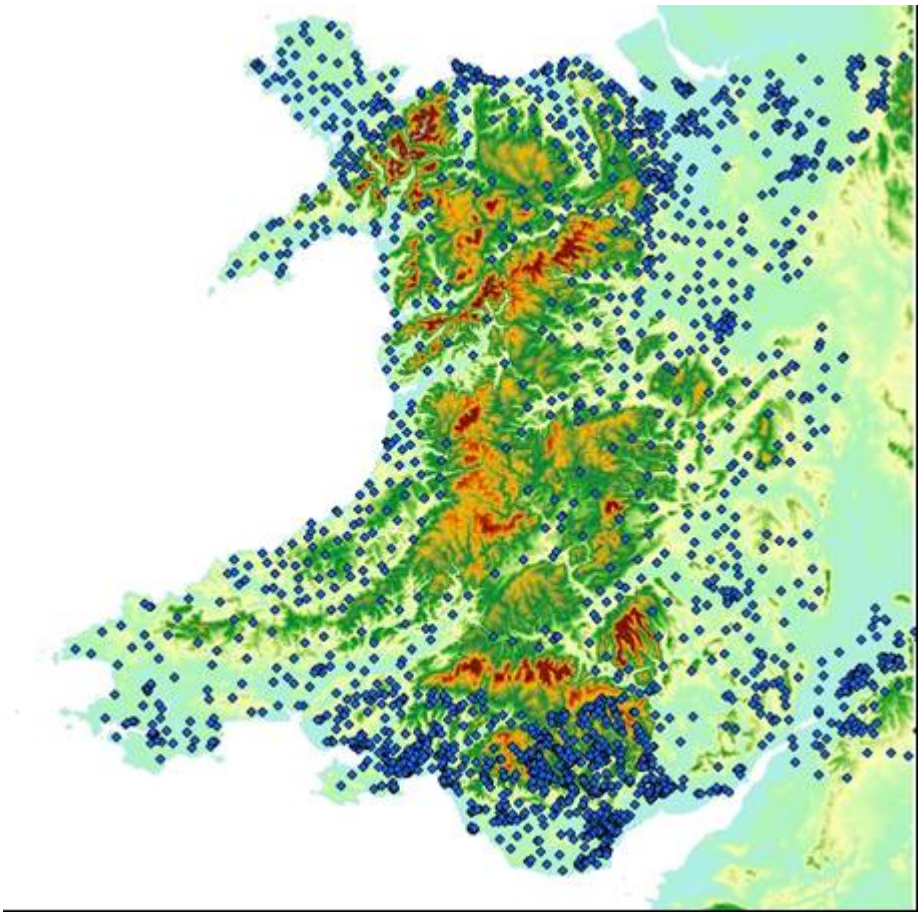

Figure 3.1 Example of primary school locations.

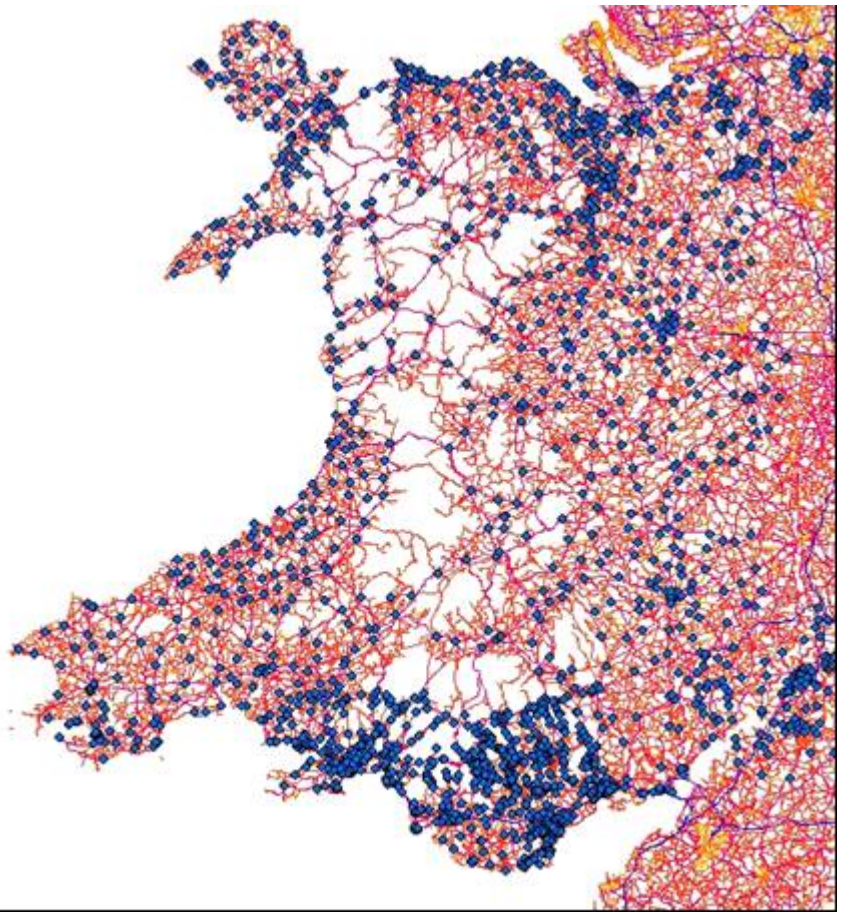

Figure 3.2 Locations and road network

As we were dealing with multiple services in terms of undertaking the accessibility analysis, we sought to adopt a similar methodology to those adopted by other government bodies in the UK when undertaking such analyses. Multiple accessibility measures are being increasingly incorporated into deprivation indicators (e.g. the Index of Multiple Deprivation, (WAG, 2005)) and central government rely on these measures to provide accurate data on the experience of (in)accessibility within particular localities.

Road network data has been obtained for Wales and areas of England that border Wales using **OS Strategi, 1:250000** from Digimap (Ordnance Survey), each road type was assigned a speed using the methodology adopted by the Scottish Executive in their Urban and Rural Classification study which was based upon access to particular services (Scottish Executive, 2004). These road speeds were further enhanced depending on whether the road was within an urban area – if this was the case then a congestion factor was added to the urban road speeds. Urban areas were denoted by employing the National Statistics Urban Area 2001 classification (National Statistics, 2004).

A Drive Time analysis was then performed on each service. This essentially involved locating areas around each service that could be accessed using the road network at given lengths of time. A travel time along the network, of 5, 10 and 15 minutes was then calculated for each service. Each travel time accessibility map for the services analysed is shown in Appendix One to this report. Clearly health care services, such as dentists (particularly) and doctors are the least accessible with large parts of rural Wales (in terms of area coverage) being outside of 15 minutes travel time from such services. Post office and primary schools are much more widespread but even here there are large areas of rural Wales that are more than 10 minutes from such services.

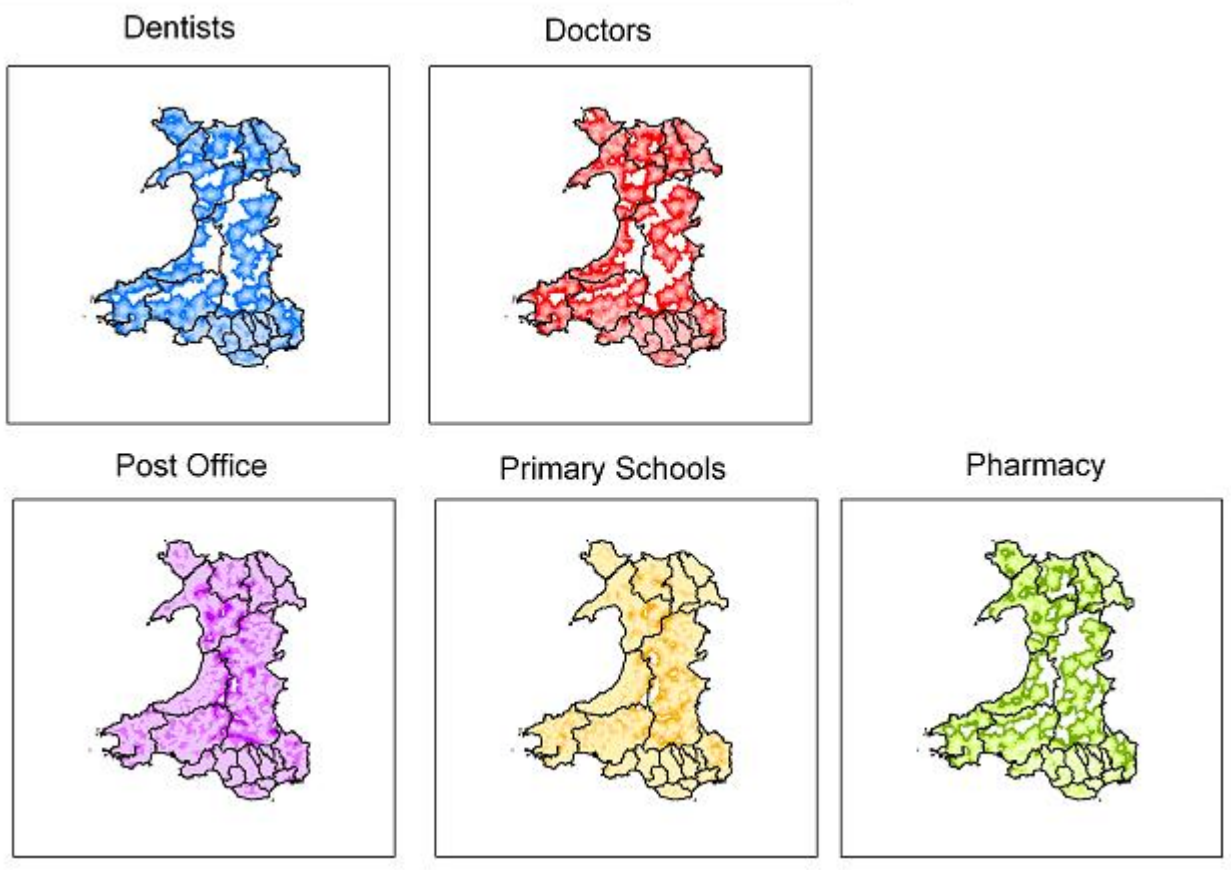

Figure 3.3 Example of Polygons created from the drive time analysis

It is important to make note of the population affected by these differential levels of accessibility and this is best viewed in tabular form, as displayed in Table 3.1 and as percentages in Table 3.2. The tables show the number of people in each of the drive time categories (5, 10 and 15 minutes) and, in Table 3.2, the percentage figures. It is clear that in the more rural areas (sparse and less sparse hamlets and villages for instance) there are quite small percentages of people covered by the lower drive-time zone (5 minutes); dentists provide a good example of this (Table 3.2).

