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TRANSPORT AND SOCIAL EXCLUSION: THE UK PERSPECTIVE

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Introduction

This paper looks at the links between social exclusion and transport as they are understood in the UK context and describes how policy is aiming to address the issues identified and deliver a more inclusive system of transport. It is based on three key related pieces of research by the author. The first of these was a qualitative scoping study for the Joseph Rowntree Foundation, a charitable organisation in the UK. The research aimed to identify the social and environmental concerns of disadvantaged groups and communities in relation to transport (Lucas et al, 2001). The second was an action research project for the Department of Transport, examining ways to factor consideration of social exclusion into local transport planning (Lucas (ed.), 2001). The third is an ongoing study for the Government's Social Exclusion Unit, which aims to make the links between transport policy and delivery of the wider UK welfare agenda (due to report late 2002 early 2003).

Understanding social exclusion as a policy concept

Social exclusion is said to arise from a set of inter-relational processes, originating from fundamental structural changes within society. This results in systematically induced changes to the social order and the creation of new social boundaries. Some groups are prevented from forming the new kinds of social relationships essential to realising full participation in the new social structure (Manipour, Cars & Allen, 1998).

The concept relates specifically to the values, processes and actions of key delivery agencies, organisations and institutions within any given society. These have the effect of systematically excluding certain individuals, groups or communities from the benefits of their policy decisions and practices. The implication of this conceptualisation of the problem is that the emphasis of resolution primarily rests with the social agencies that are responsible for policy delivery, rather than the individuals affected.

The policy agenda has both a practical and moral dimension. From a practical point of view, governments must identify ways in which they can successfully intervene to ensure greater participation by and inclusion of socially disadvantaged groups within society. Morally, there are decisions to be made over the type of behaviour and values that should be valorised within that society and the extent to which the State should intervene

to protect individual, groups and communities against certain prevalent negative values which could disadvantage them, such as racism, sexism, homophobia.

It should be noted that social exclusion is distinguished from poverty per se, being socially excluded is not reducible to being poor.. The latter is usually defined largely in terms of a lack of income or material resources, whereas the former adopts a wider concept to embrace the ways in which people are effectively 'locked out' of the social, economic and political mainstream (Parkinson, 1998). Nevertheless, material deprivation and lack of income are important aspects of most approaches to social exclusion, and the concept has resonance with earlier debates on the nature and causes of poverty.

Identifying the extent and intensity of the problem

There is an ongoing debate over the best way to define and measure social exclusion, as well as argument over the most appropriate method for identifying and targeting deprived areas. Over the past century, a variety of methods have been applied to describe the condition and extent of poverty in the UK. At the turn of the 20th century, Seebohm Rowntree used a subsistence level to define the poor as those unable to afford the necessities to maintain physical efficiency. In the 1960s and 70s, Townsend's definition was based on the resources sufficient to enable individuals or households to participate in activities customary in the societies to which they belong, without which they are "*excluded from ordinary living patterns, customs and activities*" (Townsend, 1979:31). Other approaches have looked at the transmission of deprivation through generations of the same families over time.

Currently, the Department for Work and Pensions uses a measure of households below sixty percent of average income, both before and after housing costs, as signifying the UK poverty line. Its latest report (ONS, 2002) finds that overall the percentage of households living on low-incomes under this definition have shown little sign of consistent change since 1994, despite significant income growth for the overall population over the same period.

In 2000/1, there were 12.9 million people living in households with below 60% of the median net disposable household income after housing costs (approximately 20% of the total population). Of these, 3.9 million were children, 6.6 million were adults of working age and 2.3 million pensioners. It is important to note, however, that not all these people will necessarily experience social exclusion, especially if their low income levels are only maintained over a short period of time. Conversely, people on relatively high incomes can be excluded from participating in essential activities for reasons of racism, homophobia and sexism, for example.

Since 1998, the New Policy's Institute has undertaken an annual monitoring exercise to evaluate the condition of social exclusion in Britain. Their work is designed to show the direction of change in the severity of poverty and exclusion in terms of lack of financial resources and a wide range of other factors generally attributed to severe and chronic disadvantage, such as a lack of work, poor educational qualifications, unsafe neighbourhoods and inadequate housing. Their method is particularly useful in that it includes indicators of the geographical spread of poverty and exclusion through the use of Geographical Information Systems (Howarth et al, 1998; 1999, 2000).

In 1998, the London Research Centre developed a local authority wide and ward-based Index of Local Deprivation for the Government, using data from the 1991 Census. This was revised in 2000 by Oxford University's Department of Sociology and Social Policy, to take account of more up to date information on income, employment status, health, housing conditions, educational attainment and level of access to key services. Deprived neighbourhoods are identified in association with these key indicators of social exclusion on a ranked score basis, with the 88 most deprived local authorities and/or the 10% most deprived wards qualifying for special Government funding measures.

Tackling social exclusion in the UK

Addressing social exclusion became a central policy concern in the UK following the election of a Labour government in May 1997. The Government has taken a two-pronged approach to tackling the linked problems it associates with social exclusion, namely high unemployment, poor skills, low incomes, bad health, high crime environments, poor housing conditions and family breakdown. On the one hand the policy focus has been on addressing the problems of individuals through a variety of mechanisms including:

- A revised and revitalised 'Welfare to Work' programme including New Deal for Employment, Sure Start and low-wage tax credit top-up incentives;
- Policies to improve educational attainment in schools and encourage increased participation in post-16 education;
- Programmes designed to address specific problems, such as teenage pregnancy and rough sleeping and re-offending by ex-prosperers.

On the other hand, and designed to compliment this approach, it has introduced an area-based programme to address the poor physical condition and service delivery problems of Britain's most deprived neighbourhoods, as identified by the Index of Local Deprivation 2000.

In August 1997, the Social Exclusion Unit (SEU) was established to assist in the development and delivery of this policy agenda. The main aims of the Unit are to:

- improve understanding of the key characteristics of social exclusion and the impact of government policies on it;
- promote solutions to the problems associated with social exclusion by encouraging co-operation across departments, disseminating best practice and making recommendations for changes in policies, machinery or delivery mechanisms, where necessary.

