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TRANSPORT EQUITY AND THE ELDERLY

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Following a number of policy statements and related reports around the topic of transport-related social exclusion, (DoT, SEU, etc.) since 2004 the UK Government has required local transport authorities to undertake accessibility planning as part of the process of producing local transport plans.

A previous paper (Titheridge and Solomon, 2007) reported on the first stage of research undertaken as part of the AUNT-SUE study, which produced conclusions about the reality of elderly people's travel and type of benchmarks and indicators that would be needed to judge progress in the implementation of social inclusion policies. This paper discusses the equity implications of the DfT indicators with respect to the elderly and develops a realistic but equitable set of benchmarks for accessibility and mobility.

Accessibility and social exclusion

The SEU (2003) report, "Making the Connections", concentrates on the accessibility of services and activities. It classifies a service or activity as accessible if it can be reached "at reasonable cost, in reasonable time and with reasonable ease" The concept of "reasonable" is not defined. Whilst the report is not explicitly about the role of public transport in reducing social exclusion, problems and solutions relating to public transport, and in particular buses – both conventional fixed route and DRT – dominate it. Overall the report emphasises difficult journeys resulting from isolated or remote communities; high transport costs; dispersed activities; and infrequent and/or unreliable bus services. Walk trips, the commonest type of trip in Europe, are mentioned in relation to crime around transport hubs and child pedestrian casualties.

The report outlines a strategy for dealing with the problem. It has two main thrusts: a framework for accessibility planning and a mixture of national policy changes aimed at improving accessibility and reducing the impacts of traffic on poorer neighbourhoods.

According to the resultant UK Government guidance, (DfT, 2005) accessibility planning is aimed at reducing that element of social exclusion which is caused or exacerbated by

accessibility problems due to, for instance, the cost, availability and design of public transport services, the location of services and facilities, as well as problems related to the ability of disadvantaged groups, such as the elderly, to reach public transport services. What is being aimed at is not equal provision for all, which would be impossible and might be unfair, but equitable (fair or just) provision, meeting needs and desires, which would, following a principle elucidated by Rawls (A Theory of Justice, p.86) attempt to provide some redress for undeserved inequality. (“positive discrimination”).

Equity and equity policies

A useful definition of equity presented in the WDR (World Development Report, World Bank, 2006) was based on 2 principles: equality of opportunity (draws on the work of John Roemer and suggests that predetermined circumstances should not determine outcomes) and the avoidance of absolute deprivation (minimum threshold of need). “Individuals should have equal opportunities to pursue a life of their choosing and be spared from extreme deprivation in outcomes” (WDR p2)

The translation of equity into a policy objective suggests that policies should place weight on the most disadvantaged groups within the constraints of what is technically and politically feasible. This includes policies aimed at making:

- endowments more equitable: Using public action to ensure that outcomes are the same across groups for individuals who put in the same effort.
- process more equitable: Using public action to ensure that market and non-market institutions treat individuals equally, which may involve positive discrimination
- outcomes more equitable: Outcomes shape opportunities both within and across generations. “Equalising endowments and ensuring process is fair may break this cycle, although other redistributive public actions may be needed.” (WDR 2006).

Equity matters because inequities violate the sense of fairness of many individuals; experimental evidence suggests that many people behave in ways consistent with a concern for fairness, in addition to caring about how they fare individually. (WDR Ch.4 p 76) It is also argued that increasing the levels of participation by the underprivileged in economic, social and political processes benefits not only them but is likely to lead to better institutions, better conflict management and a better use of all potential resources in society. However, while greater equality might follow from greater equity, it should be noted here that however equal the opportunities given to people, one would “always expect to observe some differences in outcomes owing to differences in preferences, talents, effort, and luck.” (WDR 2006) In terms of transport, lack of transport access often results in a significant curtailment of social and economic opportunities. (refs DtP, Seu, etc0)

Targets and benchmarks

Although it might be thought that UK accessibility planning would need to include some level of positive discrimination, no targets have been set, or benchmarks prescribed, to enable the local authorities to determine when “sufficient” accessibility improvements, which might fulfil some of the requirements implied by the SEU report or by equity considerations, have been incorporated in the Plans. But if transport policies and practices are to be 'inclusive' in terms of the accessibility they permit, there need to be some kind of "ball-park" assessments of equitable accessibility and mobility levels at which people feel (or are) 'included' (DETR/ TRaC 2000) and at which (see above) individuals have equal opportunities to pursue a life of their choosing and are spared from extreme deprivation in outcomes.