Table 3.1 :Population in the Drive Time Zones for the Five Selected Services (subdivided by settlement characteristics)

		Primary School			**Post Office**			**Pharmacy**			**Doctor**			**Dentist**		
		Drive times			Drive times			Drive times			Drive times			Drive times		
	Total Population	**5**	**10**	**15**	**5**	**10**	**15**	**5**	**10**	**15**	**5**	**10**	**15**	**5**	**10**	**15**
Hamlet & Isolated Dwellings - Less Sparse	93,399	78225	91723	93399	84423	92741	93399	50076	79190	90501	47870	82712	91427	44624	77450	90743
Hamlet & Isolated Dwellings - Sparse	122,062	89666	119277	121805	109157	121251	122062	25302	71261	102245	20577	72348	102411	21668	59585	94351
Town and Fringe - Less Sparse	371,674	371069	371674	371674	371674	371674	371674	344183	370310	371674	333112	371337	371674	317862	370015	371674
Town and Fringe - Sparse	96,166	95909	95909	95909	96166	96166	96166	95384	95909	95909	84655	91025	95909	83764	87949	95663
Urban >10K - Less Sparse	1,809,829	1809204	1809829	1809829	1809829	1809829	1809829	1803863	1809829	1809829	1787469	1809829	1809829	1779176	1809829	1809829
Urban >10k - Sparse	56,160	56160	56160	56160	56160	56160	56160	56160	56160	56160	56160	56160	56160	56160	56160	56160
Village - Less Sparse	202,845	190357	202384	202845	198505	202845	202845	114367	189101	201876	107712	185448	201876	91135	177683	199658
Village - Sparse	150,950	142785	150758	150950	150615	150548	150950	64898	117326	143387	56309	117059	141906	47900	97874	135056
Wales Total	**2,903,085**	**2833375**	**2897714**	**2902571**	**2876529**	**2901214**	**2903085**	**2554233**	**2789086**	**2871581**	**2493864**	**2785918**	**2871192**	**2442289**	**2736545**	**2853134**

Table 3.2 : Percentage of the Population in the Drive Time Zones for the Five Selected Services (sudbdivided by settlement characteristics)

		Primary School			**Post Office**			**Pharmacy**			**Doctor**			**Dentist**		
		Drive times			Drive times			Drive times			Drive times			Drive times		
	Total Population	**5**	**10**	**15**	**5**	**10**	**15**	**5**	**10**	**15**	**5**	**10**	**15**	**5**	**10**	**15**
Hamlet & Isolated Dwellings - Less Sparse	93,399	83.75	98.21	100.00	90.39	99.30	100.00	53.62	84.79	96.90	51.25	88.56	97.89	47.78	82.92	97.16
Hamlet & Isolated Dwellings - Sparse	122,062	73.46	97.72	99.79	89.43	99.34	100.00	20.73	58.38	83.76	16.86	59.27	83.90	17.75	48.82	77.30
Town and Fringe - Less Sparse	371,674	99.84	100.00	100.00	100.00	100.00	100.00	92.60	99.63	100.00	89.62	99.91	100.00	85.52	99.55	100.00
Town and Fringe - Sparse	96,166	99.73	99.73	99.73	100.00	100.00	100.00	99.19	99.73	99.73	88.03	94.65	99.73	87.10	91.46	99.48
Urban >10K - Less Sparse	1,809,829	99.97	100.00	100.00	100.00	100.00	100.00	99.67	100.00	100.00	98.76	100.00	100.00	98.31	100.00	100.00
Urban >10k - Sparse	56,160	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00	100.00
Village - Less Sparse	202,845	93.84	99.77	100.00	97.86	100.00	100.00	56.38	93.22	99.52	53.10	91.42	99.52	44.93	87.60	98.43
Village - Sparse	150,950	94.59	99.87	100.00	99.78	99.73	100.00	42.99	77.73	94.99	37.30	77.55	94.01	31.73	64.84	89.47
Wales Total	**2,903,085**	**97.60**	**99.81**	**99.98**	**99.09**	**99.94**	**100.00**	**87.98**	**96.07**	**98.91**	**85.90**	**95.96**	**98.90**	**84.13**	**94.26**	**98.28**

To classify the 'Household Survey' postal code sectors to be employed in the sampling of households for inclusion in the questionnaire analysis, centroids (the centre point of a polygon) were created for each postal sector in Wales. These points were then assigned a value depending on which Drive time polygon they fell within for each particular service.

- A drive time within the 5 minute area = 1
- A drive time within the 5 to 10 minute area = 2
- A drive time within the 10 to 15 minute region = 3
- A drive time over 15 minutes = 4

This calculation was made for each centroid and for each service. The scores were then totalled. Larger scores (20) represent postal code sectors who are within the 15 minute and over drive time category for all services analysed and lower scores for postal code sectors would indicate that accessibility for some (or all) services is relatively good. This analysis was performed for all postal code sectors in Wales as highlighted in Figure 3.4 but this could then allow for a focus on those postal code sectors that contained respondents to the 'Household Survey

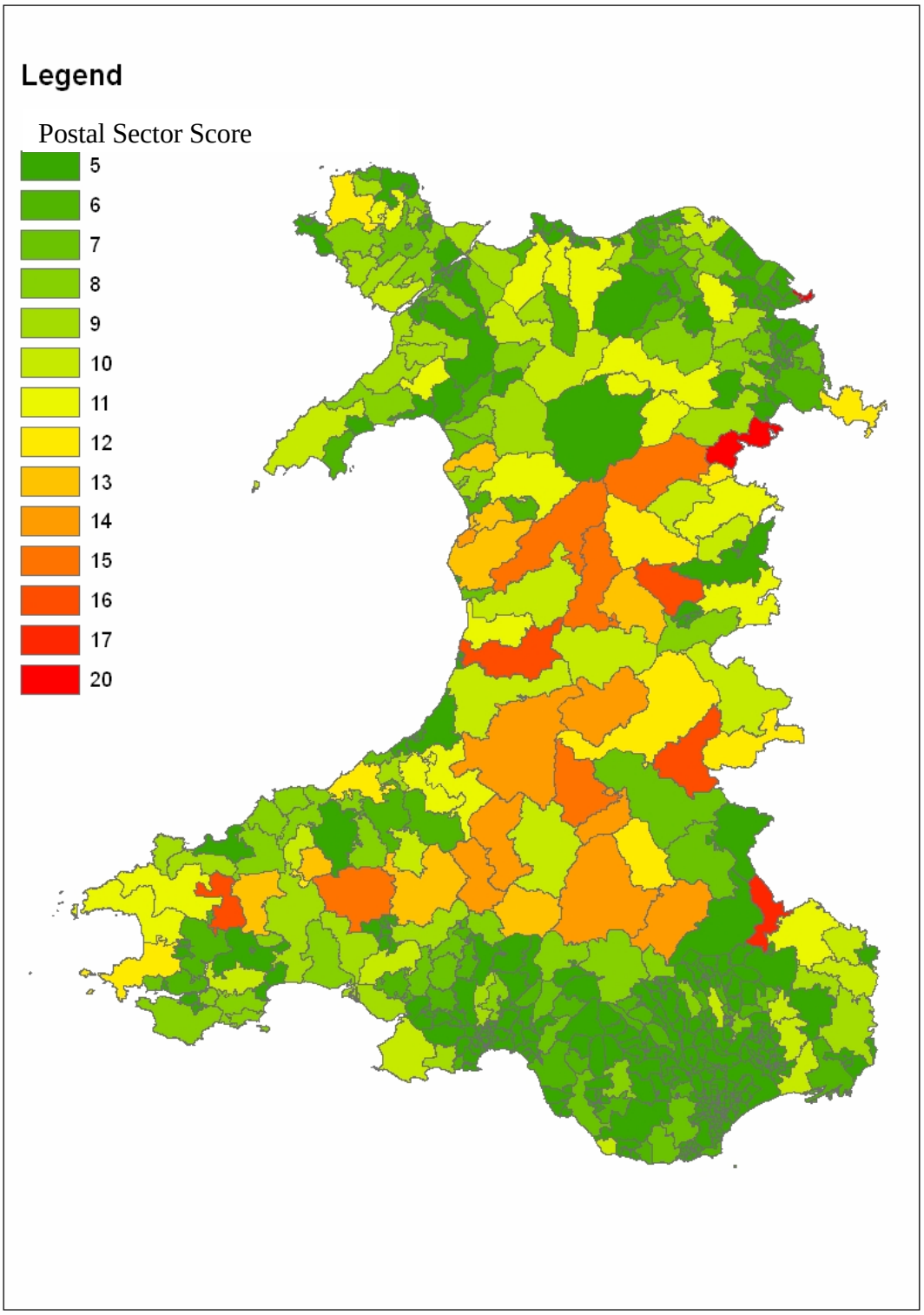

Figure 3.4: Aggregate Accessibility Score Based on the Postal Sector

'Household Survey' respondents within each category were then calculated and are shown in Table 3.1 below (Note: only the Postal sectors containing 'Household Survey' respondents are used).

Table 3.3: Number of NOP Household Survey responses for each accessibility score and the responses that were willing to be used in future surveys.

Score	Number of NOP respondents
5	1595
6	367
7	249
8	395
9	333
10	248
11	291
12	108
13	87
14	106
15	39
16	69
17	7
20	3

Score	Number of NOP respondents willing to be re-contacted
5	1047
6	249
7	179
8	247
9	218
10	172
11	176
12	52
13	57
14	71
15	25
16	42
17	5
20	1

These tables were then used to select respondents from within particular accessibility bands based on the five services used. The distribution of respondents based on postcode information from respondents is shown in Appendix Two of this report.

The following table refers to respondents of the current survey on coping strategies in terms of access to services and categorises these respondents into three main groupings

Table 3.4: Proportion of respondents in the four 'accessibility areas' who live in towns, villages and open countryside

	Less than 5 minutes	5-10 minutes	10-15 minutes	Over 15 minutes
Town	62%	22%	20%	28%
Village	28%	58%	50%	38%
Open countryside	10%	20%	30%	34%

According to respondents' own definition of the type of place in which they live, residents who live in areas that are categorised as being 'most accessible' (Group 1) are more likely to live in towns. Of those who live in the open countryside, respondents are most likely to be based in areas of poorest access (Group 4), although 32% of these people reside in places that in classified as being relatively accessible (Groups 1 and 2).

3.2 Questionnaire design

The main empirical phase of this project involved a telephone questionnaire with inhabitants from rural Wales. This survey sought to identify patterns and trends regarding access to services across rural Wales, from the perspective of rural residents. Its specific aims were to gather data on:

- Patterns of access to a range of services
- Levels of satisfaction with services
- Major influences of patterns of access, including rurality, geography, age and gender
- Coping strategies used by those experiencing difficulties accessing services.

