'Measuring Accessibility as Experienced by Different Socially Disadvantaged Groups'

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Working Paper 2

Social Groups User Needs Survey Findings

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Prepared by

Sarah Wixey, Peter Jones, Helena Titheridge and Gina Christodoulou

Transport Studies Group - University of Westminster.

CONTENTS PAGE

Executive Summary

- This report summarises the findings from the fieldwork stage of a research project funded by the Engineering and Physical Sciences Research Council (January 2003 – April 2005) that aims to develop more refined measures of accessibility that are sensitive to the varying perceptions, needs and constraints of different social groups. The fieldwork was conducted in Tower Hamlets (London) and Keighley (West Yorkshire).

- The project has examined the accessibility requirements of the following disadvantaged groups in Tower Hamlets: parents with young children (under 11); Black and Minority Ethnic people; people with mental ill-health disabilities; and shift workers. In Keighley: young people (aged 16-21); unemployed people; Black and Minority Ethnic people; older people and people with physical disabilities.

- A limited quantitative questionnaire survey (total of 231 respondents (109 male and 122 female), 103 respondents in Tower Hamlets and 128 in Keighley) and eight focus groups (4 in each case study area) were used to explore a range of different accessibility issues. The issues explored included: existing travel patterns (destinations, timings, purposes and modes), suppressed travel demand and preferred activity patterns, key journey attributes (travel times, reliability, interchange, cost, personal safety, physical access issues), key destination attributes (type of shop, employment etc) and relative importance of attributes, key thresholds (e.g. maximum walking distances).

The Main Findings

- Surprisingly, very similar concerns exist between different groups regardless of age and social groups, despite differences in level of independence, eligibility for travel concessions and degree of personal mobility.

- Respondents within the two case study areas had fairly limited 'travel horizons' and were generally concerned about: the cost of travel by public transport; lack of public transport services going to key areas; frequency and reliability of services; traffic speeds; conditions of pavements; parking in bus stops and on pavements and lack of public transport information.

Tower Hamlets

Overall Accessibility Issues

- Many participants across the different focus groups in Tower Hamlets commented that they feel isolated living in the case study area, mainly due to the lack of essential services e.g. healthcare, food shops and education facilities. Others mentioned that it is easier to travel around the area rather than travelling to other areas.

- For parents travelling with children young enough to be in a buggy or a pram the biggest problem was negotiating past the street furniture and the effort involved in pushing the pram over uneven paving. Several parents commented that they are unable to walk too far with their small children because they tire after short distances.

- The attitude of transport drivers and their failure to meet customer needs was an issue frequently raised by parents. In particular, drivers were criticised for driving too

erratically and not lowering the floor or opening the back door to let a pram onto the bus.

- Participants from the BME focus group said they adapted their travel behaviour because of fears for their own personal safety. One participant knew several people who were too scared to leave their houses because of the level of crime e.g. gang violence and racial attacks within the area.

- Participants with mental health illness indicated that their travel horizons are markedly different depending on whether they are well or unwell at any given time. Some of the participants within this group mentioned that when they are feeling unwell they are unable to perform functions as walking, boarding and alighting buses and trains as quickly as expected by other passengers or public transport staff. When making an unfamiliar journey for the first time, people with mental health problems often prefer to be accompanied.

Access to Public Transport

- Several participants within the different focus groups mentioned that they receive bus timetable information through their letterbox on an annual basis, however, it is in English and therefore not accessible to some members of the local community.

- Respondents, regardless of group, mentioned the local area is served by buses that do not go to the places they wish to access. To access bus services that go to their desired locations, including doctor surgeries, supermarkets, parks and nursery schools, a 15 minute walk is required.

- Shift workers were less likely to say they were concerned about the walk to their regular bus stop and people with mental health illness were more likely to indicate a concern. Safety and lighting was the main concern experienced by all the groups followed by busy roads, parking on pavements and uneven pavements.

- Lack of, or inadequate, shelter and seating was the main reason why respondents were not satisfied with the conditions at their bus stop. This was followed by 'vandalism and broken glass' (parents and BME), 'incorrect / no timetable information' (mental health illness) and 'safety and poor lighting' (shift workers).

- Carrying heavy items such as shopping and buggies was the main constraint preventing people across the different groups from using buses. Parents also mentioned that travelling with small children at certain times of day (e.g. rush hours and during the afternoon school run) has prevented them from using a bus. During busy periods the vehicles are often overcrowded and they are unable to board the first vehicle (particularly on the number 25 route) with their child. Several respondents mentioned that they sometimes have to let two or three buses pass before they can get onboard. Additional constraints reported by the BME and shift worker groups were slow journey times and unreliable operating times. Safety and poor lighting was something that prevented people with mental health illness from using a bus.

- The cost of travelling by bus was raised in all the focus groups as being something that prevents them from travelling as often as they would like. For those shift workers who need to access public transport before 09.30am the cost of travel is considered to be expensive because daily travel cards are not valid. The financial benefits of using a monthly travel card were well known, but the initial expense was considered to be unaffordable for many respondents.

- The shift workers said they often experience problems travelling to and from work late at night because the underground does not operate and buses are infrequent and unreliable. Some respondents considered the tube as being more reliable than buses as a mode of transport for getting people to work on time.

- The parents considered the Docklands Light Railway (DLR) as being more accessible when travelling with a buggy or pram because there is more space in the carriage, there is not an intimidating atmosphere on-board the train, the stops are not so isolated and the waiting areas are well lit. They also mentioned that 'real-time' information removes uncertainty about when the next train is due to arrive. The availability of timetable information was also considered to be better on the DLR.

- People with mental health issues said they preferred travelling by bus or the DLR, rather than the tube, because they are above ground.

- Night buses do not serve part of the case study area. The nearest night bus stop is in Mile End, a good 15-20 minute walk for many participants. As a consequence many parents said they are unable to take part in evening activities because they do not feel safe walking home late at night. Many participants from the BME focus group said they do not go out at night. For them public transport finishes at 7pm, after that time they would catch a taxi if they had to go anywhere, which is very rare.

Food Shopping

- Many participants said they currently walk to the supermarket to do their main food shopping because there is not a direct bus service from the case study area. The removal of the local bus service, which served the nearest supermarket for many people, has affected the respondents' food shop travel patterns. Several respondents said they have started shopping in a supermarket outside the local area because it is served by a bus service, however, this is not considered to be a practical alternative for some participants because the journey is longer and the bus fare is more expensive.

- The underpass near the local supermarket is considered to be unsafe; mainly because of the poor lighting and the absence of mirrors, which prevents people from being able to see around the corners. Respondents said they prefer to walk the long way round or chance crossing the busy road than walk through the underpass.

- Forty three per cent of respondents said they would like to do their main food shopping elsewhere but are prevented from doing so because of 'no direct public transport service', long walk to the right bus stop', 'overcrowding on the bus' and 'public transport fares'.

Employment

- Nearly a quarter of respondents said they have encountered problems when travelling to work. The main constraints were: 'overcrowded bus and DLR services during rush hour', 'feel unsafe, particularly when returning home late at night' and 'unreliable / infrequent public transport services'.

Education & Training

- A fifth of BME respondents said they experience problems when travelling to education and training facilities. The main constraints are: 'overcrowding and delays due to rush hour' and 'concerns about personal safety'.

Doctors

- The location of GP surgeries in areas considered by some people as 'dangerous' means that healthcare is not accessible to these people. Over 10% of respondents from each group stated that they have been prevented from making and/or attending a GP appointment. The main reasons include: 'bus was late', 'no direct bus service to the surgery' and 'bus didn't turn up'.

Hospital

- Late running buses, overcrowding and the need to change buses are reasons preventing people from making and/or attending hospital appointments at the Royal London Hospital in Whitechapel. Parents described the transport provision to the hospital as *'inadequate'* because their current journey takes them about an hour and it involves at least 2 buses.

Home Based Activities

- Respondents from all the social groups mentioned activities that they currently access from home in place of making a trip. The main activities were: home banking, Internet shopping, catalogue shopping and Meals on Wheels. A couple of respondents said they prefer to use home banking facilities because their local bank branch has closed and they do not like other high street banks. Other reasons for accessing these services from home include: 'convenience', 'non-grocery items are sometimes cheaper' and 'products are not available locally'.

Unmet Transport Need

- Respondents were asked if there were any activities or places that they would like to do or visit more often. For those that identified an activity they were asked what prevents them from doing them more often.

- Visiting or taking part in leisure facilities accounts for half of the activities that respondents indicated that they wished to do more often. This implies that a substantial proportion of parents are not as active as they would like to be.

- Over half the parents, shift workers and people from the BME group said there were other places they would like to travel to such as 'leisure activities (e.g. clubbing, theme parks and museums)', ''visit family and friends', 'out of town shopping centres' Attending church services outside the local area was something that people from the mental health group said they wished to do more often. The groups felt constrained from doing these activities because of 'cost', 'no direct public transport service' and 'safety concerns'.

Encourage More Use of Public Transport

- Over 80% of respondents from each focus group identified incentives that would encourage them to use public transport more often. Apart from respondents within the mental health group, the introduction of cheaper fares would be the main incentive for other groups, followed by reliable, frequent and safer services. The mental health respondents highlighted 'friendlier public transport staff', 'more low floor buses' and 'music on buses' as incentives.

Keighley

Overall Accessibility Issues

- There was a general reluctance about travelling in Keighley at night, shared by participants across all groups. Women were more likely to highlight 'personal safety' as a concern that prevents them from accessing certain areas or using facilities (e.g. prevalence of gangs and drug dealers near the leisure centre) during the evening.

- The location of the new bus station, in relation to the train station and main supermarkets, was not considered to be accessible.

- Participants living in the hilly areas can find themselves 'cut-off' when it snows as the pavements are not gritted and buses and taxis are unable to travel to these areas.

- Participants living in central Keighley said they could travel to the places they wanted to go to by foot because most services and activities are located within the town centre.

- BME women were more likely to depend on family members and friends for lifts, particularly to the supermarket and the hospital.

Access to Public Transport

- Public transport information is only available in English making it inaccessible for some members of the wider BME population.

- Restrictions placed on the use of concessionary passes affects the travel behaviour of unemployed, disabled and older people. Concessionary pass holders mentioned that they try to avoid travelling outside the hours of their pass (e.g. the concessionary card for unemployed people can be used after 9.30am or before 3pm) but this is not always practical (e.g. signing-on times for unemployed people are often outside this time frame). The time restrictions also limit the number and types of activities that can be achieve during the day. In addition, several unemployed respondents mentioned that the passes are not valid for cross local authority boundary trips (e.g. North Yorkshire) and their ability to seek employment in these areas is restricted.

- Young people thought the cost of train fares in the area was expensive and varied too much. In contrast, the unemployed considered the fares as 'good value' and were said to be cheaper than the equivalent bus journey.

- Respondents felt that bus fares do not reflect the distances travelled, for example it costs the same to travel from Howarth to Keighley and Bradford even though the latter is much further away.

- Both young people and unemployed people preferred to travel by train than bus because they are seen to be quicker and more reliable. The unemployed prioritised trains as having a greater capacity and less problems of overcrowding. According to young people, trains are more likely to keep to the timetable than buses.

- Older people were more likely to mention the lack of evening and Sunday services, particularly in more remote areas of Keighley, as debilitating. This group also mentioned that they avoid travelling during times when school children are likely to be on the bus. Many young participants considered the frequency of off-peak

services as inadequate for travelling to evening leisure activities. They stated that the last train from Bradford or Leeds finishes too early in the evening and prevents some people from accessing leisure facilities in those areas.

- BME women said they would not consider travelling by bus at night because they have to walk home from the bus stop. Taxis were the preferred mode of transport if family and friends were unable to give them a lift.

- Parked cars in bus stops prevents buses from stopping close enough to the pavements for older people, disabled people or people with prams and pushchairs to board the vehicles.

- The physical need to alight a bus and then board the same vehicle with the same driver was considered to be completely unnecessary by people within the older people and disabled people groups.

- Both young people and unemployed people expressed low time-thresholds for accessing the bus and train network. Unemployed people had a high wait time threshold than any other group, this could be due to the larger amount of unstructured time they have available. In contrast, older people expressed the lowest wait time due to personal safety concerns and fear of crime.

- Erratic and inconsiderate driving, a lack of handrails and overcrowding were pinpointed as making bus journeys uncomfortable and potentially dangerous for older people.

- Parents with young children, older people and physically disabled people said getting on and off buses was particularly difficult because they are step access rather than low floor vehicles. Carrying heavy items, public transport operating times and cost of public transport fares were seen as the main reasons preventing people from travelling by public transport.

- Apart from the unemployed group, the main concerns respondents had about their walk to their regular bus stop include: 'steep hills' and 'street furniture obstacles'. Respondents from the physically disabled group, unemployed and young people group also mentioned 'safety', and 'crossing busy roads' was a concern raised by the unemployed and young people.

- Insufficient seating and shelter was the main cause of complaint by respondents across all the groups when asked how satisfied they were about the conditions at their bus stop. Young people and the unemployed also mentioned incorrect or no timetable information; vandalism and broken glass was raised by the BME and older people; and poor lighting was highlighted by respondents within the physically disabled group.

Food Shopping

- Nearly half of the physically disabled respondents who said they access main food shops said they would like to shop elsewhere but are prevented from doing so because the 'shop is too far away', 'public transport costs too much' and 'no direct public transport service to the shop'. Respondents within the other groups also mentioned these constraints.

Employment

- Unemployed respondents consider job opportunities in North Yorkshire as being 'out-of-bounds' because their concessionary passes are not valid in the neighbouring county. Public transport operating times, particularly during evenings and on Sundays, have also prevented some people from accessing employment opportunities. Young people and BME people mentioned 'service delays' and 'frequency and reliability of public transport' as problems they experience when travelling to work.

Education & Training

- Respondents from the young people and BME groups highlighted 'unreliable bus services', 'busy roads' and 'safety concerns' as the main problems they experience when travelling to education and training facilities.

Doctors

- Few respondents within each group mentioned an example of being prevented from making or attending a GP appointment. Those who had experienced a problem, the main cause was due to the late arrival of buses usually caused by heavy traffic.

Hospital

- Participants across the different groups mentioned that their journey to Abingdon Hospital takes too long and for some people involves catching two buses and paying two fares. Once again, few respondents within each group mentioned that they have been prevented from attending and/or making a hospital appointment. The main reasons include: 'bus was late' and 'cost of public transport'. Respondents within the unemployed and BME groups raised the cost issue.

Home Based Activities

- Less than a quarter of individuals within each group, and only two older people, said they access services from home instead of making a trip. The type of activities that were carried out from home include: Internet / home shopping, home banking, take away delivery, job searches and support from social services. The main reasons why these activities were accessed from home include: 'Internet offers more choice', 'shopping on-line / telephone banking is more convenient', 'buy goods that are not available locally and cheaper', 'because of limited mobility and are unable to carry out the activities myself' and 'avoids making a trip'.

Unmet Transport Need

- Respondents were asked if there were any activities or places that they would like to do or visit more often. For those that identified an activity they were asked what prevents them from doing them more often. Nearly 40% of respondents from the young people and unemployed groups and 50% of respondents from the BME, older people and people with physically disabled groups said there were activities and places that they would like to visit more often. All groups mentioned that they would like to visit family and friends more often, suggesting that they are not as socially active as they would like. The main reasons preventing people from taking part in these activities include: 'cost of public transport', 'takes too long to get there by public transport', 'infrequent off-peak services and no direct bus service' and 'the walk between the bus and train station is too far'.

Encourage More Use of Public Transport

- Cheaper fares, more reliable, frequent and safer services, more comfortable and cleaner services and more convenient bus stops were the various incentives that respondents listed that might encourage them to use public transport more often.

1 Introduction

The 'Measuring Accessibility for Different Socially Disadvantaged Groups' project is funded by the Engineering and Physical Sciences Research Council (EPSRC) and runs for two years (February 2003 – January 2005). The Transport Studies Group at the University of Westminster is the lead partner on the project and is joined by the following partners: Transport for London (TfL), West Yorkshire Passenger Transport Executive (METRO), London Borough of Tower Hamlets (TH) and the Bradford Metropolitan District Council (BMDC).

The project is timely given the Social Exclusion Unit's (SEU) report 'Making the Connections: Transport and Social Exclusion' (SEU 2003) and the current interest in accessibility issues within socially disadvantaged areas. The project aims to develop more refined measures of accessibility and models that capture the ways in which different social groups perceive and use their local environment. This requires a detailed mapping of objective transport provision (bus services, local street conditions etc), incorporation of wider concerns (e.g. street crime) and an awareness of the relative importance that different groups place on attributes of a particular type of journey (in-vehicle travel times, walking times/distances, costs etc).

The project team have tested local perceptions of accessibility to key services, actual travel behaviour of different groups compared with national average, people's willingness to travel to access services, mode of travel used, barriers to accessibility and people's observations on the utility of existing model outputs within two case study areas.

The report is divided into seven sections. Section 1 continues by explaining the background to the project, it provides a description of the two case study areas and highlighting the reasons why they were selected. Section 2 explains the fieldwork methodology and reports on the demographics of the questionnaire survey respondents. Section 3 provides an overview of the questionnaire and focus group results for Tower Hamlets and section 4 reports on the findings for Keighley. Section 5 looks at the similarities and differences between the two areas, as well as general transport issues, namely: i) access to services and activities; ii) reliability and frequency; iii) affordability; iv) personal safety and security; v) information and vi) barriers to activities. Comments about the different accessibility maps / model outputs, produced by TfL and METRO, are outlined in section 6. Finally, section 7 concludes the report and lists a number of suggestions for improving accessibility.

1.1 Background context

Transport planning issues are increasingly becoming integrated with wider social, economic, health and other issues. Lack of accessibility is a key component of social exclusion as for many groups of people the viability of accessing many opportunities and services is severely reduced due to the lack of accessible, affordable and available transport. Other factors such as timetable information, transport operating hours and transport fares can also affect a person's ability to take part in leisure activities, visit family and friends, employment, education and training opportunities, regardless of age and skill groups.

The importance of 'Accessibility Planning' for social inclusion was clearly identified within the SEU report (SEU 2003). The report highlights that transport is a significant barrier to social inclusion. It demonstrates that an individual's full participation in society, which includes access to healthcare, can be restricted by poor transport. The report states that an over emphasis on cars can result in social exclusion as individuals on low incomes, people with

disabilities, young and old people cannot afford the cost of motoring and their use of public transport may be far from ideal because of poor transport networks, unaffordable fares and unreliability.

Prior to the recent SEU study, land use and transport appraisal guidance (PPG 17) required accessibility to be considered in terms of access to local facilities by walking and cycling; access to public transport services; access to opportunities such as jobs, education, shops etc and; comparing accessibility by alternative modes. By using accessibility models to examine the accessibility of key facilities and services it is possible to identify levels of social exclusion within a fixed journey time. This new approach to 'planning services' will provide planners with valuable information to better identify, and quantify, areas of unequal access opportunities to facilities so that these inequalities may be addressed; and level-of-service changes could be monitored for their affect on accessibility.

One approach to exploring how lack of transport might be associated with social exclusion would be to work through the whole of the lifecycle, from very young to very old people. However, the project team decided that a broad range of different groups were needed to explore the problems and constraints that different people may experience; thereby preventing them from taking part in society. The user needs literature review (Working Paper 1) looked at the needs and constraints of the following groups of people:

- Parents of young children

- Young People

- Unemployed

- Shift workers

- Ethnic Minorities

- Disabled - mental health and physical disabilities[1];

- Older people.

It is recognised that in practice there are many overlaps between the above groups and categories e.g. a young Asian man who works shifts on a part time basis due to his physical disability, would fall into several of the above categories.

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[1] The Disability Discrimination Act (DDA) 1995 defines disability as: 'a physical or mental impairment which has a substantial and long-term effect on a person's ability to carry out normal day-to-day activities'.

1.2 Description Of Selected Case Study Areas

The 'Index of Multiple Deprivation' was used as an indicator of deprivation to identify those areas / wards within the two case study areas (Tower Hamlets and Keighley) that have recognised areas of deprivation. The index gives each local authority and each ward (based on 1st April 1998 figures) a single deprivation score. The IMD is made up of six sub-indices[2] - relating to measures such as income levels, employment and health. The case study areas were selected on the basis of:

❖ IMD ranking[3]
❖ Areas of reported poor accessibility by key agency stakeholders,
❖ Areas previously overlooked by transport research projects,
❖ Consultation with project partners and key individuals within the two authorities, and
❖ An examination of the current accessibility levels within the two areas by looking at the accessibility model outputs e.g. maps identifying areas of poor accessibility.

The selection of local areas was also based on a visual analysis of the ward maps in conjunction with the public transport network to identify a sample of wards with a range of accessibility. After lengthy consultation with relevant stakeholders within the two local areas, it was agreed that the project team would carry out their in-depth study within the following areas and focus on the following groups:

- **Mile-End East**, **Bromley-by-Bow** and **East India and Lansbury** wards within the London Borough of Tower Hamlets. Due to a boundary change, data is not available for the newly named wards, however based on the old ward titles the IMD ranking is as follows: Lansbury (IMD=47), East India (IMD=152), Bromley (IMD=237) and Bow (IMD=358). Parents with Young children (aged under 11 years); Ethnic Minority (BME); people with Mental Health Illness and shift workers.

- Three Keighley wards: **South** (IMD=538), **West** (IMD=1,058) and **North** (IMD=1,354). The five social groups that were investigated in Keighley were: Young People; Older People; Ethnic Minority (BME); People with physical disabilities; and Unemployed people.

As suggested within the following descriptions of the two case study areas, there are many similarities between the problems and barriers experienced by people living in the Inner Area of London (Tower Hamlets) as well as those living in the fairly rural location of Keighley.

1.2.1 Tower Hamlets

The London Borough of Tower Hamlets is an inner city area that forms part of the East End of London. The case study area focused on a small area of the Borough that is made up of parts of Bromley-By-Bow, Mile End East & East India and Lansbury wards (see figure 1). The wards were chosen because the 'Limehouse Cut' canal physically divides them. They are surrounded by four very busy roads (A11, A12, A1205 and A13) with fast moving traffic in the off-peak periods and are subject to considerable traffic congestion during the peak hours. The area has few facilities – a couple of pubs, a post office, a newsagent, a couple of small convenience food shops, a laundrette, a sports centre, betting office and a number of take-a-way food shops but a number of these facilities are fairly run down.

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[2] The 6 sub-indices are health, income, employment, education, access to services and housing.
[3] Index of Multiple Deprivation (2000) ranking: 1 is the most deprived ward and 8,414 is the least deprived. DTLR, www.regeneration.dtlr.gov.uk/research/id2000/index.htm

Figure 1: London Borough of Tower Hamlets: Case Study Area
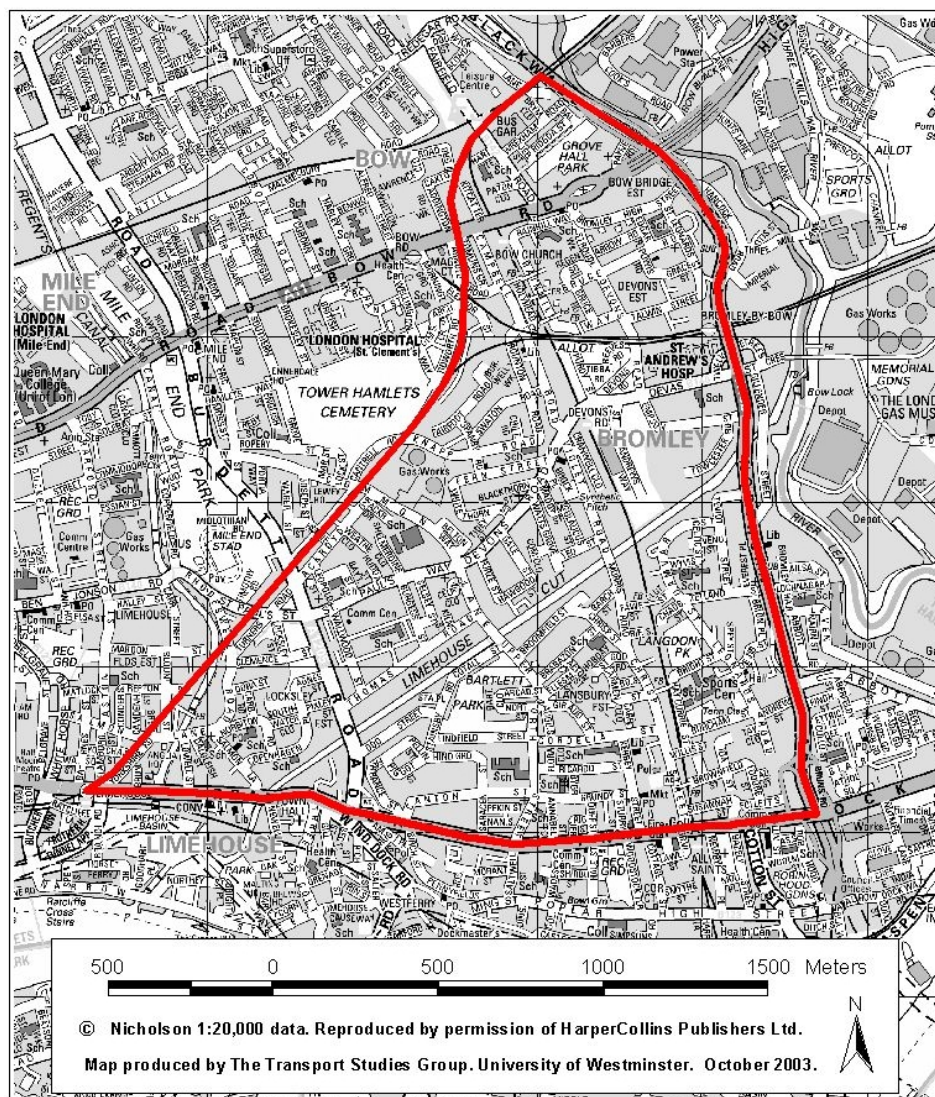
The population of Tower Hamlets is 196,000 (ONS, 2003), of which 50 per cent were male and 50 per cent were female. The Borough has a relatively young population. The 2001 Census showed that 27% of the population living in the three study wards were children under 16 years; this is higher than the Borough's average (23%) and the national average (20%). The case study wards also have a below average population of older people (aged 60+) living in the area (see table 1). The Borough has a distinctive cultural identity and many languages are spoken. It has one of the largest resident populations from the ethnic minority communities in the UK: 55% of residents within the three wards are from an ethnic background (see table 1). The largest ethnic groups are Bangladeshi, Black Caribbean and Black African. In the three case study wards, 64% of all people (n=24,549) were from the C2[4] / D[5] / E[6] social grades compared to 48% nationally (ONS, 2003). Unemployment within the case study area stands at 8% compared to 7% in the Borough and 3% nationally (ONS, 2003). Health status is 'not good' for 11% of the case study area compared to 9% nationally (ONS, 2003).

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[4] Skilled manual workers
[5] Semi-skilled and unskilled manual workers
[6] On state benefit; unemployed; lowest grade workers.

Table 1: Key statistics for Tower Hamlets

	Mile End East, Bromley-By-Bow, East India and Lansbury wards	London Borough of Tower Hamlets	England and Wales
Average age of population	31 years	32 years	39 years
Children under 16 years	27%	23%	20%
Older people (aged 60+)	13%	13%	21%
Ethnic Minority population	55%	49%	9%
Health is "not good"	11%	10%	9%
With a limiting long-term illness	18%	17%	18%
Households living in rented accommodation (Council, Housing Association or Social Landlord)	68%	53%	19%
Unemployed: Total	8%	7%	3%

Source: Office of National Statistics (2003).

There are 78,530 households in the Borough and nearly 70% of households live in social housing, this is nearly three and a half times the national average (ONS, 2003). Most housing tenants live in high-rise and low-rise blocks of flats owned by Registered Social Landlords. This is due to the Borough's policy of transferring its housing stock (Crime Concern, 2002).

Tower Hamlets is one of the authorities receiving a Neighbourhood Renewal Fund grant for three years till March 2004. It has been allocated a total of £23.9 million from 2001 to 2004. This grant is intended to accelerate improvement in services by engaging local people in finding new and better ways to do things. As from April 2001 the Borough's Local Strategic Partnership (LSP) was divided into eight Local Area Partnerships (LAPs). The case study area for this project covers two of these LAPs – LAP 6 (Mile End East and Bromley) and LAP 7 (East India, Lansbury and Limehouse). These LAPs aim to help identify local priorities, feed into development of strategic plans, help to develop, implement and review the Borough's Community Plan / Neighbourhood Renewal Strategy, act as a body for consultation purposes and encourage local people to get involved as active citizens.

