

Travel, access and older people



A review of local transport accessibility planning

Travel, access and older people

A review of local transport accessibility planning

A report for Help the Aged by Helen Lesowiec

Help the Aged
207–221 Pentonville Road
London N1 9UZ

© Help the Aged 2006

All rights reserved
Registered charity no 272786

1	Introduction and recommendations	5
2	Overview of In the Right Place	6
3	Methodology	7
4	Report findings and analysis	8
5	Conclusion	14
	References	15
	Appendix: Local authorities and key documents reviewed	16

Introduction and recommendations



John Cobbi/Help the Aged

This report aims to assess to what extent the needs of older people are being considered in local transport planning.

In 2005 Help the Aged published a report entitled *In the Right Place*, subtitled 'Accessibility, local services and older people', which detailed a series of recommendations and key issues to be considered with regard to local transport planning, accessibility and older people. Since then, local authorities have been required to publish their long-term transport strategies in the form of Local Transport Plans in England and Local Transport Strategies in Scotland.

This report examines a representative selection of these policies in order to find out how well the recommendations of the initial report have been implemented and to what extent the needs of older people are being met.

The findings of this report show that, although much has been done, there is still much to do. The importance of accessibility, particularly with regard to key services, has been widely noted and local authorities are keen to demonstrate their recognition of the main problems, underlining the importance of public consultation and the need to bring about improvement in certain key areas. However, a lack of real action often lies behind the fine words.

- Consultation with older people is being carried out in some cases but needs to be done more widely and in a more thorough way, and their comments genuinely considered throughout the planning process.
- Key services such as healthcare centres and food shops are being recognised but other services are often being ignored, in particular post offices, banks and accessible bus stops.
- Despite widespread recognition of the importance of accessibility and a detailed acknowledgment of the problems, there is a worrying lack of real action to address these problems. What is needed are large-scale, targeted solutions to bring about improvements *now*.
- A number of local authorities are implementing excellent, innovative, wide-reaching accessibility strategies. These examples should be used as an inspiration to those councils whose claims to promote accessibility for older people are arguably little more than lip service.

2 Overview of *In the Right Place*

***In the Right Place*, a report published in 2005 by Help the Aged, was intended 'as a guide to those seeking to plan accessible services and transport'.¹**

Directed at local authorities, the report details a number of key issues to be considered with regard to accessibility and transport planning, and outlines a series of recommendations. The report highlights the importance of identifying and meeting the needs of older people; consequently, consultation with this section of the population, throughout planning and implementation, is considered crucial. The recommendations state that 'there is no substitute for direct consultation with older populations and organisations representing their interests',² a point further supported by the quoted comments of members of older people's forums around the country.

In the light of such consultation and research, the report identifies the most important issues relating to older people and accessibility by outlining the key services to which access is considered vital. The three main types are stated as food shops; post offices and banks; and GP surgeries, health centres and chemists. Access to hospitals and to a bus stop is also emphasised as being of vital importance to the lives of older people, while a longer list of services 'which should not be forgotten in accessibility studies'³ is also included, mentioning libraries, dentists, social clubs and non-food shops, among others.

Having identified these key services, the report demonstrates in detail the utility of mapping these needs, as illustrated in the case study of Portsmouth. It also shows how mapping should not be done simply in relation to older people and key services but should also take into account other accessibility factors such as deprived areas and households with a low income. The vulnerability of households without a car or those in rural areas, both of which groups are generally older, is also highlighted. The report also recommends that the time of day at which journeys are taken should be considered.



Rebecca Flounders/Help the Aged

In carrying out such mapping, the Index of Multiple Deprivation (IMD) or software such as Accession is suggested.

Finally, the report considers the realities of accessing key services for older people. Among its recommendations it states that 'crude and arbitrary methods and distance/time thresholds of accessibility should be avoided',⁴ and puts forward its own tentative distance thresholds, but notes that even these may be unsuitable for older people, especially those with mobility problems.⁵

The report further emphasises the complexity of accessibility, by identifying a range of barriers for both pedestrian journeys and those by public transport, including 'poor-quality pavements, hilly terrain, inadequate street lighting, noise and pollution, threats to safety and inconsiderate and/or indifferent behaviour'.⁶ Finally, affordability is also shown to be an issue, both in the sense of the cost of transport and also concerning, for example, food shopping, as accessibility problems 'may result in costly food having to be purchased in corner shops because cheaper items or multi-buys in supermarkets are inaccessible'.⁷

In summary, this report attempts to ensure that the needs of older people are considered and that local authorities seek to identify these needs through consultation, in-depth mapping and a realistic analysis of the problems, and then to successfully address them through specific, sophisticated and effective solutions.