The questionnaire was undertaken with 200 respondents who currently live in rural Wales. Individuals were selected from the existing database of respondents who completed the WRO Survey of Living and Working in Rural Wales in Spring 2004 and, at this time, indicated that they would be willing to be re-contacted.

A sampling frame was constructed amongst potential respondents. Contacts were awarded an accessibility score from 1 to 20, according to their place of residence. Lower scores indicate areas of rural Wales with better access to services and higher scores imply locations that are less accessible for getting to a selection of services as detailed in section 3.1. From these counts four groups were created (see table 3.2). Group 1 contains respondents from areas that scored between 1 and 5 on the scale, Group 2 incorporates those living in areas rated between 6 and 9, Group 3 relates to accessibility scores 10 to 13 and Group 4 represents areas of worst access: scores 14 to 20.

Table 3.5 Accessibility groups

		Accessibility Score	Number of potential respondents	Number of actual respondents
More accessible areas	Group 1	1 – 5	1047	50
	Group 2	6 - 9	893	50
Less accessible areas	Group 3	10 - 13	457	50
	Group 4	14 -20	144	50

An equal number of questionnaires (fifty) were completed with respondents from each of the four groups. Further criteria were applied to ensure that the demographic profile

of the survey population was largely reflective of the population of rural Wales, and the quota sampling ensured these demographics were accounted for in the sample. It was stipulated that no more than 40% of respondents were to be aged 65 or over and that at least a quarter of respondents had children living with them aged 18 or under. Apart from these variables, potential respondents were telephoned at random.

A pilot questionnaire was undertaken with rural residents, who were selected on the basis of having diverse socio-demographic characteristics. Revisions were subsequently undertaken and the final questionnaire was conducted by telephone between the 1st and the 17th March 2006. The questionnaire lasted between 10 and 20 minutes.

Questions related to a range of services, namely: public transport, food shops, clothes shops, libraries, leisure centres, post offices, banks and building societies, schools, GP surgeries, dentists and pharmacies. In addition, questions sought to ascertain some basic demographic and socio-economic data about the respondent. The majority of questions related to the individual who was being interviewed, although certain questions referred to other household members or the household as a whole. A copy of the questionnaire is in Appendix 3.

3.3 The Welsh Index of Multiple Deprivation

It is important to note that access to services is being considered within the Welsh Assembly Governments indices of deprivation, forming a component part of a composite index of deprivation for the country. The Welsh Index of Multiple Deprivation 2005 (WIMD 2005) is a measure of multiple deprivation at the small area super output area level. The model of multiple deprivation which underpins the WIMD 2005 is based on the idea of distinct dimensions of deprivation which can be recognised and measured separately. People may be counted as being deprived in one or more of the domains, depending on the number of types of deprivation that they experience (WAG,2005).

The Geographical Access to Services domain of the WIMD 2005 examines 'area-characteristics', which are those aspects of access which might lead the observer to conclude that the area is "access deprived". This is regardless of the characteristics of the individual households in that area. In other words, these indicators are based on the

characteristics of the area as a whole, and the location of households and services; they could not be compiled from the characteristics of the individuals or households in that area. It is not acceptable to the poor and others deprived of car use, whether in city or village, that a service is accessible only to those with private transport. As lack of public transport is probably the major barrier to access to services for the poor and vulnerable the WIMD 2005 adopts a measure of access to services by public transport and /or on foot to take into account such concerns.

Appropriate measures of this 'Access to Services by Public Transport' domain would be the proportion of residents in the area unable to reach key local services either on foot or by public transport within a reasonable time. The WIMD 2005 has analysed access in this way for seven services: primary schools, secondary schools, GP surgeries, post offices, leisure centres, food shops, and libraries. Access maps relating to these individual services are contained in Appendix Four (Maps App 4.3 to App 4.9). The individual scores for these maps relate to the percentage of the population who can reach a service within specified times (which differ for each service). Maps App 4.1 and App 4.2 in Appendix Four show the amalgamated scores for all services which form the output for the Geographical Access Domain for the WIMD 2005 (map App 4.2 ranks each of the lower super output areas in terms of least and most deprived in terms of this domain).

This type of measure has many advantages; for example it

- is simple to describe
- is cumulative, i.e. people unable to reach two key local services are worse off than those unable to reach only one of them
- includes the distance by road in a meaningful way for deprivation, i.e. in journey time for those on foot or public transport
- can allow for physical barriers such as a motorway preventing access on foot
- is an area-characteristic which is not measured in other domains, but impacts on those in deprivation in other domains
- has been modelled by the Department for Transport for accessibility indicators in Local Transport Plans, and the software distributed to all Transport Planning authorities in England
- uses actual local data (maps of residential addresses, service points, public transport routes, road network) (WAG, 2005).

The overall WIMD 2005 is conceptualised as a weighted area level aggregation of different dimensions of deprivation, for example housing, employment, geographical access etc. Domain expert sub-groups have been established as part of the project governance arrangements for WIMD 2005, in order to:

- Discuss and agree proposed indicators for their domain, including the development of any new indicators;
- Ensure all indicators are tested and signed off as fit-for-purpose;
- Produce technical guidance about the indicators chosen; and
- Provide regular progress reports to the Data Management Steering Group (WAG, 2005)

The WIMD is, therefore, an on-going process and one that aims to incorporate new indicators and further research on the key domains, including geographic access. Whilst this report does not develop further indicators of accessibility to services, it does aim to offer insights into how people in rural areas cope with poor access to a range of different services. This, largely qualitative, material is useful in informing the work of the WIMD steering groups in determining what indicators are needed to represent problems highlighted through research of this nature.

Section Four: Previous Research on Services in Rural Areas undertaken by the Wales Rural Observatory

4.1 Results from the survey of living and working in Rural Wales

This section presents data from the Wales Rural Observatory *Survey of Living and Working in Rural Wales* (2004) relating to people's ease or difficulty in accessing key or essential services. The results reveal that access to services is considered to be a fundamental problem within rural Wales. Over half of all respondents think that 'most' or 'some' people face difficulties accessing health services, shops and leisure facilities. The following sections identify people's actual experiences in getting to services and their perception of the quality of services in their local area.

4.1.1 Quality of services

Most residents in rural Wales have positive experiences of the quality of local services (cf. Table 4.1). Over two-thirds of respondents thought that the standard of post offices, NHS services, banks and building societies, schools and food shops were generally 'good' in their local area. A slightly lower proportion - over a third of respondents - considers the quality of leisure facilities, community centres, policing and public transport to be 'good'. Despite these positive perceptions of services from the majority of respondents, a significant portion considers that services are not of a good quality. Public transport is judged to be 'poor' by a quarter of respondents and policing is deemed to be 'poor' by 18%.

Table 4.1: Respondents perception of key or essential services

	Quality of service (% of respondents)		
Service	Good	Fair	Poor
Schools	68.7	12.9	2.8
Food shops	67.8	23.8	6.9
Community centre	47.1	20.4	7.5
NHS	70.2	20.3	7.7
Banks and building societies	69.6	17.6	8.4
Post office	81.0	13.2	14.1
Leisure facilities	49.6	24.1	15.0
Policing	39.9	34.6	18.4
Public transport	35.1	28.0	25.2

These figures provide broad indications of levels of satisfaction with services. However, the basis on which 'quality' is measured and the values attributed to 'good', 'fair' and 'poor' differ significantly amongst respondents. People's level of use and dependence on services will affect their assessment of quality. In some cases individuals score their perception of certain services, whereas others relate to their actual experience of these services as regular users.

4.1.2 Access to services

The majority of rural residents do not have difficulty accessing local services (see Table 4.2). Over four-fifths of respondents state that either they, or another household member, have difficulty accessing a service. Fifteen percent report difficulties getting to between two and four services, while 4% have problems getting to between five and eleven of eleven key or essential services examined.

Table 4.2 Percentage of respondents who have difficulty accessing more than one service

Difficulty accessing:	**%**
1 or less service	80.8
Between 2 and 4 services	14.9
Between 5 and 7 services	2.8
Between 8 and 11 services	1.5

Certain services prove more difficult than others for rural residents to access. Most commonly reported are problems with getting to dentists (18% of respondents), cinemas (18%), hospitals (13%), police stations (12%) and leisure centres (10%).

Respondents from low income households are more likely than those from wealthier households to experience difficulties getting to a general hospital, supermarket or other food shop, as depicted in Table 43. They are also more likely to experience difficulty getting to other services, although the difference is not so marked. The same correlation is found between access to these services and the social class of respondents.

Table 4.3: Respondents who experience difficulty accessing services, according to household income

		% experiencing difficulty, by income	
Service	**% experiencing difficulty**	Household income of less than £10,000 per annum	Household income of more than £31,000 per annum
Cinema	17.8	18	16
Dentists' surgery	17.6	19	17
General hospital	13.1	17	9
Police station	11.5	12	11
Leisure centre	10.4	12	9
Bank / building society	9.3	11	8
Social club	6.5	7	6
Bus stop	6.4	6	7
Doctors' surgery	6.3	9	4
Supermarket	6.2	10	3
Cash point (ATM)	6.1	8	4

Problems of access vary across rural Wales. Respondents from villages, hamlets and open countryside were more likely to find it difficult to get to key or essential services than those from rural towns. The biggest differences, according to settlement type, concern access to bus stops, police stations, banking facilities, petrol stations, leisure centres and public libraries. See table 4.4, below.

Table 4.4: Difficulty accessing services, according to type of settlement

		% experiencing difficulty, by type of countryside (self-defined area)		
Service	**% experiencing difficulty**	Town	Large or small village	Hamlet or open countryside
Bus stop	6	4	5	16
Police station	11	7	14	12
Bank or building society	9	5	14	11
Cash point (ATM)	6	3	8	8
Leisure centre	10	7	12	12
Public house	3	2	2	5
Social club	7	4	7	9
Petrol station	5	2	6	9
Library (inc. mobile)	4	3	4	6
Garage for car repairs, etc	5	3	6	6

4.1.3 Transport

Eleven percent of households do not own or have the use of a motor vehicle. A further 5% of the households surveyed contain residents aged 17 or over without access to a private vehicle during the day. Such households tend to be lower income – 32% of households with a gross annual income of less than £10,000 do not have the use of a car, compared to just over 2% of households with a gross annual income of £21,000 or more. Higher income households are far more likely to have access to more than one car. Age is also a factor affecting access to private transport. Respondents aged 65 or over are twice as likely as younger people to have no access to a car. Age and low income can thus compound each other in making access to services difficult.

Respondents' perception of the quality of public transport varies significantly amongst households that have access to a car, compared to those without a private vehicle. The results (as shown in Table 4.5) reveal that respondents from households that have access to a car are more likely to rate the quality of public transport as 'poor', than respondents from households without a private vehicle. Fifty-three percent of respondents who live in households without access to a car consider that public transport in their local area is 'good', compared to 38% of those who live in households with a car.