The Social Exclusion Unit's (SEU) first report, *Bringing Britain Together* (SEU, 1998), announced a programme of investigation into the multiple problems facing people living on *Britain's worst estates*. The report recognised that many of the problems experienced by traditionally excluded groups and individuals are exacerbated by gaps in the policy and service delivery system at the local level.

Eighteen Policy Action Teams (PATs) were appointed with a remit to spend approximately twelve months examining practical ways to address the problems of deprived neighbourhoods. Each team comprised ministers and officers drawn from

across relevant policy areas (e.g. Departments of Trade and Industry, Social Security, Education and Employment, Environment, Transport and the Regions and Health and the Cabinet Office, the Home Office, HM Treasury). It was hoped that cross-departmental working would encourage *joined-up thinking* and help to ensure that policy gaps and conflicts between the different agendas of each Department would be identified. People working outside central government in a variety of sectors were also recruited to each team (e.g. local government, the business community, the voluntary sector, the police, probation services, Area Health Authorities etc.) to ensure a broad spectrum of views and experiences were brought to the work.

The PATs reported their findings to the SEU during 1999 and 2000 and the Unit announced a programme of local delivery to address the problems that had been identified, now commonly referred to as the *National Strategy for Neighbourhood Renewal* (SEU, 2001).

Recognition of transport as a policy problem

The *Bringing Britain Together* report had noted that physical isolation was a regular feature of many of England's poorest neighbourhoods and identified that many estates had become effective “*no go areas*” for services and deliveries and “*no exit areas*” for the people living on them. The report also found that numerous deprived neighbourhoods lacked the basic public and private services which others take for granted, for example local food stores, health services, banks. This, combined with low car ownership and inadequate public transport provision, meant that many of the people living in these areas would be suffering from an 'accessibility deficit', which could be contributing to their social exclusion.

Despite this early recognition of transport as a potential delivery problem, it was not specifically identified as part of the study remit for the PAT enquiries. Nevertheless, a number of the PATs did identify transport problems in the areas they visited and suggested that transport improvements could help to promote access to key services in these areas, however, no transport recommendations were put forward within the *National Strategy for Neighbourhood Renewal*.

UK transport policy was also largely unconcerned with the social distribution of transport provision or with a need to address delivery failure within deprived neighbourhoods at this time. In line with the new national policy agenda, the *White Paper on Transport* (DETR, 1998) recognised for the first time that transport policies could be exacerbating the social exclusion of certain groups and communities. It announced that a new national framework for producing a fairer and more inclusive system of transport would be set in motion by the 10 Year Transport Plan.

Making the links between transport and social exclusion

Dating as far back as the early 1970s, numerous researchers have been drawing attention to social inequities arising from transport delivery in the UK, (e.g. Hillman 1976; Goodwin, 1990; Greico, 1995). Others have examined the problems and concerns of different disadvantaged groups (e.g. Hamilton et al, 1991 and Root et al, 2000 - on women; Cahill et al, 1996 – on children; Noble, 2000 – on older people) or of people

Table 1: Synthesis of the key transport concerns of disadvantaged groups and communities

	Children 5-11	Young people 12-18	Job seekers	Black and minority ethnic	Lone parents (women)	Disabled people	Older people	Rural dwellers	Urban dwellers
No car		**	***	***	*			***	*
Cost of motoring		*	*	*	*			**	
No/poor PT		*	***		*	***	**	***	**
PT access difficulties	*				***	***	***		
PT reliability			***			*			**
Personal security	**	***		***	**	***	***		***
Cost of fares		**	**		**	*	*	**	**
Driver attitudes	**	***		***	**	***	***		
Lack of information			**	***					**
Accidents (fear of)	***				***		***	*	***
Pollution/ health concerns	***			*	***				**
Reduced opportunities	***	***	***	***	***	***	***	***	***

living in disadvantaged communities (e.g. Stewart, 1999 – women and children living in Deptford, London; Davis and Ridge, 1997 – children living in rural communities). Between 1998 and 2000, the Department for Transport's (previously DETR to 1999 and DTLR to 2002) Mobility and Inclusion Unit also commissioned a series of studies on the specific transport concerns of different groups (e.g. DETR, 1999; DETR, 2000).

Most of these earlier studies tended towards identification of the transport problems of different disadvantaged groups and areas, an overview of the findings of these studies is represented in Table 1. Most of this research has been predominantly qualitative in their methodology and so does not identify the extent and severity of the problem within neighbourhoods or for the UK as a whole. These studies have not tended to make evident the consequence of poor transport in terms of the wider social exclusion agenda, i.e. people's inability to access work, learning, health care and other basic services and amenities.

From about 1999, however, several studies began to examine the interactions between transport provision and social exclusion (e.g. Church and Frost, 1999; TRaC, 2000; Lucas et al 2001). Other studies were also making visible the links between transport policy and other areas of welfare delivery, such as health (Hamer, 1999) and employment (Institute of Employment Research, 1999). The Government's Social Exclusion Unit (SEU) picked up on this area of enquiry and initiated a study to make evident the links between transport and social exclusion. The Unit published its interim findings earlier this year, reporting that:

- Transport can be a significant barrier to accessing work – 2 out of 5 job seekers say that lack of transport is a barrier to getting a job;
- Poor transport is linked to young people dropping out of college – 47 percent of 16-18 year olds experience difficulties with the cost of transport to college;
- Getting to hospital is particularly difficult for people relying on public transport – 31 per cent without cars have problems getting to their local hospital compared with 17 per cent with a car;
- Poor transport affects people's participation in a range of other activities – 16 per cent of people without cars find it difficult to get to a supermarket. 18 per cent of people without a car find it difficult to visit friends and family, this particularly affects quality of life for older people;
- There is a clear link between social class and road traffic accidents and exposure to air and noise pollution from road traffic.

(SEU, 2002)

The Unit recommended that these outcomes have clear implications for a number of other areas of Government policy, most notably those encouraging welfare into work, reducing health inequalities, raising educational attainment and participation in post-16 education, crime reduction and neighbourhood renewal. The report identified three key transport related phenomena which contribute to social exclusion, namely:

- Land use planning and local service delivery,
- Transport poverty, and
- The negative impacts of road traffic.