3 Methodology

Following on from *In the Right Place*, this study aims to produce an assessment of the accessibility strategies of the local authorities of England and Scotland.

With reference to the above recommendations as well as taking into account issues raised by a preliminary investigation, a checklist was drawn up against which a selection of 31 local authorities, including a range of rural, urban and coastal areas from throughout England and Scotland, was assessed.⁸ The plans and strategies used for this purpose were, in the main: for Scottish authorities the Local Transport Strategy (LTS) 2006–9; for English authorities outside London the Local Transport Plan (LTP) 2005/6–2010/11; and for London authorities the Local Implementation Plan (LIP) 2005/6–2010/11.

The framework of the checklist was as follows:

Section 1: General

Identifying whether accessibility was a key aim

Section 2: Consultation

Identifying who, if anyone, was consulted before, during and after planning and implementation, with specific emphasis on direct consultation with older people, or those with mobility problems, or representatives of either group

Section 3: Awareness/analysis of problems

- 3.1 – identifying whether or not certain groups were recognised as vulnerable to accessibility problems, with a specific emphasis on older people
- 3.2 – identifying what barriers to moving around, if any, are recognised
- 3.3 – identifying to what extent the needs of older people are recognised, with a specific emphasis on recognition of key services

Section 4: Addressing problems

- 4.1 – identifying to what extent and in what way barriers to moving around are being eliminated
- 4.2 – identifying to what extent and in what way the needs of older people are being met, with specific emphasis on access to key services
- 4.3 – identifying to what extent integrated action is being used: for example, working in partnership with healthcare authorities or land use planners.



4 Report findings and analysis

1 General

Accessibility is in some way mentioned as an aim, objective, priority or consideration for all of the local authorities.

This is perhaps unsurprising considering the fact that the Department of Transport describes 'improving access to jobs and services' as one of the 'shared priorities' towards which all regional and local stakeholders should work.

A closer examination, however, yielded a far more varied picture in terms of how much of a priority accessibility was. It is encouraging to note that many of the councils in the study did claim accessibility to be of high or even central importance. Darlington Borough Council, for example, stated that 'accessibility is the bedrock of all actions taken in the Second Local Transport Plan'.⁹ There was also recognition of the importance of accessibility and its connection to social inclusion, as can be seen in the Joint LTP for the Greater Bristol area: 'Accessibility issues arise for many groups . . . Not meeting their needs can significantly impact on their quality of life. Our vision is shaped by those needs.'¹⁰ Other councils, however, were more vague: Bedfordshire County Council, for example, does not mention accessibility in its three 'priority objectives', listing it as only fifth out of seven overall, with a focus on access to work and education and no mention of older people.

On the whole, it seems that all councils realise the importance of being seen to be tackling accessibility problems, but just how much this represents a genuine commitment to change is rather more difficult to establish.

2 Consultation

- All councils mentioned carrying out at least some form of public consultation.
- Just under a third (10 out of 31) consulted with older people or their representatives, of which five included consultation with Help the Aged and/or Age Concern and two mentioned the Help the Aged report *In the Right Place*.

- Over half (17 out of 31) consulted with disabled people or their representatives, largely in the form of disability forums.
- Just under a third (10 out of 31) established or consulted with groups, conferences, forums or officers specifically focused on access issues; 13 of the 28 English authorities made reference to the report of the Government's Social Exclusion Unit, *Making the Connections*.

Consultation was clearly recognised as an important issue as all councils were keen to stress the fact that they had carried it out. However, the efficacy and comprehensiveness of this consultation were not so uniform. A vast array of different techniques were used, including forums, surveys, panels, questionnaires, focus groups, leafleting, newspaper adverts and articles, radio discussions, web-based information and travelling exhibitions, but this often suggested a rather haphazard and unsystematic process. In several cases, it was not clear exactly what had been carried out; Aberdeenshire's draft Local Transport Strategy states that 'an initial round of consultation was undertaken' with 'citizens' panel surveys'¹¹ but gives little further information about what form this took. Similarly, many of the groups representing the views of older people were not described in detail – for example, in terms of how large they were, how representative they were and how much weight their views were given in relation to the often rather numerous other groups involved in consultation.