The validation for such trends may be attributed to a range of factors. Firstly, as suggested above, the *experience* of those who are regular users of public transport – which can be assumed to be households without a vehicle – is more favourable than the *perception* of public transport from non-users. A second potential explanation is that those who rate public transport in their area as 'poor' are obliged to own a car in order to ensure adequate mobility. A third suggestion is that car owners are accustomed to a high level of mobility, thus they may have higher expectations of transport provision.

Table 4.5 Quality of public transport, according to respondents from households with and without a car

	Respondents from households **with** access to a car	Respondents from households **without** access to a car
Poor	29.7	19.3
Fair	32.3	27.9
Good	38.0	52.8

There is little difference between the perceived quality of other services on the basis of car ownership. Similar proportions of respondents from households with and without access to a private vehicle rate leisure facilities, food shops, post offices, banks, schools, policing and NHS services as 'good'.

Access to services differs between people from households who own, or have access to, a car and those who don't, although for most services this difference is not sizeable. Residents from households without access to a motor vehicle are more likely to report that a member of their household has difficulty getting to a post office, bank or building society, food shop, leisure centre, community centre or village hall, police station, doctors' surgery and a general hospital. Accessing services that are less ubiquitous, such as leisure centres, doctors' surgeries and general hospitals prove to be particularly difficult to access for those without a car. Over twice the proportion of those without a car report difficulties getting to a hospital than those with private transport. Getting to dentists proves equally difficult amongst respondents with and without access to a car, which reflects the widespread and widely reported difficulties in dental provision throughout rural Wales. This trend is reversed with services that are predominantly used by those who don't have a motor vehicle. A slightly higher proportion of respondents who live in households with access to a car have difficulties accessing schools and bus stops, compared to those with private transport.

4.1.4 Services and social capital

Quality of services and social capital

There is a strong positive correlation between respondents' satisfaction with services and their sense of enjoyment of living in their community (see Table 4.6). Of those who enjoy living in their community, a greater proportion consider that services are 'good', than those who do not enjoy living in their community. This pattern is evident across all services but is most evident with NHS services, community centres, leisure facilities and post offices. Conversely, people who are not happy living in their community are more prone to rate services as 'poor'. Over twice the proportion of people who do not enjoy living in their community feel that policing is 'poor', compared to those who enjoy living in their community.

Table 4.6 Percentage of respondents that consider that services are 'good' and 'poor' according to whether they 'enjoy' or 'do not enjoy living in their community'

		Do not enjoy living in their community	Enjoy living in their community
NHS services e.g. GP surgery or hospital	Poor	19.3	7.2
	Good	55.0	72.5
Post Office	Poor	9.1	3.9
	Good	68.2	83.3
Banks and building societies	Poor	11.1	8.7
	Good	62.0	73.3
Schools	Poor	15.3	3.0
	Good	58.8	82.8
Food shops	Poor	18.0	6.5
	Good	56.8	69.5
Leisure facilities	Poor	29.3	16.3
	Good	41.3	56.6
Community centre	Poor	35.4	9.4
	Good	47.7	63.5
Policing	Poor	40.4	19.1
	Good	29.3	43.5
Public transport	Poor	35.7	28.0
	Good	37.8	40.2

Table 4.7, below, illustrates that the amount of time that people spend in their community appears to have some influence on respondents' perception of the quality of certain services. Across all services, those who spend 'all' of their time in their community or locality are more likely to judge services as 'good' than those who spend just 'some' of their time in their local area. In most cases the difference is only slight, but it is more marked for public transport, leisure facilities, banks and food shops. Forty-two percent of those who spend 'all' of their time within their local community consider public transport to be good, compared with 37% who spend just 'some' of their time in their community.

Table 4.7 Percentage of respondents that consider that services are 'good' according to whether they spend 'all', 'most' and 'some' of their time in their community

	All	Most	Some
NHS services e.g. GP surgery or hospital	73.2%	72.5%	69.2%
Post Office	83.7%	83.0%	80.5%
Banks and building societies	74.6%	73.1%	70.1%

Schools	83.1%	81.2%	80.9%
Food shops	71.6%	68.1%	67.1%
Leisure facilities	59.6%	53.3%	54.9%
Community centre	62.6%	63.5%	60.9%
Policing	44.1%	42.0%	41.8%
Public transport	42.0%	39.4%	36.6%

Respondents with a lower perception of service quality are more likely to desire to live elsewhere (see Table 4.8). This implies that, for some people, service provision is a central determinant on quality of life. The greatest discrepancy is evident with services relating to education, health and policing. Seventy-two percent of respondents who live in a household which contains someone who wishes to live elsewhere rate their local schools as good, compared to 84% of those who do not want to live elsewhere. This correlation is least marked with banks and building societies: these are rated as good by 71% of respondents who do have household members wishing to live elsewhere, compared to 73% of those who are from households that include people who want to move. This implies that financial services do not have as much impact on people's choice of residence as other key or essential services, such as education and health and policing.

Table 4.8 Percentage of respondents that consider that services are 'good', according to whether they, or any other household member, wants to live somewhere else

	Member of household wants to live somewhere else	**No member of household wants to live somewhere else**
NHS services	63.0%	73.7%
Post office	77.0%	83.9%
Banks and building societies	70.8%	73.4%
Schools	72.3%	83.9%
Food shops	62.5%	70.6%
Leisure facilities	50.1%	57.4%
Community centre	56.1%	64.5%
Policing	34.9%	45.1%
Public transport	33.3%	41.5%

Access to services and social capital

The amount of time respondents spend in their local area, whether they know many people in their community and whether they feel that 'people in the community look out for one another' has no significant bearing on respondents' ease in accessing services.

However, respondents who feel isolated and those with few friends and relatives living in close proximity are more likely to report difficulties accessing key or essential services.

Respondents who experience feelings of isolation are more likely to report difficulties accessing services, than respondents who do not experience such feelings (cf. Table 4.9). Those who feel isolated are more than twice as likely to report that either they, or someone in their household, has difficulty accessing a post office, bank, community centre, bus stop and doctors' surgery, and more than three times as likely to have difficulty getting to a food shop. These data imply that rural residents' ability to access to basic services and their sense of remoteness and seclusion are closely correlated.

Table 4.9 Percentage of respondents that have a household member who has difficulty accessing services who agree and disagree that it 'can feel isolated living where I do'

	Feel isolated	Don't feel isolated
Post office	7.6	3.4
Bank	15.9	7.6
Schools	1.4	0.8
Food shops	9.8	2.6
Leisure facilities	15.0	9.0
Community centre	6.6	2.7
Police station	16.7	10.0
Bus stop	11.3	5.1
Doctors' surgery	12.5	4.6
Dentist	25.3	15.3
General hospital	20.8	11.0

Respondents who have ten or more friends and family living within five miles of their home are less likely to report problems getting to any of the services than those who have less than ten friends and family members in close proximity (see Table 4.10). This suggests that rural residents who have strong networks of kinship within their place of residence are able to overcome some of the difficulties in accessing services.

Table 4.10 Percentage of respondents that have a household member who has difficulty accessing services who have different numbers of friends or family living within 5 miles

	Number of friends or family who live within 5 miles			
	1 to 5	6 to 10	11 to 20	21+
Post office	4.0	3.7	3.6	3.8
Bank	11.4	7.7	7.7	8.4
Schools	1.7	0.9	0.8	0.7
Food shops	4.9	4.3	3.0	3.3
Leisure facilities	10.8	12	8.9	9.6
Community centre	4.5	2.6	3.1	3.3
Police station	11.4	12	11.5	10.9
Bus stop	7.2	7.0	5.6	4.8
Doctors' surgery	7.4	6.4	6.0	4.6
Dentist	17.8	18.8	16.5	16.7
General hospital	15.7	12.4	13.1	11.5

4.2 The survey of rural services in Wales

This section presents summary findings from the Wales Rural Observatory Survey of Rural Services carried out in 2004 and reported in White and Hughes (2005). This survey represents the first attempt to survey levels of service provision in rural Wales since a similar independent academic research study carried out in the mid 1990's (Higgs and White, 2000). The survey took the Town and Community Council as the unit of analysis with questionnaires being sent to all Town and Community Clerks in rural areas of Wales. The survey achieved a response rate of nearly 70%. In this section we compare the provision of a number of services with the situation in 1996 (as reported by Higgs and White, 2000).

As highlighted above, a previous survey of Welsh Town and Community Councils was carried out in 1996 that followed a similar methodology to the current Survey of Rural Services (Higgs and White, 2000). A questionnaire survey was sent to the Community Clerks in each of the surveyed communities in November 1995 with questions relating to the availability of a range of publicly and privately provided services. The survey was similar in scope and methodology to the Village Services Surveys carried out at the parish level in England by the Rural Development Commission (RDC, 1991, 1995, 1997 and Countryside Agency, 2001).

At the basic descriptive level percentages of responding communities that were without a number of services were calculated for the 1996 data. Whilst a relatively small proportion were without the most basic of services such as a post office (20.5%), a public house

(10.3%), and a primary school (19.9%), it is the more specialist services such as a GP surgery (65.2%), a bank or building society (87.7%), and a dental surgery (89.7%) where provision was acutely poor in the responding communities. Also of great significance are the relatively high proportion of rural communities without access to a shop (any type) (40%), and a petrol station (44.5%).

A further analysis of the 1996 survey data undertaken in the GIS for the purposes of this report was to determine population bands for the responding communities. This allows for a descriptive analysis of the proportions of communities who have, or do not have, a particular service facility within their boundary. This analysis can then be compared with data from the WRO's Survey of Rural Services in Wales 2004. This has not been conducted for every service facility covered by both surveys but has been performed for a selection of key or essential services, namely;

- Primary School (5-11 age group)
- General Stores
- Post Office
- Public House (serving meals)
- GP practice
- Dental Practice
- Pharmacy

Tables 4.11 and 4.12 display the presence or otherwise of primary schools in responding Town and Community Councils in the 1996 survey and the 2004 survey. Clearly provision of this service appears to have remained fairly constant over the eight year period with only minor fluctuations in the population bands. However, this analysis has to be viewed with some caveats as, first, more Town councils responded in the 2004 survey and second, there will be variations in terms of which Councils responded to the two surveys, together with some minor boundary changes in Community Councils in the interim period (these caveats should apply to all the following analyses).