What is the problem?

In recent years, there has been dramatic growth in both vehicle numbers and the distances driven, so much so that car ownership is now the norm within most households. While most people have benefited from the wider availability of cars the travel choices of people without cars have been gradually eroded, whilst at the same time the need to be more mobile has increased.

The problem of transport and social exclusion relates to a number of linked and mutually reinforcing phenomena, namely:

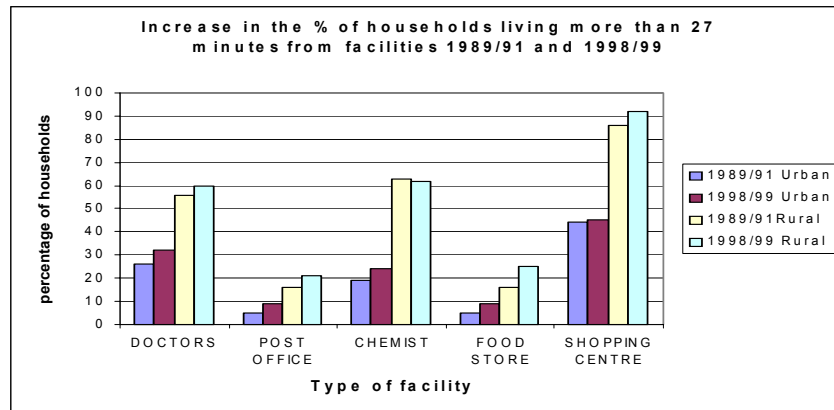
- Dispersed land uses
- Draining away of local services and high crime in deprived areas
- Low car availability in low-income households
- Declining public transport services
- Rising cost of transport and income constraints
- Exposure to pollution and accidents
- The combination effect

These are described more fully in the following sections:

Dispersed land use patterns

Rising car ownership combined with other economic and socio-demographic changes in our society, has meant an increasing shift of both populations and our industrial and economic activities from the centre of cities to edge-of-town or out-of-town developments. This has encouraged more dispersed land use patterns and travel intensive lifestyles and participation in an increasing proportion of education, employment, commercial and other activities is now virtually impossible without a car (Hay & Trinder, 1991).

Figure 1: Increased distance of local facilities in urban and rural areas 1991-1999



Source: National Travel Survey 1989/91 and 1998/99

The National Travel Survey illustrates that, in both urban and rural areas, people are having to travel further in order to access basic goods and services. There has been a significant decline in the proportion of households living close to a local food store, from 68% to 57% within 6 minutes walk and 5% had to walk more than 26 minutes in 1998, up from 3% in 1989/91.

Traditional labour markets, such as manufacturing, mining and farming, have declined and there is now less employment opportunity in many areas of the UK. Technological developments have also served to change long-established working geographies, with new employment opportunities springing up in different locations, demanding different skills and offering a more dispersed employment patterns than the more traditional industries.

Hospitals services have also been rationalised into fewer, larger units serving wide areas and often located in places that are difficult to reach without a car (Murray, 1998). A recent ONS Omnibus Survey conducted on behalf of the SEU (SEU, 2002) identified that:

- 15% of respondents say they have difficulty getting to hospital
- 6% say they have difficulty getting to doctor's surgery
- 5% have difficulty getting to the dentist.

Changes in food retailing practices have resulted in the number of shops falling by about 50% in the last 20 years; the growth of large hyper-markets allow the benefits of cheaper food and the convenience of car-borne but often result in less choice in price and quality to the already disadvantaged (Elkins et al, 1991).

Draining away of local services

The extreme 'flight' of local services from many areas of deprivation has exacerbated the problem of poor accessibility for people living in these areas (Hutton, W. 1996). Many deprived communities now lack even basic amenities such as a general food store, or a GP surgery. The facilities that are available are often of poor quality and the goods they

provide can be over-priced. High crime and fear of crime in these areas make them unattractive to businesses and customers alike and help to fuel the decline (SEU, 1998).

The SEU's Policy Action Team on Jobs found a general lack of suitable local jobs within the deprived neighbourhoods visited. However, there was rarely a lack of jobs within reasonable travelling distance of these areas, but these were not necessarily taken up by unemployed people in the area. A variety of reasons for this were offered, including a lack of skills amongst the resident population but also poor transport links and/or a reluctance to travel out of the area of residence were identified.

The Government's Neighbourhood Renewal Unit note that Kingston and Richmond have 50 per cent more GPs than Barnsley and Sunderland (adjusting for age and needs), yet Barnsley and Sunderland are likely to have far fewer people with access to car given their income levels. This means that those in the greatest need of medical help are often least able to access it.

The majority of shops serving people living in deprived neighbourhoods and remote rural areas are small, independent, convenience stores. The number of such stores declined by almost 40% between 1986 and 1997 (DoH, 2000). PAT 13 identifies that the three main reasons for the closure of these independent local stores are:

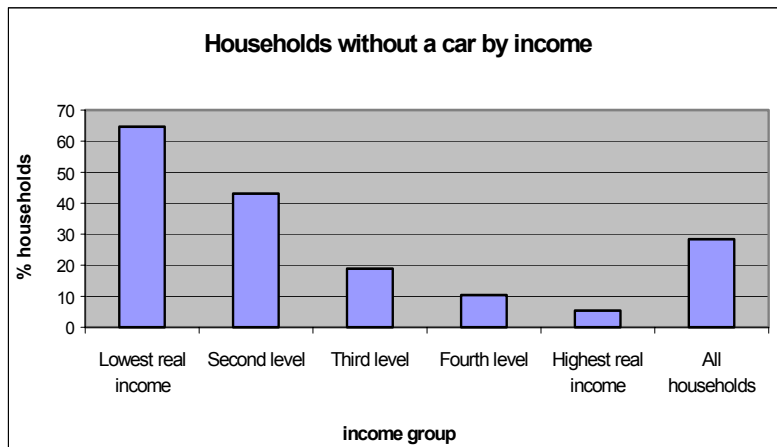
- falling local demand
- competition
- crime and the treat of crime.

As a result of the combination of these wider land use patterns and service delivery trends, people in deprived communities are increasingly forced to travel outside their local areas in order to access basic facilities or to rely on diminishing, inadequate and often more expensive local services.