Concerns are also raised about effectiveness, as much of the public consultation appeared to be done only after the initial planning. Often, rather than actively seeking public consultation, the draft plans were simply made available to the public if they wished to seek them out: in Brighton and Hove, for example, apart from an initial questionnaire sent to 'a sample of residents', the only public consultation seems to have occurred after the draft was produced, when the plan was 'made available to public at libraries and council offices for comment and publicised in local press'.¹²

In some cases consultation may have taken place but not been mentioned in local transport plans.

Despite these criticisms, however, the overall picture is encouraging as the importance of consultation is generally being recognised and the views of older people and those with poor mobility or accessibility problems are, at least to some extent, being considered.

3 Awareness/analysis of problems

3.1 Identifying vulnerable groups

- 26 out of 31 councils carried out some form of accessibility mapping process to highlight areas of need.
- Of these, 18 used Accession mapping software, 16 used the Index of Multiple Deprivation (IMD) and 16 used the 2001 Census.
- 28 out of 31 councils identified older people as a group vulnerable to accessibility.
- In identifying other vulnerable groups, 30 out of 31 councils mentioned those with mobility problems, 26 mentioned households with one or no car, 24 mentioned those living in rural areas (although 5 of the councils were London boroughs), 20 mentioned those living in deprived areas and 19 mentioned those on a low income.

The utility of mapping has been recognised by most local authorities and in many cases has been used extensively and to good effect. To take one example, the Cornwall Council Local Transport Plan describes how ‘mapping and needs-based evidence has helped to identify particular accessibility problems in Cornwall.’¹³ Although specific mapping of older people was not a central issue, roughly half of the councils surveyed did carry out some useful age-mapping using data from the 2001 census.

Buckinghamshire County Council, for instance, highlighted areas in which there was a high proportion of people aged 60 to 74 and of people aged 75 or over respectively,¹⁴ focusing on these areas as deserving of special attention. The majority of councils also mapped access to key services, specifically hospitals, GP surgeries, town centres and supermarkets.

With regard to identifying vulnerable groups, the results were encouraging as the vast majority of local authorities were aware that older people are particularly susceptible to accessibility problems, and further appreciated that this group is set to increase in size throughout the duration of the proposed plans. A whole range of other vulnerable groups was also generally recognised.

3.2 Identifying barriers to moving around

- Over three-quarters (24 out of 31) of local authorities identified issues of personal safety, both perceived and actual, as a barrier to moving around.
- Roughly half (15 out of 31) recognised cost or affordability as a barrier to using public transport.
- 25 out of 31 local authorities recognised problems of physical access as a barrier to moving around.

In identifying barriers to moving around, fears about personal safety (for example, fear of being a victim of crime or of anti-social behaviour) clearly emerged as an important factor to be addressed. Encouragingly, this factor was often highlighted in response to public consultation, suggesting that the voice of the public was genuinely being listened to. For example, the West Midlands Joint Local Transport in its list of ‘Barriers to travel’ includes ‘Safety – crime levels on public transport are generally low, but there is a perception, particularly among the elderly and female passengers, that crime levels are high’; and ‘Anti-social behaviour – related to safety; 29 per cent of respondents to the 2001 West Midlands Transport Surveys felt this discourages travel by public transport’.¹⁵

The cost of using transport was less widely identified as a barrier to travel. However, this may be because it is not referred to explicitly. As shown below (section 4.1), the widespread provision of concessionary fares suggests that cost is being, or has already been, addressed. Where this factor is explicitly referred to, it is pleasing to note that many of the councils did so with specific acknowledgement of older people as a group particularly in need.

Problems of physical access were recognised by the majority of councils in a variety of different guises and to a widely varying degree. Generally, this meant the accessibility of buses, specifically the provision of low-floor buses, but it also often included the condition of footpaths and crossings, the provision of street lighting and the height of kerbs.