Table 4.11: Proportion of Town & Community Councils with or without a School for the 5-11 Age group (1996 Survey)

Community Population Size	0-400	400-500	500-600	600-700	700-1000	1000-2000	2000-4000	4000 +	Total
	%	%	%	%	%	%	%	%	%
Proportion with no school	56	35	27	12	12	7	1	3	20

One or more school present	44	65	73	88	88	93	99	97	80

Table 4.12: Proportion of Town & Community Councils with or without a School for the 5-11 Age group (2004 Survey)

Community Population Size	0-400	400-500	500-600	600-700	700-1000	1000-2000	2000-4000	4000 +	Total
	%	%	%	%	%	%	%	%	%
Proportion with no school	53.2	29.3	33.4	15.4	11.3	2.2	0	0	17
One or more school present	46.8	70.7	66.6	84.6	88.7	97.8	100	100	83

Tables 4.13 and 4.14 display the presence or otherwise of General Stores selling food and non-food items from the two surveys. There is evidence of variation here in the 500-1000 population bands, particularly, with more Councils having this service facility in 1996 than in 2004.

Table 4.13: Proportion of Town & Community Councils with or without a General Store (selling food and non-food items) (1996 Survey)

Community Population Size	0-400	400-500	500-600	600-700	700-1000	1000-2000	2000-4000	4000 +	Total
	%	%	%	%	%	%	%	%	%
Proportion with no shop	67	56	38	18	30	18	2	11	47
One or more Shop present	33	44	62	82	70	82	98	89	53

Table 4.14: Proportion of Town & Community Councils with or without a General Store (selling food and non-food items) (2004 Survey)

Community Population Size	0-400	400-500	500-600	600-700	700-1000	1000-2000	2000-4000	4000 +	Total
	%	%	%	%	%	%	%	%	%
Proportion with no shop	64.5	64.1	69.2	39.1	37.7	25.6	16.7	7.5	38
One or more Shop present	35.5	35.9	30.8	60.9	62.3	74.4	83.3	92.5	62

Tables 4.15 and 4.16 display the proportions of responding Town and Community Councils that have, or had, a Post Office (of any type) in the 1996 Survey and the 2004 Survey. Again the general trend to emerge is that in the lower population bands (below 1000 population) more Councils had this particular service than is the case in 2004.

Table 4.15: Proportion of Town & Community Councils with or without a Post Office of any sort (1996 Survey)

Community Population Size	0-400	400-500	500-600	600-700	700-1000	1000-2000	2000-4000	4000 +	Total
	%	%	%	%	%	%	%	%	%
Proportion with no post office	46	38	25	21	10	14	5	3	21
One or more post office present	54	62	75	79	90	86	95	97	79

Table 4.16: Proportion of Town & Community Councils with or without a Post Office of any sort (2004 Survey)

Community Population Size	0-400	400-500	500-600	600-700	700-1000	1000-2000	2000-4000	4000 +	Total
	%	%	%	%	%	%	%	%	%
Proportion with no post office	64	52	38	27	15	9	5	0	20
One or more post office present	36	58	62	73	85	91	95	100	80

Tables 4.17 and 4.18 display the proportion of Town and Community Councils in 1996 and 2004 that had a Public House (serving meals). Again there is a slightly higher incidence of this type of service in 1996 in the lower population bands than in 2004, but, generally speaking, provision levels have remained high in this service facility over the interim period.

Table 4.17: Proportion of Town & Community Councils with or without a Public House serving meals. (1996 Survey)

Community Population Size	0-400	400-500	500-600	600-700	700-1000	1000-2000	2000-4000	4000 +	Total
	%	%	%	%	%	%	%	%	
Proportion with no pub	34	14	13	6	1	7	1	3	10
One or more pub present	66	86	87	94	99	93	99	97	90

Table 4.18: Proportion of Town & Community Councils with or without a Public House serving meals. (2004 Survey)

Community Population Size	0-400	400-500	500-600	600-700	700-1000	1000-2000	2000-4000	4000 +	Total
	%	%	%	%	%	%	%	%	
Proportion with no pub	50.0	11.9	23.3	16.0	1.5	3.3	9.8	0	11
One or more pub present	50.0	88.1	76.6	84.0	98.5	96.7	90.2	100	89

Table 4.19 displays the results of this analysis for the GP Surgery or Practice in 1996. Clearly the presence or otherwise of such a service is largely dependent on the population size of the community relatively small proportions have this type of service in the 0-600 population size bands (below 20%). This figure rises to 41% in the 1000-2000 band and above 70% in the 2000 and above population categories. Of course, this analysis does not consider whether or not an alternative facility might be available in a neighbouring community for those who do not have their own. In 2004 (Table 4.20) it is clear that levels of GP practice provision have fallen significantly in the population bands below 1000 population based on the results of the survey.

Table 4.19: Proportion of Community Councils with or without a GP Surgery. (1996 Survey)

Community Population Size	0-400	400-500	500-600	600-700	700-1000	1000-2000	2000-4000	4000 +	Total
	%	%	%	%	%	%	%	%	%
Proportion with no GP	81.5	86.0	85.4	75.8	70.7	58.7	29.6	11.5	65
One or more GP surgery present	18.5	14.0	14.6	24.2	29.3	41.3	70.4	88.5	35

Table 4.20: Proportion of Town & Community Councils with or without a GP Surgery. (2004 Survey)

Community Population Size	0-400	400-500	500-600	600-700	700-1000	1000-2000	2000-4000	4000 +	Total
	%	%	%	%	%	%	%	%	%
Proportion with no GP	94.2	97.3	96.3	95.7	85.7	67.7	33.3	9.9	68
One or more GP surgery present	5.8	2.7	3.7	4.3	14.3	32.3	66.7	90.1	32

Table 4.21 highlights the proportion of communities with or without a Dental Surgery in 1996 and, clearly, there is little or no provision of this service below the 1000 population band. Dental services are unique in the healthcare sector in terms of their un-regulated locational characteristics. This would suggest that Dental Surgeries are likely to locate in areas of higher populations, or customer base, and this would appear to be confirmed from Table 4.21. The trend identified in Table 4.21 is mirrored in Table 4.22 with little or no provision of this service in Councils below 1000 population in the 2004 Survey.

Table 4.21: Proportion of Community Councils with or without a Dental Surgery. (1996 Survey)

Community Population Size	0-400	400-500	500-600	600-700	700-1000	1000-2000	2000-4000	4000 +	Total
	%	%	%	%	%	%	%	%	%
Proportion with no dentist	100	98.2	100	100	100	90.5	70.4	19.2	87
One or more dentist present	0	1.8	0	0	0	9.5	29.6	80.8	13

Table 4.22: Proportion of Town & Community Councils with or without a Dental Surgery. (2004 Survey)

Community Population Size	0-400	400-500	500-600	600-700	700-1000	1000-2000	2000-4000	4000 +	Total
	%	%	%	%	%	%	%	%	%
Proportion with no dentist	100	100	100	100	100	89.6	60.5	25.0	84
One or more dentist present	0	0	0	0	0	10.4	39.5	75.0	16

Table 4.23 displays the proportion of communities with or without a Pharmacy service in 1996 and again the provision of this service is strongly correlated with the population size of communities. Below the 1000 population band less than 10% of responding communities had a pharmacy service. This rises to 23% in the 1000-2000 population band, 61% in the 2000-4000 band, and 77% in the 4000+ population band. The results are broadly comparable with those gained from the 2004 survey (Table 4.24). The slightly

higher rate of provision in the 4000+ population band could be a result of more larger Town Councils being surveyed in 2004.

Table 4.23: Proportion of Community Councils with or without a Pharmacy. (1996 Survey)

Community Population Size	0-400	400-500	500-600	600-700	700-1000	1000-2000	2000-4000	4000 +	Total
	%	%	%	%	%	%	%	%	%
Proportion with no pharmacy	98.6	98.2	91.7	90.9	96.3	77.0	38.9	23.1	90
One or more pharmacy present	1.4	1.8	8.3	9.1	3.7	23.0	61.1	76.9	10

Table 4.24: Proportion of Town & Community Councils with or without a Pharmacy. (2004 Survey)

Community Population Size	0-400	400-500	500-600	600-700	700-1000	1000-2000	2000-4000	4000 +	Total
	%	%	%	%	%	%	%	%	%
Proportion with no pharmacy	100	97.2	96.3	95.7	91.9	79.3	35.0	9.1	75
One or more pharmacy present	0	2.8	3.7	4.3	8.1	20.7	65.0	90.9	25

In general terms it does seem that levels of provision across a range of services have fallen in rural areas between the two surveys 1996-2004. This is particularly evident in the Town and Community Councils in the lowest population bands (below 1000 population).

As mentioned in the Introduction to this report there are problems in comparing the current survey with the surveys carried out in England by the Countryside Agency. These problems are largely to do with differences in the geographical unit studied. It is possible to perform some crude aggregate analysis of provision of services in English Parishes and provision in Welsh Town and Community Councils. An initial analysis of this type is presented in Table 4.25 but this should be treated with some caution given the differences in methodology and the different time periods of the two surveys. The table does serve as a concluding summary of some of the key aggregate statistics to emerge from the WRO's Survey of Rural Services in Wales.

Table 4.25: Percentage of Responding Communities or Village Parishes with a service in the 2004 Survey of Rural Services in Wales, and the 2000 Survey of English Village Services (CA, 2001)

Service Facility	**2004 Survey of Rural Wales**	**2000 Survey of English Village Services**
Post Office (with shop)	60%	54% (all types of PO)
General Store	62%	22%
Petrol Station (with shop)	29%	No data
Primary School	83%	52%
Public Nursery	26%	No data
GP surgery	32%	14%
Dental Practice	16%	No data
Public House (with meals)	86%	75%
Bank	15%	9% (Bank & Building Society)
Bus service	89.5%	71%

Section Five: Results from the survey of access to rural services

This chapter presents the results of the main empirical work undertaken for this report. Two hundred residents of rural Wales were asked about their patterns of access and levels of satisfaction of a range of services. In particular, respondents were asked about their use of the following services: public transport, food shops, clothes shops, post offices, banks and building societies, schools, GP surgeries, dentists, pharmacies, libraries and leisure centres. The final section of this chapter draws on data relating to changing service quality and access to services over time.

5.1 Transport

5.1.1 Private transport

Access to private transport is often considered to be essential for people living in rural areas. The vast majority of residents in rural Wales normally have access to a private vehicle. Just over half of all households have one car or van, around a third has two vehicles and 6% have three or more.

All respondents who define the place in which they live as 'open countryside' have access to a car, unlike residents of small towns, 12% of which report that they do not have a vehicle. Those who live in areas that have better access to services are less likely to have a car than those who live in less accessible places: 10% of respondents in Groups 1 and 2 (which have better access to services) are without a vehicle, whereas 5% of those in Groups 3 and 4 (areas of poorer access) do not have one. From these findings it can be inferred that private transport is considered to be essential for residents who live in areas that are more physically remote. It is probable those people who are least mobile and those who are unable to drive or afford to have a car are more likely to live in larger settlements in order to have access to services.

