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DELIVERING THE CONNECTIONS: TRANSPORT, SOCIAL EXCLUSION AND ACCESSIBILITY PLANNING IN THE UK

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INTRODUCTION

This paper describes the main findings of a ten month study commissioned by the Department for Transport (DfT) to develop and pilot *accessibility planning* techniques in England, outside London. The main aim of the study has been to define how accessibility planning, as described by the SEU's *Making the Connections* report (Social Exclusion Unit, 2003), can become a central part of the culture of integrated transport planning across England.

AIMS AND OBJECTIVES

In implementing accessibility planning, the DfT is seeking to put in place an overarching strategy to help ensure that people facing social exclusion can reach opportunities such as work, education and health treatment, shopping, leisure and other key activities easily, reliably, safely and affordably. The main aim of the pilot study was to test and pilot transferable and adaptable approaches to *accessibility planning*. This is the new framework set out in the SEU report for ensuring that, in the future, there is a clearer and accountable process for identifying and tackling the key barriers to access in different geographical areas and for different social groups in relation to their key daily activities.

It was recognised at the inception of the pilot research that, ultimately, accessibility planning will only become mainstream practice if it proves to be highly useful to local decision-makers and practitioners across a range of public sector services. A key aim for the pilot study was, therefore, to demonstrate how accessibility planning could further key national and local aims by supporting delivery of practical projects at the local level.

The seven research objectives identified for the study were as follows:

To develop, test and make recommendations on datasets and a menu of local accessibility indicators to assist authorities in identifying areas and groups with poor accessibility, and in measuring and monitoring progress;

To work with pilot authorities to test and refine accessibility assessment approaches and techniques that will enable local authorities to identify groups and areas experiencing problems in accessing key local services via the local public transport, cycle and walking networks;

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To work with pilot authorities and other key local stakeholders to identify the existing and potential resources that could be used to improve accessibility within the pilot area. To assess whether, and how, these resources could be used more effectively to meet identified needs and gaps;

To develop and recommend ways to improve and promote co-ordination and partnership working between local service providers;

To work with pilot local authorities and other local stakeholders in the development and agreement of an accessibility action plan to address problems identified by the needs audit;

To make recommendations on appropriate approaches for accessibility planning, bearing in mind authorities' different capacities,

To identify lessons learnt, potential barriers to implementation and examples of good practice to inform DfT's future guidance.

THE POLICY CONTEXT

The SEU's 1998 *Bringing Britain Together* report (Social Exclusion Unit, 1998) noted that physical isolation is a regular feature of many of England's poorest neighbourhoods, and identified that many estates have become effective "no go areas" for services and deliveries and "no exit areas" for the people living on them. The report also found that numerous deprived neighbourhoods lack the basic public and private services which others take for granted, for example local food stores, health services, banks. This, combined with low car ownership and inadequate public transport provision, means that many of the people living in these areas are effectively suffering from an 'accessibility deficit', which can contribute to their social exclusion.

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In line with the social exclusion policy agenda, the *White Paper on Transport* (Department of Environment, Transport and the Regions, 1998) also recognises that transport policies could be exacerbating the social exclusion of certain groups and communities. The 10 Year Plan for Transport (Department of Environment, Transport and the Regions, 2000) identified a long-term increase in transport spending to improve public transport and address social inclusion. Since this time, integrating transport and non-transport policy to reduce social exclusion is a frequently stated objective within many Local Transport Plans (LTPs), but the rigour applied to the analysis of these issues has been mixed, and often limited.

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In 2001, the Prime Minister directed the SEU to undertake a study to examine the links between transport, the location of services and social exclusion. The Unit's final report (Social Exclusion Unit, 2003) sets out a strategy to help ensure that those facing social exclusion can reach opportunities such as work, education and health treatment. It shows how improving access to these opportunities can contribute to important national and local objectives such as reducing health inequalities, increasing participation in education, getting people into work, and promoting neighbourhood renewal. It also

recognises that improving access to services is not only about transport but cuts across many policy areas, for example changing where and how services are delivered and reducing the fear of crime.