Low car availability

However, the majority of people from low income and disadvantaged groups do not own or have regular access to a car. In 2002, 63% of people in the lowest income households in the UK did not have access to a car, compared to only 27% for the population as a whole.

Figure 2: Car ownership by income quintile 2000

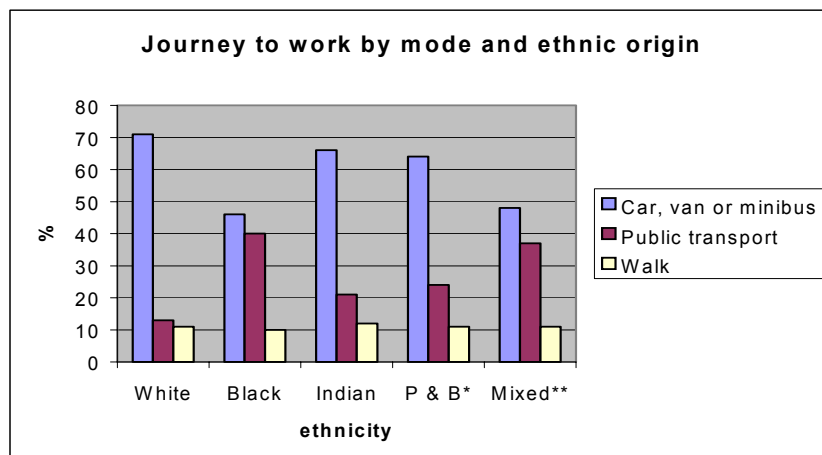


Source: National Travel Survey

Socially disadvantaged groups, such as lone parents, minority ethnic groups, older people and children are over-represented within low-income households and, thus, also have much lower access to cars than the average population.

A question on ethnic origin was only added into the NTS in 2001 and so data is not yet available on this, but it is possible to identify the main mode of transport to work by ethnic origin from the UK Labour Force Survey. This demonstrates that people from all minority ethnic groups in the UK, but particularly people from black and mixed ethnic origins, are less likely to drive to work than their white counterparts.

Figure 3: Journey to work by ethnic origin 2000



* Pakistani and Bangladeshi

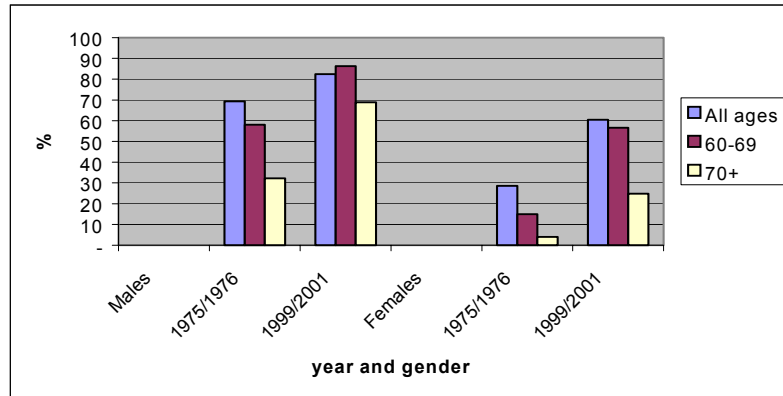
** Mixed and other origins

Source: Labour Force Survey

Women, particularly older women, are also less likely to have access to a car or to be the main driver in one car households. Less women than men, across all age bands but most markedly over the age of 60, hold driving licenses, although this has continued to increase and is twice as high as in 1970. Partly, because women tend to live longer

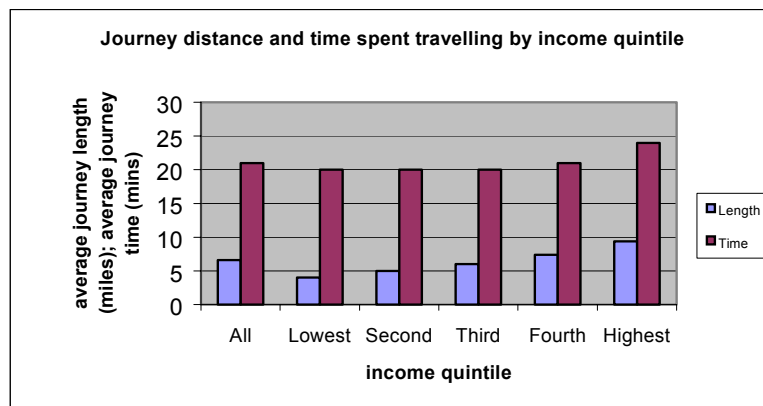
than men there are also more women who experience mobility difficulties than men, making it difficult for them to use public transport and more reliant on lifts from friends and families.

Figure 4: Driving licence by age and gender 1970-2001



People without cars usually take more time, expend greater effort, and pay a higher marginal cost to reach the same destinations as people with cars. This may explain the shorter distances they travel and would suggest they are less able to access the full range of services and amenities available to car drivers.

Figure 5: Journey distance and time by income quintile



Source: National Travel Survey 2001/2

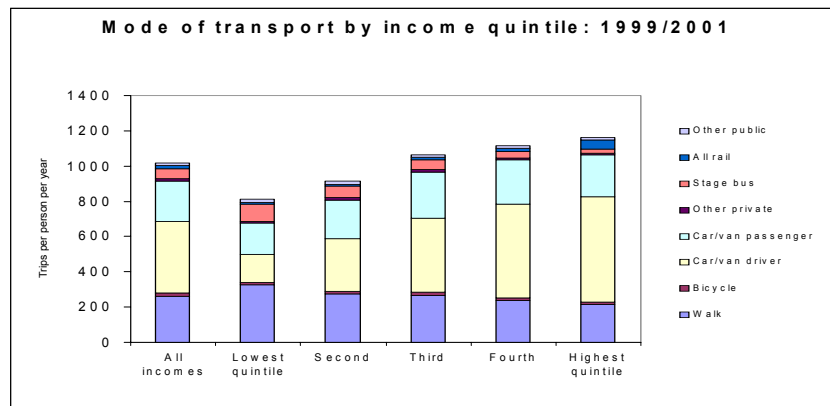
Analysis of UK travel data along socio-economic lines demonstrates that people in lower income households make much shorter trips and also travel less often than people in high income households. However, despite the much shorter distances travelled, the time spent making these trips is almost the same.

