

Help the Aged

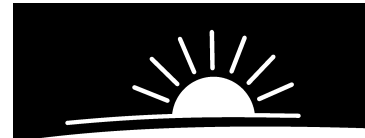
DEPARTMENT FOR TRANSPORT
CONSULTATION ON ACCESSIBILITY
PLANNING IN LOCAL TRANSPORT PLANS

The Help the Aged Response

October 2004

Help the Aged's vision is of a future where older people are highly valued, have lives that are richer and voices that are heard. The Charity is working to combat poverty, reduce isolation, defeat ageism and to promote quality in care.

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The Help the Aged Response

General Comments

- A. Help the Aged is pleased to have the opportunity to comment on the draft guidance which will form the basis of advice to be given by the Department for Transport to local authorities in relation to accessibility planning in their second Local Transport Plans. There can be no doubt that accessibility is a key issue for the growing number of older people in England and the UK. Needless to say there is tremendous diversity amongst our older population and great care should be made in this guidance and subsequent local transport plans to avoid stereotyping or marginalising senior citizens. As indicated at a meeting held earlier in 2004 with officials at the Department, the Charity will be producing a Report entitled 'In the Right Place? Accessibility, Local Services and Older People' towards the end of 2004. This document, which will also be available on the Help the Aged website, will be circulated to local transport officers as well as senior citizen forums and pensioner associations. We would be delighted if this forthcoming report could be referenced in the DfT Guidance which is to be sent to local authorities. Also Help the Aged would be glad to offer itself as a contact point for more information on older people.
- B. It is noted that the guidance has been drawn up in consultation with members of the Central Local Working Group on Accessibility Planning. Also that a number of research projects have been initiated to inform the process. Help the Aged has been in touch with some of the university researchers and also selected local officials to inform its own response to the issue of accessibility planning, especially in relation to older people.
- C. The guidance is to be 'fit for purpose'. Undoubtedly the best judges of that are the transport practitioners - those officers working for local authorities who will have to implement the programme. It is suggested that great attention should be paid to their views and any concerns they express in relation to the scope and contents of the draft guidance. It may be that some local officials do not possess the expertise or indeed share the enthusiasm of those of their colleagues who were represented on the CLWGAP.
- D. Questions outlined at the outset in the consultation invitation letter have also been noted. Does the Summary meet the needs of a non-transport audience? Are there any issues surrounding accessibility which is missing? Is the guidance clear and practicable? Having read the document closely the answers to these questions must generally be very positive. The whole issue of making improvements in accessibility in

different localities is treated in a very comprehensive and systematic way. The need for inclusivity (with key local partners having a major role and stake in the exercise) is rightly stressed and very much welcomed. The Summary is concise and informative, although if non transport stakeholders are to be engaged then a more 'popular' version will be needed. (The 'shorter' version noted (chapter 1 Page 7) will require careful compilation if it is to achieve its aims). As it stands it would be difficult for many senior citizen forums to get interested and involved.

The guidance is evidence based and more than adequately illustrated with case studies. The CLWGAP pilots and maps give the document a 'down to earth' feel, which is not always the case for glossy central government publications. The inclusion of a summary, the main guidance and technical appendices means that the document can be read at 'different levels' and by a varied set of potential readers. If anything, the project is too ambitious and broad in its scope and guidance. Some of those on the receiving end of this guidance might have wished for a simpler and more discretionary initiative in which indicators and targets are chosen locally.

- E. Although this is more a matter to be pursued by such bodies as the Local Government Association there must be some doubts as to the precise status of this 'guidance'. As already noted, there has been a welcome involvement of local expertise and experience into the formulation of the Guidance on Accessibility Planning. But there appears to be some ambiguity over what local authorities must/should/are expected to do. On the one hand we read that – 'the quality of accessibility strategies in LTPs will be one of the factors taken into account in allocating LTP integrated transport block funding (Summary, page 2). Some accessibility measures are obligatory and, in contrast, there is also recognition given for the need for discretion with respect to local audits, indicators and targets. Within this continuum of central control/local discretion we find such phrases as 'are encouraged to' and 'will be expected to'. There may well be a case for greater discretion to be given to those who are improving accessibility at the local level. Maybe these points will be raised in discussions to be held as part of the Accessibility Planning Training and Advisory Programme (APTAP).