The report introduces a new framework, *accessibility planning*, to ensure that there is a clearer process for identifying and tackling barriers to access. This will be complemented by a comprehensive cross-Government programme to make it easier for people on low incomes to access work and key services.

The SEU report envisages that accessibility planning should comprise:

- An audit of needs to assess whether people can get to the key services that they need within a reasonable time and cost;
- A resources audit to assess the existing and potential financial and other resources that are available for tackling accessibility problems at the local level across the relevant service sectors;
- A joint action plan which sets out how transport and land-use planners, those involved in the location and delivery of other local services, and other relevant local bodies will improve the gaps in accessibility identified by the needs audit; and
- Implementation and monitoring to ensure that delivery is consistent with objectives and that future plans can build on success and learn from failure.

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The DfT will be asking local transport planners to lead the process of accessibility planning in close liaison with land use planners and other local service providers and agencies that can influence peoples' accessibility in the next round of LTPs (2005-2010) (DfT, 2004). In particular, Jobcentre Plus offices, Health Trusts, Local Education Authorities, Learning and Skills Councils, Crime and Disorder Reduction Partnerships and Local Strategic Partnerships need to be involved in the stakeholder partnerships that are established as part of the accessibility planning process. Success in delivery is highly dependant on the ways that these bodies can engage with the commercial sector including bus companies, major retailers, major employers, banks, chambers of commerce, trading associations, Post Office Counters etc.

Accessibility planning is being put in place to ensure that:

- There is a clearer process for identifying social groups and/or areas with accessibility problems;
- Local authorities have improved information on barriers to accessibility and areas where accessibility is poorest;
- Transport planners and others key local agencies work more closely together to consider a wide range of solutions to accessibility problems.

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To ensure the facilitation of these core aims, the pilot projects needed to work through the analytical assessments and empirical research, but also to recognize that accessibility planning is not primarily an analytical process but

an approach to partnership working supported by relevant analysis, supported by both quantitative and qualitative analysis and appraisal methods.

PILOT METHODOLOGY

Eight local transport authorities were pre-selected by the DfT to participate in the study on the basis that they were willing and able to participate in an intensive schedule of research activities over a short period of time. Most were already actively engaged in policies and strategies to reduce social exclusion through transport interventions and saw the research as an opportunity to further their policy development in this area. A number of the authorities had also been identified by the government as 'centres of excellence' or leaders in accessibility planning and/or developing and delivering transport projects to address social exclusion.

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The case studies were also selected to represent different types of geographical areas, a range of administrative structures and partnership affiliations. One rural and one urban authority was selected to pilot accessibility planning in relation to each of the four key activities identified by the SEU report, namely work, learning, healthcare and food shopping. The case study areas were as follows:

- Access to work
 - rural - Nottinghamshire County Council
 - urban - Tyne and Wear Public Transport Executive (PTE)
- Access to education
 - rural – Devon County Council
 - urban – Plymouth City Council (later replaced with Greater Manchester PTE)
- Access to healthcare
 - rural – Lincolnshire County Council
 - urban – Merseytravel PTE
- Access to food shopping
 - rural – Wiltshire County Council
 - urban – Merseytravel PTE

The study was delivered in five separate but iterative stages, as follows:

Stage 1: developed joint working arrangements, reviewed previous work, and made recommendations on datasets and a menu of national and local accessibility indicators to assist authorities in identifying areas and groups with poor accessibility.

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Stage 2: working with the pilot local authorities to assess local needs, including testing and refining accessibility analysis approaches and consultation to enable local authorities to identify groups and areas experiencing problems.

Stage 3: working with the pilot authorities and other key local stakeholders to identify existing and potential resources that could be used to improve accessibility within the pilot area. The aim was to assess whether, and how, these resources could be used more effectively to meet identified accessibility needs and gaps

Stage 4: working with the pilot authorities and other key local stakeholders in the development and agreement of a local accessibility action plan, to address problems identified by the needs audit.

Stage 5: developed and recommended ways to improve and promote co-ordination and partnership working between local service providers; and to identify lessons learnt, potential barriers to implementation and examples of good practice to inform DfT's future guidance.

