13. A critical assessment of accessibility planning for social inclusion

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13.1 INTRODUCTION

This chapter considers a unique application of the accessibility concept, as it was developed and implemented in relation to social exclusion policy in the United Kingdom (UK). Other chapters of this volume discuss broader theories and definitions of accessibility. In particular, in Chapter 14, Halden describes the wider approach to accessibility planning in the UK. I do not, therefore, intend to revisit this material, and rather the aim here is to evaluate critically the appropriateness and effectiveness of accessibility planning in the specific context of a wider set of policy processes to address social exclusion (Social Exclusion Unit, 2003).

Firstly, a brief context is offered for understanding the policy interface between transport, accessibility and social exclusion and how this theme emerged in 1997 in response to New Labour’s social welfare agenda. I will then outline the particular approach to accessibility planning that was devised by the Social Exclusion Unit (SEU), developed by UK Department of Transport (DfT) and passed on to local transport authorities (LTAs) to deliver. I, among others, have already described this process extensively elsewhere (see, e.g., Lucas, 2004, 2006, 2011a, 2012), and so my intent is to touch only briefly upon the main tenets of the approach to provide background for the critical assessment of the effectiveness of accessibility planning as a policy instrument for securing social inclusion goals, which follows.

The critique of both the policy process and applied methods for accessibility which I then offer is primarily based upon studies which were undertaken with LTAs during the piloting stage of the implementation process (DHC and University of Westminster, 2004; Lucas, 2006). It also draws some of its evidence from research by others tasked with similar UK evaluation studies (e.g., Bristow et al., 2008; CRSP, 2009). I draw on a case
study example from an evaluation study of the Merseytravel WorkWise programme to validate my conclusions in the final section.

13.2 UNDERSTANDING THE INTERFACE BETWEEN TRANSPORT, ACCESSIBILITY AND SOCIAL EXCLUSION

First, it is important to establish what exactly is meant by the term ‘social exclusion’, as well as how transport has a role to play within it. The New Labour government identified social exclusion as a persistent economic and social policy problem of Britain’s ‘worst’ social housing estates soon after its election (Social Exclusion Unit, 1998). Social exclusion was a term that was increasingly being used in policy circles to replace the language of poverty and deprivation. The stated policy intention was to embrace a wider conceptualization of the severe, persistent, multiple and dynamic social problems which are faced by the UK’s most disadvantaged individuals and communities. Academic and policy definitions of social exclusion abound and are far from consensual, but this early description by the Commission of the European Communities is still one of the most comprehensive in my view:

Social exclusion refers to the multiple and changing factors resulting in people being excluded from the normal exchanges, practices and rights of modern society. Poverty is one of the most obvious factors, but social exclusion also refers to inadequate rights in housing, education, health and access to services. It affects individuals and groups, particularly in urban and rural areas, who are in some way subject to discrimination or segregation; and it emphasises the weaknesses in the social infrastructure and the risk of allowing a two-tier society to become established by default. (European Commission, 1993, p. 1)

We can immediately note from the above quotation that a citizen’s ability to access to services is seen as one of the central, although not primary aspects, of the UK social exclusion agenda. There are essentially four key components of accessibility within the transportation literature which can be identified as highly relevant to this social exclusion policy agenda: (1) a physical component (availability and physical access to transport facilities); (2) the level of service provided by the system (in terms of travel time, cost and comfort); (3) the spatial distribution of transport services and activities and their spatial and temporal constraints (including the option value of preserving accessibility to public transport, irrespective of use); and (4) personal safety issues (Geurs et al., 2009, pp. 76–7).
Availability and Physical Access to Transport Facilities

The role of transport in enabling people to participate in various activities such as employment and learning opportunities, and to make use of local services such as healthcare, food shops, and recreational and leisure facilities, received particular attention within the Social Exclusion Unit’s (2003) Making the Connections report. Specific ‘at-risk’ groups identified in this regard included the long-term unemployed, lone parents, young people not in work or full-time education, the elderly, people with disabilities, job seekers and people living in rural areas.