- F. Reference is made throughout the document to 'priority groups', 'people at risk', 'mobility impaired groups', 'disadvantaged groups', 'those most in need', 'concentrations of people at risk of experiencing social exclusion' etc. It would be helpful if more examples were given of these groups, not least because one of the main thrusts of the guidance is that great efforts should be made to improve the accessibility of such groups (and areas).

It is assumed that 'older people' – and that is the most acceptable term to use – are one such group, especially those who have a mobility impairment. Occasionally older people are mentioned specifically as, for example, 'housebound elderly residents' (Appendix B, page 88) and as a possible threshold based indicator – the proportion or number of the elderly within a certain distance of the nearest GP (3.2.2). It is noted that there may be further guidance offered following the conclusion of an ongoing research project (6.18). However, as indicated later in this report, Help the Aged would like to see a more explicit mention of older people, their numbers, residential distribution, heterogeneity of characteristics, needs, and perceptions.

Specific Comments

Chapter 2

The background and purpose of the Guidance is admirably succinct. The stages set out in the unnamed and unnumbered table are logical and clearly established. The promise of more information on the accessibility planning website appreciated.

Reference to local communities (paragraph 1.8) is this 'neighbourhood' communities or 'social' or both? Why not give some examples from the pilot studies?

Chapter 3

3.1 'Accessibility improvements lead to improved economic, educational, health and social inclusion outcomes'. This statement is (hopefully) true, but what about some hard evidence to back it up?

3.4 DoT's Public Service Agreement target – why no inclusion of affordability? There is evidence that free travel for older people increases take-up and use of local bus services. (See 'Fair Fares – A Mapping and Policy Report on the Provision and Take-up of Concessionary Travel for Older People', Help the Aged, 2003)

3.11 disadvantaged groups – add 'such as older people – or single parents living on low income'?

3.35 Not only rural areas face accessibility problems as can be seen from the outcry and evidence of hardship associated with the Post Office Urban Reinvention Programme. (See 'All Well in Amwell? Post Office Closures and Older People's Well-being', Help the Aged, 2004)

3.37 Cornwall case study – replace the term 'the elderly' with 'older people'.

3.38 One would not think so given the present programme of post office branch closures!

3.41 Royal Liverpool Hospital – excellent case study. Mention of older people as one potentially socially excluded groups?

3.43 Mention of Home Office Fear of Crime toolkit here?

Chapter 4

4.12/4.14 Involvement of stakeholders and the 'local community' welcomed, as is the suggestion that additional consultation and survey work on a small scale. Isn't there a better term to use than 'reality check'? It could be argued that all forms of accessibility mapping and modelling represent different slices of reality. The divide is often between 'objective official data derived representations' and 'survey based subjective perceptions'.

4.18 'Concentrations of people at risk of experiencing social exclusion' - such as older people living on low income?

- 4.20 An example of spatial and temporal factors affecting accessibility would be over sixty year olds being given a early morning hospital/GP appointment which would be difficult to attend due to the 9 am start of concessionary fares.
- 4.23 The use of IMD 2004 is to be commended. For example the superimposition of income and other domains such as health, crime, access and environment. (See maps of Portsmouth attached to this document).
- 4.25 'Reality checked' – ugh!
- 4.28 IMD 2004 is a very useful tool in this respect (See above maps)
- 4.36 Potential existing local sources of evidence – would it be possible to illustrate the table with reference to one locality/local authority?
- 4.37 Local mapping audits. Hopefully the fact that none of the pilots examined the local geography/accessibility of older people specifically does not mean that it could/should not be undertaken. Could other possibilities such as this be noted?
- 4.41 Involvement of local groups. The idea that organisations such as Age Concern and Help the Aged should be seen as a 'good proxy' for direct involvement of older users or groups of older people at risk of social exclusion should be treated with the greatest of caution. When and where can direct involvement be impracticable? There are hundreds of senior citizen forums and pensioner groups up and down the country, and they would undoubtedly wish to speak for themselves. Every attempt should be made to contact bodies representing older people, and older people themselves by way of surveys and focus groups.

