



National Consumer Council

Access to Essential Services

Scoping Report

12 March 2007



Executive Summary

This research was commissioned by the National Consumer Council to suggest a framework under which solutions to market-based social exclusion can be delivered. It was commissioned to assist in the development of a programme of work to improve access to services.

The social benefits of access to private services are at least as great as for access to public services. This social role is defined in terms of: the volume of trip making to private services; the consequences of lack of access; the concerns of users about provision; and considerations of equity. The services that are most essential vary according to function, preference, and capability. In particular:

- Perceptions of what is essential change and generally rise. Trip lengths and frequencies have been increasing fastest for shopping and leisure trips.
- People on low incomes access private services differently from people on higher incomes. The implications of these differences are important for public policy, and impact on the whole of society.

Although accessibility improvements often concentrate on transport networks, there is as much scope to improve accessibility by modifying: personal needs, service provision and non-transport networks. Current policy stresses the need to make connections between people, businesses, public agencies and communities.

Current trends in accessibility vary by location, people group and service type. Access by electronic networks has been improving, but changes in transport, business and social networks have been more mixed, sometimes resulting in significant negative impacts.

Options for improving accessibility can be achieved by:

- Increasing the capabilities of people, businesses, and communities.
- Funding access as a public service aim in its own right, in addition to the many separate transport, regeneration, social inclusion and other programmes to achieve accessibility goals.
- Developing the social economy, recognising that it can sometimes be easier to cross statutory, professional, management and funding barriers within community based organisations, to deliver better value, people focused and needs based solutions.
- Partnerships with business, recognising that socially inclusive approaches are good for business, and that each sector has different strengths.
- Regulation, accountability and responsibility to structure and manage progress and ensure that all needs are met.
- Enforcement of rights and standards through monitoring, audit and incentives.

The next steps in delivering these changes should build on progress already made through local authority led accessibility planning partnerships, but

should accelerate progress through: better data, involving private companies and stronger leadership. In particular the National Consumer Council should consider:

- The feasibility, costs and timescale for delivering new national measures of access to private services and the potential promotion of these within the national index of multiple deprivation.
- The promotion to local authorities best practice in retaining expenditure in fragile rural economies by developing a toolkit identifying best practice in “plugging the leaks”, “accessibility planning”, and enhancing community cohesion.
- Improving the capacity of people to access services through social marketing by demonstrating to providers and other major businesses that better marketing to poorer people is not just good corporate social responsibility but also good for business.
- Tackling cultural barriers affecting the ability of public agencies and private companies to work together on mutually beneficial solutions by facilitating a training programme on best practice for partnership delivery.
- For targeted services identifying gaps in provision, facilitating productive discussions with the companies involved in the sector, and ensuring a clear focus on consumer needs particularly for deprived groups.
- Identifying suitable incentives needed in each sector to encourage businesses and other organisations to champion improvements in access for all private services.
- Funding research on the types of people facing safety, security, comfort and information barriers for access to services. This should be disseminated to relevant companies and agencies who could tackle these problems.

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1.0 Introduction

- 1.1 This research has been commissioned by the National Consumer Council to suggest a framework under which solutions to market-based social exclusion can be delivered.
- 1.2 Improving access to local services is inclusive, efficient and has many wider benefits in sustainable community development. However markets operate within narrower contexts than social need. As a result, the market is failing to ensure sustained provision of local essential services to disadvantaged consumers and their communities. The increased barriers to access for this group risks entrenching social and financial exclusion. Incentives from outwith mainstream market mechanisms are therefore needed to improve access.
- 1.3 The social consequence of access based market failure has been recognised by government (e.g. SEU 2003). Since 2004 local transport authorities have been charged with auditing the access needs of the residents of their areas, and taking action to tackle barriers to access.
- 1.4 It is beyond the scope of this report to review the progress to date with accessibility planning in the UK, but from the available information it is clear that there remain some critical barriers to access for many people. New solutions are therefore necessary to ensure sustained provision of local essential services.
- 1.5 This report:
 - Contributes to the debate on the nature and measurement of access to essential services.
 - Discusses how to develop sustainable solutions to market-based exclusion.
 - Makes recommendations on how further work can be developed to tackle barriers to access.

2.0 What Services are Essential?

2.1 People, behaviour and lifestyles vary across the population. There is therefore no consensus on what services are essential. To understand what is essential, and to whom, accessibility can be consideredⁱ for each group of people in terms of:

- The **frequency** with which each service is accessed (expressed need)
- The **consequences** of the person not being able to access the services (social need)
- The **concerns** of the affected groups about not being able to access the services (stated need)
- The importance for **equity** of some people not having access (comparative need)

2.2 When defining what is essential, it is not possible to rely on only one of these criteria. People may not need to make as frequent trips to hospital, but the consequences of not making the trip could be serious. Lack of equity in access to further education may not be a concern to some economically inactive people, but the consequences of this lack of equity can be to build in a life of dependency.

2.3 Table 2.1 summarises some of the most important services that people need to access, and identifies how this relates to the dimensions of need. This provides an overview of the types of issues. Reference should be made to the source documents for a more comprehensive description of the challenges.

2.4 Key points from the analysis in Table 2.1 are that:

- Essential services include many public and private services. The services that are most essential vary according to function, preference, and capability.
- Expectations of society move on, so perceptions of what is essential change and generally rise. Trip lengths and frequencies have been increasing fastest for shopping and leisure trips.
- Low income groups make trips on a similar frequency as for high income groups for access to most public services. Further and higher education is the main exception to this, but the high degree of choice for this trip purpose makes it more similar to market based provision than for other public services.
- For access to work, and access to private services such as shopping, low income groups show different travel behaviours from higher income groups. Lower income groups spend more time than higher income groups travelling for shopping and personal business (the largely market based services), but spend less time travelling to work and education. Low income groups spend less time travelling for sport and leisure activities

- The implications of these differences are important for public policy since the consequences of lack of access for some people, impact on the whole of society.