Level of Service (Time, Cost, Comfort)

The temporal dimension of accessibility (Cass et al., 2005, p. 551) also forms an important area within the literature. For example, the operating hours of transport systems have been criticized for adversely affecting the ability of socially disadvantaged groups to access such important services as before-and-after school activities, healthcare facilities, supermarkets and food shops, shift-working opportunities (SEU, 2003), and out-of-hours education classes (Kenyon, 2011). Extending the operating hours of transport systems could therefore be an important element in reducing social exclusion. The cost of public transport services is also well documented as a factor in transport-related social exclusion (SEU, 2003).

Transportation Choice/Option Values

Option values, that is, the extent to which individuals have alternative options available to them, are further recognized as having a role when transport modes or infrastructure are either significantly diminished or improved (Geurs et al., 2009, p. 77). The concept is well known and applied within environmental economics, but has recently been extended into the field of transportation (Laird et al., 2009). Many of the empirical studies in this area attempt to measure transport option values by mode (e.g., Geurs et al., 2006; Roson, 2001), but as Laird et al. (2009, p. 178) observe, this field ‘is far from developed’ and the social distribution (for example income, age, class, race or gender) of these benefits or disbenefits are rarely considered.

Personal Safety and Security

Feelings of personal security and safety can also be associated with perceptions of reduced accessibility, although the literature often deals with
these issues in isolation from each other. This is particularly important in terms of accessing public transport, as crime and fear of crime affects people’s decisions to use public transport (Cozens et al., 2004; Loukaitou-Sideris et al., 2002; Smith, 2008; Yavuz and Welch, 2010). As Ligget et al. (2003) observe, the construction of a new public transport link can also heighten fears that crime will be increased in station neighbourhoods (for example from lower- to higher-income areas, though their research found no evidence of this in practice). The issues surrounding safety and security also relate to another social impact of transport: the aversion to particular forms of travel behaviour.

13.3 THE ACCESSIBILITY PLANNING RESPONSE

Lack of transport and physical isolation were strongly identified as concerns in the SEU’s early consultation exercises with key stakeholders and local residents in deprived areas. However, they were not initially an identified area for policy attention within the Neighbourhood Renewal Strategy (Social Exclusion Unit, 2001), which predominantly focused on the five areas of employment, education, health, housing and crime.

A dedicated study of transport and social exclusion eventually ensued (Social Exclusion Unit, 2003) with accessibility planning as one of its key policy recommendations. At its conception, accessibility planning was intended to sit alongside and directly complement and underpin other cross-governmental policy commitments to revitalize deprived communities (Social Exclusion Unit, 2001). The term was used by the SEU to describe a fairly simple process of:

1. Identification of problems with access to key local services, based on the ‘real-world’ activity needs of local people, identified through local consultations with residents and key delivery stakeholders within low-income neighbourhoods. The main focus was on access to employment, education and training, healthcare services and food shopping.

2. Assessment of the potential for the public transport network, including scheduling, routing, fare levels, information and safety to establish its connectivity with key destinations.

3. Negotiation with key delivery stakeholders: (i) local bus operators and community and voluntary transport providers to explore whether their services could be reorganized to address identified gaps in the network; (ii) employers, healthcare providers and other service managers to see if their delivery arrangements could be changed to better meet local people’s accessibility needs, for example by changing work...
shift patterns or surgery opening times or by offering a home delivery or virtual service or through the relocation of services;

4. Development of a joint local action plan to address any remaining local accessibility deficits and/or the unmet mobility needs of particular sectors of the local population.

As one of the authors of the 2003 SEU report, I can confirm that its focus on accessibility planning as a methodology for achieving greater social inclusion within the system of local public transport provision came about largely in the absence of any prior recognition of the academic discourse in this area. There was also little in-depth appreciation of the abundance of models, mapping tools and indices that had already been developed and applied in the measurement of accessibility.