DISCUSSION OF KEY FINDINGS

The research identified a number of key factors that will be likely to affect the future success of accessibility planning in its national roll-out in the next round of LTPs. These can be grouped according to six overarching themes, as follows:

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- i) Building support for accessibility planning amongst key stakeholders
- ii) Managing the enormity of the task
- iii) Processes and timescales
- iv) Evidence from analysis and indicators
- v) Statutory/policy issues
- vi) Support and advice

i) Building support for accessibility planning amongst key stakeholders

Even amongst highly supportive organisations, cross-sector working through accessibility planning can be perceived as threatening to established administrative structures, or simply a lower priority. In the pilots, the clear evidence of the need for accessibility planning provided through the strategic and local assessments helped to build consensus around some policy priorities. In this way, the pilots were able to successfully engaged professionals in the non-transport sectors and encouraged them to think more clearly about how delivery of their own key policy objectives is affected by transport and accessibility. Practical examples of success provide a platform on which to build further joint-working, supported by further research and practical delivery.

It is important to note, however, that the pilot authorities are already leaders in the field of accessibility planning and had volunteered to participate in the pilot study. For other authorities and non-transport stakeholders, the case for accessibility planning needs to be made strongly, trying to open closed doors can be both proved costly and time consuming.

Guidance alone cannot build a robust, effective and accountable process for delivering accessibility planning. To achieve this, joint-working arrangements and requirements for accessibility evidence need to be incorporated in both policies and delivery mechanisms across all the relevant sectors. This will require conducive and sustained funding, administrative, performance management and regulatory requirements. In light of this, the roll out of accessibility planning will be greatly assisted by the rigour with which the following six administrative mechanisms are implemented and become core activities:

- **Equity audits** – For example, through the development of policies and incentives to reduce health inequalities, particularly whilst promoting choice.
- **Value and effectiveness in service delivery** – There is already some encouragement for greater weight to be placed on cross sector benefits but this needs further strengthening. The evidence from this research emphasises the potential benefits.
- **Land use planning** – For more than a decade PPG13 has emphasised that accessibility of developments is a key planning consideration. The opportunity presented through the new national indicators for measuring progress against this aim should significantly help with delivery of the PPG13 policies.
- **Transport appraisal** – Economic impact reports already require access to jobs to be considered for regeneration areas but the indicators used in accessibility planning could potentially be used more generally, to assess the distribution of transport impacts by people group and location.
- **Closing loopholes** – Planning authorities currently assume, or perceive that they are required to assume, that education and health authorities have considered all relevant issues when making location choices for new facilities. Cheaper land in inaccessible locations often creates perverse incentives for education and health authorities to locate premises that increase costs for other sectors such as transport.
- **Funding** – Although most funding for accessibility planning should be drawn from existing single sector budgets, or cross sectoral budgets such as for neighbourhood renewal, there should also be new funding opportunities aimed at motivating the transport authorities leading the process to deliver on cross sectoral projects.

ii) Managing the enormity of the task

The pilots have demonstrated that the scope of accessibility planning, even when constrained to a single trip purpose as in the pilots, is potentially unwieldy. The great strength of accessibility planning is also one of its greatest weaknesses; there are many potential avenues for activity, so effort can be spread too thinly to deliver practical progress. In most of the pilots, the considerable commitment shown was partially threatened when some stakeholders found that they needed to increase their staff resources beyond planned levels, to sift through the large amounts of potentially relevant background data and information.

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All pilots, therefore, reined the process back to a practical level, based on available staff and other resources. The desire for pragmatism and visible progress, therefore dictated that agendas were heavily dependent on the policy interests and expertise of the Steering Group members. This raises some concern about how far the objective of an evidence-led approach has actually been followed. Similar issues will be encountered in the national roll out.