The Borough lies across the main transport access between east and northeast London and the City of London and the West End. In Tower Hamlets less than half of the households owned a car or van; the majority of residents of Tower Hamlets rely on public transport and foot for their journeys. The local area is well served by the underground, Docklands Light Railway (DLR) and a number of bus services.

1.2.2 Keighley

Keighley is a town within Bradford Metropolitan District Council, in West Yorkshire (see figure 2). It is made up of three wards: Keighley North, Keighley South and Keighley West. There are large areas of green, open space – such as the Pennine Moors near Haworth and outlying parts of the town include villages with distinctive identities, such as Silsden, Steeton, Howarth and Oakworth.

Figure 2: Map of Keighley and outlying areas
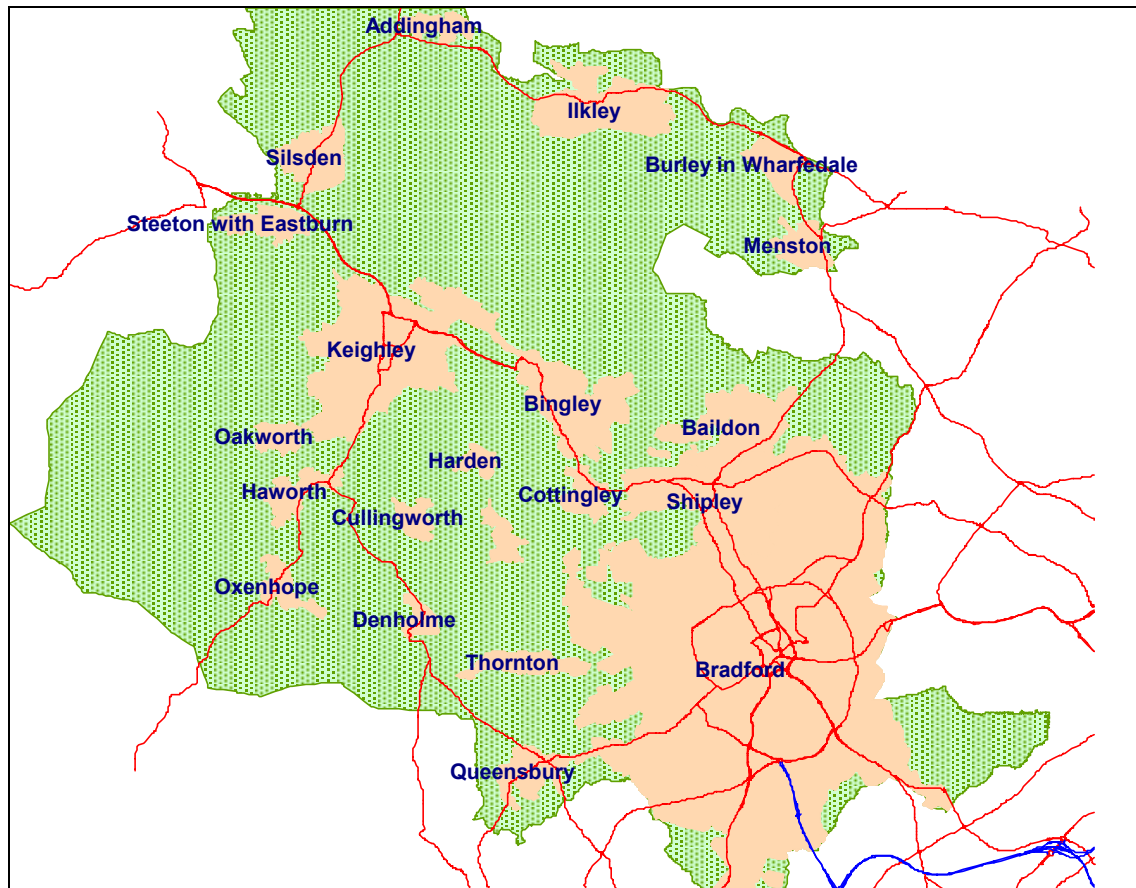
Source: Bradford Metropolitan District Council (Bradford Community Statistics Project website), 2003.

Keighley town centre has a number of facilities – a shopping centre, some pubs, a college, two training centres and a job centre, several voluntary organisation offices, a library, a police station, a train station, a bus station and several places of worship.

According to 2001 Census data, the three Keighley wards have a resident population of 45,000, of which 48% were male and 52% were female. Keighley has a fairly young population; the average age is slightly below the national average, 36 years compared to 39 years, 24% are children are aged under 16 (compared to 20% nationally) and only 15% of the population are 'older people', compared to 21% nationally (ONS, 2003). Nearly one fifth of the population are from an ethnic background (see table 2), compared to 9% in England and Wales nationally (ONS, 2003).

Within the three Keighley wards, 59% of the population were from the C2 / D / E social grades compared to 48% nationally (ONS, 2003). The wards had over double the national

average of unemployed people (7%). When asked about their health, 11% said this was "not good" this is slightly above average.

Table 2: Key statistics for Keighley

	Keighley (3 wards: North, South, West)	Bradford District	England and Wales
Average age of population	36 years	36 years	39 years
Children under 16 years	24%	23%	20%
Older people (aged 60%)	15%	19%	21%
Ethnic Minority population	19%	22%	9%
Health is "not good"	11%	10%	9%
With a limiting long-term illness	19%	19%	18%
Living in rented accommodation (Council, Housing Association or Social Landlord)	17%	16%	19%
Unemployed: Total	7%	4%	3%

Source: Office of National Statistics, 2003.

There are 17,500 households within the three wards; the housing stock consists mainly of terraced and semi-detached houses. Unlike the case study area in Tower Hamlets where nearly 70% of the population are living in rented accommodation, only 17% in Keighley live in social housing.

The key characteristics and differences between the two study areas are summarised in table 3 on the following page.

Table 3: Key characteristics of the two study areas

Location	Accessibility Level	Key Demographic Information	Other Issues
Tower Hamlets: Bromley-By-Bow, Mile End East, East India and Lansbury wards	A canal physically divides the area and 4 busy roads surround the area. Limited choice of bus services, particularly during the evenings. Area is served by the DLR and underground.	Equal gender split. Nearly half the population are from an ethnic background. High number of younger families. High rate of unemployment. Less than the national average of people with long term illness. Deprived area. 64% of population from C2/D/E social groups. Nearly 70% of the population living in rented accommodation.	Few facilities and services within the case study area. Residents need to travel outside the area to access services such as hospitals. Recruited parents with young children, BME, shift workers and those with mental health illness.
Keighley: North, South and West wards	Reasonable level of local bus and train services provided by METRO during weekday peak times but limited during evening and weekends in some areas.	More females than males. Large ethnic minority population. Nearly a quarter of the population are aged under 16 years. Fairly deprived areas in pockets. High number of unemployed. More people with ill-health. More from C2/D/E social groups. Less people in rented accommodation.	Some choice of local facilities, but a need to go further a field for major facilities such as the hospital. Recruited young, older people, BME, unemployed and those with physical disabilities.

The following section describes the methodology that was used to collect information about the needs of each disadvantaged group.

2 Methodology

The fieldwork data collection process took place in June 2003. The methodology that was used to collect the data in the two case study areas consisted of a face-to-face questionnaire survey, eight follow-up focus groups (four per area) and focus group participant travel diaries.

2.1 On-street interview questionnaire

A face-to-face questionnaire survey took place in both case study areas (Appendix 1). The interview was designed to take 10-15 minutes. The aim of the questionnaire survey was four-fold:

i) To better understand current travel patterns and behaviour of individuals within the different social groups;
ii) To identify the reasons why some people are constrained from undertaking activities and any problems they may have using particular modes;
iii) To provide a broad picture of perceptions and attitudes within the two areas and;
iv) To recruit a pool of respondents, some of which were then chosen to go on to participate in a focus group.

The questionnaire asked people about their frequency of use of public transport, trips to different services e.g. access to shopping, work, education and training, day care centre, doctor surgery, hospital, home activities and other travel patterns. The questionnaire also investigated the different thresholds (current, reasonable and maximum) people have relating to times (e.g. walking time, waiting time, travelling time) and costs of travelling to different activities. This broad examination enabled information to be gathered on a wide range of travel needs for the different social groups of people. The data was coded and analysed using a statistical computer package (SPSS v11.5) to explore any differences between social groups.

The questionnaire was targeted at individuals across all the seven social groups. The research team conducted on-street interviews in a number of different locations within the two case study areas e.g. community centres, a college, job centres, employment sites, city centres, outside local shops, pubs, parks, bus and train stations and stops. A pilot study focusing on the 'Parents of Young Children' took place one week before the main fieldwork in order to test the wording of the questionnaire and validate the process. The final version of the questionnaire that was used for the main study took on average 15-20 minutes to complete (see appendix 1). The conditions of recruitment were that:

- Respondents must use public transport at least once a month;
- Respondents must either live in or need to access key services and activities within the selected case study areas;
- Have characteristics that fall within the demographic profile of a group (see figure 4); and
- Recruit at least a sample of 30 individuals per group.

The recruiters targeted people from a range of backgrounds representing different ages, gender, ethnic backgrounds and socio-demographic characteristics. A total of 231 respondents (109 male and 122 female) answered the questionnaire, with 45% (n=103, 47 male and 56 female) in Tower Hamlets and 55% (n=128, 62 male, 66 female) in Keighley.

Sixty five percent of the respondents had children under the age of 11 years. Figure 4 shows that the sample size should have been at least 30 respondents from each social group. Although the overall number of responses was 231, the respondents could fall in more than one category, this accounts for the sample sizes being larger than the target. However, the sample size of disabled people did not meet the target number because they were hard to reach and those with a mental health illness were difficult to identify.

Figure 4: Sample sizes of social groups
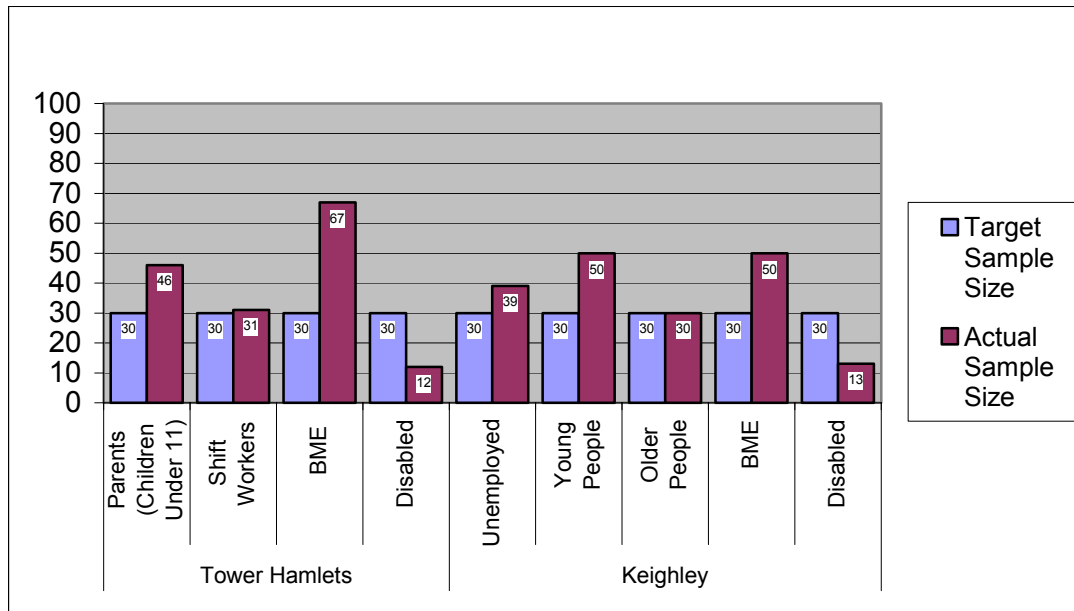
The respondents were predominately aged between 16 years to 39 years (67% of all respondents) (see figure 5). The male respondents were fairly distributed between the age groups 16-21 and 22-39, whereas, the females were predominately in the 22-39 age bracket.

Figure 5: Age of All Respondents
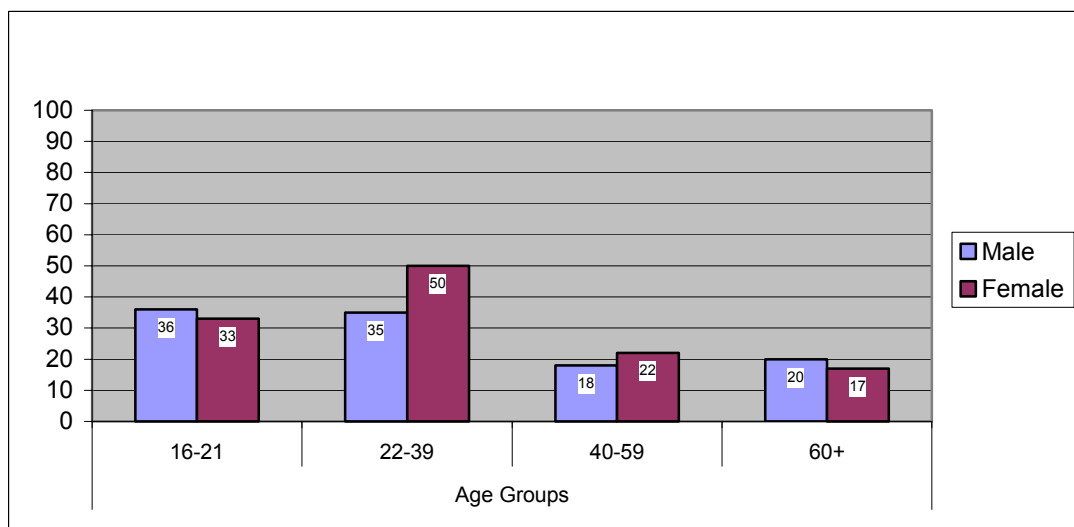
Figure 6 shows that 51% of the total respondents in both areas were non-white, of which 58 respondents were male and 59 respondents were female.

Figure 6: Ethnicity of respondents
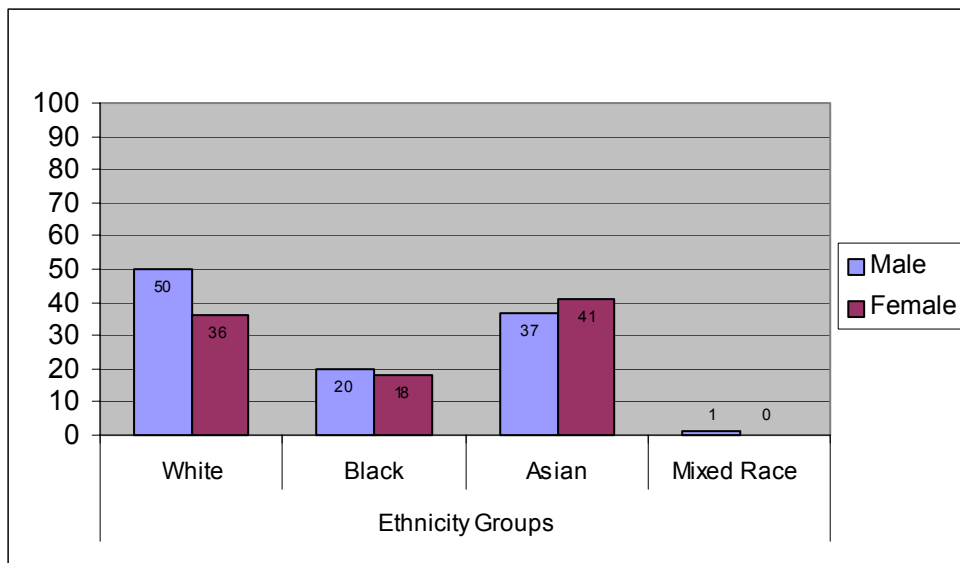
The recruiters specifically targeted those individuals with a low-income status, this is reflected in the number of respondents who were either students (23%), unemployed (22%), older people (15%) (figure 7). In most of the employment categories the distribution of male and female is relatively equal, with the exception of the unemployed (of which 63% were male and 37% were female) and parent (all female) categories.

Figure 7: Employment status of respondents
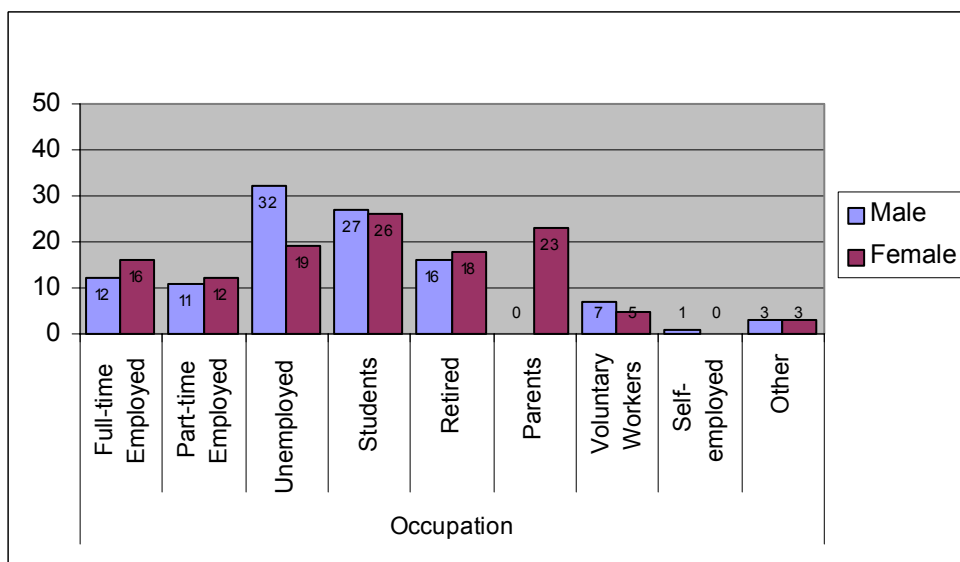
 *'Other' category includes parents (unlike the questionnaire that was used in the full survey, the pilot questionnaire did not have a separate category for parents) or respondents on incapacity benefit.

At the end of the survey, each respondent was asked if they would be available to take part in a focus group, not all the respondents agreed to participate. The research team drew up a

list of willing participants and invited 80 individuals (10 participants per group) to attend a group in their local area.

2.2 Focus Groups

Eight focus groups (four groups per area and a total of 65 participants) were held in June 2003. It was not the intention for the focus groups to be representative of the two case study areas, but rather they sought to gain an insight into the needs of different groups and the barriers to accessibility people may experience in each area.

There were four stages to the focus group discussion (appendix 2). The first stage of the discussion was essentially an introduction by the facilitator who introduced himself and the research team, he explained the nature and purpose of the project, asked each participant to introduce themselves to the rest of the group and then asked what people thought of their local area.

Stage two required the participants to think about the places that they go to, the activities or services they need to access (e.g. bus stop, rail/underground/DLR station, doctor's surgery, hospital, main food shop, primary school, workplace etc), the location of these places and any difficulties they experience when travelling. Using a specially designed 'Spider's Web' diagram (see appendix 3), the participants were then asked questions about how long their journey to different services and activities currently takes them and how much they currently pay using public transport. The participants were also asked to indicate the maximum acceptable travel times and fares (where appropriate) to each service or activity.

Stage three of the discussion involved the participants looking at a maps of their local area and indicating which places they thought had particularly 'good' or 'bad' accessibility to a range of activities. The participants were shown OS A-Z maps of the local area and were asked to suggest areas with 'low', 'medium' and 'high' accessibility levels. This activity raised important issues regarding information and awareness of services, and also highlighted where specific barriers exist.

During the fourth and final stage of the discussion, the participants were shown different examples of accessibility model outputs in the form of GIS based maps (appendices 4 and 5). The facilitator asked the participants if they understood the purpose of the map, if they thought it was useful and whether they thought a map was the best way to show different levels of accessibility. The participants were also asked to comment on cartographic issues (e.g. did they think the maps showed enough information in terms of labelling etc).

Incentives were used to attract people to the focus groups (each individual received £20 and an additional £10 for childcare costs and £5 for travel costs). However, the attendance level for each group varied from as low as five to as many as eleven people. Groups were convened in a variety of different places and at different times of day, for example:

- Young people: a local college, late afternoon;
- BME Groups: local Community Centres, mid-morning;
- People with physical disabilities and older people: disabled peoples' centre after lunch;
- People with mental health illness: MIND Centre, after lunch;
- Unemployed: training centre, late morning;
- Shift workers: local Community Centre, mid-day.

The range of age and lifestyle situations of the participants in the groups varied (table 4). This broad spectrum of individuals reflects the sampling approach that was used to recruit the participants for the groups. In terms of economic status, the majority were on low or relatively low incomes or in receipt of benefits, retired or registered disabled.

Table 4: Profile of Each Focus Group

Tower Hamlets	Keighley
• Parents with young children (8 in total: 8 female) • People with Mental Health issues (7 in total: 5 male, 2 female) • Shift workers (9 in total: 5 male, 4 female) • Minority Ethnic Group (5 in total: 5 female)	• Young people (11 in total: 6 male, 5 female); • Mobility Needs (physically disabled and older people 8 in total: 2 male, 6 female); • Unemployed (8 in total: 7 male, 1 female); • Minority Ethnic Group (9 in total: 5 male, 4 female)

Each focus group session was tape-recorded, transcribed and the data was analysed using the 'MAXQDA' qualitative package. This piece of software stores focus group transcriptions in a coded format according to key words or themes, thus enabling searches of key text to take place fairly quickly.

2.3 Travel Diaries

Each focus group participant was supplied with a 'Travel Diary' (appendix 6) at the end of the session and was asked to complete it for one day. The aim of the diary was to extract detailed information about individual participants' travel patterns. Unfortunately only 17 out of 65 diaries (26%) were returned and the project team decided not to carry out any further analysis.

The following sections provide an account of the types of issues that arose from the questionnaire surveys and focus group sessions. Whilst these groups provide an insight into peoples' needs and perceptions of accessibility and public transport, it is important to remember that the comments relate to a small number of participants and therefore are not statistically reliable nor representative of the population as a whole. The sections include some verbatim quotes from the participants but these should only be considered in the context of this report and should not be referred to without reference to the text of the report.

3 Fieldwork Findings - Tower Hamlets

The four social groups that were investigated in Tower Hamlets were:

- Parents with Young children (aged under 11 years)
- Ethnic Minority (BME)
- Mental Health Illness
- Shift workers

3.1 Parents With Young Children (Pilot Study)

3.1.1 Questionnaire Results

3.1.1.1 Demography

Forty-six parents of young children (aged under 11 years) were interviewed in Tower Hamlets (72% female and 28% male). Seven percent of the respondents were aged between 16 and 21, 78% were aged between 22 and 39 and 13% were over 40 years. The respondents were from a fairly even mix of ethnic backgrounds, 35% were white, 33% were Asian and 31% were of Black origin. One person was registered disabled and two people had health problems that affected their mobility. Fifty-seven percent of the respondents were married or living with their partner, 41% were single and 2% lived at home with their parents. Thirty-seven respondents were employed, 11% were unemployed and the remaining parents were either students or full time child carers.

3.1.1.2 Mode Choice

Over half the respondents said they had access to a car. When asked how often they used it, 48% provided further details: 27% use it all the time; 36% use it some of the time; 9% rarely use it and 27% never use it. The 83% who do not use a car all the time said they travel by bus at least once a week and 17% use it less frequently. Over two thirds of the respondents said they have been prevented from using a bus, the main causes include: 'carrying heavy items such as shopping, buggies and travelling with small children' (n=16), travelling at certain times of day (e.g. rush hours and during the afternoon school run) (n=11) and 'not being able to board the first bus because of overcrowding' (n=2). Several respondents mentioned that they sometimes have to let two or three buses pass before they can board a vehicle.

Over two thirds of the respondents said they could walk to their regular bus stop within 5 minutes. Others said this walk could take them as long as 20 minutes because the bus stops which are located close to where they live are not necessarily on routes they wish to use. One third of the respondents said they were concerned about the walk to their bus stop, the main reasons include: 'safety and poor lighting' (n=10), 'busy roads' (n=4) and 'parking on pavements' (n=1). When asked about the maximum time / distance they would be prepared to walk to their regular bus stop nearly 90% said more than 5 minutes, of which 48% said more than 10 minutes. Over 80% said they would be prepared to spend more than 10 minutes (maximum) waiting for a bus, of which 31% said more than 15 minutes. Thirty-three percent said they were not satisfied with the conditions at their bus stop because of: 'inadequate or no shelter' (n=8), 'inadequate or no seating' (n=5), 'vandalism and broken glass' (n=4).

Seventy-percent of the respondents said they use train (underground, DLR or national rail) services at least once a week: 20% use it four or more times a week, 50% use it between one and three times a week and 30% use it less frequently. Nearly all the participants (97%) said they could access their local train station within 20 minutes, 62% of which said the journey takes no longer than 5 minutes. Twenty-six percent of respondents said they had concerns about their journey to the train station, and the problems include: 'safety and poor lighting' (n=5), 'long walk to the station' (n=3) and 'difficulties when trying to access the platform' (n=1) especially when the lift at the station is not working. Sixty-two percent said the maximum journey they would be prepared to make to their local train station is more than 10 minutes, of which 33% said more than 15 minutes.

3.1.1.3 Access to Services

The respondents were asked questions about their current journey times and public transport costs of accessing different services (see tables 5 and 6 respectively). Due to the small sample size of people saying that they needed to access education & training or day care centre services, it is not possible to analyse these results.

Table 5: Current Time Bands

Service Time	Food Shop N*=44	Employment N*=21	Education & Training N*=10	Day Care Centre N*=5	GP Surgery N*=46	Hospital N*=31
0-5 min	25%	14%			26%	7%
6-10 min	30%	14%	Not enough responses for analysis	Not enough responses for analysis	24%	10%
11-15 min	14%	14%			20%	3%
16-20 min	23%	14%			11%	23%
21-30 min	5%	19%			15%	32%
31-40 min	5%	-			-	7%
41+ min	-	24%			4%	19%

*The number of people who said they access this service

As the table above shows, 96% of parents said they need to access a main food shop and over fifty percent of these said they could do this within 10 minutes. When asked how they travel to the shop, 43% said they walked, 32% used public transport, 23% travelled by car and 2% went by bicycle. Over half the sample said they have been prevented from shopping elsewhere and the main three constraints were: 'no direct public transport service' (n=11), 'long walk to the right bus stop' (n=3) and 'public transport fares' (n=2).

Forty-six percent of parents said they need to travel to work and two thirds of this sample said their journey could take up to 30 minutes. Forty-three percent of the sample said they travel to work using public transport, 33% said they walked, and 24% went by car. Nearly a quarter of respondents said they had encountered problems travelling to work and the main constraints were: 'overcrowded bus and DLR services during rush hour' (n=3), 'felt unsafe' (n=3) and 'unreliable public transport services' (n=2).

All the respondents answered the question about access to GP services, over 80% said they could access their doctor's surgery within 20 minutes, of which 50% said their journey takes no longer than 10 minutes. Three quarters of the respondents said they walk to their GP surgery, 17% use public transport and 4% travel by car. Thirteen percent of respondents said they have been prevented from either making and/or attending an appointment because of public transport. The reasons given were: 'bus was late' (n=5) and 'no direct bus service to the surgery' (n=1).

Sixty-seven percent of respondents said they have visited a hospital within the last year. Seventy-five percent of these said their current journey could take them up to 30 minutes, of which 20% said they could access the hospital within 15 minutes. Nearly three quarters of the sample travelled to the hospital by public transport, 16% went by car, 10% hired a taxi and 3% said they walked. A quarter of respondents said they have been prevented from either making and/or attending a hospital appointment because the 'bus was late' (n=4), 'overcrowding' (n=3) or 'no direct bus service to the hospital' (n=2).

As shown in the table below, over 70% said they could travel to their main food shop for £1 or less and over half of these respondents said they did not pay for this journey. One explanation for this could be that the location of the shop is within walking distance of where they live and they do not feel a need to use public transport, or they are driven to the shop by a relative or friend. Similarly, 60% said they do not pay for their trip to work, once again it can be assumed that most of these people walk to work (42% said their journey takes no longer than 15 minutes) or they get a lift.