Table 2.1 – Accessibility Needs and Essential Services

Service	Why is it essential			
	Frequency of access required ⁱⁱ	Consequences of lack of access ⁱⁱⁱ	Stated concerns of people ^{iv}	Equity ^v
Local shop, shopping centre	High frequency and fastest growing trip purpose	Poor eating habits leading to poor health	Concern about the loss of local stores.	Low income groups make more frequent short trips and pay more e.g. taxis.
Post Office Banking/ Cash machine, legal services	High frequency	Higher costs resulting from the need to use more costly sources for cash such as pay for use cash machines	Concerns about declining local provision	Low income groups make more frequent trips and pay more for their banking.
Leisure, sports, clubs and societies	Medium frequency	Weak social support mechanisms for people who cannot participate		Low income groups spend less time travelling for sport and leisure activities and make less frequent trips than for the population as a whole.
Hospital	Low for most people	High for some services – can core services be defined	People do not generally choose where to live because of proximity to a hospital so transport to hospital is relatively important for accessibility	Poor people pay the highest costs for getting to hospital Choice in healthcare requires more travel favouring mobile groups.
GP	Medium	Delays in seeking help resulting in greater problems and higher costs	Largely a concern for low mobility group	Poor health and poverty are closely linked.
Community/ day centre/social services	Frequent for a small number of people	People can become unable to live independently without making a call on social services without social interaction.	Type of transport is very important since these services target low mobility groups.	
Schools and colleges	Frequent for those in full time education	Some children are be unable to participate in discretionary, non-core activities (e.g. breakfast clubs, homework clubs and after-school activities)		Fewer trips to colleges from lower income groups.

Service	Why is it essential			
	Frequency of access required ⁱⁱ	Consequences of lack of access ⁱⁱⁱ	Stated concerns of people ^{iv}	Equity ^v
Childcare and nurseries	Frequent for those with children	Restricted time budgets in single parent families can make access to childcare difficult.		Fewer trips to nurseries from lower income groups.
Employment	High frequency	Work is central to social inclusion. The inability to access employment as lower value activities move out of town centres to less accessible locations. .	Choice of residence location closely related to employment	Low income groups travel less far to work and transport costs can be a barrier to take up of low paid jobs.

- 2.5 The relatively similar behaviour demonstrated for access to public services regardless of income, will be heavily influenced by the way that these services are provided (e.g. travel to school or hospital is still only marginally influenced by emerging choice agendas in policy). In contrast, customer choice has a major impact on market based provision.
- 2.6 The social role of private service provision is at least as high as the role of public services. Whether this social role is defined in terms of: the higher volume of trip making to private services; or the significant consequences of lack of access such as on eating habits; or the concerns of users such as post office and shop closures; or considerations of equity such as for participation in sport; it is clear from this very limited analysis that more action is needed to improve access.
- 2.7 To be able to influence the market successfully, a more systematic analysis is needed of the mechanisms and factors that affect people's needs. In Chapter 4 some of the main factors are reviewed. However, it is first necessary to discuss why markets do not deliver inclusive approaches.

3.0 Networks, Roles and Barriers to Accessibility

3.1 Some theory and definitions relating to social inclusion and accessibility is provided in Appendix A. This chapter reviews the barriers to access, trends in accessibility and the networks, roles and responsibilities through which accessibility can be improved.

Barriers to Access and Networks

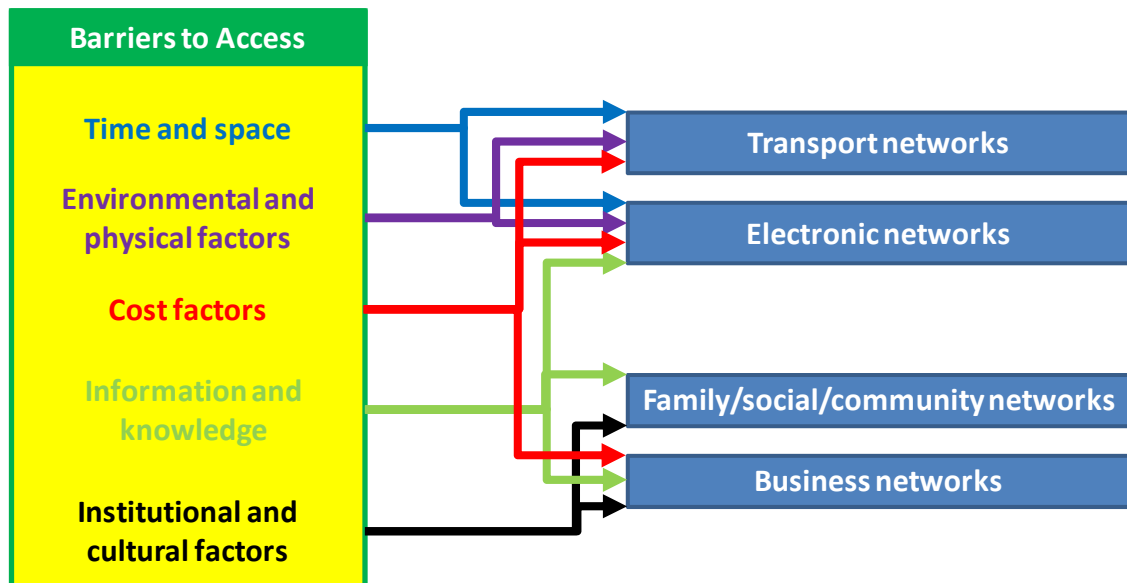
3.2 Personal needs and circumstances can act as barriers to access, as can the characteristics of service provision. By taking a systematic approach to the identification of all barriers to access and by taking action to ensure that each barrier is overcome, the needs of all people can be met.

3.3 To ensure that all barriers are tackled it is necessary to include:

- People's needs and circumstances;
- The characteristics of the service provision; and
- The ability of networks to make connections between the two.

3.4 Different networks are available to overcome these barriers as shown in Figure 3.1.

Figure 3.1 – Networks and Barriers to Access



3.5 Table 3.1 summarises the parameters that affect accessibility. By influencing these parameters, accessibility can be changed. For example making more information available on the internet means that more people will have access to that information. Providing a bench in the town centre could provide “exchange space” where people develop social networks.

3.6 Although accessibility improvements often concentrate on transport networks, there is at least as much scope to improve accessibility by modifying: personal needs, service provision and non-transport networks.