Chapter 5

- 5.2 'Reality checks' mentioned twice. There are older persons' champions in many local authorities. The question of 'political' support means in practice in modern local government having the backing of the Executive and key scrutiny bodies, and majority party if there is one.
- 5.8 The question of resources is key to this whole project. If there is no 'extra' government funding then some local authorities and going to be hard pressed to recruit new specialised staff or pricey consultants. Are there enough transport practitioners with the accessibility planning skills to go round?
- 5.16 Why should the lead authorities decide on the strategic mapping audit before engaging with partners? Surely this would be a recipe for accusations of 'tokenism' and generate a feeling amongst them that they were second class participants in the exercise.
- 5.30 Many CDRPs have done informative mapping exercises on crime and fear of crime. The latter affecting older people in particular. (See 'Older People and Fear of Crime', Help the Aged, 2002)
- 5.33 Accessibility planning partners – should local university geography and transport departments get a mention? Some have substantial research and GIS mapping skills amongst their ranks.

Chapter 6

Summary. Additional possible areas for further investigation might include the impact of accessibility on attendance for hospital and GP appointments, the changing use of post office branches in urban areas, and the take-up/non take-up of travel passes.

6.12 And 6.13 Many organisations representing older people and other groups in relation to travel concessions, including Help the Aged have provided evidence on provision and take-up. It is suggested that local authorities should look very closely at the costs and benefits (including improving affordability/accessibility) of such schemes. If, as was the case in the West Midlands, and Wales substantial benefits and support for generous provision, and high take-up can be proved, then they should be encouraged to include initiatives in their accessibility planning.

6.18 As indicated earlier Help the Aged proposes to make a report available before the end of 2004 comprising a full discussion of the issues surrounding older people and accessibility. Informal discussions have been held with the University of Westminster – if indeed it is this institution that is completing an ongoing research project. Hopefully local transport practitioners will appreciate all the advice they can get from specialist sources.

Chapter 7

7.2/7.4 Help the Aged believes that there imaginative indicators that can be used which concern older people, particularly those living on low income, who are reliant on public transport and have mobility and other impairments.

7.11 On the other hand, having accessibility of pupils to schools as a core accessibility indicator must be questioned given the vexed issues of schools' intake, catchment areas, and parental choice. Is it truly realistic and desirable to focus on this particular issue at the expense of older people and the difficulties they often have getting to post offices, pharmacies or GP surgeries? On what basis were these particular core indicators chosen, and where is the evidence that their inclusion is valid. We feel that a reasoned and detailed explanation would be in order, if these mandatory indicators are to be accepted willingly.

7.16/17 Comparing sub groups of the population would seem to be desirable, including different age groups.

7.25 'Specific disadvantaged people groups, for example broken down by.....' The sentiment is fine but the wording should be altered. Shame that the old favourite - 'Broken down by sex' has been omitted! Re-word the section, but not to the exclusion of 'age' and other examples.

APPENDIX A: Establishing Partnerships

2. Agree wholeheartedly that accessibility should be factored into decisions taken in different policy areas so that (older) people's ability to get to services that they need can be significantly improved. Also that a failure to consider the likely accessible

consequences of decisions can have unintended, adverse implications for local communities. In our view a good example of the latter is the Urban Reinvention Programme embarked on by the Post Office with backing by the Department of Trade and Industry.

- 14/15. Notwithstanding the valuable role which can be played by 'proxy' national and local bodies which represent groups 'at risk' or 'hard to reach' consultation with older people should be, wherever feasible, directly with older people themselves. It would be of particular value to ascertain the views and needs of senior citizens who live in areas which have been shown to have poor accessibility to key services by IMD 2004, and older people who are, and/or live in areas of poor health, rely on public transport, have mobility impairments, have been victims of crime or live in areas where crime rates are high, and live in local neighbourhoods which are subject to physical and social change.

APPENDIX B: Further case studies and examples

It is gratifying to see the Wiltshire and Meltham case studies which are seeking to improve access for housebound older residents and senior citizens living in rural areas respectively.