Table 6: Current Cost Bands

Service Cost^	Food Shop N*=22	Employment N*=20	Education & Training N*=11	Day Care Centre N*=5	GP Surgery N*=44	Hospital N*=15
Free	64%	60%	Not enough responses for analysis	Not enough responses for analysis	86%	33%
1p – 50p	-	-			-	-
51p - £1	23%	30%			7%	47%
£1.01 - £2	-	10%			7%	7%
£2.01 - £5	14%	-			-	13%
£5.01+	-	-			-	-

*The number of people who said they access this service
^Single trip.

Only 14% of parents said they pay to use public transport to visit their GP surgery, the remaining 84% said they could walk to their local GP surgery because it is close to where they live. Several respondents mentioned that it is often easier to walk to the surgery than trying to board a bus with young children and in some instances their surgery is not on a bus route so they feel they have no choice but to walk. Of those respondents who said they have visited a hospital within the last year, 20% said they paid between £1 and £5 for this journey. One explanation for this could be that there is not a direct bus service between the case study area and London Hospital in Whitechapel and the journey can take over an hour if dependent on bus services.

The respondents were then asked a number of questions concerning the maximum time they would be prepared to travel (see table 7) and the maximum cost they would be prepared to pay (see table 8) to access different services and activities. Due to the small number of responses to questions about education & training, day care centres and the hospital it is not possible to analyse the respondents maximum time thresholds. Similarly, the only maximum cost thresholds that are large enough for analysis are access to healthcare services.

Table 7: Maximum Time Thresholds

Service Time	Food Shop N*=24	Employment N*=17	Education & Training N*=5	Day Care Centre N*=4	GP Surgery N*=26	Hospital N*=11
More than 5 min	96%	100%	Not enough responses for analysis	Not enough responses for analysis	96%	Not enough responses for analysis
More than 10 min	92%	94%			89%	
More than 15 min	88%	94%			73%	
More than 20 min	63%	82%			46%	
More than 30 min	17%	59%			19%	
More than 40 min	8%	53%			15%	
More than 60 min	8%	12%			12%	
No Limit	0%	0%			0%	

*The number of people who said they access this service, excluding missing data and those who answered less than or equal to their current journey times.

As the table above shows, over 70% of respondents said they were prepared to travel more than 15 minutes to their main food shop, place of employment and GP surgery. Of the three services, the respondents said they would be prepared to travel the longest to access their place of employment but would want main food shops and GP surgeries within close proximity to where they live, preferably within a 20-minute journey.

Table 8: Maximum Cost Thresholds

Service Cost^	Food Shop N*=10	Employment N*=12	Education & Training N*=2	Day Care Centre N*=0	GP Surgery N*=24	Hospital N*=18
More than 50p	Not enough responses for analysis	Not enough responses for analysis	Not enough responses for analysis	No responses	100%	94%
More than £1					33%	39%
More than £2					13%	28%
More than £5					4%	11%
No Limit					0%	0%

*The number of people who said they access this service, excluding missing data and those who answered less than or equal to their current costs
^Single trip

As the above table shows, all respondents said they would be prepared to pay more than 50p to access healthcare services. Only 33% said they would pay more than £1 to access their GP surgery; this small figure is not surprising because only 14% of parents currently pay more than £1. Interestingly 67% of parents said the cost of travelling to the hospital is more than £1, when asked to give a maximum cost threshold only 39% said more than £1.

3.1.1.4 Home Based Activities

The penultimate section of the questionnaire asked respondents if there were any activities that they currently do from home in place of making a trip. Only 9% (n=4) said yes, and the main activities were: home banking and Internet shopping for non-grocery items. Two of the respondents said they prefer to use home banking facilities because their local bank branch has closed and they do not like other high street banks.

3.1.1.5   Unmet transport need

Lastly, respondents were asked if there were any activities or places that they would like to do or visit more often. Over half the parents (54%) said there were other places they would like to travel to. The most frequently mentioned places / activities that respondents would like to visit/do more often include: 'leisure activities' e.g. clubbing, theme parks and museums (n=12), 'visit family and friends' (n=5) and go to 'out of town shopping centres' (n=4). In all, visiting or taking part in leisure facilities accounts for half of the activities that respondents indicated that they wished to do more often. This implies that a substantial proportion of parents are not as 'active' as they would like to be. For those that identified an activity they were asked what prevents them from doing them more often. Parents felt constrained from taking part in these activities because of: 'cost' (n=9), 'no direct public transport service' (n=9) and 'safety concerns' (n=4). Eighty-seven percent of parents said 'cheaper fares' (n=19); 'frequent and reliable services' (n=9) and 'parent friendly designed vehicles' (n=7) would encourage them to use public transport more often.

3.1.2   Focus Group Results

3.1.2.1   Composition of the Focus Group

The group consisted of 8 women, several of whom had lived in the area the whole of their lives, others who had lived in the area for 20 years plus and some who had re-located in the last few years. The ages of the participants ranged between 22 and 59 years. Men were invited to attend the group but did not wish to participate; those who said they would attend did not do so. Two of the women were from non-white ethnic backgrounds. The participants had children across different ages - from new born to teenagers. One of the participants was employed on a part time basis and the remaining 7 were 'full time' parents. 5 of the participants had access to a car, although this was only available to them 'some of the time' or in some cases 'never'.

3.1.2.2   Travel Horizons

In general, the participants within the group tended to carry out all their activities within a very local area. The parents said they rarely spend more than 15 minutes travelling to their main food shop, day care centre and place of worship. For those parents who need to accompany their children to school, this journey ranged from 5 minutes to one hour depending on which school their child attended. Some children attended the local primary school within the case study area and others went to religious schools outside the area. The participants said access to healthcare services is often more difficult and takes longer for example the journey to their local hospital (London Hospital in Whitechapel) takes them about an hour because it is not on a direct bus route from where they live and involves at least 2 buses.

When asked what they thought was a maximum acceptable travel time to different services and activities, the participants said they were already making the maximum journey and services such as main food shops, primary schools, GP surgeries, day care centres and the train station should be no longer than 15 minutes from where they live. They were prepared to travel slightly further to access a hospital (20 minutes) and further again for leisure facilities (30 minutes).

3.1.2.3 Accessibility

When asked to explain what they think 'Accessibility' means, the group defined it as the following:

- 'The Docklands';
- 'The ability to access';
- 'You come out of your doorstep and it is there';
- 'When something is opened up';
- 'It's easy to access';
- 'A reasonable price';
- 'Buses take you to the places you want to go to';
- 'Information telling you where buses go to and from'.

3.1.2.4 Spatial Accessibility

The group considered the case study area as being very isolated and the group members mentioned that they do not think they have enough bus stops in their local area:

> *"No, I don't want to be on top of every bus stop but like I said I don't want to be walking 20 minutes to go all the way down here to get to a bus stop. I live on a dead end, they should just open up the road and have more bus access" (female).*

This isolation has been made worse by the removal of a local bus service, which has primarily affected their food-shop travel patterns and increased the cost of getting to a supermarket, which is located in a very hard to reach area. Parents said they tend to walk to the supermarket, ideally with their children so that they can help carry the shopping home. Some participants have started shopping in a new supermarket because it is located on the Isle of Dogs and a bus service drops them off outside the front door. However, this is not considered to be a practical alternative for some of the participants because the bus fare is more expensive. Several participants within the group suggested the solution to the supermarket problem is to *"bring back the 86 bus"*, which also served a local doctors surgery.

Transport to healthcare provision was described as *inadequate*; the current travel time to the doctors was considered to be too long and the distance too far to walk, particularly if the parent does not have access to a car and has to walk with a sick child and other children they may have with them at that time. Access to the hospital also proved to be particularly difficult for most participants. For some members of the group, the travel time to the hospital takes about an hour each way, by either tube or bus. There is not a direct service from the case study area to the hospital; many participants need to walk to Mile End to catch the bus. The participants commented that few facilities exist within the case study area, and those that do exist are considered to be a long way away:

> *"We ain't even got a bakers, we got to walk all the way over to Crisp Street to get a roll" (female).*

Participants emphasised their need to travel outside the local area for *everything*, describing local facilities as *absent or poor*. Those facilities that are within the local area were considered by one participant as being *"rubbish"* and not well kept:

> *"You can get the 309 straight to it [leisure centre] but they've got quite a small window when you can actually use their facilities because they've got schools all day and then you've got clubs all night, so you know you've got about an hour you can actually use the facilities properly, and the pool ain't that great in the first place" (female).*

The consensus in the group was that you should not have to walk for longer than 5 minutes to get to the bus stop, as travelling further with children can be difficult. The participants within the group described local accessibility as places that they could walk to or catch a bus to a destination within 5 minutes. Many of the participants said that they walk a great deal because it is easier than waiting for a bus, on the off chance that they will be able to board it and it is going to the place that they want to go to. Although there were some stops closer, the nearest bus stop that takes people out of the local area is a 15-minute walk.

One participant mentioned that young people have to travel a long way to access services such as youth clubs, cinemas etc. There are activities available for children up to the age of 8 years, but few groups or places for children older than that. Those participants who live close to Poplar mentioned that there are more activities for children at the edge of the case study area. However, several participants who lived near the Linc Centre said they would not allow their children to walk to Poplar on their own because of general concerns about safety as well as considering the distance to be too far.

3.1.2.5 Physical Accessibility

Hillman *et al* (1976) found that for parents with young children, the age of the children determined which part of the street environment provided the biggest barrier. For parents travelling with children young enough to be in a buggy or a pram the biggest problem was negotiating past the street furniture and the effort involved in pushing the child up hills or over uneven paving. The parents within the group were able to substantiate these claims and also mentioned that their walking distances were reduced when they had their young children with them. For those parents with prams and pushchairs, the Docklands Light Railway (DLR) was considered to be more accessible than a bus because it feels safer, the stops are not so isolated, the waiting areas are well lit, there is not an intimidating atmosphere on-board the train and they are more likely to be able to board with a pram or buggy. Some of the participants mentioned that they prefer to travel to areas that are on the DLR route than those served by bus or underground:

> *"I use the docklands [DLR] because I think its better if you've got buggies or pushchairs, generally there's a lift that takes you down to the station or up to the station and then you can just get on. With buses sometimes you're not allowed on because they've got someone else who's got a pram and there is no guarantee that you can get on the next one. I've waited for buses, waited 25 minutes for a bus, and then when its turned up there's already two people with a buggy and they say 'oh sorry'" (female).*

The attitude of transport drivers and their failure to meet customer needs was a frequent issue raised within the session. Several participants recalled trips they had made on a bus that has turned a corner so sharply that their pram or buggy had 'gone-flying'. In some cases the participants did not think that the bus drivers are particularly helpful, particularly when it comes to lowering the floor or opening the back door to let a pram on the bus:

> *"You'd think I'd asked him to lift me up and carry me on the bus, but they won't do it will they, and you've got to try and struggle through that little gap"* (female).

Street works created an accessibility problem for some of the parents with pushchairs, as they often have to walk in the road when the pavements are out of use or when vehicles are semi-parked on them, all this restricts the use of pushchairs around the local area.

3.1.2.6 Temporal Accessibility

The frequency and reliability of public transport is particularly important to parents of young children, as they are more likely to trip-chain – combine journeys to work, school, childcare and shopping. The trip chains that are undertaken by parents are not consistent but vary daily, so routine journeys are not performed. As most of the activities they wish to undertake are usually based locally, the predominance of radial transport routes is not appropriate for their needs. The network also lacks the flexibility and regularity to meet their personal schedules for example the group members said it was hard for them to board buses with their prams and pushchair at 3pm when the children are coming out of school.

One participant brought up the idea of being able to hail a bus anywhere along a particular bus route so that if someone did not reach the bus stop in time it does not mean that they would miss their bus. Another participant stated that such a service would take too long as there would be too many stops being made. The person who suggested the scheme said it would be advantageous to parents travelling with young children who do not walk very fast, as well as for older and disabled people who may have difficulties walking the distance to the bus stop.

There is also a problem in the evening, as the case study area does not have any night buses going through it. The nearest night bus stop is in Mile End, a good 15-20 minute walk away. As a consequence, many parents said they are unable to take part in evening activities because they do not feel safe walking home from Mile End late at night.

3.1.2.7 Financial Accessibility

All participants commented on the cost of public transport within London and said they thought it was too expensive.

3.1.2.8 Environmental Accessibility

The 'User Needs' literature review (see Working Paper 1) showed that it is becoming increasingly common for parents to escort their children on trips to a variety of locations. This is principally in response to fears for their child's safety both from traffic and from crime. Most escorting trips are made by car. This is because public transport is seen as unsuitable for transporting children as they can get injured through bad driving, there is no way to keep them occupied, children are often perceived as a nuisance by other passengers and the cost

of public transport travel with children is very expensive. These issues were also raised within the focus group.

A number of the participants expressed their concern about walking through the local cemetery in order to access services located nearby. It was reported that the cemetery is a magnet for crime. The participants stated that within the last 5 years there have been three murders within the cemetery:

> "…One was burnt, a women was caught being buried, and another one she was hung up in a white sheet" (female).

The underpass near the local Tesco supermarket was also considered to be unsafe; mainly because of the poor lighting and the absence of mirrors, which prevents people from being able to see around the corners. The participants commented on the different reports of muggings and rapes that had taken place in the underpass over the years. They said how they sometimes prefer to walk the long way round or chance crossing the busy road than walking through the underpass.

> "A lot of people have got raped and mugged, young people and old people, and nobody hears anything, I mean the thing is as you come down those stairs if you can hear someone, have a peep and you ain't going under, you'll go all the way round rather than go under" (female)

Several of the participants mentioned that they have to walk 30 or 40 minutes with small children to access a park. The local recreation grounds or small parks near where they live are considered unsafe for young children either because the swings are damaged, the area is used for walking dogs or there is broken glass nearby.

It was noted that gangs of young boys are seen by some of the participants as a threat to their personal safety and have deterred some of the parents from accessing services in their local area. The Parents said they often feel unsafe walking in areas where the gangs tend to 'hang-out' and would rather walk as part of a group of friends than on their own with their young children.

> "It might have very good accessibility but unsafe because some areas they've got more bus routes than others, but some people wouldn't use them services doesn't matter how much services there are because maybe you're the wrong colour, or the wrong sex, or its in the wrong place" (female).

The parents generally feel unsafe and vulnerable at night in some parts of the area and stated that they did not like waiting for or using public transport after dark. One participant mentioned that if she has to go anywhere in the evening or if it is dark she prefers to take her dog with her for safety reasons. One participant said that she is too scared to walk through the cemetery at night when she gets off the bus; but she has no other alternative route home:

> "When I go out of a night time with my mates I've got to walk down the cemetery, we walk half way and then I run the rest, at 4am, because there's no way of getting home, otherwise you've got to get the cab to come all the way round and it is really expensive" (female)

3.1.2.9 Information Accessibility

It was reported by the group participants that many bus stops within the case study area do not have information such as timetables or maps showing where the services go. The reason for this lack of information was considered to be the fault of young people who vandalise the stops and the information is not replaced.

The DLR was considered to be more accessible than the bus because of the electronic countdown board showing the time the next train is due, thereby removing the uncertainty of the arrival time. One participant mentioned that she would rather pay more money to use the DLR because of this:

> *"I'd rather pay the extra and know I've only got to wait 9 minutes …" (female).*

In addition, the parents said they preferred to travel using the DLR because there is always a driver / conductor inside the carriage who can provide further information and assistance:

> *"There's always a guy you can talk to as well, even at the station if you've got a problem when you're at the station even if the station masters not there if you press a button, and there's somebody there straight away, whereas if you're waiting at a bus stop and the bus ain't been for 60 minutes there's nothing you can do, there's no like method" (female).*

3.2 Ethnic Minority Group

3.2.1 Questionnaire Results

3.2.1.1 Demography

Sixty-seven people that belonged to either black (51%) or Asian (48%) or mixed race (1%) minority groups were interviewed in Tower Hamlets, this is representative of the demographic profile of people living in the case study area. Of these 27% were aged between 14-21 years (10 male, 8 female), 52% between 22-39 years (16 male, 19 female), 16% between 40-59 years (4 male, 7 female) and 5% aged 60 and over (2 male, 1 female). Seven people were registered disabled; of which two people also has health conditions that limited their mobility. Three other people had health problems that affected their mobility, such as arthritis.

Thirty-one percent were married or living with partner, of which six respondents had one child each, seven had two children, four had three children and one had four children, 61% were single of which eight had one child each, 2 had two children and one had three children and the remaining 8% were living with parents, one of which had two children. Twenty-one percent were students (one does additional shift work), 18% full time employment (7 respondents doing shift work), 18% part-time employment (10 doing shift work), 13% unemployed, 13% parents, 8% voluntary work, 6% retired and 3% other (of which 50% housewife and 50% incapacity benefit).

3.2.1.2 Mode Choice

Over 40% of the respondents had access to a car, when asked how often they used their car, 21% said all the time, 29% used it some of the time, 4% rarely used it and 46% said they never used it. Eighty-eight percent of the BME group respondents use public transport at least once a week. The respondents are frequent bus users and 50% use it four or more times a week. Nearly two thirds of respondents said they have been prevented from using a bus and the main reasons were: 'carrying heavy items / buggies / children' (n=15), 'slow journey times' (n=6) and 'unreliable operating times' (n=5). Over two thirds of respondents said that they could walk to their regular bus stop within 5 minutes, 90% can reach their stop within 15 minutes and 5% said it can take them up to 20 minutes. A third of respondents said they have concerns about getting to their bus stop, the reasons include: 'safety and poor lighting' (n=17), 'busy roads' (n=5) and 'uneven pavements' (n=2). The respondents were then asked to suggest a maximum time they would be prepared to walk to a bus stop, over one third said 5 minutes or less, over half said 10 minutes or less and two thirds said 15 minutes or less. Of the 80% of respondents who suggested a maximum waiting time at the bus stop, 72% said they would be prepared to wait up to 15 minutes. Nearly 30% said they were not satisfied with the conditions at their bus stop and the main concerns were: 'lack of / inadequate shelter' (n=7), 'lack of / inadequate seating' (n=6) and 'vandalism and litter' (n=6).

Sixty-nine percent of respondents said they use the underground, DLR or rail services at least once a week, of which 31% use it four or more times a week. The DLR was the preferred mode with 42% of respondents using it 'most often'. When asked if they have ever been prevented from using a train 45% said 'Yes'. The main reasons were: 'safety', 'overcrowding' and 'access to the platform'. Over 90% of those people who use train services said they can access their nearest station within 15 minutes and 50% said it takes them no longer than 5 minutes. Ninety-four percent of respondents said the journey time to a train station should be no longer than 20 minutes and over 50% said less than 10 minutes.

When asked if they have any concerns about their journey to the train station, only 18% said 'Yes' and the main problems were: 'safety (particularly in the evening)', 'restricted crossing points (guard railings on pavements)' and 'heavy traffic'.

3.2.1.3 Access to Services

The respondents' current journey times to access different services and activities and the fare they currently pay are shown in the tables below (see tables 9 and 10 respectively). Due to the small sample size of respondents saying that they need to access a day care centre (18%), it is not possible to analyse the results.

Table 9: Current Time Bands

Service Time	Food Shop N*=55	Employment N*=31	Education & Training N*=25	Day Care Centre N*=12	GP Surgery N*=64	Hospital N*=24
0-5 min	31%	13%	16%		42%	4%
6-10 min	33%	16%	8%	Not enough responses for analysis	17%	8%
11-15 min	15%	7%	16%		17%	4%
16-20 min	9%	10%	24%		3%	17%
21-30 min	9%	23%	8%		11%	42%
31-40 min	2%	7%	4%		3%	-
41+ min	2%	26%	24%		3%	25%

*The number of people who said they access this service

Eighty-two percent of respondents said they need to access a main food shop and over two thirds said they could do this within 15 minutes, of which 33% said within 10 minutes. Forty percent of this sample said they walked to their main food shop, 39% used public transport, 19% travelled by car and 2% hired a taxi. Nearly half the respondents said they have been prevented from shopping elsewhere and the main three reasons were: 'too far to travel by bus' (n=10), 'no direct service' (n=9) and 'public transport fares' (n=3).

Forty-six percent of respondents said they needed to access employment services. Nearly half of these respondents said they spend 20 minutes or less travelling to work. Seventy percent of this sample said they travel to work using public transport, 16% said they walked and 16% went by car. When asked if they have any travelling to work, nearly a quarter of respondents said 'Yes' and the main three issues were: 'overcrowding on buses' (n=6), 'safety' (n=4) and 'unreliable services' (n=3).

Thirty-seven percent of respondents (n=25) said they needed to access education and training services on a regular basis. For a quarter of these respondents their journey takes them over 40 minutes and 64% can reach their destination within 20 minutes. Less than a fifth of respondents said they experience problems when travelling, the main reasons given include: 'overcrowding and delays due to rush hour' (n=7) and 'concerns about safety' (n=4).

Nearly all respondents (96%) gave details of their current journey times to their GP surgery and the 4% who did not said they are currently not registered with a doctor. Of those who do need to access a GP, 79% said their journey takes them less than 20 minutes. A few people mentioned that they are not registered with a GP locally, which could explain why 6% of respondents spend over 40 minutes travelling. When asked how they travel to their GP surgery, 72% said they walked, 22% used public transport, 5% went by car and 2% hired a taxi. Less than 10% of respondents said they have been prevented from accessing their GP, the reasons given include: 'bus was late' (n=3) and 'bus didn't turn up (n=1)'.

Thirty-six percent of respondents said they have visited a hospital within the last year. One quarter of these respondents said their journey took them over 40 minutes. Seventy-five percent said they spent up to 30 minutes travelling, of which 16% said this trip takes them take less than 15 minutes. Sixty-percent of the respondents said they travelled to the hospital by public transport, 24% went by car, 8% hired a taxi and 4% walked. Only 10% said they have been prevented from making or attending a hospital appointment and the main reasons include: 'bus was late' (n=2), 'overcrowding' (n=2) and 'no direct bus route so journey take too long' (n=1).

Table 10: Current Cost Bands

Service Cost^	Food Shop N*=46	Employment N*=29	Education & Training N*=26	Day Care Centre N*=12	GP Surgery N*=63	Hospital N*=19
Free	63%	41%	31%		83%	42%
1p – 50p	2%	-	-	Not enough responses for analysis	-	-
51p - £1	17%	35%	38%		6%	37%
£1.01 - £2	11%	14%	23%		10%	5%
£2.01 - £5	7%	7%	4%		2%	11%
£5.01+	-	3%	4%		-	5%

*The number of people who said they access this service
^Single trip.

As shown in the table above, nearly two thirds of respondents said the cost of travelling to their main food shop is 'free'; presumably these people either walk or catch a lift with a relative or friend. Thirty five percent spend over 50p for a single trip. Whilst over 80% said they could access their GP surgery without using public transport 12% spend over £1 for a single trip.

It can be assumed that a third of respondents travel to work (35%), education & training (38%) and hospital (37%) by bus rather than any other mode because the cost of their fare is no more than £1 for a single trip. Similarly, this information implies that these people did not need to access services within Zone 1. However, a further explanation could be some people had concessionary passes (e.g. those with disabilities); unfortunately the research team did not collect this data.

The respondents were then asked a number of questions concerning the maximum time they would be prepared to travel (see table 11) and the maximum cost they would be prepared to pay (see table 12). Due to the small number of responses to the questions about day care centres and the hospital it is not possible to analyse the maximum time thresholds for these services. The only maximum cost thresholds responses that are large enough for any detailed analysis are those relating to main food shops and the GP surgery.

Table 11: Maximum Time Thresholds

Service Time	Food Shop N*=31	Employment N*=24	Education & Training N*=16	Day Care Centre N*=9	GP Surgery N*=39	Hospital N*=13
More than 5 min	97%	100%	100%		92%	
More than 10 min	84%	96%	94%	Not enough responses for analysis	85%	Not enough responses for analysis
More than 15 min	77%	92%	88%		64%	
More than 20 min	55%	79%	81%		39%	
More than 30 min	16%	58%	63%		15%	
More than 60 min	7%	17%	25%		3%	
No Limit	0%	0%	0%		0%	

*The number of people who said they access this service, excluding those who answered less than or equal to their current journey times

The table above shows that the respondents are not prepared to travel as far to their main food shop or GP surgery as they would to access education and training or employment facilities. For example, over 60% of respondents said they would travel more than 30 minutes to access education and training facilities and over 50% said they would travel this distance to access employment.

A third of respondents said they would be prepared to pay more than £1 to access their main food shop (see table 12) and 10% said the cost of this trip should not be more than 50p. These responses are similar to those of the 'Parents with Young Children' group, which also had a large number of respondents currently accessing their main food shop for 'free'.

Table 12: Maximum Cost Thresholds

Service Cost^	Food Shop N*=20	Employment N*=11	Education & Training N*=7	Day Care Centre N*=2	GP Surgery N*=24	Hospital N*=11
More than 50p	90%				96%	
More than £1	35%	Not enough responses for analysis	Not enough responses for analysis	Not enough responses for analysis	42%	Not enough responses for analysis
More than £2	10%				8%	
More than £5	5%				4%	

*The number of people who said they access this service, excluding those who answered less than or equal to their current costs
^Single trip

3.2.1.4 Home Based Activities

When asked if there were any activities that the respondents currently do from home in place of making a trip 16% (n=11) said 'Yes'. The main activities were: Internet shopping (n=7), home banking (n=3) and 'meals on wheels' (n=1). When asked why they use these services the main reasons given were: 'convenience and non-grocery items are sometimes cheaper' (n=9) and 'local bank branch closed and do not like other high street banks' (n=2). Some respondents said they preferred to shop over the Internet for books and CDs because they cannot buy these items locally as the shops do not sell these products.

3.2.1.5   Unmet Transport Need

Nearly half the respondents said there were activities they would like to do, or places they would like to visit more often. The types of activities that the respondents indicated that they would like to do more often included: 'leisure activities' (e.g. visit the seaside, cinema or casino) (n=11), 'visit family and friends' (n=6) and 'out-of-town shopping' (n=6). BME respondents felt constrained from accessing these places because of: 'no direct public transport route' (n=11), 'public transport takes too long' (n=9) and 'cost of public transport fares' (n=7). Eighty-five percent of respondents said improvements such as 'cheaper fares' (n=25), 'reliable and frequent public transport services' (n=20) and 'safer access to and on public transport' (n=5) would encourage them to use public transport more often.

3.2.2   Focus Group Results

3.2.2.1   Composition of the Focus Group

The group consisted of five participants, one of whom had lived in the area over 30 years, two who had lived in the area between 5 and 13 years and two who had re-located in the last three years. Although males took part in the questionnaire survey, only females agreed to take part in the focus groups. The majority of the women were aged between 22 and 39 years and one participant was in the 40-59 years bracket. Three participants were Asian, one was Black and one considered herself as belonging to the White European ethnic group. Four out of the five women had children under the age of 11 years. None of the participants had a registered disability. One participant was employed part time and the remainder were full time carers. One participant had access to a car but on a rare basis.

3.2.2.2   Travel Horizons

Some participants within the group (particularly those with small children) displayed limited travel horizons and considered a 30-minute journey as being 'too far', whilst others were willing to travel slightly further. A few participants who need to access Mile End park with their children said they often walk the 20-minute journey because the bus service from their local area to the park is unreliable and runs every 15 minutes. The parents within the group said parks and playgrounds should not be more than 10 minutes away from a residential area because they are an important resource for local children and if they had to pay to catch a bus to the park, they would not want to pay more than 50p.

When asked what they thought was a maximum acceptable travel time to other services and activities, the participants suggested times that were less (often half) than their current journey times. The participants within the group said they were already travelling too far to access some services (e.g. hospital, education facilities and bus stops that take them outside the local area) and would not be prepared to travel any further.

3.2.2.3 Accessibility

'Accessibility' means the following for the participants within the ethnic minority group:

- 'To get to',
- 'Convenience',
- 'Easily acquired' and
- 'Easy access'.

3.2.2.4 Spatial Accessibility

One participant said she liked living in the local area because she was a 20 minutes walk from anywhere she needed to go to. Another participant thought 20 minutes was too far. One participant said she felt isolated living in the case study area whereas another disagreed and said she could travel to the Isle of Dogs in a short space of time and access the shops and leisure facilities there.

Participants said that the buses that stop close-by their homes do not go to the places that they wish to access. Furthermore, bus services in the local area are infrequent, a 30 minute service, some BME respondents said they may as well walk to their destination than wait for a bus: *"so what's the use in having a bus?"* The bus stops for services that do go to the desired locations, including doctor surgeries, supermarkets, parks and nursery schools are at least a 15-minute walk away, which they consider too far.