Table 3.1 – Parameters of Accessibility^{vi}

Factor	Personal Needs	Networks	Service Provision
<i>Transport Networks</i>			
Spatial and temporal	Management of time budget	Travel time including walk, wait, and in-vehicle	Land use patterns
	Lifestyle constraints and need to experience travel	Availability of transport services by time of day and day of week.	Opening times
	Location of residence	System capacity	Service delivery capacity constraints
	Convenience or avoidance of travel	Delivery vehicles and mobile shops/services	Home delivery and in home services
Environmental and Physical	Physical capabilities including mobility impairments	Vehicle designs suitable for users e.g. low floor buses, footpaths, car park design	Being seen to behave reasonably
	Confidence	Street lighting, safety and security	Reduced crime levels
	Comfort	In vehicle, interchange/waiting areas, protection from weather	
Financial	Available budget	Travel cost	Cost of goods and services, entry costs.
	Capability to manage budget	Pricing options.	Discount criteria
Information	Knowledge level and information prior to travelling	Information whilst travelling	Management and marketing of transport
<i>Electronic networks</i>			
Spatial, temporal and information	Availability of home computer, telephone ability to pay electronically.	Network coverage and bandwidth, cost of provision.	Electronically transferable media, reports, products, knowledge.
Financial			
Environmental and physical	Capability and confidence to use technology,	Adaptability of technology	
<i>Social networks</i>			
Institutional and cultural	Ability to interaction successfully	Family, friends, neighbours, common interests	Human interaction and social support.
Information	Willingness to participate in social and community networks	Community centres, clubs, societies, parks and exchange space.	Sports, social activities, community and welfare activities
<i>Business networks</i>			
Financial	Purchase of product or service	Local centre/shop, Shopping centre, home delivery	Trading
Information	Purchase choices for information and news, television, newspapers, computer	Newspapers, television, internet, postal mailing	Customer information or more personalised relationship with customers
Institutional and cultural	Brand awareness, participation and loyalty	Cultural, product and service delivery linkages	Joint business agreements and partnerships and loyalty products

Trends in accessibility

3.7 There are many influences on accessibility with:

- Centralisation of some services and decentralisation of others.
- Lower density living leading to greater separation between people and services.
- Economic activity increasingly spread over 24 hours but transport provision varies by time of day and day of the week.
- Changing business cultures leading to better targeting of products at the highest spending consumers but less choice for others.
- Growing car ownership meaning that many people can benefit from improved access but increasing congestion resulting in a decline in the benefit provided by a car.
- Bus services being restructured to become more competitive with other modes, but reducing cross subsidy between services resulting in a declining network coverage.
- Decline of many town centres relative to large cities and out of town services.
- Busier roads reducing accessibility for pedestrians including people travelling by other modes who need to walk for part of their trip.
- Changing communities with less reliance on family networks relative to other social networks.
- Growing niche markets leading to development in new types of location (e.g. book villages, food towns, eco villages)

3.8 These impacts vary by location, so there is a growing need to understand the changes that are taking place within the community planning structures across the country. A systematic approach at a local level is needed to identify changes and take action to overcome them. Some of the trends that are affecting market based provision that have already been identified in some locations are shown in Table 3.2^{vii}.

Table 3.2 – Trends in Access to Private Services

Service	Transport	Electronic	Business	Social
Post office	Declining quality of pedestrian networks including busier roads to cross reducing accessibility for local walking trips. Declining rural bus network	Some services available on the internet but limited impact	Post office services being provided by a wider range of retailers. Expanding product portfolio within the post office branch network but declining role in benefit administration	Declining role of post offices as social hubs.
Banking	Wider availability of cash machines. Significant market for pay per use cash machines in communities with poor access.	Growing role for internet banking.	A higher proportion of households have bank accounts.	Growth of corporate social responsibility provision leading to ad hoc benefits.
Food shops	Growth in availability of taxis and reduction in cost in real terms. Growth of community car and minibus based shopper schemes. Decline in rural scheduled bus provision.	Growth in availability of e-shopping and home delivery.	Declining number of local food stores but a rise in the number of major supermarkets leading to big winners and big losers.	Growth of community food schemes.
Other shops	Urban centric public transport improving access to city centres. Growing road congestion in cities.	Growth of e-shopping as part of a general expansion in the industry.	Growth out of town and in major cities leading to poorer access away from major economic centres.	
Sports and leisure facilities	Increasingly car dependent. Growth of community transport sector to facilitate access for non car owners.			

Roles and responsibilities

- 3.9 With so many options to improve accessibility, perhaps the greatest challenge is to manage delivery. Government has highlighted that despite accessibility being central to people and businesses there has been no clear accountability for delivering improved accessibility^{viii}.
- 3.10 Marginal decisions by companies to close local shops, leisure centres, or day care facilities could be avoided if there was clearer accountability for representing broader consumer interests and making the connections beyond the individual markets within which each individual organisation works.
- 3.11 Local transport authority accessibility planning partnerships have concentrated largely on joint working with other public sector providers

where there are similar management and service delivery cultures^{ix}. Even within the transport industry there is a poor track record of partnerships between local authorities and private bus operators to secure social benefits.

- 3.12 *Action has therefore been weakest for services reliant on market based solutions.* Without significant new action and incentives to provide clarity and incentives on roles and responsibilities, it is unlikely that the current local authority led accessibility planning partnerships will be able to extend to improve access significantly for supermarkets, post offices, banks and other private providers.

4.0 Delivering Improvements in Access

4.1 Options for improving accessibility are discussed below under six main themes:

- Increasing capabilities
- Funding and cross subsidies
- Developing the social economy
- Partnerships with business
- Regulation, accountability and responsibility
- Enforcement of rights and standards

Increasing capabilities

4.2 One of the most equitable and effective ways of improving access is to raise the capabilities of people, business and organisations. This affects both the supply and demand sides of accessibility^x.