Declining public transport services

The car accounts for the vast majority of the travel of **all** income groups (see Table 2). This high dependency on car use even amongst low-income households suggests that public transport is generally inadequate to the mobility and accessibility requirements of

a modern society and that even those on low income will go out of they way to own or gain access to a car.

Figure 6: Average distance travelled per person per annum by mode of transport and level of household income



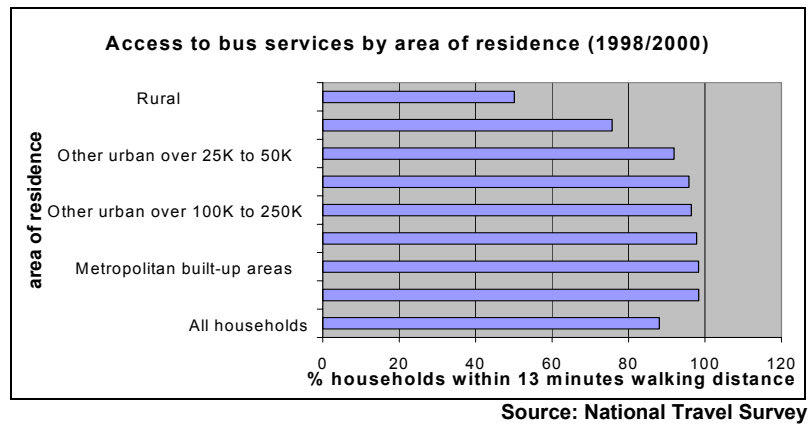
Source: National Travel Survey 1998/9

This is because, as car ownership has grown, there has been a related decline in public transport patronage accompanied by deterioration in the frequency, reliability and quality of services. In many areas, deregulation has resulted in monopolies as the bigger operators have swallowed up the smaller companies that won first round tenders. In the absence of competition, services are run to meet minimum standards and non-commercial routes are often abandoned altogether or at certain time of the day.

Some deprived neighbourhoods have become effective 'no go' areas for public transport services, drivers refuse to operate routes because of fear for their personal safety and they are withdrawn. In many parts of the country, even in urban areas, bus services stop at 6pm and there are no Sunday services. Many public transport vehicles are old, badly designed and poorly maintained, as such elderly, mobility-impaired people and those with pushchairs or carrying heavy luggage find them difficult to access. Women and other vulnerable users fear for their safety in the absence of conductors on buses and because of inadequate staffing at stations and will either not use public transport at all or avoid it at night (Hamilton et al, 1999).

Although approximately 87% of people live within 13 minutes walk (about a mile) of an hourly day time bus service, in some parts of rural England that figure is as low as 36%. There are also many people in urban area, for example, those living on peripheral estates, that do not have access to regular bus services.

Figure 7: Access to bus services by area type



Only 19% of the population live within 13 minutes walk of a local train station, although this also differs for different parts of the country, rising to 57% in London and falling as to 6% for rural England.

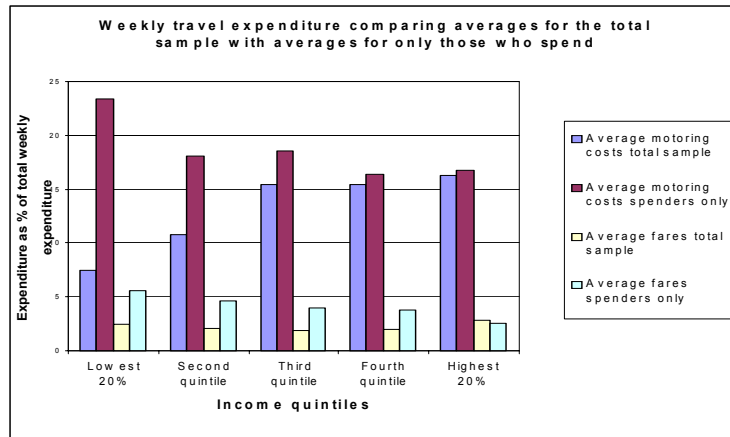
Using the distance to public transport as a measure of service availability is also highly flawed and serves to mask the reality of people's actual experience. For example, it says nothing about the frequency, reliability, safety or quality of the service or whether routes match people's accessibility needs in terms of coverage and operating times. Many vehicles are also not adapted to carry people with disabilities or mobility difficulties and are inaccessible for people with pushchairs, thus rendering them useless as a transport option for these groups. They also offer no indication of the cost of travel to the individual, both in terms of fares and journey times.

Rising costs and income constraints

Poverty is an over-riding factor in social exclusion and for this reason the cost of travel is a key issue across all the social groups that are affected. Although poor people spend less on travel than the rest of the population, this accounts for a far greater proportion of their income.

A recent study for the Joseph Rowntree Foundation found that expenditure on motoring accounts for 24% of the total household expenditure of car drivers in the lowest income group (Lucas et al, 2001).

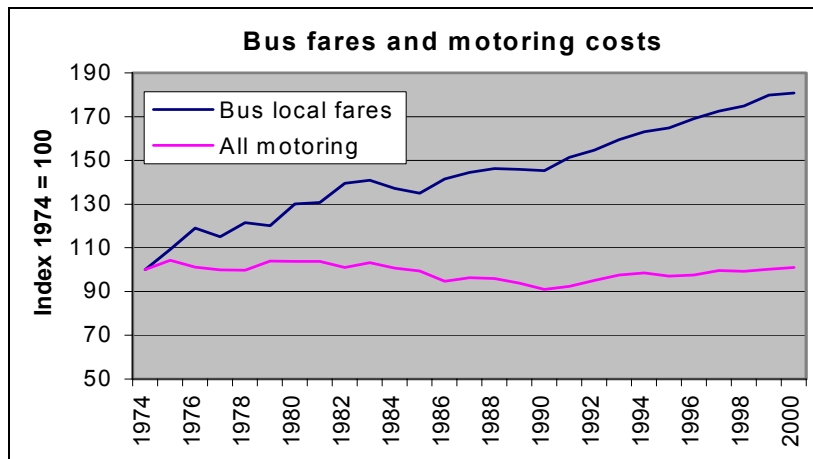
Figure 8: Weekly travel expenditure by income quintile



Source: Family Expenditure Survey 1998/99

The rising cost of public transport fares in the UK has made the cost prohibitive for many low-income households. This has also served to make the car a more affordable and attractive option even for people on very low incomes.