Despite high levels of car ownership within rural households, not all adults have regular access to private transport. Twenty two percent of respondents note that in their household there is somebody aged over 16 who rely on lifts from a friend or family member and 3.5% borrow or share a car (see table 5.1). Dependence on lifts is more common amongst respondents who live in accessible locations: 26% of those in Groups 1 and 2 have a household member who regularly has lifts from friends or family

members, whilst 18% of those in groups 3 and 4 regularly receive lifts. In part, this is likely to be because a greater proportion of those who live in less accessible areas have a motor vehicle. Clearly the use of car sharing, borrowing vehicles and receiving lifts is a significant means of coping with compromised access for rural residents in the responding localities.

Table 5.1 Proportion of respondents from different types of rural settlements who regularly rely on borrowing a car, lifts and formal car sharing

	Borrow	**Lift**	**Share**
Town	3.0%	21.2%	1.5%
Village	2.3%	23.0%	3.4%
Open countryside	0.0%	21.3%	6.4%
Total	2.0%	22.0%	3.5%

5.1.2 Public transport

Public transport is both an important service in its own right and, for some members of the population, critical in determining access to other services.

Table 5.2 illustrates that 13% of respondents use a bus for a local journey[1] at least once a week, 4% use it fortnightly and 11% catch a bus once a month; 72% never travel by bus. Older people are significantly more likely to travel by bus than younger residents. Seventeen percent of respondents aged over 65 years old catch a bus at least once a week, compared to 3% of those aged under 44 years old.

Buses are most frequently used by residents who live in a village: 18% of which use a bus at least once a week. Respondents from the open countryside are least likely to travel by bus regularly; presumably provision for these residents is limited.

Table 5.2 Frequency with which respondents from different rural settlement types catch a local bus

On average, how often do you catch the bus for a local trip?					
	Most Days	Once or twice/week	Fortnight	Month	Never
Large town	6.7%	6.7%	6.7%	13.3%	66.7%
Small Town	0.0%	11.8%	5.9%	13.7%	68.6%
Village	2.3%	16.1%	4.6%	9.2%	67.8%

[1] Local bus journeys were defined as trips of under an hour.

Open countryside	0.0%	4.3%	0.0%	10.6%	85.1%
Total	**1.5%**	**11.5%**	**4.0%**	**11.0%**	**72.0%**

Trains for local trips are used by a minority of respondents (as shown in Table 5.3), which reflects the limited rail coverage across rural Wales. Two percent of respondents catch a train at least once a week, 1.5% catch a train every fortnight, 10.6% every month and 85.9% never do so.

Table 5.3 Frequency that respondents catch a train for a local journey

On average, how often do you catch a train for a local journey				
Most Days	Once or twice/week	Fortnightly	Monthly	Never
0.5%	1.5%	1.5%	10.6%	85.9%

Those who used public transport were subsequently asked their levels of satisfaction with these services (see Table 5.4). The majority of respondents consider local buses to be satisfactory: 21% being very satisfied and 59% fairly satisfied, however, 13% are fairly dissatisfied with their local bus service and 7% are very dissatisfied. Similar proportions express satisfaction with their local train service; overall, 69% are satisfied and 31% are dissatisfied.

Table 5.4 Level of satisfaction with local buses and trains

	Very Satisfied	Fairly Satisfied	Fairly Dissatisfied	Very Dissatisfied
Buses	21.4%	58.9%	12.5%	7.1%
Trains	20.7%	48.3%	24.1%	6.9%

Community transport schemes, such as Dial-a-Ride are used by a very small proportion of the population. Only 3.5% of respondents use such services, the majority of which do so 'occasionally'. Of those who use community transport, almost half are registered disabled.

Table 5.5 Length of time it takes for respondents to get to the following services (percentages)

	5 min or less	**6 to 10 min**	**11 to 20 min**	**21 to 44 min**	**45+ min**
Supermarket	22.1	20.5	32.3	20.0	5.1

Small food shops	57.1	21.7	18.6	2.5	0.0
Clothes shops	5.5	9.5	16.5	23.0	20.5
Library	38.6	22.9	27.1	11.4	0.0
Swimming pool / leisure centre	20.0	30.0	38.0	12.0	0.0
Post office	54.0	24.7	17.7	3.0	0.5
Bank / building society	24.7	28.9	35.5	7.8	3.0
Primary school	52.9	17.6	11.8	11.8	5.9
Secondary school	9.7	22.6	41.9	16.1	9.7
GP surgery	29.0	34.5	30.0	6.5	0.0
Dentist	13.8	19.3	29.7	23.4	13.8
Pharmacy	34.7	32.2	27.6	4.0	0.0

5.2 Shopping

5.2.1 Food shopping

Food shops are defined as a basic utility, and using the initial categories a key service, yet their viability in rural areas is under considerable threat. They are one of few services which are entirely commercial and their survival is largely dependent upon the extent to which they are used by local people.

Three quarters of people in rural Wales live in a neighbourhood in which there is a shop that sells basic groceries. In some cases this is a stand-alone grocery store or supermarket, in others it may be combined with services such as a post-office or garage. Those who live in small towns are most likely to have a grocery shop in their neighbourhood: 94% have one. The vast majority (84%) of those who live in villages report that there is a food shop in their village. Only 40% of respondents who define their place of residence as 'open countryside' have a shop within close proximity. Some 13% of respondents from larger towns are without such a shop in their neighbourhood, presumably reflecting the concentration of shops either in the centre, or on the outskirts of bigger towns. This

highlights that residents from seemingly more accessible and less peripheral areas are still prone to difficulties accessing services.

Generally, it appears that these 'local' shops are widely used. Table 5.6 illustrates that 10% of those who are able to buy groceries in their neighbourhood do so every day and 80% do so at least once a week. However, a small proportion, 8%, never buy groceries in their local shop and 7% will only shop at their local store once a month.

Table 5.6 Frequency with which people use their neighbourhood shop to buy food

Daily	10.0%
Three to six times a week	14.7%
Twice a week	27.3%
Weekly	28.7%
Fortnightly	4.0%
Monthly	7.3%
Never	8.0%

Patterns of food shopping for people in rural Wales are, in many ways, no different to wider trends throughout the UK. Eighty-two percent of people in rural Wales characterise their food shopping as comprising 'regular main shopping trips with top-ups in between', the remaining 18% are more prone to making frequent trips buying what they need each time.

The amount of trips that households make for food shopping each week that occurs most frequently in the data is three. Twenty-two percent of households buy food four or more times each week, whilst 24% only make one trip per week. People who live in more accessible areas are more likely to make frequent trips to do their food shopping, than those in other areas, which is most probably a function of the ease in which they can access the shops (figures shown in Table 5.7, below).

Table 5.7 Average number of trips made to food shops each week, per household, according to accessibility groups

	Groups 1 and 2	Groups 3 and 4	**Total**
Two or less trips per week	45%	54%	**50%**
Three or more trips	55%	46%	**50%**

Eighty-eight percent of households do some shopping at small shops, although for the majority this accounts for a small proportion of their weekly shopping (see Table 5.8). Around a third of respondents buy between 1% and 10% of their household's food shopping from such stores. Of people who shop at small food shops, the majority use shops that are less than five minutes travel from their home, with 43% walking to them. However, 12% do not use the shops that are closest to their home, many rejecting them because of their high prices or limited product range. Markets – both standard markets and farmers' markets – are regularly used for food shopping by 16% of households in rural Wales.

Table 5.8 Proportion of shopping bought at small food shops

Percentage of weekly food bought at small food shops, per household	**%**
0	22.0
1-10	32.5
11-20	15.0
21-40	20.0
40+	10.5

Ninety-nine percent of respondents use supermarkets for food shopping, with most households buying the majority of their food from such shops. Over three quarters of households buy at least 75% of their food from a supermarket, with 20% buying all of their weekly food from them. Only 2.5% do less than a half of their food shopping at supermarkets. Respondents from households that have an annual income of between £10,000 and £21,000 are most likely to buy the vast majority of their food from supermarkets (data provided in Table 5.9).

Table 5.9 Proportion of food bought in supermarkets, according to household income

		£0 - £10,000 p.a.	**£10,001 - £21,000 p.a.**	**£21,001+**
% of food bought in a supermarket	**0-50%**	10.3%	8.2%	8.6%
	51-75%	25.6%	20.4%	22.4%
	76-100%	64.1%	71.4%	69.0%

Not surprisingly, the majority of people (86%) travel to supermarkets by car; only 5% walk to them. This reflects the supermarkets position on the outskirts of towns and that they are accompanied by large car parks. For most residents it takes between 11 and 20 minutes to get to these shops, although 20% of people travel for over 20 minutes to a supermarket (see Table 5.10). For those who live in open countryside, almost a quarter of

respondents travel for over 20 minutes to access a supermarket. Fourteen percent of those who dwell in areas of rural Wales that are categorised as being least accessible (Group 4) travel for at least 45 minutes to get to a supermarket.

These timings, however, do not necessarily indicate the time it takes rural residents to access their closest supermarket. Over 20% of respondents do not frequent the supermarket closest to their home. Of those who travel in excess of ten minutes to do their supermarket shopping, 32% of respondents do not visit their closest store. The most common reasons for going elsewhere are the limited variety and choice of products (30%) and the high cost of products in their nearest shop (18%).

Table 5.10 Amount of time it takes to get to the main supermarket which respondents use, according to settlement type

	Type of settlement				**Total**
	Large Town	Small Town	Village	Open countryside	
5 min or less	60.0%	50.0%	9.6%	2.1%	**22.1%**
6 to 10 min	20.0%	12.0%	30.1%	12.8%	**20.5%**
11 to 20 min	13.3%	16.0%	33.7%	53.2%	**32.3%**
21 to 44 min	6.7%	14.0%	24.1%	23.4%	**20.0%**
45+ min	0.0%	8.0%	2.4%	8.5%	**5.1%**

The most important factors that affect people's choice of food shops are the range of products and convenience - considered to be important by 31% and 27% of respondents, respectively. Other significant influences include the location of the shops (16%) and the price of products (13%). Location is deemed to be a considerably more important factor for respondents who do not have access to a car: a third rate it as an important influence, compared to 15% of those who do not have access to a vehicle.

People in rural Wales often access several services within the same trip: 65% of respondents usually or sometimes combine food shopping with another activity (see Table 5.11). A significant proportion of trips to buy food are combined with habitual journeys - such as travelling to work or taking children to school – as well as accessing other services. Food shopping is 'usually' combined with shopping for non-food items by

42% of respondents, and visiting banks and post offices by 18% of rural households. Of those who are in full-time employment, a third of respondents combine food shopping with travelling to or from work 'sometimes' or 'usually'. Around one-in-eight households 'usually' or 'sometimes' combines trips to buy food with leisure activities, visiting family and friends or going to the library. These findings reveal that a substantial portion of journeys in rural Wales are multi-purpose trips. This has consequences on residents' frequency of accessing services, the origin of trips and the destination where services are most frequently accessed.