Although many local authorities were rather vague in identifying this barrier, several had clearly thought about the issue carefully. Buckinghamshire, for example, was one of the few to consider the distance to bus stops, highlighting concerns about the siting of bus stops and about areas where topography hinders access to key services. Similarly, Nottinghamshire's Local Transport Plan considers an appropriate walking distance to the nearest bus stop (ten minutes) but recognises that 'in practice many people would not be able to walk such distances, particularly if they are old, sick or infirm or if they live in hilly areas'.¹⁶ Unfortunately, such extensive and realistic analysis of barriers to physical access, particularly to bus stops, was the exception rather than the rule.

3.3 Identifying the needs of older people, with specific emphasis on key services

- 26 out of 31 local authorities considered access to healthcare as important, of which 16 specifically mentioned access to hospitals, 13 mentioned access to GP surgeries and 8 mentioned other healthcare centres such as chemists, dentists and clinics.
- 24 out of 31 local authorities considered access to food shops important.
- 18 out of 31 local authorities mention access to other cultural, social and leisure facilities, including libraries, leisure centres, non-food shops, town centres and places of worship.
- 5 out of 31 mentioned access to post offices.

Healthcare was overwhelmingly recognised as a key service to which access was important. Significantly, access to this service was highlighted as an especially important issue for the elderly and those with mobility problems. Hospitals in particular were focused on, with accessibility mapping often targeted on certain hospitals; in

Northumberland, for example, it was noted that a certain area of Morpeth needed particular attention as two care homes were located within it from which residents were forced to take three buses (outside the concessionary fare scheme) in order to reach Wansbeck Hospital. A wide range of other health centres, notably GP surgeries, were also highlighted.

Pleasingly, the vital importance of access to this key service and its wider implications were generally noted, as the West Sussex Local Transport Plan found that 'over a year, 1.4 million people said that they have missed, turned down or chosen not to seek medical help because of transport problems. For the most vulnerable people in our society . . . the elderly or those with disabilities, for example, this imposes a heavy cost: of poorer health through missed appointments, delayed discharge from hospital, unnecessary home visits and delayed treatment of illness in place of early intervention.'¹⁷

Access to food shops was also widely recognised as important, especially in terms of access to a choice of fresh, healthy and affordable food, which people clearly regarded as a significant contributor to quality of life.

Although these two key services were clearly the main priority, a range of other services was also mentioned. In many cases this was simply described as 'access to leisure'.¹⁸ However, several did identify specific facilities which, though perhaps not as obviously vital as hospitals and food shops, can be just as important to the quality of life for many older people. For example, Buckinghamshire's Local Transport Plan notes: 'The Buckinghamshire Strategic Partnership's Older Persons' Group believes that public services for the elderly focus too narrowly on health and social care and insufficiently on wider issues relating to their contribution to, and involvement in, society and the economy.'¹⁹ Encouragingly, it seems that some other authorities are also realising this.

Less positively, post offices, banks and bus stops were barely mentioned, despite being highlighted in the Help the Aged report as key services to which access for older people was vital. Those



John Cobb/Help the Aged

who did mention post offices, however, generally recognised the importance of post offices and the difficulties caused by their diminishing numbers, particularly in rural areas.

4 Addressing problems

4.1 Eliminating barriers to moving around

- 19 out of the 31 local authorities aimed to address fears about personal safety and anti-social behaviour; in doing this 11 were improving street lighting, 9 were improving CCTV, 9 were using community schemes: for example, working with the police or in schools, and 6 were using other methods.
- All councils offered some form of concessionary fare scheme on public transport for those aged 60 and over.
- 23 out of the 31 local authorities already used, or were introducing, low-floor, accessible buses; 3 were also training drivers so that they might be better able to help those with mobility problems.

- 24 out of the 31 local authorities were working to improve the condition of pavements, roads and walkways, of which 8 of had specifically considered walking routes to bus stops.

Fears about personal safety, widely identified as an important barrier to travel, are being addressed quite widely and effectively by the councils studied. A particularly positive sign is that many were implementing far-reaching community-based solutions to tackle the problem of crime and anti-social behaviour at its root: for example, Durham's aim to create a 'culture of safety'²⁰ alongside more immediate tangible improvements such as CCTV and better street lighting. Several also found rather innovative solutions, such as the community-patrolled 'Just Walk' routes of Barking and Dagenham or Cumbria's work with developers in creating safe pedestrian routes.