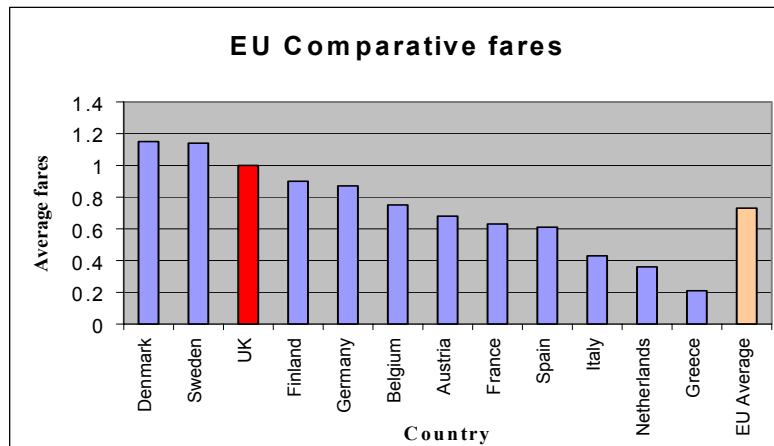
Figure 9: Bus fares and motoring costs 1974-2000



Source: SEU 2002

These are far higher than in most other EU countries and outstrip the EU average.

Figure 10: EU Comparative fares (euros)



Often this means that people on low incomes simply cannot afford to get to the places they need to go, whether this is to work, or to the hospital or the shops. At other times, it means that have to walk unreasonably long distances, and often in unfavourable and stressful circumstances to carry out their daily activities. This can inhibit the geographical extent of job search activities and work travel patterns, while time constraints are identified as particularly important for women, given the ‘double burden’ of their domestic role and employment responsibilities (TRaC, 2000).

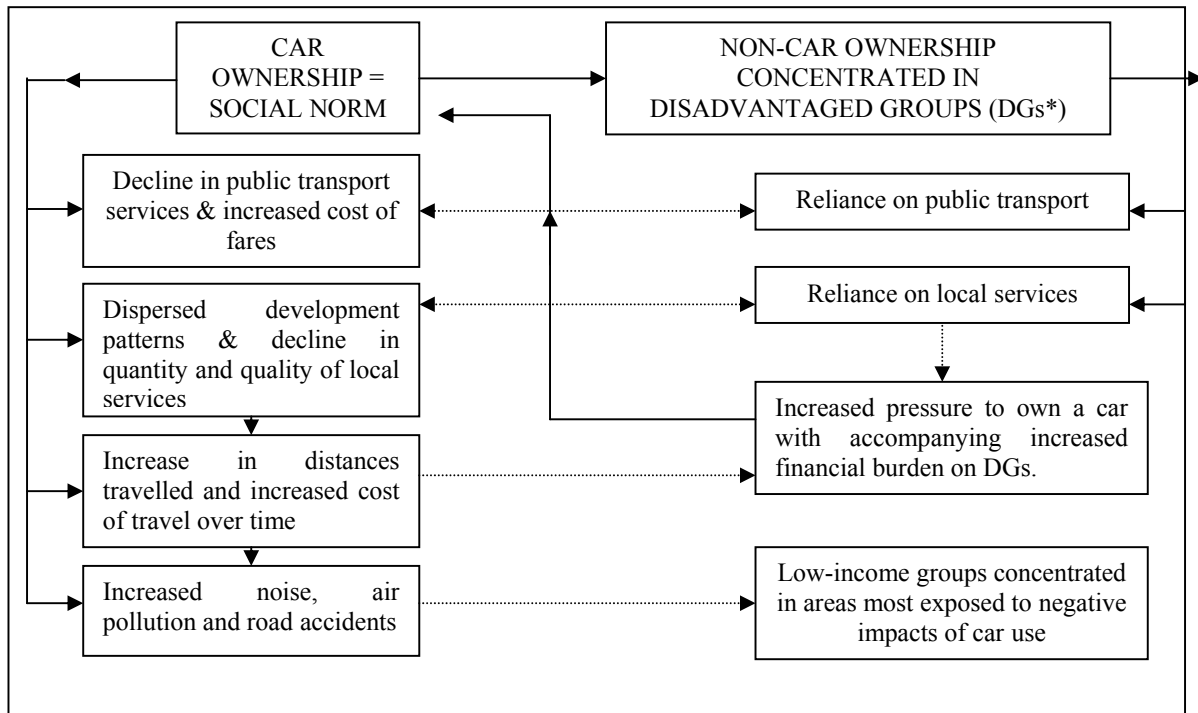
Exposure to accidents and pollution

On average, poor people undertake nearly double the walking trips of the rest of the population. They are also much more likely to live in urban areas near busy roads and as such are far more exposed to pedestrian accidents and traffic pollution. Children in social class V are five times more likely to be involved in a road accident as pedestrians than those in social classes I and II. Poor people are also more likely to be exposed to air and noise pollution (SEU, 2002).

The combination effect

Over time the interaction between changing land use patterns, poor access to adequate transport and high exposure to the externalities of road traffic combine to create an ‘accessibility deficit’ amongst many low income and excluded groups. This serves to effectively lock them out of the activities that support a reasonable quality of life and thus both contributes to and reinforces their social exclusion.

Fig 11: Dynamics of diminishing accessibility



*DGs = as identified by the previous sections of this paper.

Why does this matter to social exclusion?

The SEU (2002) finds that these land use and transport problems contribute to social exclusion in two ways; reduced accessibility to key services impedes full participation in everyday activities and the disproportionate negative impact of road traffic on deprived groups and communities undermines their physical well-being. This has a cost not only for the individuals that are affected and the vibrancy of the communities in which they live, but also for the wider economy and the State.