Objectivity was greatly assisted by the strategic and local accessibility assessments, which provided qualitative and quantitative evidence, and the partnership working approach acted as a check on the over-dominance of individual preferences. Delivery depends on a high degree of pragmatism, taking advantage of the availability of local champions. Evidence can also be used to build bridges overcoming the inherent vulnerability of the process as a non-statutory partnership approach. To achieve this, careful management of the process is needed. Two main management functions were apparent in the pilots:

- Knowledge management roles - Knowledge about how to get things done and work within organisational structures and understanding of how to gather evidence including the accessibility assessments and mapping, the knowledge of procedures within organisations and the background.
- Activity management and delivery roles - These varied between areas but relied on champions with a particular interest and responsibility for the relevant activity.

These roles were combined within project Steering Groups consisting of local authorities and their partners, and this is one potential model for the future. Alternatively, and preferably for the longer term, aspects of the knowledge management functions could be streamlined within the management cultures of local authorities and partners e.g. in the same way as functions such as “best value”.

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During the transitional period, as good practice evolves, a high degree of flexibility will continue to be required, but based on the experiences from the pilots there are key lessons for:

- Processes, timescales, roles and responsibilities.
- Evidence based policy and planning.
- Development of statutory, policy and financial frameworks.

iii) Processes and timescales

The pilots demonstrated that accessibility planning will ultimately only be successful if it produces visible differences in service delivery within a reasonable timescale. There is no one correct way of doing this and different timings and approaches will suit different authorities. Based on the experiences in the pilots the minimum timescale on which the process can be undertaken is six months, with this being allocated to tasks as shown in Table 1. In most authorities there will be merit in adopting longer timescales to enable the work to be scheduled alongside, and as part of, other planning

processes. It can take several months to complete procedures for seeking member approval within some authorities depending on meeting cycles.

Table 1 - The Key Stages in Accessibility Planning

Task	Common barriers	Ways of overcoming barriers
Month 1		
1. Strategic audit: Maps and national indicators	Lack of staff with the necessary audit and monitoring skills	Source work externally
2. Contact high level stakeholders to arrange initial meeting	Lack of response from key organisations or clarity on who to involve	Chief Officer meetings to clarify terms of engagement and roles of staff
3. Hold initial meeting to identify focus and themes for local accessibility assessments, including presentations describing the process, and strategic mapping and statements by each stakeholder on their aims.	Unwillingness to commit to key themes to focus local accessibility assessments	Circulate papers in advance and issue a reminder about the decisions needed at the meeting
Months 2 to 4		
4. Sourcing, reviewing and identifying lessons from data and literature	No data	Identify need for surveys or public consultation
5. Detailed mapping of travel cost, information and other local factors.	Lack of in house skills or data	Source data collection or mapping work externally
6. New surveys and research.	Timescale	Emphasise benefits to participants
7. Public consultation	Duplication with other events	Joint working
8. Option generation for action plans	Options identified not relevant to accessibility planning	Concentrate action where accessibility planning provides added value
9. Second high level stakeholder meeting to review options, evidence from local assessments and criteria for action planning	Evidence not sufficient	Review and add to steps 4. to 8.
Months 5 to 6		
10. Review resourcing and funding for each option.	Information/ negotiation unproductive	Review other funding sources
11. Assess barriers and opportunities to delivery with other partners.	Delivery barriers	Clarify barriers and identify action to overcome them
12. Analyse accessibility impacts	Uncertainty	Separate knowns from unknowns
13. Identify how success with delivery will be measured	Lack of suitable accessibility measures	Use other outcomes as proxies.
14. Draft action plan with partners	Disagreement	Include points of agreement and further action to resolve disagreements
15. Third high level Stakeholder meeting to agree action plan	Need for changes	Revise plan
16. Seek elected member approval		
17. Revise and finalise plan		

Of particular importance, is that accessibility planning should be viewed as a tool to improve service delivery, rather than as an analysis procedure or an administrative hurdle to be completed as quickly as possible. Simply putting resources into developing accessibility plans will not be enough. Success will

depend on the extent to which service planning and delivery are improved, and the effectiveness with which existing resources are used. An ongoing commitment is then needed to the accessibility planning process with continuing resources through sustainable and broadly based funding streams.