The participants mentioned that they cannot travel to their local doctors by bus as there is not a direct route, they must walk, rely on a lift or get a taxi. For one participant, she did not think her GP surgery was accessible because of the area it was located in and regarded the journey as *"dangerous"* because it meant walking through the cemetery. Two participants within the group need to travel to Wapping on a weekly basis for education purposes and found this trip *"hard"*. It takes them 1 hour and costs them £2 for a return trip.

The participants said they currently have to walk to the supermarket to do their main food shop because there is not a direct bus service. Similar to the comments made by the parents, the participants did not consider Tesco as being situated in an accessible location because of the nearby underpass:

> *"It's (Tesco) not very accessible because first of all its across from one side of the river where they've got one of those little subway things and people have been hurt in there, once you've walked in you're blocked off from anything and there could be anybody waiting in there" (female).*

Several participants within the group had young children. The group felt that the area needed more schools, particularly more nursery schools because travelling to nursery at the moment *"takes quite a long time"*. They were also concerned that the local area did not have any safe playgrounds nearby. The local playgrounds were locked, old, broken or too close to the main road.

Within the local community Muslim men and women tend to pray in separate venues of worship. For men, the venue is very close to the study area but women have to travel to Whitechapel to access a Mosque.

3.2.2.5   Physical Accessibility

Some participants did not travel by bus at all, as they did not consider it appropriate to their needs. Furthermore, they considered bus and tube fares to be expensive. One participant said she disliked using public transport in the local area because she thought it was not accessible to her and preferred to travel to places outside her local area by taxi:

> *"Public transport is inaccessible from this area" (female).*

Travel by DLR was seen as more accessible than buses or the tube, although the lift to the platform is not always clean or in use. For those participants with young children, they often have to wait for 4 or 5 buses to go past before they can board the bus. This is a particular concern with the no.25 bus, which is on a busy route. The local underground station (Bromley-By-Bow) was not considered to be accessible because it does not have a lift or ramp. In addition, there is a big gap between the tube and the platform, which is of concern to some participants, particularly those with young children in prams and pushchairs:

> *"I get scared sometimes that I might fall in" (female).*

3.2.2.6   Temporal Accessibility

One participant commented that the buses did not operate a frequent service because the waiting times were between 20 and 30 minutes. Many participants within the group said they did not go out at night. For them, public transport finishes at 7pm, after that time they would catch a taxi if they had to go anywhere, which is very rare.

3.2.2.7   Financial Accessibility

The cost of travelling by tube was considered to be too expensive and the participants said they would only want to pay 50p or 70p – the same fare as the bus fare. However, several participants thought this was too expensive and said that they should not have to pay to travel to a supermarket:

> *"I think that the Tescos, for instance, they should put a free bus that goes to certain places…it's going to bring more customers to them if they're offering a free bus" (female).*

3.2.2.8   Environmental Accessibility

Participants said that they adapted their travel behaviour because of fears for their safety. One participant mentioned that she knew several people who were too scared to leave their houses because of the number of murders that have taken place within the area and the level of gang violence and racial attacks. Other participants thought at least one of the murders and other forms of crime prevalent in the neighbourhood were racially motivated.

3.2.2.9   Information Accessibility

Participants said they received bus timetable information through their letterbox on an annual basis, however it is always in English and therefore not accessible to some members of the local community.

Most local bus stops do not have timetable information within them, or those that do, the information is not always accurate. The participants said they preferred to travel by DLR because the countdown timetable shows what time the train is likely to arrive:

> *"The DLR has made it a lot more easy accessible because it's not very often that they're running late, and if it says its going to be 5 minutes or 2 minutes that's how long its going to take you" (female).*

3.3 Mental Health Illness & Health Conditions Affecting Mobility Group

3.3.1 Questionnaire Results

3.3.1.1 Demography

Seventeen people with a disability (71%) and/or health conditions that affect their mobility (53%) were interviewed. Over two thirds of the respondents were male (71%). The ages of the respondents were fairly mixed: 35% between 22-39, 41% between 40-59 and 24% were over 60 years. An equal number of respondents were of white (41%) and black (41%) origin and 18% were Asian. Eighteen percent were parents of young children. Thirty five percent of the respondents were voluntary workers, 24% were retired, 18% were unemployed and 12% were employed. Seventy-one percent of the respondents were single and the remaining 29% were either married or living with their partner.

3.3.1.2 Mode Choice

Thirty-five percent of the respondents said they had access to a car, of which, 33% said this access was some of the time and 67% said they never used the car. The respondents were frequent bus users, 95% said they travelled by bus at least once a week: 65% said they use a bus four or more times a week, 24% use it between two and three times a week and 6% said they use a bus once a week. When asked if they have ever been prevented from using a bus, 77% said 'Yes' and the main reasons were: 'safety' (n=6) and 'carrying heavy items / buggies / children' (n=5). All participants said they can walk to their regular bus stop within 15 minutes, 88% said they could reach their bus stop within 5 minutes. Over half the participants said they had concerns regarding this walk and the main problems were: 'safety and poor lighting' (n=4), 'busy roads' (n=3) and 'parking on pavements' (n=1). When asked what they thought should be the maximum time someone should spend walking to the bus stop, only 6% said they would be prepared to walk up to 20 minutes, 94% said they would not walk more than 15 minutes. A quarter of the respondents said they were not satisfied with the conditions at their bus stop because of: 'incorrect / no timetable information' (n=2), 'inadequate / no seat' (n=1) and 'inadequate / no shelter' (n=1).

Sixty-five percent of respondents said they used train services at least once a week: 18% four or more times a week, 35% use it two to three times a week and 12% use it once a week. Of the different train services available within the case study area, nearly 60% of the respondents said they use the DLR most often. Those respondents who do not use train services were asked why they do not use this mode of transport, the main reasons were: 'access to train station', 'inadequate / no seats'. Ninety-two percent of respondents said their journey to the train station takes them no longer than 30 minutes, and 54% within 10 minutes. When asked how long they would be prepared to spend travelling to the train station, the respondents did not want to travel further than they currently do so. When asked if they had any concerns about their journey to the train station, 35% said 'Yes' and the main problems were: 'short pedestrian crossing times' (n=2), 'long walk' (n=2) and 'difficulties accessing the platform' (n=1).

3.3.1.3 Access to Services

The respondents were asked questions about their current journey times and the cost of travelling to different services and activities (see tables 13 and 14). Due to the small sample size of people saying that they needed to access employment, education & training, day care centres and the hospital, it is not possible to analyse the current journey time results for these services.

Eighty-eight percent of respondents said they need to access their main food shop and 60% can do this journey within 10 minutes (see table 13). When asked which mode of transport they used to travel to the food shop, 44% said they walked, 38% used public transport, 13% went by car and 6% used a combination of walking and taxi. When asked if they had any reasons preventing them from shopping elsewhere, over 50% said 'Yes' and the main problems were: 'no direct bus service' (n=3), 'overcrowding on the bus' (n=2) and 'cost of public transport' (n=2).

Seventy-percent of respondents said they could access their GP surgery within 15 minutes. However, nearly one fifth of respondents said this journey could take them more than 40 minutes, two explanations for this could be that they are not registered with a GP within the local area or they take the bus despite it not being on a direct route. Over half the sample said they walk to their GP surgery, 38% take the bus and 6% said they hire a taxi. Eighteen percent of respondents have been prevented from making or attending a doctor's appointment, the main problems were due to: 'bus did not turn up' (n=2) and 'bus was late' (n=1).

Table 13: Current Time Bands

Service Time	Food Shop N*=15	Employment N*=6	Education & Training N*=5	Day Care Centre N*=8	GP Surgery N*=16	Hospital N*=12
0-5 min	40%				44%	
6-10 min	20%	Not enough responses for analysis	Not enough responses for analysis	Not enough responses for analysis	13%	Not enough responses for analysis
11-15 min	7%				13%	
16-20 min	13%				-	
21-30 min	13%				13%	
31-40 min	7%				-	
41+ min	-				19%	

*The number of people who said they could access this service

Due to the small sample sizes it is not possible to analyse the results for current costs of travel to services apart from access to a GP (see table 14). Over 80% of respondents said they currently do not pay to travel to their GP surgery. It can be assumed that these people walk, get a lift with friends and family members or have concessionary passes. For those respondents who do pay, the cost of this trip is between £1 and £5, once again this implies that respondents have to use more than one bus or travel by other modes.

Table 14: Current Cost Bands

Service Cost^	Food Shop N*=14	Employment N*=6	Education & Training N*=5	Day Care Centre N*=8	GP Surgery N*=16	Hospital N*=12
Free					81%	
1p – 50p	Not enough responses for analysis	Not enough responses for analysis	Not enough responses for analysis	Not enough responses for analysis	-	Not enough responses for analysis
51p - £1					-	
£1.01 - £2					13%	
£2.01 - £5					6%	
£5.01+					-	

*The number of people who said they could access this service
^Single trip.

There was insufficient data for maximum time and cost thresholds, it is therefore not possible to analyse these results.

3.3.1.4   Home Based Activities

Only two respondents answered 'Yes' to the question about activities that they currently do from home in place of making a trip. One person used the Internet for shopping purposes and the other received 'meals on wheels'. Convenience was the main reason why these activities were accessed from home.

3.3.1.5   Unmet Transport Need

Nearly half of the respondents said there were activities and places they would like to do or visit more often. The most frequently mentioned places / activities that respondents would like to do more often are: 'attend churches outside the local area' (n=2), 'leisure activities' (e.g. leisure centre and country walks) (n=2) and 'visit family and friends' (n=2). For those that identified an activity they were asked what prevents them from doing it more often. The main constraints were: 'public transport takes too long to get there' (n=3), 'no direct public transport service' (n=2) and 'cost of public transport fares' (n=1). Eighty eight percent of respondents said they could be encouraged to use public transport more often if: 'services are more frequent and reliable' (n=8), 'friendlier public transport staff and music on buses' (n=3) and 'more low floor buses' (n=2).

3.3.2 Focus Group Results

3.3.2.1 Composition of the Focus Group

The group consisted of seven individuals with mental health problems, one key support worker and an interpreter for the first 30 minutes. There were five males and two females, several participants who had lived in the area the whole of their lives, others who had lived in the area for 20 years plus and some who had re-located in the last few years. There was a good ethnic mix within the group - two Asian, two Black and three White people. Four participants belonged to the 22-39 age category and the remaining three participants were in the 40-59 category. Only one of the participants had children. Several participants were registered disabled. The range of disabilities within this group included: schizophrenia, chronic depression and paranoia. One participant had health problems that affect his

mobility. None of the participants were employed. Only one participant had access to a car but he never used it.

3.3.2.2 Travel Horizons

Participants described markedly differing travel horizons depending on whether they are well or unwell at any given time. When feeling well the participants said they are prepared to travel further than when they are feeling unwell. Many participants within the group stated that if they feel unwell they would prefer not leave the house at all, but would be prepared to travel for up to 15 minutes if it was necessary e.g. to visit a doctor or the MIND centre for support.

3.3.2.3 Accessibility

The group described 'Accessibility' as the following:

- 'Being able to get somewhere';
- 'Areas served by both bus and DLR'.

3.3.2.4 Spatial Accessibility

The participants had mixed views about living in the case study area. One participant liked the area because of Crisp Street Market; she liked having the DLR close by and thought there was a good bus service for the area. Another participant liked the area because of the 'one-stop shop', which offers counselling and Citizen Advice information and is located in an accessible area that is not too far away from the MIND centre. However, some members of the group did not like the area because they felt isolated, mainly due to the lack of shops and night bus services.

The level of accessibility between Ilford and the West End and between Stratford and the West End was considered to be poor. One participant thought there were not enough bus services serving the Illford and Stratford areas.

3.3.2.5 Physical Accessibility

Buses and the DLR were considered as the preferred modes of travel because they are easy to reach and provide accessibility to the local area. The group did not like travelling by tube because they preferred to travel above ground. Some of the participants mentioned that when they are feeling unwell they are unable to perform functions as walking, boarding and alighting buses and trains as quickly as expected by other passengers or public transport staff. Several members of the group who are currently taking medication mentioned this can slow their reactions and take them longer to do things such as find bus passes or add up the correct sum of money for bus fares. One participant within the group suggested that public transport staff (e.g. drivers and station staff) are encouraged to undertake some training in disability awareness. Other participants said it was not just public transport staff that needed awareness training, but society more generally requires educating about the needs of people mental health problems and learning disabilities.

3.3.2.6 Temporal Accessibility

The participants within the group mentioned that the bus services could be more regular, particularly during the evenings.

3.3.2.7 Financial Accessibility

The £2 daily freedom pass (travel anywhere in London by bus) was something the group thought was really good value for money.

3.3.2.8 Environmental Accessibility

When talking about the maximum distance to a bus stop, one participant raised the issue of not having to walk too far because of safety issues and having to wait at the bus stop in the dark for a long period of time.

3.3.2.9 Information Accessibility

The 'User Needs' literature review showed that people who have a mental health illness often limit their travel to areas they are familiar with. The disorientating effects of these disabilities means they are unwilling to risk the possibility of 'an episode' occurring. When undertaking an unfamiliar journey for the first time, people with mental health problems often prefer to be accompanied. This means their activity independence is restricted beyond the well-known local environment. If they have recently had a negative experience travelling, then their confidence takes a long time to rebuild and their travel patterns are likely to be further restricted. The participants within this group supported these findings.

> *"Whenever I've been unwell the reason I come here* [Mind Centre] *is because its just round the corner, I might be going through psychosis and paranoia and that but I can manage to walk from there to here, because I know roughly what the route is, and I'd know if anything was strange, I'd notice. But I won't go anywhere new when I fell unwell…"*

For one participant in the group accessing information about public transport was very difficult as he did not read or write; he knew which bus to catch on the basis of its route number. For this particular participant the trips were limited to the places he knew and the journeys that were familiar to him. Several participants within the group mentioned that public transport information is not accessible to a large number of the local community because it is only available in English.

3.4 Shift Workers

3.4.1 Questionnaire Results

3.4.1.1 Demography

Twenty-seven people who work night shift hours (7pm – 7am) were interviewed (14 males and 13 females). Seven percent of respondents were aged between 16 and 21; 41% were between 22 and 39; 48% were between 40-59 and only one was aged over 60 years. Forty-four percent of the respondents were white, 48% were black and 7% were of Asian origin. Forty-one percent were parents of children under the age of eleven. None of the participants had a disability but one respondent had health conditions that affected his/her mobility. Sixty three percent of respondents were employed full time and the remainder were part time. The respondents were either married / living with their partner (44%) or single (56%).

3.4.1.2 Mode Choice

A higher percentage of shift workers had access to a car (63%) than any of the groups surveyed within Tower Hamlets. Of those who had access, 35% of respondents said this was all the time, 29% said it was some of the time, 6% rarely used the car and 29% said they never used the car. Seventy percent of respondents said they use a bus at least once a week, 44% use it four or more times a week, 15% use it two to three times a week and 11% use it once a week. When asked if they had been prevented from using a bus, 67% said 'Yes' and the main reasons given were: 'carrying heavy items / buggies / travelling with young children' (n=10), 'operating times and overcrowding' (n=6) and 'takes too long' (n=1). Ninety-three percent said they could walk to their regular bus stop within 15 minutes, 76% said this trip takes no longer than 5 minutes. One fifth said they had concerns about walking to their regular bus stop and 'safety and poor lighting' (n=3), 'busy roads' (n=3) and 'parking on pavements' (n=1) were the main reasons given. Eighty-five percent said the maximum walk to a bus stop should be no longer than 20 minutes. Seventy-four percent answered the question about maximum waiting times at the bus stop, all these respondents said the maximum wait time should be no longer than 20 minutes, 65% said no more than 10 minutes. Thirty-seven percent are dissatisfied with the conditions at their bus stop and the main reasons include: 'inadequate / no shelter' (n=4), 'inadequate / no seating' (n=3) and 'safety and poor lighting' (n=3).

Seventy-eight percent said they use train services at least once a week, 30% use it four or more times a week; 44% use it two or three times a week and 4% use it once a week. The underground was used most often by over 50% of these respondents. Eighty-nine percent said they can reach their train station within 20 minutes: 48% said their journey only takes them up to 5 minutes and 70% said 10 minutes or less. Over 80% said they did not have any concerns with the walk to the train station, for those who did have concerns, these were mainly related to 'safety and poor lighting' issues.

3.4.1.3 Access to Services

The respondents answered questions about their current journey times and public transport costs of accessing different services (see tables 15 and 16). Due to the small sample size of people saying that they needed to access education & training, a day care centre and the hospital, it is not possible to analyse these results.

As shown in table 15, only 7% of shift workers said they did not need to access a main food shop because someone else in their household undertakes this activity on their behalf. Of those who do go shopping, 93% said their current journey takes them no longer than 15 minutes and over 40% can reach their main food shop within 5 minutes. When asked how they travel to their food shop, 40% said they walked, 32% went by car, 24% said they used public transport and 4% cycled. Forty-one percent of respondents said they have been prevented from shopping elsewhere. The main constraints were: 'no direct public transport service' (n=8), 'bus journey takes too long' (n=2) and 'long walk to the right bus stop' (n=1).

Table 15: Current Time Bands

Service Time	Food Shop N*=25	Employment N*=26	Education & Training N*=5	Day Care Centre N*=2	GP Surgery N*=25	Hospital N*=11
0-5 min	44%	8%	Not enough responses for analysis	Not enough responses for analysis	20%	Not enough responses for analysis
6-10 min	28%	12%			28%	
11-15 min	20%	-			16%	
16-20 min	4%	23%			4%	
21-30 min	-	31%			16%	
31-40 min	-	-			4%	
41+ min	4%	27%			12%	

*The number of people who said they could access this service

Ninety-six percent of respondents answered the question about current journey times to work. One fifth of respondents said they can reach their place of work within 10 minutes, 54% said this journey takes them between 16 and 30 minutes and 27% travel for more than 40 minutes. Over 40% of respondents said they experience problems with their journey to work and the main three are: 'unreliable bus and train services' (n=4), 'safety concerns when returning home late at night' (n=3) and 'infrequent public transport services' (n=1).

Ninety-three percent of respondents provided details about their current journey times to visit their GP. Eighty four percent can access their GP surgery within 30 minutes, of which 48% can make this journey within 10 minutes. However, 12% said their journey takes them longer than 40 minutes because they are not registered within the local area. One person mentioned that she is still registered with her doctor in Newham (a neighbouring Borough). When asked how they travel to their GP surgery, 58% of the sample said they walked, 31% used public transport and 12% went by car. Only 11% said they have been prevented from making or attending an appointment and the main constraints were: 'bus was late' (n=2) and 'bus did not turn up' (n=1).

Table 16: Current Cost Bands

Service Cost^	Food Shop N*=20	Employment N*=23	Education & Training N*=5	Day Care Centre N*=2	GP Surgery N*=25	Hospital N*=9
Free	65%	44%	Not enough responses for analysis	Not enough responses for analysis	72%	Not enough responses for analysis
1p – 50p	-	-			-	
51p - £1	20%	39%			4%	
£1.01 - £2	10%	13%			20%	
£2.01 - £5	5%	4%			-	
£5.01+	-	-			4%	

*The number of people who said they could access this service.
^Single trip

Table 16 shows the current cost of travelling to each activity. Once again, due to the small sample size for education and training, day care centres and hospital services, it is not possible to analyse these results. The information about current travel costs implies that respondents pay more to access employment services than their trip to the GP or main food shop. Nearly three quarters of respondents said they can access their GP surgery for free; of those who do pay one quarter spend over £1 for this journey.

Forty-four percent of respondents said they do not pay to travel to work, implying that they walk, cycle or get a lift with someone else. Of those who do need to pay, 39% pay less than £1 and the remaining 17% said they currently spend over £1 for this journey. It can therefore be assumed that those respondents who pay up to £1 do not travel to work using the underground or DLR and their jobs are located either inside or outside Zone 1 (on the basis of a £1 bus fare for the former and 70p bus fare for the latter) or they are concessionary card holders. Those respondents who pay more than £1.01 are more likely to travel to work by DLR or tube and/or bus (or any combination of the three).

The respondents were then asked a number of questions concerning the maximum time they would be prepared to travel to access different services (see table 17 below). The only results that can be analysed are the maximum time thresholds to access employment. The sample sizes for the other activities and services are too small to be analysed.

Table 17: Maximum Time Thresholds

Service Time	Food Shop N*=14	Employment N*=18	Education & Training N*=4	Day Care Centre N*=1	GP Surgery N*=13	Hospital N*=6
More than 5 min	Not enough responses for analysis	100%	Not enough responses for analysis	Not enough responses for analysis	Not enough responses for analysis	Not enough responses for analysis
More than 10 min		100%				
More than 15 min		94%				
More than 20 min		83%				
More than 30 min		67%				
More than 60 min		22%				
No limit		0%				

*The number of people who said they could access this service, excluding those who answered less than or equal to their current journey times.

Ninety-four percent of respondents said they would be prepared to travel more than 15 minutes to access employment, and 67% said more than 30 minutes. There was insufficient data for cost thresholds, it is therefore not possible to analyse the results.

3.4.1.4 Home Based Activities

When asked if there were any activities that the respondents currently do from home in place of making a trip 26% said 'Yes'. The main activities were: Internet shopping (n=4), home banking (n=2) and catalogue shopping (n=1). When asked why they use these services, the main reasons given were: 'closure of local bank branches and don't like high street banks' (n=2), 'convenience' (e.g. if they don't have very much time to go shopping, or the products they would like to buy are not available within the local area) (n=5).

3.4.1.5 Unmet Transport Needs

Over half the respondents said there were activities they would like to do, or places they would like to visit more often and the types of activities include: 'visit family and friends' (n=6), 'visit other places' (e.g. Gillingham, Illford and Hackney Marsh) (n=3) and 'travel into central London' (n=3). Shift workers feel constrained from doing these activities more often because of: 'cost' (n=5), 'no direct public transport service' (n=4) and 'public transport takes too long' (n=3). Interestingly, 96% of respondents said they could be encouraged to use public transport more often. The three main improvements they would like to see, and would encourage them to use services more often, include: 'more regular and reliable services' (n=4), 'safer public transport services' (n=3) and 'cheaper fares' (n=3).

3.4.2 Focus Group Results

3.4.2.1 Composition of the Focus Group

The group was composed of nine participants, several of whom had lived in the area the whole of their lives, others who had lived in the area for 40 years and some who had re-located within the last 4 years. Four participants were female, and five were male. There was a mix of ages, two participants were aged between 16 and 21 years, three were aged between 22 and 39 and four belonged to the 40-59 age bracket. Six participants had children under the age of 11 years. None of the participants had a registered disability. Six participants had access to a car; for three of the participants this access was either 'all the time' or 'some of the time', for the other three participants this access was 'rarely' or 'never'.

3.4.2.2 Travel Horizons

In general, the participants appeared to travel further than any of the other groups within Tower Hamlets. One reason for this could be that not all the shift workers live within the case study area and they have to travel into the area to access their place of work. The participants within the group said they currently spend up to 10 minutes walking to their regular bus stop and train station and when probed said they would be prepared to walk an extra 5-10 minutes. When asked to suggest maximum times they would be prepared to travel to different services and activities, the participants suggested the following:

- 10 minutes – GP surgery;
- 15 minutes – hospital and main food shop;
- 20 minutes – leisure and evening activities;
- 30 minutes – place of employment.

Interestingly, the participants were not prepared to suggest a maximum journey time for travel to a place of worship. The participants said they would travel 'for as long as it takes' to access their place of worship.

3.4.2.3 Accessibility

'Accessibility' means the following for the participants within the shift worker group:

- 'Handiness',
- 'Convenience',
- 'Easy to reach',
- 'Accessibility for disabled and older people'.

3.4.2.4 Spatial Accessibility

When defining 'local' the participants said everything within '5 minutes' is local to them. The DLR has meant that the area is more accessible than it was a few years ago

> *"Up until a few years ago there was like one route on and off the island, literally, so the Docklands has sort of opened up access" (male).*

> *"If it's supposed to be local then to travel half an hour that's not local" (male).*

The maximum distance that participants said they were willing to travel to work was 30 minutes. Some sites that employ shift workers are badly served by public transport forcing some of the participants to walk. Those that use public transport experience difficulties when starting or finishing late at night as the tube does not run at these times and the buses are infrequent and unreliable. At weekends, they are often too crowded to get on and bunch together along the route. The tube was seen as a more reliable mode of transport for getting people to work on time.

One participant within the group said it was easier to travel around the area than it was to travel into other areas

> *"Easier to get around the area than actually getting out, because there's more bus routes running around the area than actually kind of through it, there's only one bus that goes through from Stepney to Mile End along here" (male).*

For one participant she walks to work because it is quicker than catching a bus.

> *"I walk because there are two buses I could get to come up here, by the time those buses come I'd be at work, and if I take the DLR I have to walk far to get the DLR, just to come one stop to get off and walk again" (female).*

The participants considered that the facilities that are hardest to access are supermarkets, nightlife, clothes shops and the hospital. For some participants, the journey to their nearest supermarket takes them, on average, 20 minutes and the trip is expensive because it requires a taxi home. One participant said he could access most things within the case study area, apart from nightlife e.g. clubs for which he has to travel outside the area. When travelling to the hospital, several participants said they would get a taxi rather than go by bus. For one participant within the group, who lives the closest to the hospital, walking was the only mode available to him to the hospital as there isn't a bus to take him to the hospital – to catch a bus he would have to walk up to the crossroads so he might as well walk the whole distance. The participants said they would not travel to the hospital by private car because of the lack of parking spaces, however there are not many direct public transport routes there either. Places of worship were either not more than a 5 minute walk away or

were a 30 minute bus trip. The participants within the group said there was no limit in terms of travelling to a place of worship.

> *"if you've got to go to your church, you've got to go to your church…some people pass one church because they prefer a different one" (male).*

3.4.2.5 Physical Accessibility

A few participants within the group commented on the physical inaccessibility of tube stations (e.g. steps down to the platforms). The respondents felt that the DLR has increased what is considered the 'local' area.

3.4.2.6 Temporal Accessibility

Several shift workers mentioned the problems they experience when travelling to and from work outside the core hours of 7am and 7pm. One participant said if he were starting a late shift, he would prefer to travel by tube than bus because *"it gets you there on time when it works" (male)*. Another participant who works outside the case study area said he found it difficult to get home after a night shift because the tube is not working and the lack of a regular night bus service. In addition, he mentioned that the late night buses do not stop to pick people up if they are really busy.

> *"Like the buses, night buses, they take hours, and when they do come they like come in twos" (male).*

> *"….depends what day it is as well, Friday or Saturday night coming back to East London, it's hectic" (male).*

The main barrier that the shift workers within the focus group encounter when using public transport is the lack of services during the off-peak times that they need to travel. A further problem is that for those starting before 7am on a weekday, they have to pay the peak travel fare even though they travel before the network is busy. Travelling to work before 09.30am is more expensive as travel cards are not available before then. One participant mentioned he would like to buy his travel card the night before so that he wouldn't have to queue in the morning.

3.4.2.7 Financial Accessibility

Most members of the group thought the price of public transport within London was too expensive for the service they are receiving.

> *"I think that what you pay for your travel today I think is too much for the service you're getting. I mean people wouldn't mind paying, they could charge £10, I think people wouldn't mind paying if they knew the buses were going to be every 2 minutes guaranteed, and there was going to be space for you to get on and they're clean. I think at the moment what you pay is too much" (shift worker, m).*

The cost of travel generally was considered expensive, especially if travelling into Zone 1. For two participants the cost of travelling to work is £8.50 a week, which they think is a reasonable fare. Another participant pays £21 a week and the group thought this was too expensive.

"Zone 1 people can afford the higher fares as they are bankers and whatever, stuff like that so they can afford to pay the fares, because they're on more money then people working in this area" (male).

Whilst respondents were aware of the financial benefits of getting a monthly travel card the initial expense was unaffordable for some members of the group.

3.4.2.8 Environmental Accessibility

There was a perception amongst the participants that racism, drugs, crime and gang fights exist within the local area. One participant said she felt safer walking around the neighbourhood area at night compared to where she used to live.

"Like the estate is not as bad as the other like Peckham where by at least you can walk around like 10,11 o'clock and you can safe hold of your bag and like you go with your bag so somebody just going to nick it from you but here it's not like that" (female).

However, another participant said he disagreed

"I've been mugged myself so I don't agree with what they say, its not a safe area to go out, when I finish work at 10 o'clock at night I find it, I'm going to be wary when I'm walking home" (male).