4.3 Of concern, when considering capabilities, is that no organisation currently has a formal social marketing function, objective or recognised expertise in relation to accessibility. With the 21st century set to grow the knowledge economy, there is a need for improved information to bridge the knowledge gaps that are currently leading to exclusion. In particular:

- Wealthy people are much better at influencing investment decisions. The capacity of the poorest people to ensure that their needs are being met requires support.
- Many private businesses do not think about accessibility when making decisions. They therefore need encouragement to think about access in the decisions, particularly for vulnerable groups.
- Some people require more help than others e.g. those with mobility impairments. Lack of knowledge leads providers to pay more attention to infrastructural factors such as wheelchair access than the actual capabilities of the people they serve.
- People have a poor knowledge of the options available and these gaps in knowledge restrict access within limited travel horizons.
- Public agencies often do not understand the impacts of their investment programmes. For example by funding and managing a new public leisure or sports facility they can potentially undermine the parallel private provision leading to its closure.
- Few people understand how they can contribute to the needs of others by spending money locally and participating in community based initiatives to improve access. As social structures change, the need to increase local delivery and community capacity becomes more important.
- There is a general consumer expectation that accessibility will get better but the purchasing of decisions of these consumers often

lead to accessibility getting worse. When people have a better knowledge of the impacts of their choices their behaviour changes^{xi}.

- 4.4 New programmes are needed which provide information on accessibility to private services and identify roles and responsibilities for taking action when gaps and barriers are identified.

Funding and cross subsidies

- 4.5 Despite many policies in support of cross sector working on accessibility issues, public funding programmes continue to be dominated by single sector action. Amongst other factors, this relates to the management pressures and accountabilities within each discipline which measure delivery performance largely within narrow fields of interest.

- 4.6 There is much greater scope for both private markets and public services to deliver better accessibility whilst maintaining levels of profit and best value, but the mechanisms for achieving this remain poorly developed.

- 4.7 Public funding does not always achieve the desired outcomes, and commercial investment often has hidden social benefits. These are complex issues. However key concerns that need to be recognised in delivering improved accessibility are that:

- Businesses rarely set measurable targets (e.g. over 90% of customers within 5 miles of a free cash machine) so it is difficult for public investment programmes to demonstrate genuine additionality to the market based provision.
- Current social criteria are not clear in investment programmes. Social investment is more strongly correlated to political interest and lobbying than to measurable and auditable criteria. There is much greater potential to define core accessibility standards to guide investment programmes.
- Improving access to local facilities helps all groups in society, but it helps the poorest most. However appraisal of funding decisions rarely includes these wider benefits.
- A private company will only change a commercial service to tackle a particular social need if the public funding is sufficient to make this worthwhile. This will often include additional costs for loss of flexibility and independence in managing operations.
- Transport investment is dominated by the need to recognise travel demand changes and congestion problems. Given that the wealthiest people travel most, transport investment often widens access to opportunity gaps between and poor^{xii}.
- Where transport is improved, land values often increase. This means that wealthier people nearly always ultimately end up living in the locations with the greater accessibility, since they can afford the more expensive properties in the accessible locations.

- There are untapped opportunities for capturing revenue from the option value of accessible locations. Wealthy people are sometimes prepared to pay for the option of having good accessibility even if they do not use the local services or transport options. New mechanisms to capture such revenue are needed – perhaps similar to the “public subscription” that funded many local services in the past.
- The steadily declining level of cross subsidy between market based services has resulted in reduced accessibility in many parts of the country. For example in bus networks some companies have managed the decline in cross subsidy to create predictable profits in a declining market. Dispersed populations do not generally support viable fixed route and scheduled public transport. Stronger action is therefore needed to secure more sustainable approaches to rural accessibility, and this is likely to be based on more demand responsive transport^{xiii}.

4.8 Accessibility is often stated as a general objective but there remains much confusion about who is responsible for funding access for each trip purpose. As discussed in Chapter 3, this uncertainty means that many opportunities for delivering better value, and achieving cross subsidies are undeliverable since they cut into sensitive long standing controversial debates.

Developing the social economy

4.9 Many of the most significant accessibility improvements for vulnerable and excluded groups have been made within the social economy. These approaches capture resources not available within private markets by virtue of some or all of the following attributes:

- Non-statutory – and therefore not limited in scope.
- Non-commercial – and therefore having no requirement to make a profit.
- Not limited by professional boundaries – so that barriers to entry are removed or reduced.
- Involving voluntary sector inputs – helping to reduce delivery costs.
- Locally managed and based within the communities being served.
- People orientated – with most initiatives incorporate users in the management structure.
- Those responsible for management decisions are not permitted to benefit financially from their responsibilities
- Charitable in law and able to take advantage of fund-raising and tax advantages.

- Being needs-based rather than demand-based or market-led. However it needs to be recognised that there may be local prejudices that influence priorities.
- 4.10 Successful developments to improve accessibility are often led by, or connected with, local community groups. Some are transport based or have a transport component to improve local access e.g. meals on wheels associated with social care, fruit and vegetables vans associated with community food schemes, community buses associated with rural multi-service centres (e.g. local shop, post office, IT support, recycling, etc)^{xiv}.
- 4.11 Successful delivery depends on^{xv}:
- Formal partnerships with private businesses and statutory agencies to define mutual benefits.
 - An evidence led approach with data on local needs and circumstances.
 - Involvement in or connections with local training and education.
 - Local champions to develop and maintain momentum.
- 4.12 However community capacity is greater in wealthier areas so each delivery approach needs to recognise the local context.

Business partnerships

- 4.13 To survive, most businesses need to optimise their services around the needs of their highest spending client groups. These clients are rarely the poorest people. However the costs of serving poor and vulnerable people better, may be insignificant in the context of the overall business operations. In other cases some external funding may be needed to secure equitable provision. In either situation, partnerships between business and other groups can help to target and secure more equitable provision.
- 4.14 Corporate social responsibility within business is of growing importance to businesses. Marketing increasingly emphasises these such as “Caring for our Communities”^{xvi}. Large companies are often looking for the approaches with the strongest marketing value, and meeting the accessibility needs of vulnerable people often meets this goal. However businesses are not always best able to review and identify how best to target these initiatives. Evidence and support is therefore needed from public agencies and voluntary groups.
- 4.15 Many of the most vulnerable people in society depend on private taxis for access to shops, banks and other services. Since the least well off need to rely on one of the most expensive transport modes transport network coverage is clearly affecting accessibility. Where lower cost transport is available such as: town centre shuttles, shopper buses, Ring and Ride or Dial a Ride then the latter are usually preferred since they offer lower cost travel. Where demand is low partnership

approaches with taxi operators can ensure vulnerable people can purchase better value trips.