GLOSSARY AND ENDNOTES

Both these sections of the Report are useful. Might it be worthwhile to add a glossary on some of the non accessibility 'technical' terms used? 'groups at risk' to name but one. We would be hopeful that the Help the Aged website and any relevant material and contacts (for example Senior Mobility) could be included in any additional contact lists to be added following the consultation stage.

TECHNICAL GUIDANCE ON ACCESSIBILITY PLANNING IN LOCAL TRANSPORT PLANS

- 1 Definition of Accessibility. This section is a bit sketchy and the factors not much more than a assorted list. Also since it is essentially spatial accessibility of services which is being discussed here, shouldn't the more popular definition of accessibility – ramps etc be also distinguished.

F.1 Agree with the twin bases proposed for Strategic Accessibility Assessment. Older people on low income and post offices, GPs and food shops would be a good example.

3.1 The present 'ad hoc' local arrangements may be disparate but may suit the local circumstances. For example, some local authorities have followed up the findings of accessibility deprivation in IMD 2004 and the distributions of older people and social/community service facilities as the basis of evidence-based locational decision making. (See the City of Portsmouth)

3.2 Should the statement – 'other potentially important influences on individual accessibility' include groups as well as individuals? There are other classifications of accessibility measures but the three proposed are acceptable, and Table A1 is helpful from a practical viewpoint.

- 3.2.2 The example of a threshold based indicator –‘the proportion or number of the elderly within a 10 minute walk of the nearest GP’ is well chosen, although would suggest substitution of the term ‘elderly’. Likewise in the description of Figure 3.A
- 3.2.3 What is the basis for the term ‘Continuous Measures’? It is not one generally used in the accessibility literature. Another example would be access to libraries in terms of time/distance/cost and the quality of services such as total book stock, hours of opening and helpfulness of staff.
- 3.2.5 Agree that comparative measures are useful to highlight differences between groups and times. For older people and other ‘age’ groups the diversity in terms of income, ethnic status, gender, car ownership, and health would provide the bases of comparing differences in residential location and relative accessibility.
- 3.2.6 The use of qualitative measures is welcomed. Figure A 7 and Appendix 1 on the accessibility planning website are helpful. As far as fear of crime is concerned there is evidence that personal background, place of residence, and time of year, are all likely to determine levels of anxiety. Certain places are also feared, such as underpasses.
4. ‘% of people of working age’. Help the Aged would argue that this phrase has outlived its usefulness. Women 60+ and men 65+ of pensionable age may be capable and willing to continue paid employment. Access to their work places can be very important.
- 4.2 Journeys to hospital – the use of thresholds of 30 and 60 minutes used on the basis of ‘informed opinion’. What exactly is that? Further explanation needed. The sooner the material on core accessibility indicators (which are being calculated centrally) is made available to all local authorities and stakeholders the better.
- 5.1 It is a truism to suggest that accessibility problems and solutions may vary significantly within and between local authorities. There are certain trends and processes at work in English cities, towns and rural areas, such as greater mobility for the majority of the populace and the closure of small neighbourhood facilities. But how these changes manifest themselves differs considerably from place to place.

The examples of local indicators given on page 20 are fine, although some might quibble with the use of the term ‘defined areas or communities’ why not neighbourhoods or localities? Likewise ‘the elderly’ as an example of an additional person group. Older persons and/or men and women over 75 instead?

The list of alternative types of opportunities or services is appropriate. A supplementary list of those facilities of particular salience to older people will be included in Help the Aged’s forthcoming ‘In the Right Place? Accessibility, Local Services, and Older People’.