A lack of transport means that individuals can become cut off from employment and education and training opportunities, perpetuating their low skills base and inability to secure a living wage. Poor access to healthy affordable food, primary and secondary health care and social services exacerbates the health inequalities that are already evident amongst low income groups, further reducing their life chances. People can become housebound, isolated and cut off from friends, family and other social networks. This can seriously undermine their quality of life and, in extreme circumstances may lead to social alienation, disengagement and, thus, undermine social cohesion.

Poor transport links and polluted and unsafe walking and waiting environments reduces social and economic activity within deprived communities. There can be knock-on effects in terms of crime and anti-social behaviour, with implications for personal safety and the more general desirability of these areas. Businesses suffer from the lost of custom and this encourage the flight of services from these areas and a reduced local

employment base. Poor accessibility into and out of many deprived areas also discourages inward investment and leaves them abandoned and isolated.

In turn, cost the State in terms of higher welfare payments and reduced tax contributions. They also serve to undermine the wider social policy agenda in terms of reducing unemployment, improving educational attainment, reducing health inequalities and regenerating Britain's poorest neighbourhoods.

Welfare to work

Young men with driving licenses are twice as likely to get a job than those without (Stafford et al, 1999) and the Audit Commission (1999) has identified that 38 per cent of job seekers cited lack of a car and/or poor public transport as a barrier to getting work.

In a recent ONS Omnibus survey carried out for the SEU, 13 per cent of people said that they had not applied for a job in the past year because of poor transport, The figure rose to 18 per cent in deprived areas (as identified by the Index of Multiple Deprivation 2000) and 25 per cent for 16 to 18 year olds.

The high cost of transport relative to wages also acts as a barrier to getting people from welfare into work in some cases. Evaluation of the UK welfare to work programme identified that 14 per cent of lone parents were prevented from taking up employment because they couldn't afford the cost of transport to work (Green et al, 2000).

Educational attainment

In 1999, only 24% of 16 year olds in the most disadvantaged schools gained 5 or more GCSE A-C compared with the national average of 46%. At Key Stage 2, 54% of pupils in disadvantaged areas reached level 4 in Maths and English, compared with 69% and 70% respectively for the national average (DfEE, 2000).

Part of the problem is that children living in deprived areas usually attend the nearest school to their home because of a lack of available transport and a legacy of home to school transport policies. These only provide free school travel for journeys over three miles and only then providing the student attends the nearest suitable school. Parents on low incomes are unable to move house in order for their children to gain access to a better school and cannot afford the travel costs of sending them further afield. A survey of parents choosing secondary schools showed that those living in rented sector housing are one and a half times more likely to cite travel inconvenience as a reason for their selection than owner-occupiers (Sheffield Hallam University and ONS, 2001).

Adults in deprived areas are also likely to have low levels of qualifications and low basic skills and this can serve to undermine the educational achievement of their children. This is why good access to continuing and adult education facilities can be a crucial factor in enhancing the life chances and employability of both present and future generations. Education facilities in the UK are usually situated in places that are difficult and expensive to reach by public transport and many young people are unable to drive and do not usually receive assistance with the cost of their travel.

Callender (1999), identifies travel costs as the biggest expenditure associated with post-16 education and found that one in every five students had considered dropping out of

their studies because of the burden of these costs. Six per cent of students have missed college at some point during the academic year because they could not afford the cost of transport. Six per cent of 16 – 24 year olds have turned down the offer of training or further education because they are unable to get to the educational establishment offering them a place.

Reducing health inequalities

Poor access to health care facilities, brought about by both poor transport availability, a lack of primary health care facilities in deprived area and the location of hospital facilities in places that are hard to reach by public transport, can result in missed appointments. This can mean that illnesses are not discovered or treated so quickly, with an implication for the success and cost of certain treatments.

Poor access to healthy affordable food and a reduced ability to socialise and visit friends and family can also act to reinforce and perpetuate ill-health. This, combined with the disproportionate impact of road traffic accidents and poor air quality on low-income groups all contribute to continuing health inequalities in the UK.

A recent ONS Omnibus Survey found that around 31 per cent of people without access to cars in the UK find it difficult to travel to hospital and 7 per cent of them had turned down appointments in the last year because of a lack of transport (SEU, 2002). A third of older people attending doctors and health care centres in London experienced difficulties getting there.

How has this situation occurred?

It is possible to identify a number of key factors that have contributed to the problems that have been identified, namely:

- Poor recognition and analysis of the problem
- Uncoordinated and 'piecemeal' policy responses
- Failure to apply a 'whole systems' approach
- Deregulation and regulatory barriers
- Under-funding and poorly targeted resources

These will be discussed in the sections that follow.

Poor recognition and analysis of the problem

In large part the problem of poor transport and accessibility and its knock-on effects have arisen because there has been no robust, transparent and accountable framework for assessing whether people are able to safely and affordably access the places they need to go. National surveys that collect data on transport (mainly the National Travel Survey (NTS), the Family Expenditure Survey, the Labour Force Survey and the General Household Survey tend to look at people's travel behaviour but do not explain why that behaviour occurs. On this basis it is possible to identify that different sectors of the population have different travel patterns but not what determines these or the consequences arising from it.

At the level of local delivery, local authorities produce transport plans for their areas, but are not directly required to undertake analyses to assess whether people, especially those without cars, can access key services. As a discipline, transport has tended to be more concerned with mobility (how far and fast the transport network is) rather than accessibility (how well it connects with activity patterns). In the UK, the distribution of costs and benefits arising from the transport system are not analysed at either the local or national level.

The flip-side to this problem is that the key local agencies responsible for providing the facilities and services that people need to access do not tend to consider whether these are being provided in places that people can reach without cars. Providers of services do not consider transport access to these services to be their concern.

Uncoordinated and 'piecemeal' policy responses

Clearly, the DfT is responsible for the development and delivery of transport policies but a number of other Departments also provide the funding for specialist transport services, such as non-emergency patient transport, social service transport and home to school transport. The other local agencies responsible for the delivery of specialist transport services, such as Primary Care Trusts, Learning and Skills Councils and the voluntary transport sector are often not involved in local transport planning and do not usually liaise with each other. This results in duplication of provision, fragmentation and gaps and anomalies in the service that is provided.