- 4.16 The accessibility footprint, or catchment, of new development needs to be more clearly identified particularly where this affects vulnerable groups. Often new shopping centres or offices are planned with capacity being the focus of catchment planning. Accessibility audits of new developments as required by land use planning best practice need to be applied more rigorously.

Regulation accountability and responsibility

- 4.17 Legislation has generally been written with narrow service delivery cultures as the primary focus. In general, consumer protection functions have not yet extended to accessibility, although the recent decision of Postcomm to set accessibility targets for postal services shows that some powers already exist for regulation of access to essential services.

- 4.18 With the exception of physical accessibility for mobility impaired people, current regulation does not give accessibility value beyond that which already exists in a competitive marketplace.

- 4.19 It has been recognised that there is a need for additional leadership and focus to secure improvements^{xvii}. A number of recent legislative changes have been made to facilitate accessibility improvements, but these have mainly been for public services. For other changes including for access to private services, it will be necessary to review the lessons from the new accessibility planning partnerships to identify what barriers have been faced. However from the limited analysis to date^{xviii} it is clear that a boost is needed to the effectiveness of these partnerships in relation to private services. Some stronger incentives are needed.

- 4.20 Best practice is still evolving. However, regulation is most effective at making best practice more normal practice. In the short term: greater clarity on who will be held to accountable for accessibility standards, better information on current trends, and funding opportunities to support emerging best practice are all needed to clarify the management framework.

Enforcement of standards

- 4.21 The best approach to enforcement is when standards become self enforcing. To a certain extent this already happens through the political process, since access to essential services is a sufficiently high priority to feature at this level. The impacts on accessibility of declining town centres, out of town development, changing rural service provision, changing transport networks and other factors merits a more systematic treatment, so that social needs are better understood. This is discussed in Chapter 5.

- 4.22 By publishing changing standards of accessibility to services for all people in society, it may be that no further enforcement is needed since there are public expectations that things will improve. However it would

also be helpful for the best value and audit regimes for public agencies to include performance assessments on access to services. In particular there need to be clearer links between allocation of public funding and delivery of accessibility goals.

5.0 Building on What is already Happening

5.1 Chapters 2 to 4 have provided a brief review of the opportunities and threats for improved access to essential services and the benefits of action. This Chapter provides a brief overview of possible next steps.

5.2 It is clear that inclusive approaches result from improving the capacity of people, businesses and agencies to engage more productively. To improve the capabilities for action on access:

- Published evidence should support better decision making by everyone
- Partnership is needed to share complementary skills in different sectors.
- Accountability and leadership is needed to ensure that barriers to progress are overcome and that the needs of all people are met.

National indicators of accessibility

5.3 There are a very large number of combinations of people, activities and links that define accessibility in any individual situation. A practical approach to measurement must:

- Define activities to represent quality, choice, scale, need, restrictions on availability, opening times, scheduling and many other factors.
- Segment the population to reflect abilities and perceptions, given that these are often specific to individuals or small groups.
- Ensure a broad enough view of all transport and communications options, which reflects all aspects of modal choice, telecommunications, and quality in terms of speed, cost, prestige, security, comfort and other factors.

5.4 Data availability and a developing network society are changing rapidly, and it is within this context that better measures of accessibility can be developed.

5.5 Starting at the simplest level, it is easy to conceptualise access in terms of rurality. However measures of rurality are heavily dominated by the sparsity of the population rather than access to any particular service. Also many different definitions of rurality exist throughout the country. Most include drive times to major centres, and a broad range of services are assumed to be present in these major centres. Although sparsity is often correlated with accessibility, and drive times give a partial picture of the geography of transport systems, the existing rurality indicators do not give a clear picture of access to any particular type of service. However, in each part of Britain better measures of accessibility already exist.

5.6 As part of the delivery of accessibility planning in England, DfT monitor changes in travel time by public transport, walking and cycling from each neighbourhood statistics zone to work, food shops, GPs, hospitals,

schools and further education colleges. These indicators are still developing, and it is planned that they will be published at least every two years.

- 5.7 It is a relatively straightforward task to extend this analysis to other trip purposes, destination types and modes, and in 2006 additional national analysis was undertaken for legal services, post offices and pharmacies and these also included drive times.
- 5.8 In England the indices of multiple deprivation also measure road distance to GP premises, road distance to a supermarket or convenience store, road distance to a primary school, and road distance to a post office.
- 5.9 In Scotland social inclusion and accessibility planning is administered through “closing the opportunity gap” policies and targets which largely relate to the Scottish indices of multiple deprivation (SIMD). In 2006 the SIMD were updated to include a new accessibility domain based on drive, walk, and public transport travel times to post offices, GPs, local centres, schools and petrol stations.
- 5.10 In Wales the accessibility domain of the deprivation indices relies on an analysis of the travel times from neighbourhood statistics zones to food shops, GPs, schools, post offices, public libraries, dentists and leisure centres services within defined travel time thresholds.
- 5.11 Further detail on the deprivation indices is shown in Appendix B.
- 5.12 Although more types of service can be included as data becomes more readily available on many more types of provision, the greatest problem with these approaches is that they are largely based on either road travel time or travel time by scheduled public transport. Improvements are needed to better reflect accessibility as perceived by people. This would require the following improvements:
- Cost of travel is an important barrier and needs to be added.
 - There is a need to include the many demand responsive transport services that are not included in public transport databases. These include many of the community transport and other demand responsive services that are important for the needs of vulnerable groups.
 - Transport system capacity needs to be included since road congestion, and some rail congestion is affecting accessibility for many people.
 - Quality and comfort of transport would recognise that some options are more preferable than others. These perceptions differ by population group with some people requiring anonymity and other requiring the chance to socialise.
 - The safety and security of travel needs to be linked with the ability of different sectors of the population to make trips by time of day.