3.4.2.9 Information Accessibility

The participants complained that public transport information is often out of date or unreliable and that they cannot depend on it for travelling to work.

3.5 Comparison of Tower Hamlets Groups

On the whole, the participants' travel horizons were fairly limited and many people, for whatever reason, tended not to travel outside the local area very often. There was a very strong sense of community. Public transport in this area seems to be a very limiting factor, and is a cause of considerable inconvenience and irritation to a number of people, particularly in the evenings. The local area is not considered to be safe, particularly at night because of the level of crime, gangs and drug abuse. The subways are also perceived by local residents to be unsafe due to their poor lighting and lack of mirrors.

Interestingly, the questionnaire survey results showed that men were more frequent users of public transport services than women: 66% of men used public transport four or more times a week, compared to 36% of women. People with mental health illness and people with health conditions that affected their mobility used the bus more frequently than any other group and shift workers used it least often. Women were more likely to walk to the GP surgery or travel by taxi to the main food shop than men. A larger percentage of women (73%) compared to men (53%) said they have been prevented from using a bus. When asked what the main constraints were: 29% of women were more concerned about 'travelling late at night' and 'personal safety concerns' compared to 16% of men. However, men were more likely to be prevented from using a bus because of 'carrying heavy/bulky items' (44% compared to 41% of women). In general, complaints were also made about: 'overcrowding', 'bunching of buses' and 'driver attitudes'.

Transport links to the centre of London and surrounding areas were felt by residents to be poor from the case study area as the residents said they have to walk quite a long way to the relevant bus stops:

> *"No I don't want to be on top of every bus stop but like I said I don't want to be walking 20 minutes to go all the way down here to get to a bus stop" (parent, f).*

> *"That's what I'm saying, its easy access here to everywhere on transport, but its the time it takes you to get from where you live to this transport" (BME, f).*

A higher percentage of people from the 'mental health illness and health conditions' group, compared to the other groups, said they had concerns about their walk to their bus stop (53%). All the groups shared the same concerns, regardless of gender. The main problems related to: 'feeling unsafe', 'poor lighting' and 'busy roads'. The groups differed in the amount of time they were prepared to wait at a bus stop. The shift workers were the least prepared to wait more than 10 minutes, followed by the BME group. The other two groups expressed the same waiting times and indicated that they would be prepared to wait longer than 20 minutes for a bus. The same percentage of men and women (30%) said they were dissatisfied with the conditions at their bus stop. For men, the main problems were: 'no / insufficient timetable information' and 'vandalism', whereas women were more dissatisfied about the 'absence or quality of the shelter or seating at the stop' and 'vandalism / broken glass'. Women also mentioned poor lighting as a concern.

A widespread feeling amongst the participants is that bus services are unreliable and as a consequence they feel that they spend disproportionate amounts of time travelling; most people did not like the feeling that they could easily have to wait 25 minutes for a bus, or that it could take 45 minutes to reach the hospital. Reasons given include not always being able to board the first bus due to overcrowding, unreliable and infrequent services and buses not stopping in the places where people need to visit (e.g. doctors and the London Royal

hospital). This made life rather difficult when there were definite time constraints such as hospital appointments. A majority of services have to be accessed outside the local neighbourhood area – e.g. shops, leisure. For those participants who had small children, comments were frequently made about the lack of activities available to them. It was felt as though there was little or nothing for them to do in the local area, which meant travelling outside the area to access leisure facilities that were often very expensive and hard to reach. The nearest parks were not seen to be very local.

Several participants complained that there are not enough vehicles serving the number 25 bus route; some participants stated that they had been unable to board the bus with their young children and prams or pushchairs because of the overcrowding. Many participants across the groups mentioned the need for a new bus service, preferably a free service to Tesco. In the past there used to be a bus from the local area to the supermarket but this was recently stopped and a new bus service, the 339 from Mile End to Canning Town, was introduced. Several participants said that the bus does not meet the needs of the community and it should be re-routed back to Tesco.

The DLR was considered to be more accessible than buses or the underground because it is seen to be more reliable:

> "But the thing is the DLR has made it a lot more easy accessible because its not very often that they're running late, and if it says its going to be 5 minutes or 2 minutes that's how long its going to take you" (BME, f).

However, a higher percentage of women (50%) compared to men (38%) said they have been prevented from using a train. Women tended to have more concerns about their journey to the station (32% of women and 13% of men). For example, women were more concerned about: 'personal safety related issues' (44%), 'access to the platform' (11%) and 'poor lighting' (11%). In contrast, raised the following problems as particular concerns: 'the long walk to the train station' (33%), 'short pedestrian crossing times' (33%) and 'personal safety concerns' (33%).

The shift workers said they often experience problems travelling to and from work late at night because the underground does not operate and buses are infrequent and unreliable. Some respondents considered the tube as being more reliable than buses as a mode of transport for getting people to work on time. For those shift workers who need to access public transport before 09.30am the cost of travel is considered to be expensive because daily travel cards are not valid. The financial benefits of using a monthly travel card were well known, but the initial expense was considered to be unaffordable for many respondents.

The cost of public transport, particularly the tube, was thought to be too expensive by all groups of people. The questionnaire survey found that some young people prefer to travel by DLR because they can avoid paying the fare; conductors rarely check the tickets and there are no ticket barriers at DLR stations. The cost of public transport was seen as a constraint for all the groups and one of the main reasons why half the respondents currently do not visit other places or take part in activities they would like to do more often. The participants also mentioned the lack of direct public transport services going to the places they want to visit and the reliability of public transport more generally as factors that prevent them from travelling as often as they would like. All the groups mentioned 'access to leisure facilities' (e.g. clubs, theme parks, museums, cinema and leisure centres) and 'visiting family and friends' as things they would like to do more often. The 'parents' and 'BME' respondents said they would also like to go to 'out-of-town shopping centres'. The respondents within the 'mental health illness and health conditions' group also mentioned a 'place of worship outside the local area', and the shift workers talked about visiting 'other places' (e.g. Gillingham, Illford, Hackney Marsh).

Interestingly, 41% of respondents from the 'parents with young children' group and 37% of respondents from the BME group said cheaper fares would encourage them to use public transport more often. Respondents within the 'mental health and health conditions' group did not mention cheaper fares as a main contributing factor, rather 47% suggested better 'frequency and reliability of public transport services'. This group also mentioned 'friendlier staff' and 'an ambient atmosphere' (no mobile phones and music on buses) as something that would encourage them to use public transport more often. Neither of these recommendations was raised in the other groups.

The respondents were asked to provide either their postcode or residential address so that their concerns and barriers to travel (if they had any) could be plotted, using GIS, onto an A-Z map of the case study area (see appendix 7). Not all the respondents who stated they had concerns or experienced barriers to travel provided their postcode or address details. Other participants provided the recruiters with their street names but did not state their house number; consequently it has not been possible to plot all the concerns or barriers. Appendix 7 shows the areas where people live who said they have concerns or barriers, rather than the location of where the problems exist.

4 Fieldwork Findings - Keighley

The four social groups that were investigated in Keighley were:

- Young People
- Unemployed
- Ethnic Minority (BME)
- Older people and people with physical disabilities

4.1 Young People (16-21)

4.1.1 Questionnaire Results

4.1.1.1 Demography

Fifty young people (25 male and 25 female) aged between 16 and 21 were interviewed in Keighley. Over 50% of the respondents were from an ethnic minority background: 54% were Asian, 44% were white and 2% of black origin. Three respondents are registered disabled and, unlike other groups, none said they had a health problem that affects their mobility. Three quarters of the respondents were single, 20% lived with their parents and 6% were married. Two thirds of young people were students (of which 21% had part time jobs), 24% were unemployed, and the remainder were either employed, voluntary workers or full time parents.

4.1.1.2 Mode Choice

Nearly one third of young people said they have access to a car and only 14% said the car was available to them all the time. Eighty-six percent of respondents said they use public transport at least once a week, of which 56% use it four or more times a week. Respondents were asked how long it takes them to walk to their regular bus stop, 86% of the sample said they can reach their stop within 15 minutes, of this sample 70% said the walk takes them no longer than 5 minutes. When asked if they had any concerns about getting to their bus stop, 14% said 'Yes' and the main reasons include: 'steep hills' (n=3), 'safety & crossing busy roads (n=3)' and 'parking on pavements' (n=1). Respondents were then asked to indicate the maximum time they would be prepared to walk to the bus stop. Sixty-nine percent said more than 5 minutes, 37% said more than 10 minutes and 20% said more than 15 minutes. When asked for the maximum time they would be prepared to wait at a bus stop: 33% said they would spend more than 15 minutes, 53% said more than 10 minutes and 88% said more than 5 minutes. Nearly 25% of the sample said they were not satisfied with the conditions at their bus stop, the main reasons given were: 'insufficient or no shelter' (n=10), 'no seating' (n=3), and 'incorrect or no timetable information' (n=2). When asked if they have ever been prevented from using a bus, a third of respondents said 'Yes' and the main three problems were: 'carrying heavy items / buggies' (n=4), 'public transport operating times' (n=4) and 'cost' (n=3).

The respondents were also frequent users of rail services, 38% said they used a train at least once a week and nearly two thirds said they could reach their nearest train station within a 15 minute journey. When asked if they had any concerns about the journey to the train station, 10% said 'Yes' and the main complaints were: 'long walk' (n=3) 'steep hills' (n=2). Over one third of respondents suggested maximum journey time thresholds for access to a train station. Over half of these respondents said they would be prepared to

travel for more than 15 minutes to access the train station, 84% said more than 10 minutes and 95% said more than 5 minutes.

4.1.1.3 Access to Services

The respondents were asked a number of questions about current journey patterns to different services and activities and public transport costs of accessing such services (see tables 18 and 19 respectively). 'Access to a Day Care Centre' was not relevant for this group of people because the respondents said they did not use such facilities.

Table 18: Current Time Bands

Service Time	Food Shop N*=35	Employment N*=17	Education & Training N*=33	Day Care Centre N*=0	GP Surgery N*=48	Hospital N*=19
0-5 min	46%	12%	3%		42%	-
6-10 min	9%	12%	39%	No	13%	16%
11-15 min	20%	12%	21%	responses	23%	37%
16-20 min	9%	41%	9%		6%	11%
21-30 min	9%	24%	12%		11%	26%
31-40 min	3%	-	-		2%	-
41+ min	6%	-	15%		4%	11%

*The number of young people who said they access this service.

As the table above shows, access a main food shop was not a journey one third of respondents said they needed to make. For those who do require access to a main food shop, three quarters of the respondents said their journey takes them no more than 15 minutes, of which 46% said they can access their food shop within 5 minutes. Half of the respondents said they walked to their main food shop, a quarter travelled by bus and the remainder went by car. When asked if public transport has ever prevented them from shopping elsewhere, 16% said 'Yes'. The main three problems were: 'public transport takes too long because there isn't a direct route to the shop' (n=3); 'public transport fares' (n=2) and 'reliability of services' (n=1).

One third of young people are employed (either full time or part time) and 77% said they could access their place of employment within 20 minutes, of which 36% spend up to 15 minutes travelling. Nearly half of the respondents said they travel to work using public transport, a quarter said they went by car and the remainder said they walked. Surprisingly, only 10% said they experience problems travelling to work and the main three were: 'delays' (n=3), 'public transport operating times' (n=10 and 'reliability' (n=1).

Two thirds of respondents said they needed to access education and training services on a regular basis. Eighty-four percent of these young people said they currently spend up to 30 minutes travelling to their education or training establishment, of which 60% said their journey takes them no longer than 15 minutes. Sixty one percent of the sample said they used public transport to access their education or training facility, 36% said they walked and 3% hired a taxi. One quarter of respondents said they experience problems when accessing education and training facilities, for example: 'unreliable bus services' (n=5) and 'busy roads during school starting and finishing times' (n=5).

Not all the respondents provided information about access to their local GP surgery. Of the 96% who did, over two thirds said their journey to the GP surgery takes no longer than 15 minutes, of which 40% spend up to 5 minutes travelling. This suggests that respondents do

not have to travel very far to access their GP, 58% of young people said they walk to their local surgery, 31% use public transport (including taxis) and only 10% travel by car. This could explain why only 2% said that public transport related problems have prevented them from making or attending an appointment and this was due to the bus arriving late.

Nearly 40% of the respondents said they have visited a hospital within the last 12 months. Ninety percent of the sample travels up to 30 minutes, of which half said they could make the journey within 15 minutes. When asked which mode of transport they use to travel to the hospital, 60% used public transport (including taxis), 37% travelled by car and 3% walked. Only two people said public transport related problems have prevented them from making or attending an appointment, and this was due to the bus being delayed in heavy traffic.

As shown in table 19 below, over half the sample said the cost of travelling to all services and activities, apart from the hospital, is free. This implies that they walk, cycle or travel by car to the places they need to go. More people spend over £1 to travel to the hospital (41%) and education and training services (26%) than travelling to work, main food shop or GP surgery. This reflects the respondents' current journey times as people spend more time travelling to these facilities.

Table 19: Current Cost Bands

Service Cost^	Food Shop N*=34	Employment N*=17	Education & Training N*=31	Day Care Centre N*=0	GP Surgery N*=48	Hospital N*=17
Free	65%	53%	52%		71%	47%
1p – 50p	12%	-	6%	No	6%	6%
51p - £1	9%	30%	16%	responses	15%	6%
£1.01 - £2	12%	12%	16%		4%	29%
£2.01 - £5	3%	-	3%		4%	6%
£5.01+	-	6%	7%		-	6%

*The number of people who said they access this service
^Single trip.

The tables below show the maximum times the respondents would be prepared to spend travelling to different services and activities and the maximum costs they would be prepared to pay (see tables 20 and 21 respectively). Due to the small number of responses to questions about maximum journey times to day care centres and the maximum cost people are prepared to pay to travel to work, day care centres and the hospital, further analysis cannot take place.

Table 20: Maximum Time Thresholds

Service Time	Food Shop N*=22	Employment N*=15	Education & Training N*=25	Day Care Centre N*=0	GP Surgery N*=32	Hospital N*=12
More than 5 min	100%	100%	100%		100%	100%
More than 10 min	96%	100%	100%	No	88%	100%
More than 15 min	68%	93%	96%	responses	78%	100%
More than 20 min	41%	93%	64%		50%	75%
More than 30 min	23%	80%	36%		22%	58%
More than 40 min	14%	53%	24%		22%	42%
More than 60 min	0%	7%	4%		9%	8%
No Limit	-	0%	0%		0%	0%

*The number of people who said they access this service, excluding missing data and those who answered less than or equal to their current journey times.

As table 20 shows, ninety-six percent of respondents said they would be prepared to travel more than 10 minutes to their main food shop and 41% of this sample said more than 20 minutes.

Not surprisingly, respondents were prepared to travel further to their place of work than to their main food shop: 93% said they would be prepared to travel more than 15 minutes, 53% said more than 40 minutes and 7% said more than 60 minutes. Ninety-six percent of respondents said more than 15 minutes and 24% said more than 40 minutes.

The maximum time thresholds to access healthcare services indicate that respondents are prepared to travel further to a hospital than a local GP surgery. Over three quarters of respondents said they would be prepared to travel more than 15 minutes to access their GP surgery and more than 20 minutes to the hospital. Only one fifth said they would spend more than 30 minutes travelling to their GP surgery whereas 40% would be prepared to spend more than 40 minutes travelling to hospital. This suggests that respondents are prepared to spend more time travelling to access work, a hospital and education and training services than they are to a GP surgery or main food shop.

Table 21: Maximum Cost Thresholds

Service Cost^	Food Shop N*=27	Employment N*=10	Education & Training N*=23	Day Care Centre N*=0	GP Surgery N*=32	Hospital N*=14
More than 50p	100%	Not enough responses for analysis	83%	No responses	97%	Not enough responses for analysis
More than £1	52%		57%		63%	
More than £2	22%		22%		25%	
More than £5	4%		4%		3%	

*The number of people who said they access this service, excluding missing data and those who answered less than or equal to their current costs.
^Single trip

As shown in the table above, over half the sample said they would be prepared to pay more than £1 to access their main food shop, education and training services and GP surgery. It is not surprising that less than half of the sample of respondents is not prepared to pay more than £1 because they indicated that they would not be prepared to travel far to access these services.

4.1.1.4   Home Based Activities

When asked if there were any activities that they currently do from home in place of making a trip, 16% (n=8) of respondents said 'yes' and these were: 'Internet / home shopping' (n=6), 'home banking' (n=1) and 'job search' (n=1). The respondents said they carried out these functions at home because: 'the Internet offers more choice' (n=3) or 'shopping on-line / telephone banking is more convenient' (n=5).

4.1.1.5   Unmet Transport Need

Thirty-eight percent (n=19) of young people said there were activities or places they would like to do or visit more often. The most frequently mentioned activities / places were: 'other places e.g. Bolton Abbey, Haworth, London and Manchester)' (n=7), 'visit friends and family' (n=6) and 'leisure facilities (e.g. leisure centres / cinema / clubs)' (n=6). When asked the reasons preventing them from doing the things they would like to do more often, the answers

were: 'cost' (n=10), 'no direct service' (n=4) and 'it takes too long to get there by public transport' (n=4). Ninety six percent said they could be encouraged to use public transport more often if there were 'cheaper fares' (n=22), 'more reliable and frequent services' (n=9) and 'more comfortable and cleaner services' (n=5).

4.1.2 Focus Group Results

4.1.2.1 Composition of the Focus Group

The group was composed of eleven participants aged between 16 and 21 years, several of whom had lived in the area the whole of their lives, others had re-located in the last year. There were five females and six males. One participant was registered disabled and another had a health condition that affected his mobility. Two members of the group had children. Five participants were Asian and the remaining six were white. Eight members of the group were students attending the local college, two of whom had a part time job, and the remaining three participants were unemployed. One male participant had access to a car 'some of the time'. Four participants within the group did not live in Keighley but travelled to the town on a daily basis to go to college; two lived in Bradford, one was from Steeton and the other from Silsden.

4.1.2.2 Travel Horizons

In general, the participants expressed low time-thresholds for walking to and waiting at bus stops and overall travel times. The participants thought a 30-minute wait for a train was too long and that the service frequency should be every 10 minutes. The frequency of off-peak bus services was considered inadequate for travelling to leisure activities. Several participants within the group said they usually travel by train or taxi if they need to go to Bradford or Leeds in the evening because they considered these modes as being faster and more reliable. In such instances, the cost of the taxi is thought to be manageable because it is shared amongst friends. Participants said they are prepared to travel up to 30 minutes to access leisure facilities, such as the cinema or nightclubs and 45 minutes for non-food shopping facilities because they are not available locally. One participant spends 40 minutes travelling to Keighley College and said he would be prepared to travel an extra 10 minutes, whereas another participant spends 60 minutes travelling and considered this as being too long.

4.1.2.3 Accessibility

When asked what they thought the word 'accessibility' means the group suggested the following:

- 'Getting access to something';
- 'Getting into something' and
- 'Disabled people being able to use public transport'.

4.1.2.4   Spatial Accessibility

A number of the participants said they liked living in the area because they are close to the countryside. Whereas others said they disliked the area because *"it is boring" (female)* and they need to travel to places such as Leeds to access non-food shops and nightlife. The group members talked about Keighley as being a remote area whose population is car dependent. Those participants who lived in central Keighley said they could get to the places they wanted to access by foot as most services and activities are located within the town centre.

> *"I think nobody travels more than 45 minutes anyway" (male).*

Several of the participants stated that their regular bus stop is located outside their house, for others it means walking to the top of the road or a 10-minute walk. For one participant who lives in one of the outlying villages there are no bus stops and he has to hail the bus to stop. For those participants whose stop is less than a 2 minute walk away, they commented that they would be prepared to walk an extra 5 minutes, but no further. One participant said that she rarely uses the bus and prefers to travel everywhere by train because they are quicker and more reliable.

Several participants within the group mentioned that they regard access to a Mosque as a high priority.

> *"You know, like our culture is different, we go to the mosque all the time, so we are prepared to travel a bit to go to the mosque" (male).*

A few leisure facilities, such as swimming pools and leisure centres, are accessible to some of the participants within a 15 minute bus journey or 30 minutes if walking. When talking about the local leisure centre, one participant stated that she felt unsafe walking to the centre because the park that is situated next to it is *"dodgy"*. Another participant said she does not use her local gym because *"there's not that many Asian women in it"*. When accessing clubs and late night pubs, many of the participants said that they preferred to travel to places out of town such as Bradford of Leeds and would go by either train or taxi but would get a taxi for the return trip. The bus was not considered as an option because *"it takes too long and does not take us straight there" (female)*. The cost of a taxi (between £17 and £20 to Bradford and £30 to Leeds) was not seen as an issue as they were more than likely travelling as a group of friends and sharing the fare.

4.1.2.5   Physical Accessibility

For one participant with a small child, getting on and off buses with a pushchair was *"hard"* (*female*). She explained that the Bradford buses on her route are not designed for disabled people, prams and pushchairs or people carrying bags of shopping. She reported that she has to ask a fellow passenger to help her lift the pushchair on and off the vehicle or carry her child whilst she is collapsing the pushchair.

Several participants commented on the large gap between the train and the platform and those participants with small children said they are often worried that their children will fall in the gap.

4.1.2.6   Temporal Accessibility

For those participants who live in the outlying areas of Keighley, the bus and train services are not that regular and run every half hour. The last train from Bradford or Leeds finish too early in the evening for some of the participants who want to access leisure facilities in those areas.

The literature review indicated that teenagers are prepared to walk for a longer time than adults due to a combination of both a lower budget and a more relaxed perception of the importance of time. The young people within the focus group did not support this statement, as their preparedness to walk to a bus stop or train station was the same as some of the other groups (e.g. older people and people with physical disabilities, shift workers and the BME group in Tower Hamlets see following sections). However, they were more concerned about the speed of travel than any of the other groups and they often made references to the 'slow' bus and the 'fast' train and were the only group to suggest more frequent train services.

4.1.2.7   Financial Accessibility

The 'User Needs' literature review showed that young people feel that public transport staff are often negative towards them, particularly if they try and obtain the discounted fare they are entitled to. The participants within the group also mentioned their experiences of public transport staff.

For one participant the cost of travelling by train was an issue. She argued that the price of a trip to Bradford from Keighley costs £1.40 return and takes about 20 minutes, whereas it costs her the same amount to travel one stop from Steeton to Keighley (less than 2 minutes). The cost of travelling the same journey by bus is 60p (single) but the participant did not think the bus was a viable alternative because it takes longer and arrives later than the train.

4.1.2.8   Environmental Accessibility

The 'User Needs' literature review showed that young people are keen to assert their independence and their individual mobility increases as they grow up but concerns about crime and safety mean that they make few trips unaccompanied by adults until the age of 16 or 17 years. This was also illustrated within the focus group, as there was a general reluctance towards travelling around Keighley at night due to safety concerns and the perceived high level of drugs and violence. A couple of the female participants said they would not travel on the train late at night because they felt unsafe. Several participants said they travelled to a place of worship or a leisure centre by car or got a lift with friends and family members because they did not feel safe walking or travelling by public transport, particularly after dark.

> *"I used to work evenings and get on the bus, last bus at like 11 o'clock, and then walking from bus stop back to my house – horrible" (female).*

4.1.2.9   Information Accessibility

The participants within the group said that not all the bus stops have timetable information available or if there is a timetable it is often out of date. One participant would rather use the train to travel into Keighley because the trains are more likely to keep to the timetable than a bus and if she misses the bus she has a 30 minute wait at the bus stop, which has no seating or shelter.

4.2 Unemployed

4.2.1 Questionnaire Results

4.2.1.1 Demography

Thirty-nine unemployed people were interviewed in Keighley, of which 31% were between the ages of 14-21, 44% were aged 22-39, 23% between 40-59 and 3% were 60 or over. Twenty-six were male, of which 80% were white and 20% were Asian, and 13 female, of which 77% were white and 23% were Asian. Twenty-six percent were married or living with a partner, of which 2 had children under the age of 11; 59% were single, of which six had children under the age of 11 and three were living with their parents. Two were registered disabled and two respondents had health problems that limited their mobility.

4.2.1.2 Mode Choice

One third of the respondents said they had access to a car. Over 60% of these respondents said this access was at least some of the time and the remainder said they never used the car. Unemployed people use public transport fairly frequently: 39% use it four or more times a week, 36% use it two or three times a week and 3% use it once a week. The bus is used more often than the train, for example 36% use it four or more times a week compared to 4% percent who use the train. When asked if they had ever been prevented from using a bus 31% said 'Yes' and the reasons include: 'carrying heavy items / buggies and children' (n=7), 'cost' (n=3), and 'safety concerns' (n=1). Slightly fewer respondents (21%) said they had been prevented from using a train and the reasons given were: 'cost' (n=3), 'safety' (n=2) and 'time restrictions when using concessionary passes' (n=1).

Of the 85% who provided information about their walk to the bus stop, 97% said their journey takes them no longer than 15 minutes, of which 79% can reach their stop within 5 minutes. When asked if they had any concerns about the walk, 18% said 'Yes' and the main reasons were: 'busy roads' (n=3) 'safety' (n=2) and 'parking on pavements' (n=1). Over fifty percent of respondents suggested a maximum bus waiting time of no longer than 15 minutes. One fifth of respondents said they were not satisfied with the conditions at their bus stop because of: 'no / inadequate shelter' (n=6), 'no / inadequate seating' (n=4), 'inaccurate or lack of timetable information' (n=2). When asked to indicate the maximum time they would be prepared to travel to a bus stop, 68% said more than 5 minutes, of which 41% said more than 10 minutes. This suggests that nearly one third of respondents would be prepared to travel up to 5 minutes to access their bus stop.

Nearly 40% of respondents said they currently do not use rail services more than once a month, this is due to: 'not needing to travel by train' (n=7), 'no station nearby / hard to access to the station' (n=3) and 'hard to understand the train timetable' (n=2). Of the 59% who do access rail services, over two thirds said their journey to the train station takes no longer than 15 minutes. Nearly one fifth of respondents said they have concerns about their journey to the train station and the main problems include: 'crossing busy roads' (n=3), 'too far to walk' (n=1) and 'road works' (n=1). When asked to indicate the maximum time they would be prepared to travel to the train station, 64% said more than 15 minutes, of this sample 82% said more than10 minutes. This suggests that respondents are prepared to walk further to access rail rather than bus services.

4.2.1.3 Access to Services

The respondents were asked questions about their current journey times and public transport costs of accessing different services (see tables 22 and 23 respectively). Due to the small sample size of people saying that they needed to access employment, education and training and day care centre services, it is not possible to analyse these results.

As the table below shows, ninety two percent of respondents said they need to access a main food shop and over 80% said they could make this journey within 15 minutes, of which 36% can reach the shop within 5 minutes. When asked how they get to the shop, 42% of respondents walk, 31% of respondents use public transport, 25% travel by car and 3% said they hired a taxi. Forty-one percent of respondents said public transport has prevented them from shopping elsewhere, and the main reasons given were: 'takes too long to get there by public transport' (n=6), 'cost' (n=5) and 'no direct bus route' (n=3).

Table 22: Current Time Bands

Service Time	Food Shop N*=36	Employment N*=0	Education & Training N*=8	Day Care Centre N*=2	GP Surgery N*=36	Hospital N*=17
0-5 min	36%				31%	6%
6-10 min	28%	No responses	Not enough responses for analysis	Not enough responses for analysis	33%	12%
11-15 min	17%				25%	29%
16-20 min	11%				3%	18%
21-30 min	6%				3%	12%
31-40 min	-				-	6%
41+ min	3%				6%	18%

*The number of people who said they access this service

As shown in the table above, 92% of respondents provided information about access to their GP surgery. Nearly 90% of respondents said they could access their GP surgery within 15 minutes. When asked how they travel to their GP surgery, 50% of respondents walk, 39% use public transport, 8% of respondents travel by car and 3% said they hired a taxi. Surprisingly, none of the participants indicated that public transport had prevented them from making or attending a doctor's appointment.

Less than half of the unemployed group of people (44%) said they have visited a hospital within the last 12 months. Seventy-seven percent of respondents who have needed to access the hospital said their journey took them up to 30 minutes, of which 47% made this journey within 15 minutes. Fifty-nine percent of the respondents said they used public transport to travel to the hospital, 35% went by car and 6% hired a taxi. Fifteen percent of the sample stated that public transport has prevented them from making or attending an appointment, and the main reasons were: 'reliability' (n=2), 'cost' (n=1) and traffic jams' (n=1).