The matter of defining baseline levels of access - and the need to have at least some approximate “benchmarks”, therefore arises. It is not currently included in the official Guidance (Ref.) What the UK Department of Transport has done to aid Local Authorities in incorporating accessibility planning into their overall local transport plans is to specify a number of indicators based on journey times to those services and facilities which are deemed “key” to social inclusion, which would facilitate a superficial audit process. (DfT) However, to return to the benchmarking theme, it is arguable that any form of auditing or evaluation can only be legitimated if it is carried out with reference to particular standards; such standards cannot therefore be left out of the evaluation of transport policies for the reduction of social exclusion. Indicators, as currently included, are not the same as benchmarks/standards.

Benchmarking

The term “benchmarking” was originally used to describe a surveyor’s mark made on a stationary object of previously determined position and elevation and used as a reference point in tidal observations and surveys. As used now, its various functions can include comparing aspects of performance and identifying gaps in performance, as well as providing a basic standard or target. These are the uses to which benchmarking will be put in the current context, when we try to “benchmark transport social exclusion”.

Benchmarking, in general, because its use provides signs of what is actually happening, and what distance still needs to be travelled in order to meet basic standards, can be a way of providing the stimulus needed for change in the delivery of both core and non-core activities and for raising the standard of public services by spreading good practices may help with improving performance and can assist individual and organisational learning. (Ref) Successful benchmarking, in which gaps in performance are bridged by improvements, results in significant tangible benefits that are needed in the public sector, and in this case in transport and infrastructure provision, such as step changes in performance and innovation, improving quality and productivity and improving performance measurement.

Transport social exclusion

The "Social exclusion" suffered by the part of the population currently under scrutiny is generally considered to exist among those "people who are unable to participate, for whatever reason, in activities which are considered normal by their society". As is obvious from this definition there is a strong element of relativity involved. One person, or society's view of "normal" may include twice-weekly trips to the pub, a weekly shopping expedition, and a couple of visits to local friends, with perhaps a very occasional trip further afield. Others, however, would define this type of life as out of the ordinary, assuming that a daily commute journey, a couple of annual foreign holidays, a few weekends in the country, and a twice-monthly trip to an out-of-town shopping centre are more "normal" and that the lack of opportunity to undertake these activities is excluding. Equally, some people would regard a "day" as finishing well before half past ten at night, while others might assume that the need for transport in the small hours was normal.

It is theoretically possible, given these relativities and the subjective nature of the problem, to suggest that any demands for desired movement which are not being met could be seen as at least a partial cause of some type of social exclusion. In that case those involved in evaluating policies could end up aiming at an infinite level of mobility for all. This is plainly absurd, and demonstrates the need for basic access standards (benchmarks). But these can only be determined if it is possible to determine how much access, and to what, would constitute "inclusion" for different people.

Clearly, the methodology for a rigorous assessment of transport poverty, which will provide benchmarks against which provision can be evaluated, extends well beyond the remit of the transport disciplines. The fundamental question is not just about transport or even movement, but about access and mobility as related to social, economic, and possibly psychological needs. Devising a methodology will therefore involve not only people from different disciplines and policy-making departments, and users from different groups of people and different locations, but will require policy-makers to make a number of value-judgements in the light of what may be considered desirable and what is actually possible.

Practitioners working in different fields currently use a disparate range of benchmarks to measure the accessibility of activity destinations for the 'average person', and to identify geographical areas that are deemed to be relatively inaccessible, in terms, say of distance of residence from a bus stop. This type of "benchmark" says nothing about what is accessible to users or what they might need (Handy and Niemeier 1997). For example, while there might be an accessible low-floor bus to a nearby centre, if the surgery closes before the bus arrives, or if the bus stop cannot be reached, the doctor will still be inaccessible. Some policy-makers, including the Department for Transport, have implied or included more refined targets in their indicators, e.g. 'ensuring everybody is within 30 minutes of a supermarket by public transport' (DfT ref). Such normative measures are used for different purposes, but their underlying rationale and inter-relationships are seldom made clear. Furthermore, relatively little is known about what people in particular circumstances regard as an acceptable (or inclusive) amount of travel to reach

places of work, friends, shops and so on. Does the UK population have a unanimous view of the desirability of the 30 minutes, or might their lives easily accommodate 40 minutes - or be thoroughly disrupted by journeys longer than 15 to that destination? And is a supermarket a suitable destination regarded as necessary by those travelling?