- Physical barriers are increasingly being shown in the Ordnance Survey data for the street environment and need to be added to the analysis.
- 5.13 Although some local areas have undertaken analysis of a few of these factors, further work is needed to ensure that these findings are made more widely available and to link national indicators with the local detail where possible.
- 5.14 Further work is needed to:
- Specify how different groups in the population view the parameters of accessibility.
 - Identify a data collection approach to represent each parameter.
 - Design a range of indicators that would allow the indices of multiple deprivation to more closely reflect the current barriers.

Partnerships

- 5.15 There remain significant cultural barriers that are frustrating the widespread partnerships needed between public agencies and private service providers.
- 5.16 Many of the most successful examples have been where community led initiatives have been able to bridge the culture gap and include both public agencies and private providers on partnerships.
- 5.17 Partnership is particularly important for marketing and information. Improving the capabilities of informed residents to be able to make better decisions on access to overcome many of the current barriers.
- 5.18 There is already a well developed transport system to allow people to access services but private service providers seldom help people to use these systems by giving guidance on the best means of access. People and businesses need help to become better at using this system, and demanding better performance where it falls short.
- 5.19 At present consumers are not clearly represented on accessibility issues. There needs to be formal recognition of accessibility issues in regulating different sectors and particularly transport, financial services and other communications industries.
- 5.20 The current rate of progress in developing partnerships on access to private services will be insufficient to make the necessary improvements across the country. New incentives are needed.

Accountability and leadership

- 5.21 Public investment in improving accessibility to private services should be focused at the programmes which are delivering the greatest benefits. The leadership could come from public agencies, the private companies themselves, or from community groups. The ability to bid for funding should be open to all of these organisations.
- 5.22 Sharpening accountability for failure will provide the best safety net. At present, if households cannot access even basic private services such

as food then there is no clear accountability. Government accessibility planning guidance gives a fairly open ended agenda to local transport department responsibilities. However, this theoretical responsibility of transport departments is not mirrored by a widespread public acceptance of such accountability. Also, based on current practice, it is not realistic that a transport department should have the ultimate accountability for decisions often made within the same local authority by planning, economic development and other colleagues.

- 5.23 The DfT guidance on accessibility planning makes clear that through community planning, land use planning, and transport planning collectively, all gaps in access can be closed. In most authorities only the Chief Executive can ultimately be responsible for this range of service delivery. To accelerate progress, a mix of funding incentives and audit penalties will therefore be needed.

6.0 Recommendations

6.1 Access to many private services has been declining, particularly for less mobile groups and those living in the most deprived communities. The gaps between rich and poor for access to private services define many of the most critical factors in social exclusion. The evidence of these problems is largely local and anecdotal but describes a very large, and partially hidden, problem. Given the importance of access to private services for consumers, there is a need for readily available national data on provision, and clear working structures for tackling identified problems.

6.2 NCC should facilitate the development of better data, partnerships, and management arrangements to tackle these problems. Specifically:

- The current successful partnerships that NCC has facilitated to improve access for some services (e.g. cash machines), demonstrates good practice that can be followed for other services. Clear evidence of gaps in provision, productive discussions with the companies involved, and a clear focus on the consumer, can secure accessibility improvements, particularly for deprived groups. NCC should facilitate similar action for other banking services, postal services (working with Postcomm), shopping (working with trade groups and major retailers), leisure services, broadband provision (working with Ofcom), and other more specialist retail and leisure markets.
- Measures of access to private services should be developed to include the distance, time and cost involved in accessing private services, taking account of growing congestion and changes in public transport provision. NCC should commission work to review the feasibility, costs and timescale for delivering these new national measures of access. Based on the outcome of this work, and to ensure a sustainable approach to delivering trend data for access, NCC should promote the inclusion of feasible national measures within the national index of multiple deprivation.
- NCC should promote to local authorities best practice in retaining expenditure in fragile rural economies by developing a toolkit identifying best practice in “plugging the leaks”, “accessibility planning”, and enhancing community cohesion.
- Improving the capacity of people to access services should be facilitated through social marketing. Private service providers focus on marketing to the wealthiest groups, who often spend the most. Based on the evidence presented in this review, and additional research on the value of accessibility, NCC should demonstrate to retailers and other major businesses that better marketing to poorer people is not just good corporate social responsibility but also good for business.
- NCC should fund research on the types of people facing safety, security, comfort and information barriers for access to services.

This should be disseminated to relevant companies and agencies who could tackle these problems.

- Cultural barriers affect the ability of public agencies and private companies to work together on mutually beneficial solutions. NCC should facilitate a training programme on best practice for partnership delivery.
- Access to private services is much broader than the current transport based accessibility planning partnerships. NCC should identify the incentives needed to encourage businesses and organisations to champion improvements in access for all private services. These incentives could include funding, best practice awards, audit, regulation, and publicity. Research should be undertaken to identify the best incentives for each sector.

A Appendix A - Definitions and Concepts

Social inclusion and accessibility

Social exclusion encompasses those individuals who experience a diverse range of barriers including: discrimination, lack of local job opportunities, low skills, chronic ill health, fear of crime, lack of available childcare, isolated geographical location, problems of cultural identification, isolation within their community, disaffecting interest in mainstream education and alienation from the political process.

Increasingly, government has encouraged the private sector in the supply of essentials, since markets are the most efficient mechanisms for distributing utility. However, when markets fail to deliver inclusive solutions, external inputs are needed to close opportunity gaps. There are now many situations where these gaps have grown due to accessibility difficulties.

In determining what interventions are necessary to reduce market based exclusion on grounds of accessibility, four related elements of the debate about social inclusion and accessibility should be considered:

- It is necessary to distinguish between the “fact of exclusion” and “cause for concern”^{xxix}. Someone might choose to live on a remote island sacrificing accessibility for other personal preferences. They would be excluded from access to many services but there may be no cause for concern if they have the capability to choose an alternative lifestyle.
- However, the differing capabilities and preferences of people often contribute to their exclusion. The rationale for intervention to tackle such exclusion would be if these behaviours imposed undesirable consequences on the rest of the population^{xx}. Some people have very low travel horizons and this defines the reason for their exclusion. A person may choose to live in a remote location since they have difficulty interacting with other people. Most social inclusion policy interventions presume that to promote inclusion, some elements of choice need to be sacrificed. Inclusion is therefore achieved by supporting “capabilities” rather than any external view of what might be an appropriate level of provision of transport, goods and services.
- Interventions which do not allow individuals to experience the impacts of their behaviour, can reinforce unsustainable markets and ultimately reduce the level of opportunity in a society^{xxi}. Continued support for a bus service that nobody uses leads to an inequitable distribution of resources.
- There are no thresholds of accessibility that apply across all markets and sectors^{xxii}. There must be flexibility for policy makers and individuals to implement their own priorities to reflect the concerns of their particular functions. However, for such a system

to work there needs to be sufficient mutual respect to allow people to be able to engage in productively with each other^{xxiii}.