Table 23: Current Cost Bands

Service Cost^	Food Shop N*=36	Employment N*=0	Education & Training N*=6	Day Care Centre N*=2	GP Surgery N*=36	Hospital N*=17
Free	58%				64%	41%
1p – 50p	-	No responses	Not enough responses for analysis	Not enough responses for analysis	6%	6%
51p - £1	17%				17%	-
£1.01 - £2	11%				8%	29%
£2.01 - £5	14%				6%	18%
£5.01+	-				-	6%

*The number of people who said they access this service
^Single trip.

As shown in the table above, it is not surprising that over half of the respondents said the cost of travelling to their main food shop and GP surgery is free; this is not surprising because of the higher percentage of people travelling to these facilities by foot or by car. Neither is it surprising that the cost of travel to the hospital is more expensive than to the food shop or GP surgery; for many respondents this is because of the distance people have to travel and the choice of modes available to access the hospital (e.g. over 50% of respondents spend over £1 travelling to the hospital).

The respondents were then asked a number of questions concerning the maximum time they would be prepared to travel (see table 24) and the maximum cost they would be prepared to pay (see table 25) to access different services and activities. Due to the small number of respondents, it is only possible to analyse access to the main food shop and the GP surgery.

Table 24: Maximum Time Thresholds

Service Time	Food Shop N*=23	Employment N*=0	Education & Training N*=6	Day Care Centre N*=2	GP Surgery N*=22	Hospital N*=12
More than 5 min	100%				100%	
More than 10 min	96%	No responses	Not enough responses for analysis	Not enough responses for analysis	100%	Not enough responses for analysis
More than 15 min	74%				96%	
More than 20 min	44%				59%	
More than 30 min	17%				27%	
More than 40 min	17%				27%	
More than 60 min	0%				18%	

*The number of people who said they access this service, excluding missing data and those who answered less than or equal to their current journey times.

The results indicate that respondents are prepared to spend less time travelling to their main food shop than they are to their GP surgery. For example, 44% of respondents are prepared to travel up to 20 minutes to their main food shop compared to 59% of respondents travelling to their GP surgery. Interestingly, of those respondents who indicated that they were prepared to pay more for their journey than they currently do so (see table 25), fewer respondents were prepared to pay more to access their main food shop than the GP surgery. In other words, the respondents would be prepared to spend more time travelling to their main food shop, but would not be prepared to pay as much as they would to access their GP surgery, even though they would not be prepared to travel as far to access this service.

Table 25: Maximum Cost Thresholds

Service Cost^	Food Shop N*=22	Employment N*=0	Education & Training N*=5	Day Care Centre N*=0	GP Surgery N*=18	Hospital N*=7
More than 50p	86%	No responses	Not enough responses for analysis	No responses	100%	Not enough responses for analysis
More than £1	73%				72%	
More than £2	32%				28%	
More than £5	5%				6%	
No Limit	0%				0%	

*The number of people who said they access this service, excluding missing data and those who answered less than or equal to their current costs.
^Single trip

4.2.1.4   Home Based Activities

Nearly one fifth of the respondents said there were activities that they currently do from home in place of making a trip. The main activities were: 'Internet / home shopping' (n=4), 'home banking' (n=2) and 'searching for jobs' (n=1). The respondents said the main reasons why they carry out these activities from home are because of: 'convenience' (n=4), 'buy goods that are not available locally' (n=1) and 'cheaper' (n=1).

4.2.1.5   Unmet Transport Need

The respondents were then asked if there were any activities or places that they would like to do or visit more often. The most frequently mentioned activities and places were: 'leisure activities (e.g. leisure centres, cinema, seaside and the Dales)' (n=6), 'other places (e.g. Haworth, London, Meadowhall etc)' (n=4) and 'visit family and friends' (n=2). Of those people who identified an activity or place to visit, 39% said they were prevented from accessing other activities or places because of: 'cost' (n=6), 'infrequent off-peak public transport services' (n=2) and 'no direct bus service' (n=2). All the respondents indicated that they would use public transport more often if there were: 'cheaper fares' (n=15), 'more reliable and frequent services' (n=7), 'safer public transport services' (n=2) and 'safer environment' (n=2).

4.2.2   Focus Group Results

4.2.2.1   Composition of the Focus Group

The group was composed of eight participants, several of whom had lived in the area the whole of their lives, others who had lived in the area for 10 years plus and one who had re-located in the last two years. The gender break down of the group was seven males and only one female. A number of women were invited but declined to attend due to caring responsibilities. Five participants lived outside of Keighley, in outlying areas such as Addingham, Highfield Lane, Bingley, Silsden, Howarth and Longley. Only three participants actually lived in Keighley. There was a good mix of age ranges within the group, five participants were aged between 20 and 39, two participants were aged between 40 and 59 and the remaining participant was aged 60+. Two members of the group were Asian and the remaining participants were white. Four participants had access to a car. Only two of the participants had children under the age of 11 years. One participant was registered disabled.

4.2.2.2 Travel Horizons

The 'User Needs' literature review (working paper 1) showed that the low-income level of unemployed people means that they have reduced financial capability to travel long distances and consequently reduces the travel horizons of the unemployed. Unemployed participants displayed a low time-threshold for the walk to the bus stop - between 2 and 5 minutes, but a high time-threshold for waiting for the bus. They were prepared to wait for 30 minutes on a weekday and 45 minutes at the weekend, this may be because they have a larger amount of unstructured time available to them. In general the participants were more likely to travel around by foot or bus than car. Trains were considered good value and were said to be sometimes cheaper than the equivalent bus journey, although services were said to be less frequent than buses.

When asked what they thought was a maximum acceptable travel time to different services and activities, the participants suggested the following:

- 10 minutes: training centre and place of worship
- 15 minutes: job centre and doctor
- 20 minutes: main food shop and leisure facilities; and
- 25 minutes: hospital.

4.2.2.3 Accessibility

When asked to explain what they thought the word 'Accessibility' means, the group mentioned the following:

- 'Getting to places' and
- 'Getting there safely'.

4.2.2.4 Spatial Accessibility

Those participants who live in Keighley said they would not be prepared to walk more than 5 minutes to their local bus stops because if the distance was any further they would rather walk into town, in most cases a 15 minute journey. One participant, who lives in an outlying area, has to walk 15 minutes to his regular bus stop. The group thought this distance was unacceptable and suggested that all main roads have bus stops at short distances (no more than 5 minutes maximum) apart.

> *"I think every main road in every area you should really have a fair few bus stops, it shouldn't be that far" (male).*

Several participants within the group liked the fact that all the main services are fairly central within Keighley, particularly the job centre and training organisations. However, a number of participants commented that the location of 'Keighley Training Centre' should be more central and not on the edge of town as it is currently situated.

A number of participants said they consider job opportunities in North Yorkshire as being out of bounds as they are not financially able to travel over the border because their concessionary cards are only valid within West Yorkshire. However, the group mentioned that those people living in North Yorkshire are able to take up jobs in West Yorkshire because they can still use their concessionary cards.

The bus station was considered to be a big improvement for Keighley but participants commented that there needs to be better links between the bus station and train station and the supermarkets close to it. Several participants suggested a free hoppa buses with a designated route from the bus and train stations to the supermarkets.

For those participants who live in the outlying areas, accessing leisure centres is considered to be a hassle, as they need to catch a bus into Keighley first and then walk to the centre, which takes about 15 minutes from the station. There are buses to Keighley Leisure Centre but many participants thought it was quicker to walk. One participant is a keen ice hockey supporter and she drives as far as Sheffield to watch a game. She said that the thought of travelling by public transport would put her off going to a game, as it would mean catching two trains and a bus and would take her 2.5 hours instead of the 70 minutes it currently takes.

Finally, the participants thought their current trip to the hospital was too long. For those participants who live in Abingdon and Howarth there is not a direct route to the hospital. The participants said their journey to the hospital takes between 45 and 60 mins (depending on traffic) and they need to catch two buses and pay two fares each way. The group agreed that the maximum journey anyone should have to make to the hospital should take no longer than 25 minutes, paying only once and the cost of the fare should be no higher than £1 return.

4.2.2.5 Physical Accessibility

Participants mentioned that the trains are really busy and often overcrowded.

> "There needs to be more carriages for the trains because I'd rather have more space so that I can sit down than just have them more frequently" (male).

One participant said that the number of trains going through Keighley has increased over the years but only half of them actually stop as most go straight through to Bradford and he has longer to wait for a stopping service. However, another participant thought this was a good sign because it means that more people are 'returning' to the railway.

4.2.2.6 Temporal Accessibility

Those participants with unemployed concessionary passes thought they were really useful but have too many restrictions as their travel is limited to between 9:30 and 15:00. It often means that the participants try and negotiate an interview between the hours that they can use their card. However, participants felt that it is wrong to assume they can conduct all their activities during this time period. For one participant whose signing-on time is at 15.45, he can use the concessionary card to travel into Keighley but has to pay full fare to travel home again. He argued that he pays £5 for a pass that he cannot always use at the times when he needs it the most.

Public transport operating times have prevented some participants from accessing employment. However, some companies have started to organise their own minibuses to pick employees up from the town centre. One participant used to work night shift hours that finished at 05.30am; as the first bus home did not start until 06.30am he often had to work an extra hour each day, rather than waiting an hour at the bus stop.

> *"It's like buses at night, some shifts might start at 12am or early hours of the morning, and there is no buses that late because they finish at 11pm so there's no way of getting there unless you get a taxi or if you drive" (male).*

One participant mentioned that it is no good accepting work before 10 o'clock on a Sunday morning because buses do not normally start until after 10 am at the weekend.

> *"If starting at 9am it's hard to work out because you can't get a bus before about 10am. You can't get into work" (male).*

Another participant mentioned that he was offered some weekend work in Denholme but had to turn the job down because Sunday bus services do not operate from where he lives.

4.2.2.7 Financial Accessibility

Public transport costs limit unemployed people's ability to obtain a job. In addition, costs are hard to fund immediately after people gain employment, as there is usually a delay between the last benefit payment and the first pay cheque. It can be difficult for recently employed people to buy money-saving season tickets, as they do not have the financial resources available to them and employer-loans are often not available.

There was a general feeling that people should be able to get one ticket for a destination even if it requires travelling on two buses. Participants living in the outlying areas felt that bus fares do not really reflect the distance travelled, as it often costs the same to travel to Bradford as it does to Keighley, even though Bradford is 5 times further away. Participants thought the trains were cheaper than buses for some trips.

> *"Go to Bradford on train it costs £1.50 return but to get bus return it's at least £2.20, 70p saving, if you are doing that every day - it adds up" (male).*

The group said they were limited in their ability to go on trips that went across local authority boundaries, specifically into North Yorkshire. The cost of to travel to Skipton (North Yorkshire) is £4.00 return; for one participant this means that he cannot afford to enrol on his preferred course at the College. For this particular participant, he has to travel to Bradford on a daily basis to attend another course:

> *"Skipton is over 10 miles away, it's like the same distance from here to Skipton as it is from here to Bradford. But it's cheaper to Bradford than it is to Skipton" (male).*

The participants commented that it was cheaper overall, and therefore preferable, to shop at the more expensive local corner shop than it is to pay the fare into Keighley to shop at one of the supermarkets, despite the greater choice of products available in the town centre.

4.2.2.8 Environmental Accessibility

Several of the participants mentioned that there is a lot of crime in the area and they often feel unsafe walking around in the evenings, particularly after dark, because of gangs and drug dealers near the leisure centre.

4.2.2.9 Information Accessibility

A common theme within the group was that information about bus timetables or the route maps are not that readily available at many of the bus stops or shelters. In addition, many participants mentioned that timetables are frequently altered, unreliable and residents are not informed when changes have been made.

> *"Yes, but you can't go by them timetables, no never go by them"* (male).

One participant claimed that he missed his train by 10 minutes because he was unaware of the timetable change.

4.3 Ethnic Minority Group

4.3.1 Questionnaire Results

4.3.1.1 Demography

Fifty people of non-white origin were interviewed, of which 52% were male and 48% were female. Fifty-six percent were aged between 16 and 21, 32% were aged between 22 and 39, 8% were aged between 40-59 and 4% were over 60 years. Six percent were registered disabled and none of the respondents had health problems that affected their mobility. Over half of the respondents were single, 30% were married and 14% were living at home with their parents. Twenty-two percent of respondents had children aged under 11 years. Fifty-six percent were students (either full or part time), 16% were unemployed, 16% were employed (either full or part time), 8% were full time parents and the remainder were retired. The majority of respondents were from an Asian background (92%), 6% considered themselves as black and one person was of Black Caribbean origin.

4.3.1.2 Mode Choice

Forty percent of the respondents said they had access to a car, of which 45% said this access was 'all the time', 45% said 'some of the time' and the remaining 10% said 'rarely' (4%). The respondents said they used public transport less frequently than the other groups. Sixty-eight percent of respondents said they rarely used the bus and the main reasons given were: 'buses are too slow' (n=4) and 'routes don't go where I want to go' (n=1). A further explanation could be that the majority of people within this group live fairly central and said they can easily walk to most of the places they need to visit. However, 66% of respondents said they did travel by bus and used it at least once a week: 22% said they use it 4+ times a week, 26% use it 2-3 times a week and 18% use it once a week. When asked if they had ever been prevented from using a bus 40% said 'Yes' and the main reasons were: 'carrying heavy items / buggies and children' (n=7), 'safety concerns' (n=4) and 'cost' (n=3).

Of the 84% of respondents who provided information about their journey to the bus stop, 48% said they could walk to their regular bus stop within 5 minutes and all the respondents said they could reach their bus stop within 15 minutes. When asked if they had any concerns about the walk, 10% said 'Yes' and the main reasons were: 'steep hills' (n=1), 'street furniture obstacles' (n=1) and 'steep kerbs' (n=1). When asked about the maximum time they would be prepared to spend walking to the bus stop, 53% said more than 10 minutes and 75% said more than 5 minutes. This suggests that one quarter of respondents want to be able to access their bus stop within 5 minutes. Nearly one fifth of respondents said they were not satisfied with the conditions at their bus stop because of: 'no / inadequate shelter' (n=7), 'no / inadequate seating' (n=3), 'vandalism and broken glass' (n=1).

One quarter of the respondents said they rarely use rail services (e.g. less than once a month) because: 'don't need to' (n=3), 'safety concerns' (n=2) and the 'station is too far from the bus station' (n=2). For those respondents who do use rail services (74%), over 90% said their journey to the train station takes them no more than 20 minutes, 54% of which said no more than 10 minutes. Only two of the respondents said they had concerns about their journey to the train station, the problems include: 'steep hill' (n=1) and 'feel unsafe' (n=1). When asked about the maximum time they would be prepared to travel to the train station, 53% said more than 15 minutes and 84% said more than10 minutes.

4.3.1.3 Access to Services

The respondents' current journey times to access different services and activities, and the fare they currently pay, are shown in the tables below (see tables 26 and 27 respectively). Due to the small sample size of respondents saying that they need to access a day care centre (6%), it is not possible to analyse these results.

Table 26: Current Time Bands

Service Time	Food Shop N*=40	Employment N*=19	Education & Training N*=27	Day Care Centre N*=3	GP Surgery N*=49	Hospital N*=19
0-5 min	50%	21%	4%		35%	-
6-10 min	20%	21%	41%	Not enough responses for analysis	16%	16%
11-15 min	23%	21%	22%		29%	53%
16-20 min	2%	16%	4%		10%	11%
21-30 min	-	11%	15%		8%	16%
31-40 min	3%	5%	-		-	-
41+ min	3%	5%	15%		2%	5%

*The number of people who said they access this service

As shown in the table above, 80% of respondents said they needed to access a main food shop. Over 90% of respondents said their current journey takes them no longer than 15 minutes, of which, 50% of respondents can access their main food shop within 5 minutes. Forty percent of the respondents said they travel by car to access their main food shop, 38% of the respondents said they walk and 23% of the respondents use public transport. Nearly a quarter of respondents said public transport related problems has prevented them from shopping elsewhere and the main causes were: 'cost' (n=4), 'too far to travel by public transport' (n=3) and 'public transport takes too long' (n=3).

Over one third of the respondents said they needed to travel to access employment opportunities. Of which, nearly two thirds said they can reach their place of work within 15 minutes and one fifth can do this journey within 5 minutes. When asked which mode of transport they use to travel to work, 42% of the respondents use public transport, 37% of the respondents travel by car and 21% of the respondents said they walked. When asked if they have experienced any problems with their journey to work, less than one fifth said 'Yes' and their main complaints were: 'frequency and reliability of public transport services' (n=4), 'busy roads' (n=2) and 'public transport takes too long' (n=1).

Over half the BME respondents (54%) provided details of their travel times and public transport fares to access education & training facilities. Two thirds of the sample said they can access their place of education or training within 15 minutes and 45% said their journey takes them no longer than 10 minutes. When asked how they travel, 52% said they walked, 42% used public transport, 4% of the respondents travelled by car and 2% said they hired a taxi. Eighteen percent of the sample said they have experienced problems travelling to the facility, and the constraints include: 'frequency and reliability of services' (n=4), 'bus busy during school times' (n=2) and 'safety concerns' (n=1).

Ninety-eight percent of respondents provided information about accessibility to their GP surgery. Of this sample, 90% said their journey takes them no longer than 20 minutes, and over half of these said they could access their GP surgery within 10 minutes. Sixty-seven percent of the sample said they walk to their GP surgery, whereas, 15% use public transport, 16% of the respondents travelled by car and 2% hired a taxi. When asked if they have been prevented from making or attending an appointment because of public transport, 10% said

'Yes' and the problems include: 'bus was late' (n=3), 'road took longer to cross because of all the traffic' (n=1) and 'no direct bus service to the surgery' (n=1).

Less than 40% of the respondents said they have visited the local hospital within the last 12 months, of which 80% said their journey took them no longer than 20 minutes and nearly 70% spent between 6 and 15 minutes travelling. When asked how they travel to the hospital, 52% said they used public transport, 37% travelled by car and the remainder said they hired a taxi. Surprisingly only 5% of the sample said public transport has prevented them from making or attending a hospital appointment and their constraint was due to the cost of the fares.

Table 27: Current Cost Bands

Service Cost^	Food Shop N*=39	Employment N*=19	Education & Training N*=25	Day Care Centre N*=3	GP Surgery N*=49	Hospital N*=18
Free	74%	53%	68%		86%	39%
1p – 50p	10%	5%	-	Not enough responses for analysis	2%	11%
51p - £1	10%	21%	4%		8%	6%
£1.01 - £2	3%	11%	12%		2%	33%
£2.01 - £5	3%	11%	8%		2%	11%
£5.01+	-	-	8%		-	-

*The number of people who said they access this service
^Single trip.

The table above indicates that people spend more money travelling to access their local hospital, compared to the cost of travelling to their GP surgery, main food shop, education and training facility or place of employment. Forty four percent of the sample said they spend £1 or more on their trip to the hospital, compared to 28% travelling to education and training facilities, 22% to access a place of employment, 6% to a main food shop and 4% to visit their GP surgery. Eight percent of the sample said they currently spend over £5 to access their education and training facilities. This implies that the respondents either use a combination of public transport e.g. bus(es) and train(s) or have to use more than 1 bus. This is reflected in table 26 whereby 15% of the respondents said their journey to such facilities takes them more than 40 minutes.

The tables on the following page show the maximum time the respondents would be prepared to spend travelling to different services and activities and the maximum costs they would be prepared to pay (see tables 28 and 29 respectively). Due to the small number of responses to questions about maximum journey times to day care centres and the maximum cost people are prepared to pay to travel to work and day care centres, further analysis cannot take place.

Table 28: Maximum Time Thresholds

Service Time	Food Shop N*=24	Employment N*=18	Education & Training N*=19	Day Care Centre N*=3	GP Surgery N*=31	Hospital N*=15
More than 5 min	100%	100%	100%	Not enough responses for analysis	100%	100%
More than 10 min	88%	100%	100%		84%	94%
More than 15 min	58%	90%	95%		65%	94%
More than 20 min	33%	90%	58%		39%	78%
More than 30 min	4%	61%	21%		16%	33%
More than 40 min	4%	33%	11%		16%	22%
More than 60 min	4%	6%	0%		3%	6%
No Limit	0%	0%			0%	6%

*The number of people who said they access this service, excluding missing data and those who answered less than or equal to their current journey times

As shown in the table above, all respondents said they would be prepared to travel more than 5 minutes to access the different services and facilities and more than 10 minutes to access their place of work or education and training facilities. Respondents indicated that they would not be prepared to travel very far to access main food shops and GP surgeries but would be prepared to travel further to access their place of work, hospital or education and training facilities.

Table 29: Maximum Cost Thresholds

Service Cost^	Food Shop N*=23	Employment N*=14	Education & Training N*=18	Day Care Centre N*=0	GP Surgery N*=29	Hospital N*=14
More than 50p	83%	Not enough responses for analysis	72%	No responses	93%	Not enough responses for analysis
More than £1	48%		61%		59%	
More than £2	17%		17%		17%	
More than £5	0%		6%		3%	
No Limit			0%		0%	

*The number of people who said they access this service, excluding missing data and those who answered less than or equal to their current costs
^Single trip

As shown in the table above, less than half the respondents said they would be prepared to pay more than £1 to access their main food shop, this is not surprising given the number of respondents who said they would not travel more than 15 minutes (42%). Sixty percent of the sample said they would be prepared to pay more than £1 to access education and training facilities and the hospital.

4.3.1.4   Home Based Activities

When asked if there were any activities that they currently do from home in place of making a trip, 20% (n=10) of respondents said 'Yes' and these were: 'home shopping' (n=7), 'home banking' (n=2), 'take-away food delivery' (n=1) and 'shopping brought to the house by social services' (n=1). When asked why they carried out these activities from home, the reasons given include: 'convenience' (n=5), 'can order goods that are not available in the local shops' (n=2) and 'unable to do things on my own' (n=1).

4.3.1.5   Unmet Transport Needs

Over half of the BME respondents said there were other places or activities that they wanted to visit or do more often. The most frequently mentioned activities / places were: 'leisure activities (e.g. cinema, theme parks, zoo, leisure centres etc) (n=11); visit family and friends (n=8) and other places (e.g. Bolton Abbey, Bradford, London, York etc)' (n=8). When asked the reasons preventing them from doing the things they wanted to, the answers were: 'cost of public transport fares' (n=14); 'public transport takes too long to get there' (n=5) and 'there is no direct bus service to where I want to go' (n=3). Nearly all the participants (94%) said they could be encouraged to use public transport more often if improvements were made e.g. the 'fares were cheaper' (n=23); 'the services were more frequent / reliable' (n=8), 'safer services' (n=3) or 'friendlier public transport staff' (n=3).

4.3.2   Focus Group Results

4.3.2.1   Composition of the Focus Group

The group was composed of nine participants, several of whom had lived in the area the whole of their lives, others who had lived in the area for 30 years plus. There were four females and five males within the group. All females were aged between 22 and 39 years, three of the males were aged between 16 and 21, one was in the 22-39 year age bracket and one was 60+ years. None of the participants had a registered disability. All participants were from an Asian background. Four participants had children under the age of 11 years. The participants within the group were mainly from a Bangladeshi background. The participants differed in their occupation status: three participants were full time carers; two were students; two were employed and one was retired. Five participants had access to a car; this was either 'all the time', 'some of the time' or 'rarely'.

4.3.2.2   Travel Horizons

The participants within the group liked living in Keighley because they said they could access services fairly easily, their relatives lived nearby and they felt part of a community that helped each other. They also liked living near the countryside and the open space. Most of the female members within the group did not have access to a car. There is a great dependence on family and friends for lifts, particularly to the supermarket and the hospital.

The participants said they can access their regular bus stop within 5 minutes. When asked how much further they would be prepared to walk to access a bus stop, the females within the group said an extra 5 minutes but the young males said not more than 2 minutes because anything more and 'you might as well walk all the way into town' (BME, m). The group said their current journey to the train station takes them about 15 minutes, when asked how much further they would be prepared to go to access a rail services, the participants commented that they would not travel any further as they considered 15 minutes to be the maximum journey time. The male participants within the group said they would be prepared to travel up to 20 minutes to access education facilities and the females said they would go even further, a maximum of 25 minutes. All the respondents said a 60 minute journey to walk was too long and said they would not travel more than 40 minutes.

4.3.2.3   Accessibility

When asked to explain the meaning of 'Accessibility' the group participants mentioned the following:

- 'Access to things',
- 'Disabled access',
- 'Access for elderly people' and
- 'Accessing the road network'.

4.3.2.4   Spatial Accessibility

Six participants within the group lived in a neighbourhood close to Keighley town centre, two lived in an area on the other side of the town and the remaining participant lived in an outlying village. Most participants said the walk into town only takes 10 minutes but costs 55p on the bus, which was considered too expensive for the distance it covered. They mentioned that they often walk or take a taxi into the centre of Keighley to catch a bus rather than wait at their local bus stop, where services only run every 30 minutes and the stop does not have a shelter or seating.

> *"yeah, but I don't bother with that one because I took it last time and it took me half an hour of waiting" (female).*

Respondents said that they are able to walk to many of the centrally located facilities, including the college and the supermarkets, but often get a taxi home because buses are generally perceived as being too unreliable. For example, participants attending Keighley College often walk because it only takes them 10 minutes by foot compared to a 15-20 minute bus journey. However, one participant said she would be prepared to travel 20-25 minutes by bus to access a college because her education is important to her.

For those participants who need to access a place of worship they do not travel very far as their local Mosque is close by and easy to get to. In addition, they considered the journey to the place of worship as family time and often travel as a group, either by car or on foot.

> *"There's about 10, or 15 places in Keighley town. Although it's a small town there are loads of worship places" (male)*

Finally, access to healthcare for one participant is becoming easier now that his local health centre (15 minute walk) provides some of the services (e.g. blood tests and x-rays) that he used to travel to hospital to receive.

4.3.2.5   Physical Accessibility

Accessing a bus with shopping bags, small children and a buggy is problematic for a few members of the group because there are few 'low-floor' buses on the routes they use. Several participants said they often walk or get a lift with family members of friends to go food shopping, and often get a taxi home.

4.3.2.6 Temporal Accessibility

Several 'young' members of the group said they often travelled to Bradford by train to go non-food shopping rather than by bus because it would take too long. This point is quite interesting as some of the young participants within the group were not prepared to walk very far to get to college, but were keen to walk the 15 minute journey to the train station and prepared to wait 30 minutes for a train.

4.3.2.7 Financial Accessibility

The bus fare from the Bangladeshi Community Association area to the centre of Keighley is 55p. Several participants within the group thought this was too expensive because it is only a 5-10 minute walk, they suggested that the maximum should be no more than 20p. One participant said he would rather pay £2 to travel in a taxi to college knowing that he would arrive on time for his lessons, than travel by bus as he thought the buses were unreliable; they either do not turn up, are late or have a long wait time (20 minutes).

> "It's bad to wait for a bus because you never know when it's going to come, because sometimes they never even come" (male)

If the cost of public transport was lower, several participants within the group said they would use it more often.

4.3.2.8 Environmental Accessibility

The 'User Needs' literature review suggests that the perception of a lack of safety both in the general environment and on public transport is greater amongst the BME community. This perception, alongside a lack of cultural awareness amongst transport authorities and a lack of knowledge of the availability of transport information in community languages means that the BME community often restrict their travel to areas and modes they are familiar with. Travel is often localised to within the community, notably in the poorer ethnic groups. The findings from the focus group tend to support these conclusions. For example, there was a strong sense of local community. Family and friends would supply lifts for longer trips. This collective identity led to the 'racialisation' of areas so that some areas were considered safe and others unsafe, particularly near the leisure centre, because of the local gangs, racists, drugs and fights.

> "We used to have a meal out, that stopped. That was very, very good for the children, the excitement for them, they used to look forward to it, but that stopped because of the fights and the violence and everything" (female).

The literature review showed that Muslim women are particularly reluctant to use public transport and are dependent on male relatives or car drivers in their family network, so travelling beyond the local community area is dependent on the availability of these individuals. All the women in the group said they would not travel on a bus at night, even if they were with their husbands, because it involved walking home once they had disembarked. They preferred to travel by taxi because it dropped them off outside their home. One participant said she planned her shopping so that she would not be coming home in the dark. Another said she would not travel by train, either during the day or at night, because she felt unsafe. In contrast, a male participant said he enjoyed travelling by train:

> "I find train stations excellent today, one of the best services we have in this region. The service is frequent to Bradford and Leeds. I was on the train a

month ago. The compartments are a high standard, one of the best in the area and lighting and security as well. The safety is very good" (male).