- 6.1.1 Very clear and well illustrated section
- 6.1.3c) The Index of Multiple Deprivation. It is also possible to produce maps in which specific income and other domains are overlaid, thus showing areas of localised need and potential targeting of public action. (See Portsmouth maps attached)

- 6.1.4 Figure A 14 is there a definition of 'At-risk population grouping' anywhere?
- 6.4 Agree entirely that mapping audits need careful treatment. Some might say that the comments included in this section are bland. How about an example of the misuse of maps!?
- 6.6 Scenario Testing and Option Appraisal. Experience would suggest that locational and other decision making in local government is a mix of the 'rational', and 'pragmatic/political'. But as suggested the accessibility data, indicators, and maps should make for a more informed debate on such issues. The list provided on page 39 is ambitious, but relevant. Examples are to be found in 'In the Right Place'. For example the importance of seats and toilets safe pavements on the routes taken by older pedestrians. Figures A22, A23 and A24 are commendable. As is the stated aim that accessibility issues and objectives should be mainstreamed into key decision making processes.
- 8.1 'Presenting any such changes in the form of an accessibility map' add 'or maps'.
- 10.4.1 Deriving Deterrence Parameters. Agree with the assumptions underlying this section. There is ample research on 'distance decay' and similar concepts which describe who, how, when, where, and why potential customers/patients/consumers are put off trying to reach given facilities and services. Some of the material in 'In the Right Place' may be of value in relation to the diversity amongst older people. Perhaps there should be a health warning that these people groups, for example older people, are indeed disparate in their needs and travels. (Appendix 6 on the accessibility planning website?)

PART B: TECHNICAL GUIDANCE ON DATA ISSUES GFOR CORE AND LOCAL ACCESSIBILITY INDICATORS

1. Introduction
Suggest replace 'the elderly' by 'older people'.
- 3.1/2 Help the Aged welcomes the 'age' data being made available, notwithstanding the caveat noted earlier regarding the use of the term 'working age' to support the access to work indicator. It would be helpful if as much age population estimates (on a small area basis) as possible on a small area basis could be provided.
- 4.1 Query the inclusion of 'Access to work will not in general be relevant above retirement age'!?
- 5.2 Not clear why drive time is not used in the core indicators but can be useful for local indicators. Walk time certainly significant for older people in accessing local facilities – the ten minute rule – but is cycling time a must?
- 7.3 Destination: Health Care rightfully suggests GPs' surgeries and hospitals. For older people the former are essential and the latter are the type of facility which give rise to the most concerns and complaints.

- 8.1 Social Services Departments are a invaluable source for information on the distribution of older people, especially those who are likely to be vulnerable, housebound and in need of domiciliary care. Possession of useful data on, for example older people, varies as between different local authorities. In some cases held 'centrally' and in others by several departments.

Senior citizens' forums and pensioner associations also a valuable source of information and comment. They may also be in a position to organise and/or assist in contacting the hard to reach and potentially socially excluded people noted in 8.6
More websites?

- 8.8 Very comprehensive list of 'other destinations'. Pharmacies might be included and care should be taken with the urban post office data given that at the time of writing more than one and a half thousand post office branches have been closed in England as part of the 'Urban Reinvention Programme'.

Further Information. Good to have some people to contact on the technical aspects of this issue.

TECHNICAL APPENDIX 1; TECHNICAL INFORMATION ON ALTERNATIVE FORMS OF QUANTITATIVE AND QUALITATIVE INDICATORS

Some very pertinent and useful guideline and illustrative material on access, threshold and continuous (?) measures contained in this appendix. Replace 'older people' instead of 'elderly' on pages 4 and 15?

'In the Right Place' should add some nuances in terms of multiple thresholds for older people and key local facilities, although there is not always unanimity in research findings on this issue. Points about qualitative surveys and older people have already been made, and fear of crime on the part of senior citizens, for example, is a well researched topic.

TECHNICAL APPENDIX 3: SMART TARGETS

No objection to this acronym – is it commonplace in Whitehall?

Some practitioners might respond that if they succeed in mainstreaming accessibility and informing key locational decisions they will be doing pretty well. A cynic would observe that if targets are reached then they are kept and publicized and if not they quietly dropped and forgotten!

The examples given in this Appendix are hardly convincing, given the points made earlier about location being only one factor of importance in choice of secondary schools.

Perhaps this appendix could be more amply illustrated, as at present, it comprises little more than worthy exhortations. Does the 'under-performing regions' on the second page refer to tasks or areas?

Enclosures: Selected maps of Portsmouth

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