The practical dimension to these concepts is to be able to define roles and responsibilities which ensure that social exclusion is avoided. For example, an elderly person who has lived in a rural village and shopped in a local store may find that they are no longer able to live at that location due to the store closing. Avoiding market based exclusion depends on the people and organisations affected by the change being able to negotiate a successful solution.

In most cases, for these solutions to become practical, the capabilities of the stakeholders need to be developed. (e.g. with support the person could contribute to improving the accessibility of the village by managing shared taxi/community transport bookings)

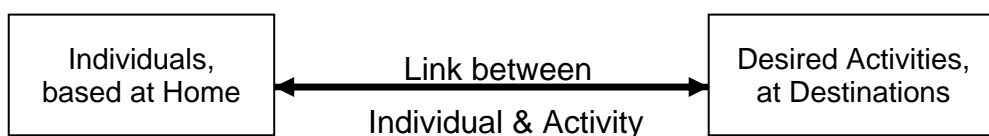
The recent direction of policy^{xxiv} has been to stress the interplay of local community and external inputs and to view inclusion as the process of developing a complex mesh of networks making the connections: amongst people, within businesses, between communities, between businesses and communities and between institutions, businesses and communities. Accessibility planning therefore concentrates on the capability of networks to ensure that all needs are met.

What is accessibility?

At its simplest level, accessibility is the ease of reaching opportunities or the ease of being reached^{xxv}. Accessibility is an attribute of people and goods rather than transport modes or service provision, and describes integrated systems from a user viewpoint.

There are three primary components that make up accessibility, as shown in Figure A.1^{xxvi}.

Figure A.1: Primary Components of Accessibility



Accessibility can be understood in terms of three questions^{xxvii}:

- Who or where is being considered – Accessibility is an attribute of people or places. When considering people, accessibility is about “the ease with which any individual or group of people can reach an opportunity or defined set of opportunities”; this is often referred to as origin accessibility. When considering places, accessibility is “the ease with which a given destination can be reached from an origin or set of origins”; this is usually referred to as destination accessibility, catchment accessibility or facility accessibility.

- What are the opportunities being reached - The land uses, activity supply points or resources (including people) that allow people or places to satisfy their needs.
- How: the factors that separate the people and places from the supply points – These can be distance, time, cost, information and other factors which act as deterrents or barriers to access.

All definitions of accessibility include some reference to “who/where”, “what” and “how” components, but considerable confusion has resulted from differences in treatment about what is implicit and what is explicit. Businesses and organisations specialising in providing products and services (hospitals, supermarkets, offices, etc.) tend to use very simple proxies (such as distance) for “how”, and concentrate on the facilities available and the population characteristics within the catchment. The lack of detail about networks means that analysis often fails to identify barriers to access.

In contrast the transport industry has concentrated in greater depth on the “how”, with very little consideration of the “who” and the “what”. People and opportunities have been considered only to the extent that the characteristics of the people (e.g. physical disability or car ownership) or of the places (e.g. pedestrianised area) affect mobility and the demand for travel. Such analysis often fails to understand the capabilities of people and the wider lifestyle factors that affect behaviour. The “how” component is also broader than transport systems, and includes telecommunications and other such connections that do not involve travel.

People, places and connections

Figure A.1 may appear simple but accessibility can become very complex due to the many types of people, places and links. People have different characteristics due to their:

- Mobility – car owner/driver, physical and sensory disability.
- Employment status – unemployed, economically active, job seeker, etc.
- Age – Retired, adult, children, etc.
- Cultural factors – gender, ethnicity, faith, etc.
- Responsibilities – carer, lone parent, etc.

Each section of the population has specific needs and desires to be involved in activities. These activities are translated into types of opportunities and defined in terms of the land use supply and the location and timing of a range of local services and facilities, which would allow any individual to satisfy their desire to participate in the activity under consideration. This includes:

- Employment, Education and Training – Employment locations, job centres, childcare facilities, nurseries, schools, colleges, universities, training centres.

- Health and Social – GP surgeries, health centres, hospitals, dentists, social security offices, drop-in and day care, centres, youth services, citizens' advice bureaux, legal services, etc.
- Shopping and Leisure – Shops/shopping centres, cinemas, theatres, sports centres, outdoor activity opportunities, centres for religious activity, pubs, clubs, post offices, financial services, etc.

A further complication when considering activities is to describe consistently the quality and value of each opportunity that can be reached. Different people perceive quality in different ways. There are no easy ways to represent the cost, quality and choice of goods and services available. It is however practical to identify what choice, if any, the consumer is able to exercise. Most private services can be sized to give an approximate measure of the attractiveness of the opportunity (e.g. to consider the number of jobs in a zone, or the floorspace and turnover at shopping locations).

Ways of representing the link or separation between people and desired activity locations are also multi-dimensional. Within accessibility measures there are three main ways of representing these links:

- The 'objective' physical, monetary and other measurable characteristics of the link.
- The measurable characteristics of the link in combination with the behavioural responses to these characteristics. The most common methods for representing behaviour are by using survey data of travel patterns or by segmenting the population into behavioural groups^{xxviii}.
- The measurable characteristics of the link in combination with particular standards. This is described as the 'normative' approach.

B Appendix B – Accessibility in Indices of Deprivation

There has been criticism of using deprivation indices to develop area-based policies. This is because, firstly, the majority of deprived people do not live in deprived areas, so policies which focus exclusively on such areas will not be effective in solving wider deprivation. A second argument is that focusing support on geographical areas is less cost-effective than general anti-deprivation policies that target deprived individuals wherever they live. However, CT is a 'quantum' resource (i.e. you can't have 5% of a minibus) which needs to be physically located somewhere. Consequently, it is helpful to identify and prioritise areas where there is significant deprivation, when assessing the need for CT. This should not, however, be seen as an alternative to the necessarily detailed local assessment and planning.