Existing indicators

One of the first tasks of the AUNT-SUE project has been to examine the Department of Transport indicators to see how far those currently proposed could be used in the assessment of accessibility improvements for, initially, the group defined as “older people”. Current journey patterns were analysed, and, additionally, focus groups were asked what the constraints on their potential and desired journeys were. Interestingly, analysis of the DfT indicators in the light of this information suggested that most of them had little relevance to the travel habits (and therefore social exclusion/inclusion) of many older people. (TSUG 2007) The chart on the following page indicates what the problems are and where the deficiencies exist. (Chart here, with commentary)

The next task of the AUNT-SUE research project has therefore been an attempt to establish benchmarks for the older people. There are several stages in this process. The first stage has been to establish a "normal" range of journey attributes - frequency, purpose, time, mode etc from currently available statistics. Next, we have tried to establish expectations of a "normal range" of “inclusive” journeys for this group. Finally we have begun to test a set of possible benchmarks, which are currently framed in terms of the minimum acceptable number and type of journeys, as well as the desired number and type of journeys. (the “time” element considered so crucial by the DfT turned out as relatively unimportant to many in this group, who are not burdened with having to accomplish the variety of journeys and tasks common to many younger and working people.)

Our analysis of the relevance of the DfT indicators is shown on the chart below. In the left-hand column are the indicators, and each other column contains a symbol showing how much relevance the indicators have to the group in question. Clearly the first three indicators do not apply to older people (unless they are working; they are not able to claim Jobseekers’ allowance when they are no longer of official working age, i.e. under 65 for men and 60 for women). Hospital and GP access is relevant to this group, although analysis of the statistics suggests that only a small minority make regular trips to a hospital, and it is not clear whether the travel times are appropriate. The last indicator, which now has replaced “major centre” with supermarket, may or may not be relevant, depending on whether people want to go to a supermarket. It is possible that “a shop and a post office” might be more appropriate, if the results of the four focus groups that have so far discussed the issue are replicated more widely.

Mobility priorities of the elderly

However, while the destinations may be correctly specified, there are serious problems regarding the question of accessibility. All four of the focus groups made it quite clear that the most important consideration was ease of leaving the house and of simply “getting around.” Rather than being concerned about any particular destination, people wanted to be able to get out – their concern was with mobility rather than access. They were also concerned about the number of times they were able to do particular things, rather than with the attributes of the journeys for those purposes.

The table below was devised by a group of users of door-to-door transport after much consultation and the circulation of a questionnaire, and sets out the minimum number of journeys that they felt they should be able to undertake without undue effort which would enable them to feel “socially included”.

Preliminary benchmarking ideas for older people – Rotherham minima

Activity	Frequency	No. journeys required
Food shopping	Weekly	2
Comparison shopping	Monthly	2
Social or recreational activity	Weekly	2
Holiday	Annual	2
Structured day time activity appropriate to need	Weekly	2-10
Post Office	Weekly	2
Medical trip or visit	Monthly	2

This table has been circulated and amended by the focus groups, who would like it put forward as a basic minimum. The idea is that these trips should be able to be undertaken without huge stress, danger, expense etc.

These are in many ways dissimilar to the Department for Transport’s “indicators.” These can be seen in the table below. As can be seen by looking at the left-hand column (older people) most of them do not apply to older people, and the one that does refers to aggregate numbers within a transport authority who have certain attributes; this says nothing about those who are actually excluded or what the ambition for their mobility should be.

Table 18: A summary of the relevance of the national accessibility indicators to socially-excluded groups

Indicator	Older people	Young people	Low income earners	Part-time workers	Single parent families	People with limited car access
% of a) pupils of compulsory school age; b) pupils of compulsory school age in receipt of free school meals within 15 and 30 minutes of a primary school and 20 and 40 minutes of a secondary school by public transport	x	◆	x	x	●	◇
% of 16-19 year olds within 30 and 60 minutes of a further education establishment by public transport	x	◆	x	x	x	◇
% of a) people of working age (16-74); b) people in receipt of Jobseekers' allowance within 20 and 40 minutes of work by public transport	○	●	●	●	●	●
% of a) households b) households without access to a car within 30 and 60 minutes of a hospital by public transport	◆	◇	◇	◇	◆	◇
% of a) households b) households without access to a car within 15 and 30 minutes of a GP by public transport	●	○	○	○	●	○
% of a) households; b) households without access to a car within 15 and 30 minutes of a major centre by public transport	◆	◆	◆	◆	◆	●

Key: ◆ – Relevant, ◇ – Relevant to a limited number of people within this group, or for relatively few trips per year; ● – Relevant trip purpose but inappropriate travel times specified; ○ – Relevant to a limited number of people within this group, or for relatively few trips per year and inappropriate travel times specified; x – Not relevant.