Table 5.11 Percentage of respondents who 'usually' or 'sometimes' combine food shopping with other activities

	'Usually' (%)	**'Sometimes'** (%)
Non-food shopping	41.5	17.0
Visiting banks	18.0	22.0
Visiting the post office	18.5	17.5
Travelling to and from work	12.0	6.5
Visiting family or friends	7.0	9.5
Collecting children from school	2.0	3.5
Leisure activities	4.0	10.5
Visiting a library	6.0	7.0

5.2.2 Clothes shopping

People's needs, expectations and levels of satisfaction vary significantly for clothes shopping. Just over a quarter of respondents from rural Wales shop for clothes monthly or more often, whilst 40% go clothes shopping only once or twice a year (cf. Table 5.12). There is some correlation between residents' settlement type and the frequency with which they go clothes shopping. Twenty-seven percent of those who live in large towns shop for clothes once a month, whereas 15% of those who live in the open countryside shop as often. Conversely, twice the proportion of people who shop for clothes yearly or less live in open countryside than those in large towns.

Table 5.12 Frequency with which respondents shop for clothes

Fortnightly or more often	8.5%
Monthly	19.0%
Three to six times a year	30.0%
Once or twice a year	39.5%

It is more common for residents in rural Wales to combine clothes shopping with other activities than to make a dedicated trip to buy clothes. Respondents who live in less

accessible areas (categorised as groups 3 and 4) are more likely to do other activities alongside trips to clothes shops than those who live in areas that have better access: 64% in groups 3 and 4 combine clothes shopping with other activities, compared to 44% in groups 1 and 2.

The most frequent amount of time that people travel to the place where they normally go clothes shopping is between 21 and 40 minutes, although a fifth of respondents travel for three-quarters of an hour or more (see Table 5.5). Over two-thirds travel by car to shop for clothes, with a tiny minority walking to these shops. Twelve percent of respondents buy the majority of their clothes from the internet or a catalogue. Generally, people who live in the open countryside travel further to do their clothes shopping, although those who travel in excess of 45 minutes are just as likely to be from towns as they are from smaller settlements.

Over half of those who responded do not visit the shops closest to them to buy clothes. Location appears to be considerably less important for shopping for comparison goods, such as clothes, than for convenience goods, such as food. Only 6% consider that location is an important influence on their choice of clothes shops, compared to 16% who rate location as a significant determinant on their choice of food shops. Choice and value are rated as important influences on people's choice of clothes shops.

5.3 Post offices and financial services

5.3.1 Post offices

Post offices are regularly used by residents of rural Wales (see Table 5.13). Over half of respondents visit a post office at least once a week, 19% go to a post office once every two weeks, 14% monthly and 12% less often. Younger respondents, those under 45, are less likely to visit post offices regularly: 48% go at least once a week, compared to 59% of those aged between 45 and 64. The majority of people travel for less than 5 minutes to get to the PO which they use most frequently (see table 5.5), with 47% getting to there by foot. Sixty-three percent of respondents who live in areas that have been categorised as 'most accessible' live within five minutes of their post office, compared to 44% of those who live in least accessible areas.

Table 5.13 Frequency with which respondents visit a post office

	%
Twice a week	21.0
Weekly	34.0
Fortnightly	19.0
Monthly	14.0
Less often	12.0

Around half of post offices most regularly used by respondents are combined with another function. In over 90% of cases the post office is 'twinned' with a shop selling groceries, although other functions with which they are combined include bookshops, cafés and garages.

One in eight people do not, generally, use the post office closest to their home. Reasons for going elsewhere relate to access issues, such as visiting a post office close to their place of work, or going to a branch which has better parking, as well as service issues, such as limited functions being provided at smaller branches.

5.3.2 Banks and building societies

Forty percent of residents in rural Wales visit a bank or building society at least once a week. A quarter of respondents visit such services less than once a month (see table 5.14). The frequency with which people visit a bank or building society is strongly affected by the type of place in which they live. People who live in towns are more likely to visit a bank once a week or more than those who define their place of residence as 'open countryside' (48% compared to 30%). The most frequent amount of time people travel to get to a bank or building society is between 11 and 20 minutes, with the majority of people getting there by car.

Table 5.14 Frequency with which respondents visit a bank or building society

	%
Twice a week	7.1
Weekly	33.5
Fortnightly	10.2
Monthly	23.4
Less often	25.9

A large number of financial services are not dependent on a physical visit to a bank or building society, which explains the significant proportion of respondents who rarely visit

a branch. Over a quarter of people in rural Wales regularly use the internet for their banking, 18% bank by telephone and 8% do their banking at the post office. 'Virtual access' to banking has provided a viable means for people in rural areas to access this service, with minimal extra cost to customers.

5.4 Schools

Schools in rural Wales are seen to provide a focal point within many small communities, as well as providing a vital service to enable children to receive their education within their local area. The majority of children of **primary school** age in rural Wales attend a school within 5 minutes of their home. Almost two thirds of children get to their school by car, with 18% walking and 12% travelling by school bus. Over 40% do not attend the school closest to their home. The most common reasons for going elsewhere relate to the language medium used in the school. Other motives for not attending the local primary school are the perceived quality of the school, or the proximity of the school to one parent's place of work. Eighty-eight percent of parents are satisfied with the quality of the child's primary school, of which the majority are 'very satisfied'.

Children travel much further to their secondary school. Forty-two percent live between 11 and 20 minutes from their school, 16% travel for between 20 and 40 minutes and a significant minority (10%) live over three-quarters of an hour from their secondary school. Given the current emphasis on a choice in secondary education, only one in ten children do not attend his or her nearest school. This reflects the significant travel distance between schools in rural Wales and the limited actual choice that is available to students in rural Wales. Public transport is widely used for getting to secondary schools: 45% of children get to school by bus, although over a third of students travel there by car.

Generally, parents appear to be largely satisfied with the quality of their child's secondary education, only 3% report that they are dissatisfied. There is little consensus over what could be done to improve education in rural Wales. The most common complaint is that schools need more funding. More specific suggestions relate to the range of subjects offered, the renovation of the buildings and after-school provision. Only a minority of children attend after-school care (16%), although the vast majority of those who do (85%) are satisfied with the quality of provision.

5.5 Health services

5.5.1 Doctors

GPs are a vital and well-used service in rural Wales that are judged to be of good quality by the majority of respondents. All of those interviewed are registered with a GP and four-fifths of respondents have seen their doctor either for themselves or for their child within the past year. The majority visit the surgery closest to their home. Twelve percent are not registered with their nearest doctor, which for most people is because they have not changed their GP after moving house.

Three quarters of respondents travel by car to their GP surgery, whilst a fifth of people walk. Only a minority (7%) have journeys that are in excess of twenty minutes (see Table 5.5), although these are more common amongst those living in open countryside and villages, than town dwellers. Two-thirds of people in rural Wales live within 10 minutes of the pharmacy that they use most frequently.

Eight percent state that they find it difficult getting to their doctor's surgery, with only 1% considering that access is very difficult for them. There is a strong positive correlation between those who have problems getting to their GP and respondents' age. Sixteen percent of those aged 65 or over report difficulties accessing their GP, compared to only 2% of all those aged under 65.

Eight percent of respondents are dissatisfied with the quality of their GP, 45% consider the service provided to be very satisfactory and 46% rate it as satisfactory. Suggestions to improve the current service most commonly relate to the availability and scheduling of appointments (noted by 18% of respondents), particularly at evenings and weekends. Only 1% of those interviewed are normally seen by their doctor at home, yet 3% consider that more home visits would improve the current service.

5.5.2 Dentists

Registration with a dentist is less universal than with a GP. Twenty-eight percent of respondents are not registered with a dentist. Of those who are registered around half are with an NHS dentist and half with a private one. Fourteen percent of people travel in excess of 45 minutes to get to their dental surgery (see Table 5.5). For one in ten people,

their dentist is based outside out of rural Wales, most often in the Valleys or cities in urban areas of Wales, such as Newport and Swansea. Three percent of respondents are registered with dentists in England, for some these are close to the Wales-England border, such as in Oswestry; for others, they are further afield, for example in the West Midlands and Derbyshire.

Over a quarter of people are dissatisfied with the location of their dentist. A smaller proportion (10%) is dissatisfied with the service provided with their dentist. The most widespread suggestion for improving dental provision in rural Wales is to provide more NHS dentists, or for private dentists to revert to the NHS (noted by 24% of respondents). Sixteen percent of respondents call for more practices or more dentists.

5.6 Leisure and libraries

Leisure facilities and libraries can be understood as 'lifestyle enhancers', or auxiliary services, rather than essential utilities. In rural areas the provision of such auxiliary services is often poor due to the high cost of provision to areas that are sparsely populated.

5.6.1 Libraries

The vast majority of people who live in rural Wales do not use a library: almost two thirds never use one. Twenty-nine percent visit a library at least once a month, with 9% going to one at least once a week (cf. Table 5.17). Only a small proportion of people in rural Wales use a library less frequently, with 7% going to a library between once a year and once a month. A minority, only 9%, of those who use libraries visit a mobile service.

Table 5.17 Frequency with which respondents go to a public library

Weekly or more often	9.0%
Fortnightly	7.5%
Monthly	12.0%
Between monthly and yearly	6.5%
Never	65.0%

Ninety percent of those who visit libraries go to the one closest to them, which for over a third of people is less than five minutes away. Just over ten percent of respondents travel for over 20 minutes to get to the library.

5.6.2 Swimming pools / leisure centres

A minority of people in rural Wales visit a swimming pool or leisure centre. As shown in Table 5.18, 65% of residents never use these facilities. Of those who go to a leisure centre, it is most common for respondents to go once a month. For the majority of people it takes between 11 and 20 minutes to travel to a leisure centre, with 76% travelling there by car.

Table 5.18 The frequency with which respondents visit a swimming pool or leisure centre

Weekly or more often	9.0%
Fortnightly	7.5%
Monthly	12.0%
Between monthly and yearly	6.5%
Never	65.0%

5.7 Change in service provision and access to services over time

The majority of people who have lived in their current property for ten years or more consider that the quality of services has not changed significantly over the past five years. A fifth of all respondents consider that services have improved since five years ago; the same proportion report that service quality has declined (see Table 5.19). Four percent feel that services have become 'significantly worse' during this period. Respondents who define the place in which they live as 'open countryside' are least likely to report that services have improved (12%), compared to 17% from towns and over a quarter of those from villages.

Table 5.19 Respondents' perception of the changing quality of services in the last five years

Significantly worse	3.5%
Slightly worse	16.3%
About the same	60.3%
Slightly better	19.1%
Significantly better	0.7%

Perceived changes in service quality largely correspond with respondents' perception of their changing access to services. Compared to ten years ago, 61% of those who have been living at the same property, feel that their ease in accessing services has not changed, 23% feel it has got worse and 15% think it has improved. A loss of personal mobility is likely to have instigated these negative changes for many respondents.