This proved to be quite a crucial issue during the policy handover to the DfT, which sought to develop a much more rigid and systematic analytical approach to accessibility assessment and favoured the use of complex geographical information system (GIS)-based mapping tools for this purpose. Ultimately, the DfT’s ‘black box’ approach prevailed over the more qualitative and grounded approach to local problem identification envisaged by the SEU. In the opinion of a number of commentators of the implementation process at that time, this was its main weakness (Hodgson and Turner, 2003; DHC and University of Westminster, 2004; Grieco, 2006; Preston and Rajé, 2007; Preston, 2009), because it diverted attention away from the actual needs of disadvantaged populations and tended towards an overemphasis on ‘fixing’ the public transport system. This was in contravention of key theories of social exclusion which highlight the complex and multidimensional nature of the phenomenon and suggest the need for multilevel, multifaceted solutions which include the participation and involvement of affected individuals and communities (Levitas et al., 2007).

The SEU originally intended that accessibility planning would be a micro-level policy responsibility, primarily driven by the affected local communities themselves under the direction of the Local Strategic Partnerships\(^1\) (LSPs) that had already been established within each deprived neighbourhood to oversee their regeneration. An earlier study commissioned by the DfT (Lucas et al., 2002) had already trialled a study to find ways to factor in considerations of social exclusion to local transport planning in six deprived neighbourhoods. The SEU had intended a similar approach, thus ensuring that the identified needs of local people would be at the heart of the process and that accessibility considerations would be integral to other important aspects of the neighbourhood renewal process. However, the intention was thwarted by a
review of the capacities and capabilities of LSPs (Chatterjee et al., 2004), which recommended that many were struggling under the burden of their existing remits and could not realistically be expected to take on further responsibilities.

Reluctantly, therefore, responsibility for the local delivery of accessibility planning was passed to LTAs to lead instead. The problems with adopting this approach were numerous. Firstly, LTAs essentially operate at the subregional level of governance and have a predominantly strategic responsibility, whereas the social exclusion and neighbourhood renewal agenda is almost entirely (by its very nature) locally defined. Transport planners had hitherto systematically failed to engage with the transport concerns of local people in these areas, with very few notable exceptions (Lucas, 2004; Lucas et al., 2001). Secondly, by placing the main responsibility for accessibility planning with the transport policy sector, the policy remit tended to become too narrow, that is, the main emphasis tending towards local transport solutions rather than a broader set of integrated land-use and service delivery policies to improve access to jobs, training, healthcare, and so on. Thirdly, and related to the first and second points, policies and programmes would not be sufficiently targeted towards the identified needs of socially excluded groups and communities. Repeated studies with affected communities have identified that their main concerns were often not about public transport provision per se, but rather a wider set of issues including the cost of travel, fears for personal safety, personal skills and capacities, parochialism and low travel horizons, and discrimination (Church et al., 2000; TRaC, 2000, Lucas et al., 2001; Rajé, 2004), as well as wider land-use and local public policy failures in other sectors such as social housing, primary healthcare and social services (Lucas, 2004, 2006; Preston and Rajé, 2007).

13.4 FINDINGS FROM THE PILOT STUDIES FOR ACCESSIBILITY PLANNING

Responsibility for implementation of the SEU transport and social exclusion policy agenda passed to the DfT in mid-2003. It decided that further case study research with local transport authorities was necessary, in order to develop and test the implementation process with LTAs. The studies were also used to develop and test local performance indicators and GIS mapping tools and to inform the development of formal policy guidance on the methods and procedures LTAs should follow once national policy was in place (Department for Transport, 2006).
Pilot Study Methodology

Eight local transport authorities were chosen as pilot study areas, on the basis that they: (1) were willing; (2) had the capacity to participate in an intensive, 11-month, action-learning programme; and (3) had already demonstrated a strong interest in addressing transport-related social exclusion through their policy programmes. They were chosen to represent rural, urban and metropolitan areas and different regions. The studies were undertaken over an 11-month period between June 2003 and April 2004. They involved the establishment of local stakeholder groups, local accessibility assessments of key services, the development of local performance indicators and the development and (partial) delivery of a set of jointly owned (between key stakeholders) action plans. Consultants worked hand in hand with the pilot LTAs to help drive the process and offer practical help and support as and when this was needed.