Pleasingly, concessionary fare schemes for older people were being implemented in all the authorities studied and all were easy to find and apply for. However, the coverage of the schemes was very mixed. Many allowed free travel on all routes at all times, but others were not so generous, being restricted to certain times or certain routes, or offering only a price reduction rather than completely free travel.

Accessible, low-floor buses were similarly widespread among the local authorities but very mixed in their implementation. Positively, some had already ensured accessibility across all their vehicles. Others, however, were less ambitious. In Greater Manchester, for example, the Local Transport Plan aimed for 60 per cent of its buses to be accessible, while in Durham the council had set a target of 75 per cent in its first LTP (2000–5) but was forced to repeat this target for the second LTP as only 50 per cent of its buses were accessible. There does, however, appear to be a genuine will to improve the situation, with the scale and cost of carrying out the improvements being the main barrier. This is reflected by the majority of councils which vowed to introduce low-floor access to all new buses, with the hope of eventually having a completely accessible fleet. The need for these buses was generally recognised: for example, the LTP for Buckinghamshire expresses the aim to introduce more low-floor buses ‘especially for routes on which the elderly or disabled are likely to be heavily dependent’.²¹

The large number of plans to improve streets and walkways to ensure accessibility was also pleasing, with the majority of councils introducing tactile paving, improved and resurfaced pavements, dropped kerbs and better crossings for those with mobility problems. Access to bus stops was also given a degree of consideration: for example, the LTP for Derbyshire sought to ensure ‘that walking routes to bus stops are improved’,²² while Buckinghamshire County Council was ‘improving the proximity of bus stops to key services and workplaces’.²³ Unfortunately, such intentions were not expressed in the majority of transport plans.

4.2 Meeting the needs of older people, with specific emphasis on access to key services

- 12 out of the 31 local authorities proposed specific plans to improve access to key services.
- All local authorities surveyed supported the use of community transport.
- Nearly three-quarters (18 out of 26) of local authorities outside London proposed specific plans to improve accessibility in rural areas.

Considering how many of the local authorities recognised access to key services as a priority, with detailed mapping to highlight where there were problems (see sections 3.1 and 3.3), it was disappointing to find that few were actually making practical attempts to address this issue.

There were some good schemes, for example, those targeted on specific hospitals: one was in Blackburn with Darwen Borough Council’s LTP, proposing direct access buses to Queen’s Park Hospital; also, Leicestershire County Council’s LTP mentioned a dedicated bus service for the three main hospitals in the area.

However, access to other key services such as food shops, post offices or leisure facilities was rarely considered. Overall, the majority did not propose any relevant transport improvements and those that did were largely vague and uncommitted in their plans. Aberdeenshire Council, for example, mentions how ‘in conjunction with accessibility planning’ it will carry out a ‘review of service coverage and timetabling’.²⁴

Although this apparent absence of action should be offset by the use of community transport and non-transport solutions (see below and section 4.3), the widespread lack of immediate practical solutions to this acknowledged problem raises concerns.

On a far more positive note, community transport was supported in some form or another by all the local authorities, with a variety of different schemes such as Dial-A-Ride, ShopMobility and other Demand Responsive Transport, with many councils planning to expand the services. In a number of cases,

community transport initiatives were specifically focused on access to key services: for example, in Dorset where there is a Demand Responsive Transport scheme targeted at GP surgeries and hospitals, or in the East Riding of Yorkshire where the MiBus takes people to and from food shops and the MediBus provides accessible transport to healthcare centres. Although such measures can only be relatively small-scale projects to fill the gaps left by public transport, they do appear, on the whole, to be fulfilling their role successfully.

Finally, specific actions to target rural areas were reasonably well done with a range of proposals which recognised the particular transport needs and difficulties of rural areas; just a few examples include subsidy grants, expanded services and specifically rural community transport schemes, with a few focused on access to healthcare.

4.3 Integrated action

- 18 out of the 31 local authorities were working with other groups and organisations such as health authorities.
- 23 out of the 31 local authorities were working to reduce the need to travel – for example, through land use planning.