Those who live in towns are more likely to report that their access to services has declined over the last decade, than those based in villages or open countryside (32%, compared with 19% and 18%, respectively). Only 3% of respondents from the open countryside perceive that their access to services has improved in the last ten years, compared to 23% from villages.

Many people who have moved house in the last five years have moved to an area which has poorer services that are harder to access. From the survey data it can be inferred that a large proportion of respondents have moved into rural Wales from urban areas. Sixty percent of respondents previously lived outside of rural Wales and 47% previously lived in a large town, compared to only 8% who currently live in such settlements (see Table 5.20). Forty-five percent of respondents, who have moved in the last five years, consider that it is harder for them to access services, with 22% considering that their access has become 'significantly worse'. A smaller proportion feel that service quality has declined, yet 22% feel that services are slightly worse compared to service provision at their previous place of residence. Just over 30% of respondents report that they now live in an area with improved quality of services.

Table 5.20 Proportion of respondents who currently define the place in which they live, and the place in which they previously lived, as a 'large town', 'small town', 'village' and 'open countryside'

	Current settlement type	**Settlement type at previous address**
Large town	7.5%	46.7%
Small town	25.5%	32.0%
Village	43.5%	16.0%
Open countryside	23.5%	5.3%

Section Six: Discussion of Results and Conclusions

This section discusses the findings that were presented in Section Five, taken from the Survey of Access to Services. The purpose of this section is to draw conclusions about the coping mechanisms that rural residents employ to access the range of key or essential services considered in the survey. The section is structured by considering specific services to develop specific themes and trends, before drawing some wider conclusions from the research.

6.1 Private Transport

Although not a service, obviously, use of private transport is an important factor in determining the levels of access to particular services in rural areas. The survey found that the location of rural residents is an important factor in determining levels of private car ownership with all respondents in the open countryside owning cars compared to 88% in small towns in rural areas. The areas of better access to services (as calculated by the GIS-based travel time analysis) also had less car ownership than those with poorer access; 10% of respondents in Groups 1 and 2 (which have better access to services) are without a vehicle, whereas 5% of those in Groups 3 and 4 (areas of poorer access) do not have one. The analysis of the survey results has clearly shown that car-based trips are the primary means of accessing many services, for example 75% use a car to access GP services. The use of private transport is therefore perhaps the key means of coping with access to services in rural areas. This is not a surprising finding but it does confirm the recognised thinking on the importance of mobility in rural areas and the consequent disadvantage of those without private transport. One means of coping without private transport is the use of lifts or car sharing. Dependence on lifts is more common amongst respondents who live in accessible locations: 26% of those in Groups 1 and 2 have a household member who regularly has lifts from friends or family members, whilst 18% of those in groups 3 and 4 regularly receive lifts.

6.2 Public Transport

The survey results indicate that rural residents are, on the whole, satisfied with the provision of local public transport but there is a significant minority who indicate that they are dissatisfied with the levels of public transport – 20% for local bus services and 31% for local train services. This implies that for a significant minority one potential

means of coping with poor access to services, the use of public transport, is not available to a satisfactory degree within their localities. It is true that a minority of people travel by bus with 72% indicating that they never travel by bus, but certain groups, such as the elderly, do make more use of such services on a regular basis.

6.3 Food Shopping

Only 40% of respondents who live in the 'open countryside' have a food shop located within close proximity to them. Some 13% of respondents from larger towns are without such a shop in their neighbourhood, presumably reflecting the concentration of shops either in the centre, or on the outskirts of bigger towns. This highlights that residents from seemingly more accessible and less peripheral areas are still prone to difficulties accessing services. This assertion is supported by the fact that 82% of respondents in the survey make regular main shopping trips, usually by car, with top-ups in between. Over three quarters of households buy at least 75% of their food from a supermarket, with 20% buying all of their weekly food from them. Only 2.5% do less than a half of their food shopping at supermarkets. People in more accessible areas are more likely to undertake frequent trips to do their food shopping which is probably a function of the ease by which they can access such shops. A key coping mechanism, therefore, in rural areas, particularly those which are the least accessible is to employ larger supermarkets and undertake a 'weekly shop' in a car-based trip. There is an element of choice in this pattern, however, with some 20% not visiting their nearest store because of issues of preference. Multi-purpose trips are another means of coping with poor access to food stores with one third of respondents who are in full time employment combining their food shopping with journey to work trips.

6.4 Clothes Shopping

Twenty-seven percent of those who live in large towns shop for clothes once a month, whereas 15% of those who live in the open countryside shop as often. Conversely, twice the proportion of people who shop for clothes yearly or less live in open countryside than those in large towns. It is more common for residents in rural Wales to combine clothes shopping with other activities than to make a dedicated trip to buy clothes. Respondents who live in less accessible areas (categorised as groups 3 and 4) are more likely to do other activities alongside trips to clothes shops than those who live in areas that have better access: 64% in groups 3 and 4 combine clothes shopping with other

activities, compared to 44% in groups 1 and 2. The most frequent distance that people travel to the place where they normally go clothes shopping is between 21 and 40 minutes, although a fifth of respondents travel for three-quarters of an hour or more. The issue of distance, or location, is therefore not as important for clothes shopping. Here, factors such as choice, value and preference are more important and many rural residents are prepared to travel to find the right balance of these factors.

6.5 Post Offices

Over half of respondents visit a post office at least once a week, 19% go to a post office once every two weeks, 14% monthly and 12% less often than monthly. Younger respondents, those under 45 years old, are less likely to visit post offices regularly: 48% go at least once a week, compared to 59% of those aged between 45 and 64 years old. The majority of people travel for less than 5 minutes to get to the PO which they use most frequently with 47% getting to there by foot. One in eight people do not, generally, use the post office closest to their home. Reasons for going elsewhere relate to access issues, such as visiting a post office close to their place of work, or going to a branch which has better parking, as well as service issues, such as limited functions being provided at smaller branches. The post office is therefore seen as a predominantly local service that is relatively easily accessible by the survey respondents despite the fact that the surveys of rural services in Wales outlined in section 4.2 show a decline in post office services over the last ten years. It is interesting to note, however, that some residents choose to use an alternative post office service due to reasons of better access or better levels of services provided at the post office.

6.6 Banks and Building Societies

Forty percent of residents in rural Wales visit a bank or building society at least once a week. A quarter of respondents visit such services less than once a month. The frequency with which people visit a bank or building society is strongly affected by the type of place in which they live. People who live in towns are more likely to visit a bank once a week or more than those who define their place of residence as 'open countryside' (48% compared to 30%). People in rural areas access banks and building societies by car and often combine this with travel to work. According to the survey, rural residents travel between 11 and 20 minutes to access financial services. When asked about coping mechanisms for poor access to such services nearly a quarter highlighted the use of

telephone banking and internet banking, with some also highlighting the use of postal banking.

6.7 Education Services

The majority of children of primary school age in rural Wales attend a school within 5 minutes of their home. Almost two thirds of children get to their school by car, with 18% walking and 12% travelling by school bus. Over 40% do not attend the school closest to their home. Children travel much further to their secondary school. Forty-two percent live between 11 and 20 minutes from their school, 16% travel for between 20 and 40 minutes and a significant minority (10%) live over three-quarters of an hour from their secondary school. Public transport is widely used for getting to secondary schools: 45% of children get to school by bus, although over a third of students travel there by car. There seems to be an element of acceptance in terms of overcoming access problems to education services. Questions related to how rural residents coped with poor access to services were met with the response "we drive the children" or "the children take the bus". Even if the distances that needed to be travelled were sometimes great this was accepted as a necessity despite calls for more funding for local schools from some respondents.

6.8 Medical Services

Three quarters of respondents travel by car to their GP surgery, whilst a fifth of people walk. Only a minority (7%) have journeys that are in excess of twenty minutes although these are more common amongst those living in open countryside and villages, than town dwellers. Two-thirds of people in rural Wales live within 10 minutes of the pharmacy that they use most frequently. Residents are satisfied with the level of service provided by their GP, on the whole but some elements of rural society, particularly the elderly do experience problems in accessing such services.

Fourteen percent of people travel in excess of 45 minutes to get to their dental surgery. For one in ten people, their dentist is based outside out of rural Wales, most often in the Valleys or cities in urban areas of Wales, such as Newport and Swansea. Three percent of respondents are registered with dentists in England, for some these are close to the Wales-England border, such as in Oswestry; for others, they are further afield, for example in the West Midlands and Derbyshire. Over a quarter of people are dissatisfied

with the location of their dentist. A smaller proportion (10%) is dissatisfied with the service provided with their dentist. The most widespread suggestion for improving dental provision in rural Wales is to provide more NHS dentists, or for private dentists to revert to the NHS (noted by 24% of respondents). Sixteen percent of respondents call for more practices or more dentists. This dissatisfaction with the provision of dental services is clearly one that is attracting attention in Wales and the UK at the moment and has been identified as an issue in the Surveys of Rural Services in Wales, as highlighted in section 4.2. Clearly the only coping mechanism that can be employed in terms of access to dentists is either to travel a long distance to access such services or not visit a dentist.

6.9 Library and Leisure Services

Library services and leisure services are not particularly well utilised in rural areas with nearly two thirds of respondents not using such services on a regular basis. Ninety percent of those who visit libraries go to the one closest to them, which for over a third of people is less than five minutes away. Just over ten percent of respondents travel for over 20 minutes to get to the library. A minority of people in rural Wales visit a swimming pool or leisure centre, and 65% of residents never use these facilities. Of those who go to a leisure centre, it is most common for respondents to go once a month. For the majority of people it takes between 11 and 20 minutes to travel to a leisure centre, with 76% travelling there by car. Although the distribution of fixed and mobile libraries is relatively good in rural areas utilisation rates are dropping nationally with the advent of the internet and on-line resources. For leisure centres there is clearly a physical obstacle to utilising such services in terms of the physical distance that needs to be travelled and the time that this takes. Again, private transport is the principle means of coping with these access problems.

6.10 Concluding Remarks

This research report has produced a picture of rural service provision and access in rural Wales by drawing on a number of different data sources. These include the 1996 and 2004 Surveys of Rural Services in Wales, the survey of Living and Working in Rural Wales, GIS-based accessibility analyses of point level databases for various services, and a new survey of 200 households from areas of varying levels of access to services and different rural characteristics. These varying data sources have provided key information on levels of service accessibility and provision, and also provided an insight into how

rural residents cope with varying degrees of access to a number of services. The types of coping strategies differ dependent on the service considered as this section has summarised but a key element is the level of personal mobility as a deciding factor in determining whether many services are available to rural residents on a regular basis or not.

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