The studies served to identify four crucial factors in the application of accessibility planning, some of which had the potential to undermine seriously the effectiveness of its delivery: (1) a lack of capacity to undertake robust and meaningful assessments of local accessibility to key services; (2) their unwillingness to adopt new policy practices; and (3) the lack of potential to deliver real improvements in the accessibility of key activities for socially excluded populations in the context of constrained funding scenarios; and (4) the inability of LTAs to identify and engage with socially excluded populations living in their areas.

Assessment capabilities

The need to develop the culture and practice of accessibility planning has been recognized for some time (for more on this see Halden, Chapter 14 in this volume) but until recently the necessary links between appropriate policies, analytical tools and techniques and data availability have proved elusive. For this reason, the DfT decided to commission MVA Consultants to design a bespoke GIS mapping tool for use by LTAs. It also provided them with the necessary geo-coded datasets to undertake detailed strategic and locally focused accessibility analyses of the public transport system, cycle and walking networks. One of the tasks of the pilot studies was to develop, test and make recommendations on a menu of local accessibility indicators and relevant datasets to assist in the identification of areas and individuals experiencing problems with access to key local services. Due to a number of problems during its development period, the tool was not available to test during the pilots. Subsequently, many LTAs reported considerable technical difficulties in undertaking accessibility assessments using the GIS mapping tool. They
have also demonstrated a great deal of variability in the quality of their outputs.

A number of critics of the method claim that overemphasis on ‘black-box’ accessibility mapping techniques has failed to embrace the subtle nuances of the social exclusion process. For example, Preston and Rajé (2007) identify that it has encouraged LTAs to deliver partial and piecemeal responses by encouraging a focus on small-scale local area interventions rather than encouraging a comprehensive overhaul of local transport planning. In many instances it has resulted in little more than accessibility maps which gather dust on the shelf with no meaningful actions initiated on the ground (Preston, 2009). So, whilst in theory the approach would appear to support the development of strategies that would systematically address the accessibility needs of a number of communities at the same time through an integrated strategy, this has largely not been realized in practice.

**Willingness to adopt new practices**

The pilot studies highlighted the tendency for inertia within local transport authorities. They found that even among highly supportive organizations, cross-sector working through accessibility planning can be perceived as threatening to established administrative structures, or simply a lower priority. Trying to open closed doors proved costly, time-consuming and in many cases unfruitful. The scope of the task was also enormous and onerous, particularly in engaging and negotiating with local communities and other key delivery stakeholders. Whereas the SEU had envisaged the multiple stakeholders within each LSP working together locally to deliver their own individual accessibility action plan, LTAs were effectively responsible for working with as many as 20 or more LSPs. Attempting to engage even with one sector (that is, health, education, employment, retail, housing) across all of these partnerships demanded a huge amount of officer time and attention, often spread across wide geographical areas and usually involving out-of-hours meetings and working in consultation with partners with whom they were not familiar, on issues they were not necessarily confident with.

The pilots also demonstrated huge variation in the capacity and skills of transport planners and other stakeholders to deliver accessibility planning. It is not surprising, therefore, that many officers retreated back into the familiar territory of ‘black box’ mapping assessments and other desk-based analyses rather than directly engage with communities themselves. Furthermore, the multidimensional approach that is required to achieve real changes on the ground demands multistakeholder collaborations which cut across the responsibilities of a number of different agencies,
most of which do not prioritize access to services as part of their own policy remit and so saw little reason to engage in the local action agenda.

**Barriers to delivery at the national level**
The real test of any policy instrument is its effectiveness in achieving its stated goals and objectives, in this instance improving access to a specific set of key destinations for an identified subset of the population, that is, those experiencing or at risk of social exclusion. As the pilot studies identified:

> Simply putting resources into developing accessibility plans will not be enough. Success will depend on the extent to which service planning and delivery are improved, and the effectiveness with which existing resources are used. An ongoing commitment is then needed to the accessibility planning process with continuing resources through sustainable and broadly based funding streams. Of particular importance in sustaining the process will be to ensure that the resources for plan development are sufficient to monitor, audit and sustain the process. (DHC and University of Westminster, 2004, p. 63)