These findings are encouraging, suggesting that some wide-reaching and long-term changes are being made in order to improve accessibility. The majority of the local authorities have formed constructive partnerships, generally with PCTs but also across a range of government authorities to ‘foster a culture of accessibility within our organisations’.²⁵ Other good examples can be found in West Sussex, where the council is working with the local PCT to ensure that public transport information is given to patients as they book their appointment; and in Nottinghamshire, where the council is working with hospitals and GPs to provide more flexible and convenient appointment times for those who are dependent on public transport.

Across the study, it was recognised that non-transport solutions can be more effective and more sustainable than simply improving or extending public transport. This is particularly

well articulated by the West Sussex LTP, which states that ‘although we are taking the lead role, the most effective solutions may not be transport-based: for example, solutions such as co-ordination of opening times or relocation of services might prove to be more effective than the alteration of bus-routes timetables’.²⁶ For the majority of cases this meant mainstreaming accessibility planning for future development, particularly considering land use planning in the siting of new health centres.

Several other innovative solutions were proposed: for example, the Blackpool LTP recognised that ‘ensuring the vitality of the district and local centres . . . is important to ensure that shops are accessible to as many people as possible’,²⁷ especially in rural areas. A number of other councils were also attempting to bring key services to the people rather than vice versa: for example, Cornwall was considering a mobile surgery unit and a food box scheme, while Cumbria was just one of the councils implementing a mobile library; in Devon, a programme was being implemented through which volunteers assist older people in using the internet to order food for home delivery, while a particularly impressive scheme in Herefordshire run by Age Concern facilitated mobile access to foot care, hairdressing and craft activities. All these initiatives, particularly with their emphasis on key services, present exciting opportunities for long-term improvements.



Rebecca Flounders/Help the Aged

5 Conclusion



Rebecca Flounders/Help the Aged

There are evidently many positive and encouraging findings to be drawn from this report:

- consultation with older people is being carried out, at least to an extent;
- the vulnerability of older people and the importance of accessibility is being highlighted;
- the key services of healthcare, food and leisure are largely being recognised;
- certain barriers to moving around are being generally identified and addressed; and
- community transport, mobile services and longer-term accessibility planning are being widely supported.

A select number of local authorities have gone even further, examining the problem in terms of the broader picture, and producing innovative and effective solutions.

However, such examples are largely in the minority and much still remains to be done – in all cases the good practice needs to be pushed further and wider. Consultation with older people, for example, needs to be done more extensively and systematically, genuinely

incorporating their comments and wishes throughout the planning process. The recognition of services that are important to older people should be more detailed and extensive; hospitals and food shops, although vital services, are often focused on at the expense of other key services, such as post offices, banks and bus stops, while ‘access to leisure’ is often defined vaguely.

The widespread use of concessionary fares and low-floor buses was encouraging. However, they need to be implemented further, to cover all routes and services. There are many excellent plans to improve the condition of footpaths, but little consideration of walking routes to bus stops.

Finally, the lack of specific transport plans to improve access to key services is worrying, and although partially offset by the good use of gap-filling community transport schemes and longer-term accessibility planning, this is an area that calls for action.

Overall, the issues of accessibility, local services and older people are being recognised. However, recognition of the problem needs to be translated into a genuine commitment to far-reaching, effective and immediate change.

References

- ¹*In the Right Place*, p.3
- ²Ibid, p.4
- ³Ibid, p.15
- ⁴Ibid, p.4
- ⁵Ibid, p.18
- ⁶Ibid, p.16
- ⁷Ibid, p.17
- ⁸See Appendix
- ⁹Darlington Borough Council LTP, p.69
- ¹⁰Joint LTP for the Greater Bristol area, p.129
- ¹¹Aberdeenshire Council LTS, p.17
- ¹²Brighton and Hove LTP, p.5
- ¹³Cornwall County Council LTP, Executive Summary
- ¹⁴Buckinghamshire County Council LTP, p.18
- ¹⁵West Midlands LTP, Accessibility Strategy Statement
- ¹⁶Nottinghamshire County Council LTP, p.61
- ¹⁷West Sussex LTP, section 6.1.4
- ¹⁸For example, see Cheshire County Council LTP, p.6
- ¹⁹Buckinghamshire County Council LTP, p.18
- ²⁰Durham County Council LTP, p.101
- ²¹Buckinghamshire County Council LTP, p.58
- ²²Derbyshire Joint LTP, p.107
- ²³Buckinghamshire County Council LTP, p.69
- ²⁴Aberdeenshire Council LTS, p.8
- ²⁵Ibid, p.23
- ²⁶West Sussex County Council LTP, 6.1.3.1
- ²⁷Blackpool Council LTP, p.13