iv) Evidence from analysis and indicators

Accessibility planning is an evidence-based process. The two-staged approach to analysis and mapping (strategic and local assessments), recommended by the methodology, should ensure that sufficient qualitative and quantitative evidence is available at strategic and local levels to support national, regional and local decisions:

- The strategic accessibility assessments are useful in helping authorities to decide areas and topics for concentrating efforts, in order to facilitate multi-sector working at the local level. The results of the strategic assessments can also be used
 - (i) at the national level, to assist in funding decisions for future LTPs and schemes; and
 - (ii) locally, to evaluate existing funding streams, projects and programmes and identify how these can be modified to best serve the accessibility needs of socially excluded groups and areas.
- The local assessments can identify how to deliver change in practice that will have the desired impacts. These can include any of the factors important locally, such as reliability, cost, information, security, other trip purposes, etc.

Indicator development in the pilots required an iterative process, with policies being set to define overall accessibility aims, and indicators and targets helping to manage progress towards these aims. The definition of the indicators has in turn provided a spur to clearer policy definition. This iterative approach should allow short term delivery on quick wins, based on readily available evidence, supplemented by more thorough and more objective approaches as the evidence base grows and the policies and indicators are clarified.

Since a key aim of accessibility planning is to close equity gaps, absolute values of indicators will tend to be less relevant than indicators demonstrating the distribution of accessibility by location and people group. There are many ways to calculate and present the results. These methods can be further developed and refined through wider application, based on two main approaches:

- Contour measures for monitoring progress, since these can be understood more easily, and are sufficiently robust when used to compare progress over time.
- Continuous measures for use in targeting action, to ensure that equity and choice are fully represented.

Data is rarely available to support a comprehensive behavioural model reflecting all relevant lifestyle factors, service delivery and attitudes to transport. This should not be a barrier to robust indicators for use in accessibility planning, particularly where changes are being considered over time or when population groups are being compared.

The evidence from the pilots has been that the national indicators that have been developed by DfT could be successfully used in urban areas to identify impacts and monitor changes. In the rural pilots, the indicators do not allow for sufficiently robust analysis and do not give reliable answers, but the mapping was still considered useful by some stakeholders in helping them to ask questions about access that they had not hitherto considered.

In general, more time periods need to be modelled to cover different times of the day and days of the week, and improvements in the quality of the input data is also required. Even with these changes, caution will need to be exercised in rural areas in interpreting the results. Many rural residents are much more reliant on lifts from friends by car and on other transport services not included in the national indicators, such as school transport services.

Modelling techniques improved significantly during the course of the study and the legacy of this for the future will be that more useful modelling can be carried out with less effort and presented more clearly. Accessibility modelling is still developing and it is important that incentives are built in to further its development. Incentives linked to local indicators should encourage forward thinking authorities to build from the national indicators and develop better local analysis solutions.

v) Statutory/policy issues

Most organisational structures are built up around current statutory frameworks, so joint working for accessibility planning will need to reflect the different, and sometimes conflicting, policies and legislation. For instance, transport authorities have mistakenly been known to route bus services away from hospitals for fear of breaching legislation placing responsibility for patient transport on the health sector.

The pilots all approached potential barriers positively, but two problems repeatedly came up:

- The time lag in modifying statutory frameworks, particularly development plans.
- The difficulty of providing for social needs in the context of commercially run bus networks and a de-regulated market.

Development plans

Many authorities have adopted accessibility targets based on walk distance to bus stops or other criteria, which are adopted in current plans and included in the criteria for assessing land use developments. Planners recognised that new and better indicators were now possible, but consultation and adoption of

these could take several years. In the meantime, the accessibility planning process could be in direct conflict with the existing, locally adopted, narrow accessibility measures. This could cause confusion and damage prospects for integrated accessibility planning.

The time lag for planning new schools, hospitals and development locations is considerable, so the roll-out of accessibility planning needs to make clear how inherited commitments should be handled. Evidence from several of the pilots suggests that, although location decisions may be committed, it is still possible to use planning conditions when consents are being given to ensure that new sites in inaccessible locations can be reached by all groups in society.