Indices of Multiple Deprivation (IMDs) are measures of multiple deprivation at a local area level. The model of multiple deprivation which underpins them is based on the idea of distinct dimensions of deprivation which can be recognised and measured separately. These are experienced by individuals living in an area. People may be counted as deprived in one or more of the domains depending on the number of types of deprivation that they experience. The overall IMD is conceptualised as a weighted area level aggregation of these specific dimensions of deprivation.

England

The IMD 2004 contains seven domains (dimensions) of deprivation:

- Income deprivation.
- Employment deprivation.
- Health deprivation and disability.
- Education, skills and training deprivation.
- Barriers to Housing and Services.
- Living environment deprivation.
- Crime.

Each domain is made up of a number of indicators which cover aspects of this deprivation as comprehensively as possible. The criteria for selecting the indicators are that they should be statistically robust, up to date, available at a small area level for the whole of England and that they should directly measure a major aspect of the dimension of deprivation under consideration. This necessarily restricts the indicators available.

Note that the weights for individual domains were arrived at through a process of consultation. Some are meaningful in their own right (e.g. assessed against a threshold), whilst others are made up by combining

different measures and are therefore simply to be treated as indices to be used for comparison purposes with other areas and over time.

The domains and indicators in IMD 2004 are as follows:

Income deprivation

- Adults and children in Income Support households
- Adults and children in Income Based Job Seekers Allowance households
- Adults and children in Working Families Tax Credit households whose equivalised income (excluding housing benefits) is below 60% of median before housing costs
- Adults and children in Disabled Person's Tax Credit households whose equivalised income (excluding housing benefits) is below 60% of median before housing costs
- Adults and children in households in receipt of National Asylum Support Service (NASS) assistance

Employment deprivation

- Unemployment claimant count (JUVOS) of women aged 18-59 and men aged 18-64 averaged over 4 quarters
- Incapacity Benefit claimants: women aged 18-59 and men aged 18-64
- Severe Disablement Allowance claimants: women aged 18-59 and men aged 18-64
- Participants in New Deal for the 18-24s who are not included in the claimant count
- Participants in New Deal for 25+ who are not included in the claimant count
- Participants in New Deal for Lone Parents aged 18 and over

Health deprivation and disability

- Years of Potential Life Lost (YPLL)
- Comparative Illness and Disability Ratio (CIDR)
- Measures of emergency admissions to hospital, derived from Hospital Episode Statistics
- Measure of adults under 60 suffering from mood or anxiety disorders

Education, skills and training deprivation

- Average points score of children at Key Stage 2 (end of primary)
- Average points score of children at Key Stage 3

- Average points score of children at Key Stage 4 (GCSE/GNVQ – best of eight results)
- Proportion of young people not staying on in school or school level education above 16
- Proportion of those aged under 21 not entering Higher Education (SOA level)
- Secondary school absence rate
- Proportions of working age adults (aged 25-54) in the area with no or low qualifications

Barriers to housing and services

- Household overcrowding
- Percentage of households for whom a decision on their application for assistance under the homeless provisions of housing legislation has been made
- Difficulty of access to owner-occupation
- Road distance to GP premises
- Road distance to a supermarket or convenience store
- Road distance to a primary school
- Road distance to a Post Office

Living environment deprivation

- Social and private housing in poor condition
- Houses without central heating
- Air quality
- Road traffic accidents

Crime

- Burglary
- Theft
- Criminal damage
- Violence

Scotland

The SIMD 2006 contains 37 different indicators in seven domains (topics) which cover specific aspects of deprivation: Current Income, Employment, Health, Education, Housing, Access to Services (including new Public Transport travel times) and a new Crime domain. These are combined to create the overall SIMD 2006. SIMD 2006 is similar in structure to IMD 2004, but not identical to it. For example, the Crime Domain includes Drugs Offences as an Indicator. More interestingly, the Geographic Access Domain consists of a combination

of a drive time sub-domain with 6 indicators (GP, Petrol Station, Post Office, Shopping facilities, Primary and Secondary Education) and a public transport time sub-domain with 3 indicators (GP, Post Office, Shopping facilities), weighted 3:1 in favour of the drive time sub-domain. Because almost no CT services are included in the Public Transport Information databases used by Traveline Scotland, CT is not considered within the public transport time calculations. [This would also be the case in England and Wales.]

Wales

WIMD 2005 is very similar to, but not identical to, IMD 2004. For example, the indicators used in the Health domain are:

- Limiting long-term illness
- Standardised all-cause death rate
- Standardised cancer incidence rate

The indicators used for the Geographical Access to Services domain were (times measured on foot or using public bus services):

- Food shop within 10 minutes
- GP surgery within 15 minutes
- Primary school within 15 minutes
- Post Office within 15 minutes
- Public library within 15 minutes
- Leisure centre within 20 minutes
- NHS dentist within 20 minutes
- Secondary school within 30 minutes

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- ^{iv} e.g. SEU 2003 Making the Connections, DHC 2000 Rural Accessibility Scottish Executive.
- ^v McMillan Cancer 2006 – Free at the Point of Delivery?, SEU 2003 Making the Connections, DfT 2003 Social Exclusion and the availability of Public Transport.
- ^{vi} This broad overview is based largely on DHC 2005 The impact of ICT on travel, DHC 2003 Public Transport Network Coverage, DHC 2004 Development and Piloting of Accessibility Planning.
- ^{vii} DHC 2004 Developing and Piloting Accessibility Planning. Final report for DfT.
- ^{viii} SEU 2003 Making the Connections.
- ^{ix} DfT 2006. Review of Local Transport Plans
- ^x Schemes such as “wheels to work” have been very successful in the transport sector since they tackle the supply and demand sides simultaneously. These schemes provide scooters, or cars for those with driving licences, to unemployed people to allow them to take up jobs. A high rate of success has been achieved by helping to bridge the affordability gap until people are established in work and can afford their own transport. However the development and provision of such schemes has been ad hoc and most are run by the voluntary sector.
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