One urgent priority for LTAs in this respect was that the impacts of unreliable bus networks were not being given sufficient weight by central government. In the UK, outside of Greater London, the majority of bus services are entirely deregulated and LTAs do not have a say in service routing, scheduling, timetable advertising or determining fares structures. They are allocated a small amount of grant funding to tender services where they deem them to be socially necessary, and also operate a nationally determined concessionary fares policy (see White, 2008 for a more detailed explanation of this). Both the SEU report and the DfT pilot studies identified an urgent need for a national-level bus policy and concessionary fares policy review based on the principles of an accessibility planning approach. This requirement has never been put into practice.

A second identified national-level issue was the lack of stable funding streams for instigating new local initiatives. Past experience with the introduction of new socially targeted transport services demonstrated that some funding could be drawn from existing single-sector budgets within health, education, social services and/or the voluntary sector and from cross-sector budgets such as for neighbourhood renewal. Nevertheless, this was often short term, heavily skewed towards capital expenditure and most usually targeted at supporting technical innovations. The pilot LTAs indicated that new ring-fenced funding opportunities were needed to allow them to develop lasting solutions to social transport provision in instances where commercial services were failing to provide adequate service levels. However, no additional funding was identified by central
government for the delivery of the accessibility planning action plans. This situation has worsened subsequently, due to the subsidy cutbacks that have been introduced across all public services in the UK under the Coalition Government’s new austerity measures, with local transport being particularly affected (*Local Transport Today*, 2010).

The above criticisms are largely concerned with the procedural difficulties that have been associated with the accessibility planning process in the UK. The next subsection draws attention to two key methodological difficulties that have emerged, specifically as a result of using the approach with socially excluded populations. It also makes some recommendations which may help in overcoming these difficulties.

**Lack of meaningful engagement**

A fourth criticism has been that, although the accessibility planning method which was adopted in the UK claimed to offer a people-centred and activity-based approach, in practice accessibility planning focused mainly on places and journey times. This meant that the actual experiences of affected individuals were not fully considered in the interventions that ensued (Hodgson and Turner, 2003; Rajé, 2004). The first problem was that broad assumptions were made within the local accessibility assessment that people would and could travel to the nearest or most travel-efficient employment location, hospital, school or shop, when in practice there may be a whole raft of reasons why they do not. This was largely a problem of the datasets that were used, which lacked any detailed local knowledge of the travel behaviours and location preferences of the local population, and could fairly easily be overcome with some dedicated local area household travel surveys (e.g., Jones and Wixey, 2008; Mackett et al., 2008; Preston and Rajé, 2007).

**13.5 A CASE STUDY CRITIQUE OF THE UK ACCESSIBILITY PLANNING APPROACH: THE MERSEYTRAVEL WORKWISE INITIATIVE**

Perhaps a more serious criticism of the accessibility planning method when considered in direct relation to the social exclusion agenda is that lack of transport (or lack of transport alone) is rarely the most important barrier to access socially excluded people face. For example, an evaluation study of the WorkWise programme in the Merseyside area of North West England identified that there may be other more important underlying considerations to bear in mind when thinking about accessibility from a social exclusion perspective (Lucas, 2011b). WorkWise Merseyside was
established in January 2007 through Objective 1 European Regeneration and Development Funding (EDRF) and continued until December 2010. The WorkWise initiative offered job-seekers a seamless service to help them overcome transport and accessibility difficulties (actual and/or perceived) when making the transition from welfare to work. In particular, it allocated free travel passes, travel planning advice and travel training to people who had already been made an employment offer. The bus passes were designed to cover the full cost of their travel in the first month of employment, when clients are no longer eligible for benefits but have not yet received their first month’s wages. Most often, neighbourhood travel officers work alongside job recruitment officers within employment centres to offer clients a seamless service at the point of delivery.