Appendix

Local authorities and key documents reviewed

Aberdeenshire Council: Draft Local Transport Strategy 2006–9

Angus Council: Local Transport Strategy 2000–2010

Argyll and Bute Council: Local Transport Strategy 2000–10

Bath and North East Somerset Council/Bristol City Council/North Somerset Council/South Gloucestershire Council: Joint Local Transport Plan for the Greater Bristol area 2006/7–2010/11

(London Borough of) Barking and Dagenham Council: Local Implementation Plan 2006–11

Bedfordshire County Council: Local Transport Plan 2006/7–2010/11

(London Borough of) Bexley Council: Local Implementation Plan 2005/6–2010/11

Blackburn with Darwen Borough Council: Local Transport Plan 2006–11

Blackpool Council: Local Transport Plan 2006/7–2010/11

(London Borough of) Brent Council: Draft Local Implementation Plan 2006–11

Brighton and Hove City Council: Local Transport Plan 2006/7–2010/11

Buckinghamshire County Council: Local Transport Plan 2006–11

Cambridgeshire County Council: Local Transport Plan 2006–11

(London Borough of) Camden Council: Local Implementation Plan 2005/6–2010/11

Cheshire County Council: Local Transport Plan 2006–11

Cornwall County Council: Local Transport Plan 2006–11

(London Borough of) Croydon Council: Local Implementation Plan 2006–11

Cumbria County Council: Local Transport Plan 2006–12

Darlington Borough Council: Local Transport Plan 2006–11

Derbyshire City Council/Derbyshire County Council: Joint Local Transport Plan 2006–11

Devon County Council: Local Transport Plan 2006–11

Dorset County Council: Local Transport Plan 2006–11

Durham County Council: Local Transport Plan 2006–11

East Riding of Yorkshire Council: Local Transport Plan 2006–11

Bolton Metropolitan Borough Council/Bury Metropolitan Borough Council/Manchester City Council/Oldham Metropolitan Borough Council/Rochdale Metropolitan Borough Council/Salford City Council/Stockport Metropolitan Borough Council/Tameside Metropolitan Borough Council/Trafford Metropolitan Borough Council/Wigan Council: Greater Manchester Joint Local Transport Plan 2006–11

Herefordshire County Council Local Transport Plan 2006–11

Leicestershire City Council/Leicestershire County Council: Joint Local Transport Plan 2006–11

Northumberland County Council: Local Transport Plan 2006–11

Nottinghamshire County Council: Local Transport Plan 2006–11

Birmingham City Council/Coventry City Council/Dudley Metropolitan Borough Council/Sandwell Metropolitan Borough Council/Solihull Metropolitan Borough Council/Walsall Metropolitan Borough Council/Wolverhampton City Council: West Midlands

One year on from its 2005 report *In the Right Place*, which made a series of recommendations to transport planners to improve access and local services for older people, Help the Aged reviews progress. Despite some encouraging signs, and improved awareness of the issues, the research reveals a depressing lack of action to address the problems.

Fighting for disadvantaged older people in the UK and overseas,

WE WILL:

COMBAT POVERTY wherever older people's lives are blighted by lack of money, and cut the number of preventable deaths from hunger, cold and disease

REDUCE ISOLATION so that older people no longer feel confined to their own home, forgotten or cut off from society

CHALLENGE NEGLECT to ensure that older people do not suffer inadequate health and social care, or the threat of abuse

DEFEAT AGEISM to ensure that older people are not ignored or denied the dignity and equality that are theirs by right

PREVENT FUTURE DEPRIVATION by improving prospects for employment, health and well-being so that dependence in later life is reduced

Head Office, 207–221 Pentonville Road, London N1 9UZ

T 020 7278 1114 F 020 7278 1116

E info@helptheaged.org.uk www.helptheaged.org.uk

HELPTHEAGED WE WILL[®]