The private car was considered to be a safer mode of transport than a bus.

"I would actually like to say that public transport is not very popular for the Asian population in this area. They are not regular bus riders, it's not like London or a big city. In a community like this they rely on coaches or private vehicles. There is no need for bus rides to go to town, for their day to day issues, probably need to buy shopping, they can get some goods on their doorsteps" (male).

Several participants within the group mentioned that they think it is disrespectful to see older people standing at bus stops waiting for buses. They explained this as being the reason why few older people from the Bangladeshi Community travel by bus and often receive lifts from family, friends or other members of the community.

"If you didn't have a car, you are not going to let old people walk…you'd rather see them use a taxi …you wouldn't let them walk or use a bus" (female).

4.3.2.9   Information Accessibility

Public transport information is only available in English making it inaccessible for some members of the wider BME population; the group mentioned that it should also be available in other languages. Once again, the group reported that there is no timetable information at some of the bus stops.

4.4 Older People & Physical Disabilities Group

This section reports on the questionnaire results for the older people group and the physical disability groups separately and then both groups for the focus group discussion.

4.4.1 Older People

4.4.1.1 Questionnaire Results

4.4.1.1.1 Demography

Thirty people aged 60 years or over were interviewed in Keighley, of which fourteen were male and sixteen were female. Two of the respondents were from a non-white background (1 was black and the other was Asian). Over half the respondents were single and the remainder were either married or living with a partner. None of the respondents had children under the age of 11 years. Five of the respondents were registered disabled (e.g. visual impairments, severe arthritis and bad heart) and eight people had health conditions that limited their mobility (e.g. Alzheimer's disease, angina, arthritis and bad legs). Nearly all the respondents were retired, except one who was unemployed.

4.4.1.1.2 Mode Choice

Fifty percent of the respondents said they had access to a car, of which 27% said this was 'all the time', 33% said 'some of the time', 7% said 'rarely' and 33% said 'never'. Interestingly, even though over half the respondents who said they had access to a car at least some of the time, the respondents were more frequent users of public transport than any other group. All respondents said they used the bus at least once a week: 70% said they use it 4+ times a week, 27% use it 2-3 times a week and 3% use it once a week. When asked if they had ever been prevented from using a bus 63% said 'Yes' and the main reasons were: 'public transport operating times' (n=6), 'carrying heavy items' (n=6) and 'cost' (n=1).

Over two thirds of respondents (76%) said they could walk to their regular bus stop within 5 minutes and all the respondents said they could reach their bus stop within 30 minutes. When asked if they had any concerns about the walk, 30% said 'Yes' and the main reasons were: 'steep hills' (n=6), 'street furniture obstacles and steep kerbs' (n=2) and 'long walk' (n=1). Over 80% of respondents said the maximum walk to the bus stop should be no longer that 20 minutes and 64% said they would be prepared to wait more than 10 minutes for a bus, of which 93% said more than 5 minutes. Forty percent of respondents said they were not satisfied with the conditions at their bus stop because of: 'no / inadequate seating' (n=9), 'no / inadequate shelter' (n=8) and 'vandalism' (n=2).

Fifty percent of respondents said they do not use trains more than once a month, when asked why not, the main reasons given were: 'long walk to the train station from the bus station' (n=7), 'don't need to use it' (n=5), and 'train services are unreliable' (n=3). For those respondents who do use rail services, when asked if they have been prevented from using a train, one fifth said 'Yes' and the main constraints were: 'cost' (n=2), 'no lifts at Keighley station' (n=2) and 'concessionary pass times' (n=1). For those respondents who use rail services, nearly two thirds said they could access their nearest station within 15 minutes and over 80% said they would travel more than 10 minutes to access a station. Only 1 person (3%) said they were concerned about their journey to the train station and the problem was related to not being able to travel alone and requiring accompaniment.

4.4.1.1.3 Access to Services

The respondents provided details about current journey patterns to different services and activities and public transport costs of accessing such services (see tables 30 and 31 respectively). Access to work was not relevant for this group of people because none of the respondents were employed. Few respondents said they needed to access education and training facilities or a day care centre, therefore it is not possible to analyse these results.

Table 30: Current Time Bands

Service Time	Food Shop N*=23	Employment N*=0	Education & Training N*=1	Day Care Centre N*=8	GP Surgery N*=26	Hospital N*=15
0-5 min	26%				31%	-
6-10 min	30%	No responses	Not enough responses for analysis	Not enough responses for analysis	12%	20%
11-15 min	22%				19%	20%
16-20 min	13%				15%	13%
21-30 min	4%				15%	33%
31-40 min	4%				-	13%
41+ min	-				8%	-

*The number of people who said they access this service

As shown in the table above, three quarters of the respondents said they needed to access a main food shop, 90% of which said their journey takes them no longer than 20 minutes and over half this sample can reach their food shop within 10 minutes. Nearly half of the sample said they catch a bus to their main food shop, 36% travel by car and 16% walk. When asked if there are any reasons preventing them from shopping elsewhere, 28% said 'Yes' and the main constraints were: 'shop is too far away from the bus station' (n=5), 'no direct bus route and costs too much' (n=4) and 'takes too long to get there by public transport' (n=2).

Eighty seven percent of respondents provided information about their journey to their GP surgery. Three quarters of this sample said they currently spend up 20 minutes travelling to their GP surgery and 43% can make this journey within 10 minutes. Forty eight percent of the respondents said they travel by bus to their GP surgery and 41% said they walked and only 10% travel by car. Surprisingly, considering the number of people using public transport to access their GP surgery, only 3% said they have been prevented from attending or making an appointment, and the complaint was due to 'bus was late due to heavy traffic' (n=1).

Similarly to the other groups, respondents said they travelled further to access the local hospital than any other service or activity. Of the fifty percent who said they have visited the hospital within the last 12 months, 86% of this sample said their journey took them up to 30 minutes and 40% said they could reach the hospital within 15 minutes. Considering the size of the sample who said they have access to a car on a fairly regular basis it is surprising that only 19% travelled by car to the hospital and the remaining 81% used public transport. None of the respondents indicated that they have been prevented from making or attending a hospital appointment.

Table 31: Current Cost Bands

Service Cost^	Food Shop N*=24	Employment N*=0	Education & Training N*=1	Day Care Centre N*=7	GP Surgery N*=26	Hospital N*=15
Free	50%				54%	40%
1p – 50p	42%	No responses	Not enough responses for analysis	Not enough responses for analysis	35%	40%
51p - £1	4%				12%	13%
£1.01 - £2	-				-	-
£2.01 - £5	4%				-	7%
£5.01+	-				-	-

*The number of people who said they access this service
^Single trip.

As shown in the table above, half the respondents said they do not pay to access their main food shop or GP surgery, this is not surprising considering the number of people who said they walked or travelled by car. Two fifths of the sample said they currently do not spend more than 50p to access their main food shop or local hospital. This could be due to the short distance they need to travel by bus or because they are concessionary pass cardholders.

Unfortunately, there was insufficient data about maximum time thresholds, it is therefore not possible to analyse the results.

Over half of the respondents provided details about the maximum costs they would be prepared to pay to access their GP surgery (see table 32). Of this sample, 59% said more than 50p and 35% said they would be prepared to pay more than £2. Interestingly 41% of the sample said they thought the cost of travel to a GP surgery should be less than 50p, indicating that people are not prepared to travel very far to access this type of facility or if they have to travel by public transport they are not prepared to pay very much.

Table 32: Maximum Cost Thresholds

Service Cost^	Food Shop N*=8	Employment N*=0	Education & Training N*=1	Day Care Centre N*=3	GP Surgery N*=17	Hospital N*=9
More than 50p	Not enough responses for analysis	No responses	Not enough responses for analysis	Not enough responses for analysis	59%	Not enough responses for analysis
More than £1					47%	
More than £2					35%	
More than £5					35%	
No Limit					0%	

*The number of people who said they access this service, excluding missing data and those who answered less than or equal to their current journey times.
^Single trip

4.4.1.1.4 Home Based Activities

Only two of the respondents said they access services from home in place of making a trip. When asked what these services were, both respondents said they were related to support from social services (e.g. shopping) and the reason they receive such support is because they have limited mobility or are unable to carry out this activity.

4.4.1.1.5 Unmet Transport Needs

Over half the sample said there were other places they wanted to go to or activities they wanted to do but felt constrained from doing so. Seven people said they wanted to visit other places (e.g. Bingley, Haworth, the Dales, Blackpool, Lancashire etc); five people said they wanted to take part in more leisure activities (e.g. dancing classes, walking in the Dales and going to the theatre) and five people said they would like to visit family and friends more often. 'No direct public transport service (n=5), 'reliability and operating times' (n=4) and 'price' (n=3) were the main reasons why older people said they do not access services or visit places as often as they would like. When asked if they could be encouraged to use public transport more often, 87% said 'Yes' and the main suggestions given were: 'improved reliability and frequency of services' (n=7), 'cheaper fares' (n=3) and 'more convenient bus stops' (n=2).

4.4.2 Physically Disabled People & People With Health Conditions Affecting Their Mobility

4.4.2.1 Questionnaire Results

4.4.2.1.1 Demography

Twenty-two people were interviewed; there were more males than females (64% and 36% respectively). Over half were aged over 60, 23% were aged between 40 and 59, 14% were between 16 and 21 and 9% were aged between 22 and 39 years. One in seven people were from an ethnic minority (9% were of black and 5% of Asian origin). Nearly two thirds of the sample was single, nearly a third were either married or living with a partner and the remainder (5%) were living at home with parents. None of the participants had children under the age of 11. Sixty percent of the sample had a registered disability (e.g. severe arthritis, visual impairments, bad heart, epilepsy, multiple sclerosis and restricted mobility) and half the sample had a health condition that affected their mobility (e.g. Alzheimer's, angina, arthritis, hearing impairment, spinal degenerative disease etc). Fifty percent are retired, 18% were unemployed, 14% were students, 5% were employed part time and 5% were voluntary workers. The remaining 8% were 'full time parents'.

4.4.2.1.2 Mode Choice

Half of the respondents said they have access to a car. Of this sample, 45% said this access was fairly frequent (e.g. at least some of the time) and the remainder of the sample said they rarely or never used the car. The physically disabled respondents were the most frequent users of bus services as all the respondents said they use it at least 2-3 times a week and 73% of this sample said they have been prevented from using a bus; this is the highest percentage of all the Keighley groups. The main constraints were: 'carrying heavy items' (n=5), 'safety concerns' (n=4) and 'cost' (n=1). Nearly all respondents (95%) said they could walk to their regular bus stop within 20 minutes and 71% said they could reach their bus stop within 5 minutes. When asked if they had any concerns about their walk, 45% said 'Yes' and the main problems were: 'steep hills' (n=5), 'safety' (n=2) and 'street furniture obstacles and steep kerbs' (n=1). Three quarters of the respondents said they would be prepared to spend more than 15 minutes walking to the bus stop, of which 36% said more than 5 minutes. Forty five percent of respondents said they were not satisfied with the conditions at their bus stop because of: 'no / inadequate seating' (n=8), 'no / inadequate shelter' (n=6) and 'poor lighting' (n=3). When asked the maximum time they would be prepared to wait for a bus, 93% said more than 5 minutes and 64% said more than 10 minutes.

Fifty nine percent of respondents said they do not use rail services more than once a month, when asked why not, the main reasons given were: 'no need to use it and prefer to use the bus as it is cheaper' (n=6), 'the station is too far to walk' (n=5) and 'services are unreliable' (n=1). For those respondents who use rail services, nearly two thirds said they could access their nearest station within 15 minutes and 86% said this journey should take no longer than 30 minutes. Only 2 people (9%) said they had concerns about their journey to the train station and the main issues were: 'takes too long to walk to the station' and 'I need to be accompanied'. When asked if they have been prevented from using a train, nearly one fifth of the rail users said 'Yes' and the problems include: 'overcrowding' (n=2), 'safety concerns' (n=2) and 'cost' (n=1).

4.4.2.1.3 Access to Services

Access to work, education and training facilities, day care centres and the hospital was not something that a sufficient sample size of people needed to do on a regular basis in order to analyse the current journey times (see table 33) or travel costs (see table 34) to these facilities.

As shown in the table below, 68% of the respondents said they needed to access a main food shop and 93% said their journey takes them no longer than 20 minutes, 53% said they could reach their destination within 10 minutes. When asked how they travel to the shop, 56% said they catch a bus, 25% travel by car and the remainder of the sample (19%) said they walked. Interestingly, 50% of the sample said they would prefer to shop elsewhere but are prevented from doing so because of: 'shop is too far away to travel by public transport' (n=4); 'cost of public transport' (n=3) and 'there isn't a direct bus service to the shop' (n=2).

Table 33: Current Time Bands

Service Time	Food Shop N*=15	Employment N*=3	Education & Training N*=7	Day Care Centre N*=7	GP Surgery N*=20	Hospital N*=13
0-5 min	20%	Not enough responses for analysis	Not enough responses for analysis	Not enough responses for analysis	30%	Not enough responses for analysis
6-10 min	33%				25%	
11-15 min	27%				15%	
16-20 min	13%				5%	
21-30 min	-				15%	
31-40 min	7%				-	
41+ min	-				10%	

*The number of people who said they access this service

Ninety one percent of the respondents provided details about their travel times to their GP surgery. Three quarters of this sample stated that their journey can take them up to 20 minutes and 55% of the respondents said they currently spend no longer than 10 minutes travelling. Interestingly, unlike other groups of people within Keighley, more respondents from this particular group travel to their GP surgery by bus or taxi (57%) than by foot (33%) or car (10%). It can be assumed that more people travel by public transport to their main food shop or to visit their GP surgery because their disability or health condition prevents them from walking very far. Eighteen percent of respondents said they have been prevented from attending or making a GP appointment because the bus was late (n=4). However, there are more people travelling to their GP surgery for free than there are walking or travelling by car. It can be assumed that some of these people are entitled to free travel (e.g. blind people). As shown in the table below, the percentage of respondents who either walk or travel by car can be used to explain why 44% do not pay for their journey to their main food shop.

Table 34: Current Cost Bands

Service Cost^	Food Shop N*=16	Employment N*=3	Education & Training N*=6	Day Care Centre N*=6	GP Surgery N*=19	Hospital N*=12
Free	44%	Not enough responses for analysis	Not enough responses for analysis	Not enough responses for analysis	58%	Not enough responses for analysis
1p – 50p	44%				16%	
51p - £1	6%				16%	
£1.01 - £2	-				5%	
£2.01 - £5	6%				5%	
£5.01+	-				-	

*The number of people who said they access this service
^Single trip.

There was insufficient data for maximum time and cost thresholds, it is therefore not possible to analyse the results.

4.4.2.1.4 Home Based Activities

When asked if there were any activities that the respondents currently do from home in place of making a trip 23% said 'Yes'. The main activities were: 'Internet / home shopping' (n=2); 'home banking' (n=2) and support from social services (e.g. shopping) (n=2). The sample said they carry out these activities from home because it 'avoids making a trip' (n=2); 'convenient' (n=1) and 'unable to do these things myself' (n=2).

4.4.2.1.5 Unmet Transport Needs

Fifty percent of the respondents indicated that there were other places they would like to visit or activities they would like to do but are constrained from doing so. Visiting family and friends (n=4), travelling to other places (e.g. Bingley, Bradford and London) (n=4) and using leisure centres or walking in the Dales on a Sunday were examples of the kind of activities that the respondents said they would like to do more often. When asked what prevents them from carrying out these activities, the main constraints were: 'walk between the bus and train station is too far' (n=2) and 'public transport is too expensive' (n=2).

4.4.3 Focus Group Results

4.4.3.1 Composition of the Focus Group

The group was composed of several participants who had lived in the Keighley area the majority of their lives, others who had lived in the area for 30 years plus and a few who had moved to the area within the last 5 years. Within the group there were 8 people (2 male and 6 female), one with a guide dog. Four of the participants were retired and four were either registered disabled or had a health condition that restricted their mobility; the range of disabilities within this group included: blind, severe arthritis, severe dyslexia and cerebral palsy. All participants were white and none were in employment. A number of participants did not live in Keighley but lived in the outlying areas or neighbouring villages e.g. Fell Lane, Oakworth, Silsden and Haworth. None of the participants owned a car but 2 mentioned that their immediate family had access to a car and often gave them lifts, particularly to the supermarket and the hospital.

4.4.3.2   Travel Horizons

In general the group was positive about the Keighley area. The group members tended to have fairly limited travel horizons. The participants said they would not be prepared to travel more than 10 minutes to access their regular bus stop or main food shop and would not want to travel for more than 20 minutes to access their place of worship.

The participants could not agree on a maximum time threshold for accessing healthcare (doctor and hospital) because they viewed the importance of this in different ways. A couple of participants said their doctor was the main determinant of how far they would travel e.g. they would be prepared to travel as long as it takes to visit their doctor. Whereas others said they would not want to travel too far when they are feeling ill and suggested a limit of 10 minutes.

4.4.3.3   Accessibility

When asked to explain the meaning of 'Accessibility', the participants described it as the following:

- 'Making it easier';
- 'Easy for wheelchair users';
- 'Not too expensive to use'.

4.4.3.4   Spatial Accessibility

Participants living in the hilly areas can find themselves cut off during the winter months when it snows because the pavements are often not gritted thereby making it hard to venture outdoors.

> *"When you are on the outskirts of Keighley they never dream of clearing the pavements… so therefore you are walking on roads with traffic" (male)*

In addition, many buses and taxis do not go to certain rural areas at this time because of the poor weather and people can feel very isolated; one older participant said she has even paid children to help her carry her shopping home on their sledge:

> *"I once got the bus home and it couldn't get up the hill, so I had to get off and anyway I had four bags of shopping and I saw a young lad with a sledge, and I said to him do you want to earn some money? I gave him £2 because it was worth it to me because I had to go right up you know" (female).*

The participants mentioned the problems associated with parked cars in bus stops, which prevent buses from stopping close enough to the pavements for people to board the vehicles. Vehicles parked on pavements are examples of obstacles that the group members mentioned when trying to access a bus stop.

Several of the participants mentioned that if they need to travel into Keighley before travelling on to another destination they are often asked to disembark from the vehicle and then board the same vehicle again with the same driver. The participants' thought that the customer should be able to stay on the bus and pay again – the financial aspect was not

seen as a concern, rather the fact they have to physically get off the bus and get back on the same bus. For example,

> *"The bus comes from Fell Lane into town into the bus station then up to Thwaites Road, but I can't stop on that bus, I can't get on that bus and say can I go up to Thwaites now from Fell Lane, they will say no you can't you have to get off and get on again" (male).*

All participants had a sense of pride in, and were pleased with, the new bus station. However, the location of the bus station in relation to the train station and supermarkets is often problematic for some of the participants because the distance is too far to walk. The group agreed that they would like to see the introduction of a 'hoppa' bus between the bus and train stations and the supermarkets:

> *"A bus going circular from Morrisons to Sainsburys to Netto to Aldi and back again. Doing a circular like that, and also coming into bus station on his way round" (male).*

Most members of the group said they often use a taxi, particularly if they are carrying shopping, to travel between the different locations. For one participant with a physical disability she preferred to travel by bus as it is cheaper than a taxi, but she would not be able to carry all her shopping in one go so would have to make several trips, which is often more expensive. The other participants commented that they would prefer to get a taxi home as this would be more convenient than making two or three trips.

> *"I was going to say that personally there should be a shuttle bus (from the bus station) to the train station at various times of the day. If I'm going to use the train I just get a cab from my house to the train station because I can't walk from the bus station to the train station and there isn't a bus so it is definitely a cab if I am going by train" (female).*

One older participant mentioned that there are buses that connect the two stations but he would not want to wait for a bus when he could walk the half-mile distance.

For two participants within the group the location of their GP surgery is on a busy street. Cars are often parked on the pavement, which means that bus drivers often ignore the bus stop because they cannot stop outside the surgery; the patients were expected to walk 10 minutes up the hill to the next stop. The participants said that METRO tried to resolve this problem by locating a bus stop on the right hand side of the road for buses travelling up the hill, however the bus drivers do not always stop because they do not look for people standing on that particular side of the street.

4.4.3.5 *Physical Accessibility*

Some participants mentioned that all new bus drivers in Keighley now have to go on a customer care training course and wear a uniform; this has made a great difference to the attitudes of some of the drivers. However, a couple of the participants who are physically disabled mentioned that they were concerned about their personal safety on the bus because the drivers tend to drive off before passengers are seated. In addition, some participants also mentioned that they are often unable to get a seat because able-bodied people often sit in the reserved seats:

> *"What I find is that if I'm on the bus on my own, because I can only use one of my arms properly, if I get on and there are quite a few kids sitting in the*

disabled seats, where the old people should be sat or anything like that, they can notice sometimes when I get on that when I am passing them and everything that I'm disabled because I always carry my pass in my hand and they don't even offer to get up and say would you like a seat here? It's even when XXX is with me because he is blind and has got a guide dog, they still don't even move" (female).

To solve this problem the participants said they would like the bus drivers to ask the able bodied people to move out of the seats and let those who should be sitting there take the seat.

Insufficient handrails, lack of low floor buses, overcrowding and erratic driving practices are still a concern for many members of the group who use public transport within Keighley. Lastly, the group reported that local bus shelters are also often ill equipped for people with mobility problems, lacking both a seat and shelter.

4.4.3.6   Temporal Accessibility

Bus operating times was the first topic that the group wanted to discuss. A few of the participants said that they only had an hourly service and this often stopped in the evenings. For one participant who lived in an outlying area, if he wanted to catch a bus from Keighley to the Fell Lane area in the early evening he might as well *"forget it"* as *"it only runs once an hour and that's it"*. The participant said he would rather walk the 20-30 minute distance than wait for the bus. He stated that the walk was not only a good form of exercise but it also meant he was not *"trapped"* and could get to the places he wanted to at the time of day he wanted to travel:

> *"Well you're tied in for an hour before you can get a bus and when you get down there you are tied in for another hour before you come back, well to me that is ridiculous, absolutely ridiculous when the same bus runs during the day every 20 minutes" (male)*

A couple of participants, who live in the neighbouring villages, said they would not wait any longer than 15 minutes for a bus into the centre of Keighley. One disabled participant said would prefer to walk than wait for the hourly bus:

> *"It's only 15 minutes [walk] into town from mine anyway. My bus is every hour so that if you miss that anyway you might as well walk it anyway" (male).*

The group described the off-peak services in the more remote areas of Keighley as very poor and said this limited the activities they were able to access. The late time at which weekday buses start in the morning also limited what they could achieve in a day. One participant said she cannot travel anywhere until the first bus arrives in her village at 8am. For several participants their evening and weekend activities are limited because the weekday service often ends at 6pm and they do not have a Sunday service.

> *"You can't go out for a walk on a Sunday from Keighley because you can't get into town" (male)*

One participant said if he wants to go out on a Sunday he has to walk the 15-20 minute distance into Keighley because there is not a bus service. For another participant, the low frequency Sunday service was seen as particularly debilitating as she is no longer able to attend her Sunday Church service and is forced to go on a Friday.

"No, like on a Sunday I don't go at all now because I can get there in time, but then the buses only run every hour so if you come out of church and you've just missed the bus you have a whole hour to wait. So instead of that I go on a Friday morning to Christ church, because they do a shopper service every 20 minutes, and there are about 50 or 60 people go regularly on a Friday, rather than Sunday because of the buses" (female).

School closing times also created problems for the participants within the group. Some participants feel that schoolchildren should travel on separate buses to avoid conflict with slower moving passengers, whereas others think it is important for younger and older people to be given the opportunity to interact. Several participants said they would rather wait at the bus station in Keighley until the school children had left than catch the same bus as them. Some participants within the group suggested that a 'mystery shopper' should board the bus at the same time as the children and report their behaviour to the school.

4.4.3.7   Financial Accessibility

Cost is a significant factor determining people's ability to travel as often as they would like. For several participants who need to travel to the hospital on a regular basis it means having to catch two buses and paying for two trips; for one participant, who lives the closest to the hospital, the two mile journey costs £4.40 return. All participants within the group had some form of concessionary travel pass. One participant said she thought the fares in Keighley were reasonable:

"I'm quite happy with mine. When I think what my brother pays down in Newbury, everybody up here is very lucky" (female)

The group participants said the high cost of rail fares, together with the inaccessibility of many railway stations was a major deterrent to using the train and they did not use this mode on a regular basis. These issues were raised by those participants who wanted to travel longer distances e.g. visit family in North Yorkshire or take a leisure trip to Blackpool. One participant raised the point that people from North Yorkshire and South Yorkshire can use their disabled bus passes in West Yorkshire, but if someone from West Yorkshire wants to travel to the North or South areas, they are unable to use their passes and have to pay the full fare.

4.4.3.8   Environmental Accessibility

Safety concerns relating to personal safety and fear of being mugged was often mentioned. Respondents said they were prepared to walk between 5 and 10 minutes to get to a bus stop, but would not wait longer than 15 minutes for a bus. Part of the reason that they were not prepared to wait was because they felt unsafe. One participant said she would not wait for a bus on a Sunday as there are not many people around:

"I would not like to wait an hour on my own on a Sunday when nobody is around" (female)

Safety issues were also raised regarding children throwing stones at the bus drivers. One participant mentioned that her local area used to have 2 buses, but one service was stopped because of the children causing trouble:

"A lot of kids were causing trouble, throwing stones at the windows of the bus driver so they said they'd stop that and just do one bus didn't they. So the

kids have been causing a lot of trouble with the buses. That's why they have stopped it and done just one bus instead" (female).

For those participants with a local bus shelter, this often does not have any seats and the side of the shelter is often left open and people are left standing in the rain and wind. The lack of bus seats or shelters in some of the more remote areas within Keighley means that some participants tend to wait in their houses until a couple of minutes before the bus is due and then they will make their way to the bus stop.

4.4.3.9   *Information Accessibility*

Poor access to travel information can also deter potential users, while poor quality material or reliance on a single medium for communication can exclude certain people, such as visually impaired people. For many participants, the information in the bus shelter tends to be very high up *"and might as well not be there" (male)*. The participants thought the reason why the timetables might be displayed in such a position is because it deters children from vandalising it but at the same time makes it impossible for people to read it.

One participant mentioned that the timetables the bus operating companies have produced have not changed a great deal but the actual operating times of the buses have as they do not always keep to their timetable; they are either ahead of schedule and thereby arriving early or if late may not always stop:

> *"I find as well, with the bus up near us, sometimes they come early sometimes they can be late. You never know, right I'm supposed to go, oh I've missed it now, oh it's too early now and you are thinking to yourself well I'd wish they'd make their mind up, are they going to come early, are they going to come late, so you never know what to expect" (female).*

One participant within the group has severe dyslexia and she mentioned that she regularly relies on her father to accompany her when she needs to use public transport to unfamiliar areas. Those participants with visual disabilities or dyslexia mentioned that they would like to have more audio public transport information, for example talking bus stops. Timetables in Braille were not thought to be that user friendly as *"it takes forever to read Braille" (male).*

4.5 Comparison of Keighley Focus Groups

In general, transport links to Keighley town centre and surrounding areas were felt by residents to be generally quite good, although complaints were often made about reliability, the lack of evening and Sunday services on some routes, and about the cost of travel. Other complaints about transport services were concerned with the rudeness of drivers and the difficulties of travelling with large amounts of shopping or with young children.

Although there are some quite significant issues associated with transport provision in the area; few people thought that public transport presented a serious barrier to mobility or their ability to access educational or work opportunities. The impression gained from the focus group findings, and the results of the interviews, is that peoples' travel horizons were very limited and that many people, for whatever reason, tended not to travel very far. The lack of travel would also explain why people did not, on the whole, see travelling as a problem; they mostly did not equate possible improvements to their life with mobility possibilities.

The level of crime, gangs, drug abuse and unemployment were regarded as the dominant concerns of the local community.

> *"It's been a big change recently because we have been subject to a serious problem connected to drugs and it has affected people's way of lives, there are one or two murder cases have been witnessed in our area, where people are really nervous, their whole pattern of life has changed" (BME, m).*

The participants from the five case study groups were very positive about the new bus station and liked the central location of key services such as the college, training organisations, shops and the disabled people's centre. However, comments were often made about the problems associated with travelling from the bus station to the supermarkets or train station.