The Merseyside evaluation study aimed to offer insights into the more intangible social benefits of providing outreach to support ‘hard-to-help’ groups in finding work. It also aimed to demonstrate the successful approaches that were used to engage with a wide range of unemployed and workless persons in this respect. The study was undertaken over a 12-month period and involved analysis of client datasets collected by the local neighbourhood travel offices and follow-up qualitative interviews with neighbourhood travel officers in each of the five areas of the study.

One key finding of the study was that lack of confidence with the use of public transport combined with the low travel horizons of many socially excluded individuals caused by their spatial isolation and very locally contained travel patterns can lead to misconceptions about the distance and complexity of even relatively local journeys. Another widely overlooked issue was that many of the people who experience social exclusion have a combination of educational, cognitive and lifestyle barriers to overcome before they can be inserted (back) into society, which can also act to undermine their ability to cope with the public transport system.

This is not to suggest that accessibility is not an important precondition for the enhanced social participation of excluded population groups. However, it demonstrates that accessibility analyses must reach beyond ‘black box’ technical assessments to include consideration of a much wider range of cultural, lifestyle and experiential barriers to transport uptake identified by the people who are affected, if projects are to work effectively in the social exclusion policy arena.

13.6 CONCLUSIONS

This chapter has presented a number of methodological issues and challenges for accessibility planning approach, as it has been applied within
the UK context. It suggests that emphasis on oversimplified GIS-based methods for the assessment of accessibility have tended to underplay the complexity of the lived travel experiences of socially excluded individuals, and have overlooked other important barriers to the take-up of the potentially life-enhancing opportunities that are potentially available to them outside of their immediate local neighbourhoods.

I suggest that to understand and address more fully the myriad difficulties that transport-excluded individuals face in accessing key facilities, transport planners and policy-makers need to undertake complimentary community consultations and develop participatory survey techniques with a particular emphasis on engaging ‘hard-to-reach’ and excluded groups and communities. This is not to undermine the very important role that ‘real-time’, public transport accessibility assessments can play in negotiating this agenda with other key stakeholder agencies, and representatives of affected social groups and communities. For example, in the UK DfT accessibility pilot studies (DHC and University of Westminster, 2004), GIS-based maps often acted as the starting point for entering into discussions about gaps in services and how best to meet these.

I would argue that accessibility assessment can provide a useful way to begin a process of dialogue about locally appropriate responses to different transport and accessibility needs and actual or perceived barriers to travel. However, my research has shown that even the best geo-coded datasets will tend to overlook important exclusionary criteria such as travel cost and, more importantly, its affordability relative to income; people’s ability to understand travel information; and/or their confidence with using public transport and/or travelling outside their immediate neighbourhoods.

I have identified that other overlooked factors include correct identification of opening and closing times for desired activities and the ‘windows of opportunity’ that are available for undertaking them, and the quality of the service provided at each activity location, which might make it more or less desirable as an activity centre. Representation of home delivery, mobile services and neighbourhood visits (for example by doctor’s surgeries, post offices, and so on) can also prove to be elusive. Care is also needed to ensure that attempts to simplify the calculations do not change what is being measured. By limiting calculations to the nearest school or hospital with time or cost thresholds, less complex measures can be calculated, but in practice people often do not (and cannot) use their nearest available facility because of closed registers, selection criteria and/or their perceived lower service quality.

It is my belief that, ultimately, these issues can only be addressed with: (1) a good understanding of the transport needs, capabilities and
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resources of socially excluded populations; and (2) detailed knowledge of the local areas in which they currently carry out their activities, as well as the locations where new activity opportunities are planned. In my view, accessibility assessments should always be subject to ‘reality tests’ with both the targeted policy audience and other local ‘experts’ and stakeholder groups. Finally, it is important to remember that inaccessibility is only part of and not the total explanation for transport-related social exclusion, and so improving accessibility will only ever be part of the solution.

NOTES

1. LSPs are officially registered local bodies made up of the local authority and a number of local government organizations, other public bodies, voluntary and community agencies, and private sector organizations and key local delivery agencies, with a devolved responsibility of working together to promote the regeneration and improved economic performance of designated low-income neighbourhoods. They have the right to determine local policy and responsibilities over the allocation of central-to-local government funding in these designated areas.


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