Commercial bus services and social need

Bus reliability problems are important factors in students being late or not attending schools, colleges and health appointments. Transport authorities are constrained under current legislation to act by reporting problems to the Traffic Commissioner. The pilot authorities were concerned that the cross-sector impacts of unreliable bus services are not currently given sufficient weight, and problems are not treated with the urgency needed, in any action taken by the Traffic Commissioner. A student may drop out of College if a bus does not run on several consecutive days, so acting quickly to resolve problems is very important.

The pilot authorities are likely to be amongst the most committed of the local authorities to resolving these problems, so unless it becomes easier to ensure that social needs are reflected in commercial bus service provision, it is unlikely that significant progress will be made in the national roll-out. The pilots demonstrated that the evidence based approach in accessibility planning can help to facilitate constructive progress to tackle such issues, which had appeared too difficult to resolve in the past. Identifying barriers and solutions for defined people groups was a strong basis for partnership working with bus companies.

vi) Support and Advice

The pilots demonstrated a huge variation in both the capacity and skills to deliver accessibility planning within local transport authorities and other stakeholder organisations. The ongoing debate and opportunities to network, both within the CLWGAP and sub-group meetings, has been of immense value in developing expertise within the pilot authorities. The DfT funded consultancy support has also been needed to keep the process on track and help to resolve problems.

Support structures will be needed for the national implementation. In addition to the national website, a help-line would be advisable and briefing sessions arranged to ensure that the introduction of the accessibility planning process can be managed effectively across the country. Introductory courses in accessibility planning and targeted training programmes also need to be available, to support both transport and non-transport staff. These should be

provided by the DfT funded training and advice programme that will be made available to local authorities and their partners over the 27-month period of the development of their next round of LTPs.

CONCLUSION

Accessibility planning has the potential to become a major influencing factor in the decision-making process both within central and local government in the UK. A key benefit of the method is that it allows consideration of the needs of minority groups whose demand for transport may be suppressed within the market due to a number of deterrence factors, such as inability to pay, fear for personal safety and so on.

At the national level, accessibility planning will allow the Government to comprehensively and systematically assess the extent and severity of the problem of poor transport and, hopefully, lead to a fundamental review of transport spending in the UK. It is likely that a set of core national performance indicators for accessibility planning will be adopted and that these will effectively be 'co-owned' between the DfT and the other relevant departments (for example Department of Work and Pensions, Department of Health, Department for Education and Skills and so on). This will encourage these departments to think for the first time about the effects of their wider policies on transport and access.

At the local level, accessibility planning will provide transport planners with a robust tool to consider the effects of changes in the transport system on people's access to opportunities such as employment, shopping, health services, social support networks, recreation, countryside and so on. It will demonstrate how transport impacts are distributed across geographical areas, population groups, trip purposes and modes of travel, ensuring compatibility with equity objectives. This will allow gaps in the transport network to be identified and for the contribution of new services to overall equality of opportunity to be evaluated.

Perhaps more importantly, accessibility planning will ensure greater consistency between transport and other public policy objectives including: land-use planning, housing, health, education, local regeneration and regional development. It will help to make evident the transport implications of other aspects of service delivery – especially the opening, closure and relocation of public facilities such as hospitals, healthcare services, schools, colleges – and the scheduling of services. Accessibility planning will also provide land-use planners with a consistent approach for assessing the impacts of new developments and the needs for development control decisions to improve access to the transport system. As a result of its transparency, the method can also be used with communities to explain transport and land-use proposals in terms that they can easily understand such as journey times to shops, or travel time and cost to work. Equally, communities themselves can adopt the method to argue for new services and facilities in their areas.

Clearly, accessibility planning for social inclusion is still in its infancy in the UK and it will be some time before it will be possible to assess whether these aspirations for the method can be realised. The pilot studies demonstrated that the devil is in the detail and that a great deal of political will is needed, both within central and local government and across all the relevant sectors, if the method is to really succeed in bringing visible and lasting changes to the way in which transport policy is delivered.

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