All local authorities receive Government grants to subsidise public transport services where these are considered 'socially necessary', but the formula used to assess this need locally varies from place to place and is far from comprehensive in its application. Some rural areas are without services altogether and even in urban areas, many communities lack routes that link them to the hospital or to key employment locations.

Where initiatives have been introduced to tackle some of these shortfalls in transport provision, e.g. Dial-a Ride services, they often only serve certain sectors of the population and also do not provide comprehensive coverage. Some local authorities have been successful in securing additional funds to improve services for travel poor communities, but again this is uneven between areas and regions and usually based on successful competition rather than carefully assessed need.

Failure to apply a 'whole systems' approach

This refers to a number of problems arising from the 'silo mentality' of policy decision-making at the level of national, regional and local government. For example, when a health provider is making a decision about where to locate a new hospital or whether to close down an old one, this is not taken in the wider context of employment policy or environmental policy or transport policy, but only in terms of the cost efficiencies that might be realised for health delivery. It is usually cheaper to locate on a green-field site and popular with the general public to provide large car parking facilities at these sites. The provider is not required to take account of the environmental implications of this decision or to consider how people without cars will access the service. It is very difficult for local planners to reverse these higher level decisions where public transport access is inadequate and even harder for local transport planners to secure the funding to provide adequate public transport to address the shortfall.

A second example would be the way in which those responsible for planning the public transport system tend not to think about the door-to-door journey experience of passengers. Crime and fear of crime is often cited as a major deterrent in using public transport, especially by older people, women and some ethnic groups. On the whole, however, public safety while walking to and waiting for public transport is not considered part of the responsibility of the transport provider.

Deregulation and regulatory barriers

Since deregulation in 1985, local authorities have little control over mainstream public transport services. The evidence suggests that operators are increasingly focusing their attention on core commercial routes and leaving local authorities to support peripheral routes and off-peak services, at an escalating cost. The 2001 Association of Transport Co-ordinating Officers survey demonstrated an average 21 per cent increase in the cost of re-tendering services (SEU 2002). In 2000/1, the Government spent over £1 billion in revenue support for buses.

A number of regulatory barriers also impede the effective delivery of public transport services and tend to promote maintenance of the status quo rather than innovative solutions to the problems that have been identified. For example, flexibly routed and demand responsive services are unpopular with operators because they can be difficult to register with Traffic Commissioners. Various licensing arrangements around taxi-buses, taxis and community transport services can also be problematic.

Under-funding and poorly targeted resources

In 2000/01, the Government spent over £1 billion in revenue support for buses alone but the costs of tendering services are rising, with an average 21 per cent increase reported for the same year (SEU, 2002). Although the Government's 10 Year Transport Plan promises a substantial increase in the transport budget, this is heavily skewed towards rail passengers (40%), a mode not heavily used for the type of local journeys that people experiencing social exclusion need to make.

Special grants to improve services are often time-limited and usually cannot be used to reduce revenue costs or prop-up existing services. They are granted on the basis of 'challenge bids' and often do not reach the places that are most in need because of a lack of institutional capacity to bid for them. Similarly, many of the concessionary travel schemes that are on offer are available to all travellers in a certain category (e.g. people over 65, school children living over 3 miles from the nearest suitable school) regardless of their ability to pay. Those who may be most in need of concessionary travel because of their low income status (e.g. unemployed people, lone parents) often do not qualify for any assistance.

Opportunities and risks

In their final report, the SEU is likely to recommend a series of policies and measures, linked to the 10 Year Plan, to raise the profile of the social costs of poor transport in policy development and delivery, including:

- A new accessibility planning function linked to action plans at the local level;

- A more integrated cross-agency approach to addressing the problems of poor transport at both the national and local level;
- Removal of some of the regulatory barriers that impede innovative and effective solutions to poor transport in deprived and isolated communities;
- A more equitable, accountable and less fragmented funding system.

Local transport authorities are ear-marked to act as the key co-ordinating agent in the delivery of this agenda. The latest annual guidance to local authorities on the preparation of the annual progress reports on their Local Transport Plans included reference to the need to assess the accessibility of socially excluded groups and communities as part of the LTP process (DfT, 2002).

There is evidence to suggest that some local authorities are already responding to these recommendations. A recent study of local authorities' progress in factoring social exclusion into local transport planning recommended that authorities are at very different stages in this process, with some far advanced in the delivery of projects and initiatives to tackle social exclusion, whilst others are still considering how they should approach this policy area (Lucas et al, unpublished).

Part of the problem lies in a lack of technical capacity and capability within authorities; many do not have the time, expertise, skills or technical and financial resources necessary to fully respond to this emerging agenda. This is in part a legacy of the prevailing engineering culture within transport as a discipline, as well as the low-wage disincentive of planning professions as a whole in the UK.

Public consultation and participation has also not featured highly within local transport planning and delivery. Although there is now much greater emphasis on this in the policy guidance, authorities need to devise new techniques for engaging local communities and securing their greater involvement in the decision-making process.

Similarly, effective partnerships need to be forged between transport professionals and other key government and non-governmental agencies at the locally level, particularly employers, health providers and education bodies. In many ways, the greatest challenge will be to get those decision-makers who do not currently think about the consequences of their decisions on the accessibility of travel poor groups and to see the relevance of actively engaging with this agenda in relation to their own delivery remit.

Conclusion

This paper starts from the premise that it is better for everyone to be able to participate in society to their full potential. It costs less in benefit payments, cuts health care costs, reduces crime and more generally promotes our competitiveness as a nation. In highly mobile, modern societies, transport is an essential requirement for securing this participation.

In the past, transport policies have not been interrogated on the basis of their distributional effect, or the wider social consequence of this. More recently, the UK Government has recognised that poor transport can reinforce social exclusion and there

is a move towards ensuring a more equitable system of delivery at the local level. On its own, this will be insufficient to secure the necessary step-changes in current transport trends and must be supported by wider innovation not only within the transport sector but also in the related areas of the social policy agenda.

The main policy and spending emphasis must be on improving accessibility for those who are excluded from the present system rather than further supporting the high-mobility, car dependent transport culture of those who already reap the greatest rewards from it.

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