Once again, similar to the groups within Tower Hamlets, men in Keighley were more frequent users of public transport services than women: 50% of men used public transport four or more times a week, compared to 44% of women. Women tended to either walk, hire a taxi or travel by car to different services and facilities more often than men. More women mentioned that they have been prevented from using a bus. Not surprisingly, a higher percentage of people from the 'physically disabled & health conditions' and 'older people' groups reported that they have been prevented from travelling by bus. The respondents within the unemployed group were least likely to have been prevented. The main constraints the groups experienced were: 'public transport operating times', 'carrying heavy items' and 'cost'.

Several participants within the different groups considered walking to and from a bus stop as a part of their daily exercise regime. Unlike the Tower Hamlets groups, there was a gender difference between people's concerns about their walk to their bus stop; surprisingly more men than women said they had a problem. People within the 'physically disabled & health conditions' and 'older people' groups reported that they had particular concerns and people from the BME group were the least concerned about the walk. One explanation for this could be due to the fact that the BME group did not use public transport as often as the other groups. Regardless of gender, the main problems were: 'steep hills', 'crossing busy roads', 'street furniture' and 'personal safety concerns'.

The respondents within the 'unemployed' group were more prepared to wait longer than 15 minutes for a bus than any other group and those respondents within the 'physically disabled

and health conditions' group were least likely to wait this amount of time. Of all the five groups, the BME group respondents provided the lowest bus waiting time thresholds and the unemployed respondents reported the highest. All the groups were dissatisfied with the conditions at their bus stop. People within the 'physically disabled & health conditions' and 'older people' groups were the most dissatisfied. The main causes of complaint were: 'no / inadequate shelter', 'no / unsuitable seating', 'poor lighting', 'no timetable information' and 'vandalised seats / shelters'.

Interestingly, unlike the groups within Tower Hamlets, a higher percentage of men (31%) than women (27%) said they have been prevented from using a train. The main constraints of train use, regardless of gender, were: 'cost' and 'personal safety concerns'. Ten percent of men said they were also prevented because of 'times when the concessionary pass is not valid' and 17% of women mentioned 'carrying heavy items'.

Older people were the most likely to comment that there were other places they would like to visit or activities that they would like to do more often but are constrained from doing so, implying that they are not as active as they wish to be. Young people were least likely to mention other places or activities they would like to do more often, followed by the unemployed, BME and physically disabled & health conditions groups. Respondents from both the 'young people' and 'older people' groups were most likely to mention that they would like to visit other places (e.g. Bolton Abbey, Haworth, London, Manchester, and the Dales etc) more often. Travelling to leisure facilities (e.g. cinema, theme parks, zoo etc) was something that the unemployed and BME respondents would like to do more of. Whereas, visiting family and friends was highlighted as the main activity by respondents within the physically disabled and health conditions group.

All groups mentioned 'cost of public transport' as being a prohibitive factor and four out of the five groups also highlighted 'no direct public transport routes' and 'frequency and reliability of services' as constraints. Unlike the other groups, respondents from the 'physically disabled and health conditions' group said the 'long walk from the bus stop to the train station' was a barrier.

When asked if people could be encouraged to use public transport more often, the introduction of 'cheaper fares' and 'more reliable and frequent services' was something raised by all the groups. There were some differences between the groups. Young people stated that 'more comfortable and cleaner services' was something that could encourage them to use public transport more often, the 'unemployed people' mentioned 'safer services', respondents within the 'BME' group said 'more friendlier public transport staff'. Older people and people with physical disabilities and/or health conditions said they would want more 'convenient bus stops'.

Some of the concerns and barriers that the respondents experience when travelling have been plotted, using GIS, onto an A-Z map of the case study area to highlight particular areas of concern (see appendix 8).

5 Comparison Of The Two Case Study Area Results

5.1 Similarities And Differences Between The Two Areas

The two case study areas examined in this research would appear to have somewhat different characteristics and at the same time the populations share very similar problems. For example, there was a consensus amongst the groups in both study areas that gang fights, drugs and other criminal activities are major issues; the nearest hospital is situated too far away from where the participants live. Participants within the two case study areas had fairly limited travel horizons and they tended to carry out their daily activities within a very local area.

Age does not appear to be a particularly strong influence on whether people have difficulties doing the key activities studied, however, women are more likely than men to identify trips they would like to make more often. A few participants mentioned that there were activities that they would like to take part in but felt that they currently cannot access them, implying that some people are not as active as they would wish to be.

Very different attitudes towards the use of public transport exist across the different age and social groups, reflecting differences in level of independence, income levels, eligibility for travel concessions and degree of personal mobility. When questioned about transport problems in general, respondents were mostly concerned about:

- Traffic speeds;
- Condition of pavements;
- Parking in bus stops and on pavements;
- Lack of public transport services going to key areas;
- Lack of public transport information;
- Cost of public transport.

Interestingly, several participants within the Keighley groups mentioned walking to their local bus stop as being an important form of exercise. However, this was not raised within any of the Tower Hamlets focus groups.

The participants within the Mental Health Illness Group put together a list that would help them to take part in daily activities outside their home. Some of the points on the list were often mentioned in the other groups:

- Being collected / buddy system / accompanied travel,
- Freedom pass,
- Interesting advertisements / poems / stories on vehicles, something to look at,
- Poems on buses like on the tube,
- Banning of mobile phone use on the bus,
- Music on buses,
- Drivers saying 'Hello',
- Buses with conductors,
- Drivers waiting for people to sit down and
- 'Mental health' awareness training for drivers.

5.2 Spatial Accessibility

The questionnaire survey asked people how they travelled to their main food shop, work, education & training, GPs and hospital. Virtually all participants either walked or used the bus as their main mode of travel, for example walking was the most popular mode when travelling to a food shop (30%) or visiting the doctor (59%). The bus was used most often to travel to work, education & training or to the hospital. Participants' preference for particular modes was due to factors such as: reliability, availability of services, ease of use, journey time, the need to carry shopping or other items and the cost of travel. Buses and the DLR in Tower Hamlets tended to be used more often than the tube or national rail.

Several participants across the different groups said they travel four or more times a week by public transport because it is important for them to get out and about. As mentioned above some participants would like to travel more often, but are constrained by costs, difficulties in walking and using public transport, as well as more general lack of means of getting to certain destinations. Among the places that participants would like to visit more often, but are currently unable to, are local amenities including:

- Swimming pools
- Dales / local beauty spots & tourist attractions
- Out-of-Town retail centres
- Neighbouring villages (often not served by rural bus networks)
- Visit friends and family in other areas on a Sunday

Unmet need for trips is most likely to be associated with social entertainment, leisure (e.g. nightlife), further education and visiting friends/relatives. Some of these will be long distance trips e.g. visiting family members living elsewhere and/or friends, others may also be the trips after dark (most relevant in the winter months) or during the winter months when many people, particularly in Keighley, are 'housebound' because of the snow.

Although Keighley was seen to offer more services, participants said they still had to travel long distances to access some services they wanted to use (e.g. hospital and leisure). On the occasions when hospital visits have to be made, centralisation of services can make it difficult to travel by public transport and hospital transport provision seems to be in decline, hence a greater need to rely on friends or family. A few participants in the groups said they try and get an appointment at their local doctors surgery, rather than travel to the hospital; although some participants said this was becoming increasingly more difficult as the surgeries are always busy and often overcrowded.

For those respondents who are employed, the bus (40%) was the most used method of travel to work followed by car (19%) walking (17%) and train[7] (13%). Of the employed sample, 44% said they experienced problems travelling to and from their workplace. The problems include: overcrowded, unreliable or infrequent buses and trains, concerns about personal safety, heavy traffic and busy roads, and lack of public transport information about alternatives when services are delayed or cancelled.

Those respondents within the sample who are unemployed (n=49) were asked whether, in the last 12 months, they had been prevented from taking up employment because transport problems would have made it difficult for them to get to work. Ten people said this was an

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[7] Train refers to national rail, underground and Docklands Light Railway.

issue and cited the main reasons for not taking up employment in the last year as inadequate and unreliable public transport, restricted bus operating times, cost of travel and no direct service. Interestingly, safety concerns appeared to be less of an issue, as did problems of combining work travel with taking children to or from school and/or childcare facilities.

Of the total sample, 84 (37%) respondents are currently studying or on a training course. For 29 (35%) of those respondents, they experienced a problem travelling to and from their destination at certain times of day. The typical problems encountered were: perceptions of personal safety, infrequent services in the evenings, late and unreliable buses and problems associated with overcrowding particularly during am peak periods.

All respondents were asked if they have ever been prevented from making or attending a doctor's appointment because of transport reasons. Of those that answered yes (n=17) the main reasons why respondents were prevented was due to either late running bus services or services failing to arrive at all. Interestingly, only one respondent aged 60+ said that transport had prevented him/her from accessing a GP, compared to seven respondents aged 40-59, seven aged 22-39 and two within the 16-21 age group. A large percentage of respondents said they walked (59%) to their GP surgery, 24% travel by bus, 7% go by car and nearly 2% travel by taxi.

All respondents were asked if they have visited a hospital within the last year. Of the sample that answered, 110 respondents said yes they had visited a hospital within the last year. Of those people who had visited the hospital, twenty said that public transport had prevented them from making or attending a hospital appointment. The main problems encountered were: unreliable bus services, no direct bus routes, journey taking too long and not being able to travel during peak periods because of overcrowding and not being able to sit down. Bus was the main method of transport to the hospital (51%) followed by car and lifts with family, friends and neighbours (24%); taxi (10%) train and finally 3% said they used dedicated hospital transport services. In a recent study carried out by Hamilton and Gourlay (2002) which investigated whether there was a link between missed hospital appointments and transport, the authors found that 20% of missed hospital appointments were due to transport or transport related factors.

There were questions within the survey that asked respondents if they accessed any services or activities from the home in place of making a trip. Of all respondents who answered, 17% (n=38) said they did access activities and services from home in place of making a trip. The most common services cited were home shopping (65%), home banking (22%) and meals on wheels and support from social services (8%). The respondents stated the main reasons for accessing the services from home instead of making a trip as: convenience, easier, limited mobility, more choice using the internet than local shops, avoids making a trip, cheaper and ability to access specialist goods.

When looking at the differences between the age groups, 6% of people (n=13) aged between 16 and 21 said they accessed services from home. The main services accessed were: Internet home shopping (75%), home banking (8%) and job searches (8%). The main two reasons given for using such services were that it is more convenient and the Internet offers more choice than the local shops. Of the 125 respondents in the 22-39 and 40-59 aged groups, 18% (n=23) accessed services from home. Once again, the main services were: Internet home shopping (48%), home banking (17%), home shopping and home banking (13%) and working from home (9%). For those participants over 60 years (n=37), only two people accessed services from home in place of making a trip, both of whom used social services support for cooking, cleaning and shopping due to limited mobility and not being able to do things themselves.

The respondents were asked if there are any places that they would like to travel to but currently are unable to do so. A total of 47% (n=108) people answered 'yes' to this question. The main places or activities that people wanted to access were: other cities, towns and rural areas (32%), leisure (seaside, cinema, clubs etc) (24%), family and friends (23%), out-of-town shopping centres (Meadowhall, Bluewater, Lakeside etc) (8%) and sites of religious importance (3%). When asked what was preventing them from going to these places or taking part in other activities the main reasons given were: 'public transport is too expensive', 'no direct route or service', 'public transport takes too long', 'places I want to go to are hard to reach' and 'it involves more than one service or mode or interchange' and 'personal mobility problems' and 'safety concerns'.

The Office of National Statistics carried out a survey looking at attitudes to local bus services. The most frequently mentioned factors that could improve bus services for frequent users were: frequency of services (36%), punctuality / reliability (34%) and to a lesser extent, value for money (21%)(ONS, 2002). A similar question was included within the questionnaire survey. Respondents were asked what would encourage them to use public transport more often, 93% of respondents answered and the top five 'improvements', suggested by both men and women and by most age groups, are: cheaper fares (38%), 'nothing' would encourage them to use PT (more) often (18%), more reliable and frequent services (17%), safer (6%) and low floor buses / parent friendly services (6%). For those respondents living in Keighley, 'safety' (both in terms of PT services and the local environment) improvements were considered to be more important than for those living in Tower Hamlets, who ranked low floor accessible and parent friendly buses as being more important.

When accessing main food shops, 89 respondents said they would prefer to shop elsewhere but were prevented from doing so because of factors such as: cost of travel, lack of information about how to get to the preferred shop using public transport, no direct service, bus not stopping outside the shop, overcrowding and unreliable bus services.

For the younger participants within the different focus groups, one topic that was often raised was public transport operating times and restrictions on their ability to take part in evening activities. This was considered to be a particularly bad problem for those living in the villages outside Keighley. It was felt that living in a rural location meant having to travel into nearby Keighley, or even as far as Leeds to access pubs and clubs. In these instances the young participants said they tended to rely on sharing taxis or getting lifts with parents rather than travelling by bus or train.

A large number of participants tended to rely on taxis or lifts from family members to go food shopping or access the hospital. This was particularly relevant for the Keighley area. Taxis are an important mode of travel for those who do not have a car available to them and are unable to use public transport because of mobility or timetable constraints. However, there is evidence that high fares, particularly within Tower Hamlets are deterring potential users.

5.3 Physical Accessibility

There were general complaints about the poor state of repair of pavements and many people – especially those with young children in prams – are worried about tripping over a broken paving slab or 'patches' of tarmac where the surface has been dug up. Illegally parked vehicles or streetworks often blocks pavements and so people have to walk in the gutter or the road, and this is particularly difficult for those pushing prams or with poor sight. Crossing the road is a problem; participants point out that there are not enough dropped kerbs, most drivers are speeding and only just stop before pedestrian crossings and some

signalled controlled crossings do not allow sufficient time to cross – particularly the crossing outside Keighley train station where the pedestrian cannot see the traffic lights, only the pedestrian crossing lights. The barriers in Tower Hamlets near the parade of shops on Devons Road make it hard for people to cross the road as they have to walk a long way to the crossing and walk back on themselves.

A few participants from the 'Older People and People With Physical Disabilities' and 'Parents' groups suggested that buses were more accessible to them than other modes because many tube / DLR and rail stations do not have working lifts, and access to some platforms is difficult because of the steps. This is especially a problem for those people with pushchairs, wheelchairs, walking sticks or shopping trolleys. However, a number of participants from the young people and unemployed focus group said they would rather use the train than a bus because they are quicker and in some instances cheaper.

> *"There might be too much traffic, it depends what time you are travelling doesn't it, train just gets you there, so much quicker"* (young, female).

> *"I think trains are a lot cheaper than buses actually….go to Bradford on train it costs £1.50 return but to get bus return it's at least £2.20, 70p saving if you are doing that every day it adds up"* (unemployed, male).

In addition to the problems associated with steps at stations, participants' main dislikes are the high cost of train fares in London, lack of staff to help them get on and off the train and the gaps between the platform and the train. Lack of seating and protection from the weather at bus stops were also issues that prevented people from travelling more often by bus.

In general, most participants enjoy travelling by bus, but are critical of poor punctuality and journey time reliability, largely caused by traffic congestion and illegal parking. Poor scheduling of services means there is lack of co-ordination with other bus services and trains. In Keighley, numerous participants commented on the sparse networks and low frequency of bus services outside urban areas, particularly when buses are cancelled and passengers are forced to wait a long time for the next bus because they live too far away to walk home.

Those participants who had mental health disabilities said the poor quality of the ride meant that they could not use public transport when they were feeling unwell. The participants within the two case study areas mentioned inconsiderate bus drivers as being a factor that prevents them from travelling. A number of participants, not just those with physical disabilities, said that they were not keen to use public transport during busy periods as drivers tended to be in more of a hurry and do not always wait for them to reach a seat. Interestingly, the older people in Keighley thought highly of the bus drivers and on the whole found them to be very helpful and polite. This has probably something to do with the recent introduction of a bus driver training course.

Suggested improvements tended to be concerned with reliability and journey times on local buses, stricter enforcement of stopping regulations and the re-introduction of bus conductors to control children's behaviour on board. Participants also wanted more bus services to serve residential areas thereby reducing walking distances to the bus stop, better waiting facilities and more passenger information (including real time information). There were also calls for improvements in the cleanliness and quality of vehicles to provide a better travelling environment. Regular bus users also think that signs requesting passengers to give up their seats for older & disabled people should be more noticeable. In the seating areas designated for wheelchair users there should be more push buttons to request the driver to stop because some of the physically disabled participants said they often have to ask people to press the button because they cannot reach it.

5.4 Temporal Accessibility

In addition to not being able to reach particular destinations, some participants felt that they were restricted in the times that they could travel. Some of the 'older' participants felt that they could not travel on a bus during the after-school period, from 15.30pm – 16.30pm. The times unemployed and older people are able to travel are also restricted to when they can use their concessionary passes.

The reliability of public transport services is the key single most important issue for people living in the two case study areas. Problems with reliability result from late running, cancellations, capacity of vehicles in the peaks to meet demand (a number of parents with young children spoke of being left at stops), missing out part of the route and 'bunching' of services. In Keighley, the network of public transport services is reduced outside of peak hours (in terms of network coverage, frequency and hours of operation).

5.5 Financial Accessibility

Knowledge of the different pre-paid ticket types currently available is poor. Those participants within Keighley who use some form of concessionary card mentioned that the boundary between West Yorkshire and North Yorkshire is unclear and they feel financially restricted from crossing the border.

Long distance train travel is more likely to be difficult for all groups because of the cost issue. Despite concessionary travel passes, or other discounted fares, travel over any distance may prove cost prohibitive. Access to information about the cost of such fares is also difficult for some groups of people, particularly when English is not their first language.

A large number of respondents complained about the costs of making short journeys by public transport (typically 70p in London and 55p in Keighley). Those passengers wishing to make more complex journeys, typically using cross-town services involving interchange between several services, also expressed concern about the high cost of fares. More affordable integrated ticketing was called for on such services.

5.6 Environmental Accessibility

For many participants access to the underground was particularly difficult due to the lack of facilities (e.g. lifts) at some stations. Poorly maintained bus stops and stations can also contribute to feelings of uneasiness and fears for personal security. One bad experience, such as a fall on a bus, can put people off from using public transport in the future. A particular problem that was highlighted within the parents with young children group was bus drivers pulling away from the stops before passengers are seated or braking too abruptly. The perceived increased risks of accidents are very real barriers.

Older participants and females within the different groups often raised personal safety and security concerns as the main barriers to accessibility. The most common concerns are those relating to the long walk to bus stops, waiting at stops (which are often dark and unprotected from elements), vandalism of shelters and the absence of route/timetable information boards and in some cases are also seen as a hazard to personal safety. In Keighley, some participants called for the re-introduction of the 'old style' stone shelters.

The location of some pedestrian crossings was raised as an issue in more than one focus group within Tower Hamlets. Several participants also commented that guard railings on pavements often make it hard to cross the road because people are forced to walk a long way to the nearest crossing, cross and then walk back on themselves. Some participants have commented that they do not consider the guard railings as a safety mechanism, rather more as a hazardous because they often see people jumping over them.

5.7 Information Accessibility

Awareness of the details of local bus services is very high amongst regular users, however, the quality of information provided about public transport is generally perceived to be poor. Many participants across the two areas complained that there was little information available for local journeys and, more relevant for Keighley, none for travel into neighbouring North Yorkshire. In general there was felt to be a lack of route or timetable information, particularly in different formats (e.g. different languages) and information leaflets could be made more widely available. Timetable alterations occur on a frequent basis, however some operators do not always inform residents about such changes.

As well as providing comprehensive information for the whole of the local network, including facilities for older and mobility impaired people, there is also an issue of raising awareness among both current and potential users that the information exists and when changes to current timetables are taking place.

A number of participants with poor vision stated that they would like to see public transport information available in the form of more talking bus stops or larger printed information.

5.8 Barriers To Activities

As the results of the fieldwork indicate, the reasons why individuals find it difficult to undertake an activity can vary considerably. It may be because of transport-related reasons, such as: the destination being too far and therefore too costly to reach; limited operating hours on some bus routes; there may not be a low floor bus service going to a particular destination. People may also be prevented for non-transport reasons, such as the cost of the activity or they may need accompanying when making unfamiliar journeys.

The most striking result is that a substantial proportion of people living in Tower Hamlets (50%) and Keighley (45%) identified at least one activity they would like to do more often. It may be that the social groups studied are more reliant on public transport and it may be that friends and family live elsewhere, thus making trips to see them more difficult. In addition, as the questionnaire survey results show, people living in these areas may find it relatively difficult to access facilities such as shopping centres, GP surgeries and hospitals not located on direct routes. Age does not appear to be a particularly strong influence on whether people have difficulties in accessing key services or activities, however, women (51%) are more likely than men (41%) to identify key trips they would like to do more often. Affordability was also cited as important in relation to buses, trains and taxis. It was seen as one of the main factors preventing people from being as active as they would like.

The infrequency and limited hours of service has prevented people from accepting job offers, suggesting that frequency can affect employment levels. For those employees who start

work either early in the morning or late in the evening, they are unable to rely on public transport as a means of getting to work. Many people within the two areas are prevented from travelling to the cinema or a swimming pool during the day because they cannot always guarantee that they will be back in time to meet their children from school. Weekend services in Keighley were also seen as a factor limiting peoples' accessibility. For many participants, the car represented the key to enjoying the local area because public transport did not operate a sufficient service to the Dales on a Sunday.

The most frequently mentioned problem associated with all transport modes was physical accessibility (difficulties with boarding and alighting vehicles, carrying items, and staff attitudes). Ageing, disability and in some cases ethnicity brought greater reliance on others for lifts to essential activities such as grocery shopping.

6 Accessibility Maps / Model Output

6.1 Pilot Group Comments

The 'Parents with Young Children' pilot group (Tower Hamlets) was shown copies of the PTAL, CAPITAL and PTAM model accessibility maps designed by Transport for London and Steer Davies Gleave respectively. The maps showed the outputs of the different accessibility models: levels of accessibility according to frequency of service within London (PTAL), the bus stops within a 60 minute catchment of health centres in Bradford (PTAM) or the different destinations that could be reached within specified time periods from a point within the Tower Hamlets case study area (CAPITAL). The PTAL and CAPITAL maps did not contain any place names and the group commented that it could be a map of any area within London; the only landmark they could identify with was the River Thames.

The three maps contained very little cartographic information e.g. the PTAL map used a number of different colours to show the different levels of accessibility, but did not explain what the colours represented. Several participants thought the results of the PTAM model, illustrating the number of bus stops within a 60 minute catchment of a health centre, was confusing. The group agreed that the output results should be displayed using a maximum of 3 time bands, e.g. less than 10 minutes; 11– 20 minutes; 21-30 minutes and suggested that the isochrones are shaded using different colours to show how many bus stops are included within each time band.

The group stated that they understood the concept of the PTAL and CAPITAL maps but did not agree with the results of the accessibility levels for their local area. The PTAL map shows the density of the public transport network services within the area and suggested that some parts of the East India and Lansbury ward had accessibility levels of 1b (very poor) and others had 6a (very good / excellent) however, the participants within the group said that the results were not an accurate reflection of what was happening in practice. One participant commented that the people who developed the accessibility model and design the maps *'obviously don't live here' (parent, female)*.

The participants within the group suggested the following changes should be made to the PTAL and CAPITAL maps: include clearly marked place names and/or an A-Z map of the study area as a background, clearly defined legend, a date on the map (so people can see if the model has been updated to include any changes to local bus, train, DLR or tube services).

After the Parent Focus Group, TfL and METRO took the comments about the different maps onboard and revised versions of the maps (e.g. London examples have A-Z backgrounds, PTAM map has different time bands) were produced and these were shown to the other focus group participants (see appendices 4 & 5).

6.2 Other Focus Group Comments

6.2.1 PTAL Map

When shown the PTAL map for Tower Hamlets a couple of participants said they thought the map showed density and population levels. Others said they thought the map resembled a weather map, showing high and low areas of accessibility instead of air pressure. One participant commented on the high level of accessibility towards central London and thought it would be fairer if the services are evenly distributed: *"So all the services that are there, wouldn't it be fair if they were split up and spread out a bit?" (BME, female).*

On the whole, most participants within the eight groups thought the concept of PTALs was easy to understand, in terms of its purpose and the information contained within the maps. However, several participants across the London groups did not think the maps were accurate or reflected accessibility within their local area. The map showed a fairly high level of accessibility within the Tower Hamlets study area but the participants said that the services do not necessarily take them to the destinations they want to go to. For those areas they do actually want to visit, public transport services are more infrequent. In addition, the respondents mentioned that the maps are not accurate because they do not show the level of overcrowding on some public transport services caused by unreliable services:

> *"Like I said I went to Bart's [hospital] last week so a bus come along I had to let that go because it was full up, so I had to get on the next bus and its still jam packed and it stops every stop before you even get there, so you end up late" (parent, female).*

A main criticism of the PTAL approach is that it does not take into consideration accessibility to the public transport network, it only measures the density of the public transport network. In other words, the PTAL map shows the level of services within the area but not the accessibility to that service. For example, the BME group (Tower Hamlets) participants agreed with the accessibility level (6) for their area but said it was not the level of service that was important but the time it takes to walk to the bus stop to access that particular service:

> *"That's what I am saying, its easy access here to everywhere on transport, but in the time it takes you to get from where you live to this transport....It doesn't tell you how long it takes you to get there, it doesn't tell you how long you have to wait" (BME, female)*

A number of participants across the different groups saw the PTAL map as being more relevant to a transport planner than to members of the public and did not see how the information displayed on the map, even if it represented their own local area, would be of use to them. A few participants raised questions about the data collection process, as they wanted to know where the information came from, how up to date it is and whether recent changes to service provision had been included. Some of the participants mentioned that the maps are not an accurate reflection of what is happening locally and suggested that local people are involved in the data collection process: *"They need to get the information from the people that actually do the trips" (unemployed, female).*

Participants liked the A-Z map as a background as it is more personal to them and shows their local area. The group thought the wording in the legend needed to be altered, as the current labels 1A to 6B are meaningless without corresponding information. The legend should be clearly labelled. One participant questioned why there was a need to use numbers and why couldn't the legend *'say what it means' (parent, female).* Another said:

"In our area, the local bus stop is ten minutes, that's high, where the buses are half an hour, that's low, so it depends what you mean doesn't it" (BME, female).

The participants questioned why some levels are further sub-divided and others are not. They also questioned why there needs to be so many legends and suggested a new classification: 1 very poor, 2 poor, 3 average, 4 good and 5 very good.

The participants suggested that natural barriers e.g. canal and railway lines and name places (e.g. towns and cities) should be clearly marked. Participants from the 'Shift workers' group said they would like to see more landmarks or points of interest marked on the map, particularly clearly marked tube, DLR and train stations. The colours used to represent the different levels of accessibility need to be bold but not too bright (e.g. the original PTAL map) rather than using different shades of the same colour as it is hard to distinguish between the different accessibility levels. Comments were also raised about using colour to show different levels of accessibility – how will people with visual problems or colour blindness view the map? Several participants suggested that an accessibility map could be used to show the different bus route and their operating times (e.g. compare peak times with off-peak and weekend services) and how long it takes to get from 'a' to 'b', as well as the density of services. One participant said he thought the PTAL map should also show the level of population growth or figures detailing how many people live in a certain area. However, other participants were concerned that this level of detail would be too much for a single map and would lead to more confusion.

6.2.2 Accessibility Mapping Package

Opinions about the PTAM map were mixed. Some participants liked the map because its title and accompanying legend are clear and they liked to see the location of bus stops as it helped to give an indication of the main bus routes. Whereas others said they would not be able to understand the purpose of the map without someone explaining it, as there were too few details and they wanted to know how people outside the time catchment (e.g. 30 minutes to health centres) access their services. Several participants thought the results were a fair representation of accessibility in their area. However, one participant said the map was not accurate as it takes her longer to travel from her house to the hospital than was shown on the map.

The participants within the parents with young children group thought the PTAM map, showing accessibility to health centres within 60 minutes, was easier to understand than the PTAL map. In addition, the participants preferred the PTAM map because they could roughly see the routes the bus takes to the hospital. The participants said they would like to see on the map exactly how long the journey takes. However, several participants questioned why they were being asked to look at maps showing accessibility to a health centre within 60 minutes and commented that a journey to a hospital should take no longer than 20 minutes.

They thought the idea of showing how many bus stops are accessible to a particular service or facility within a given time band was a good idea, but questioned whether there was a need to see the bus stops on a map. One participant thought it would be better to show the information with definite lines rather than using coloured circles as the material would then be presented in a similar way to that of the CAPITAL map.

"I think they are a bit too small as well because you have just put them round the bus stop haven't you. Maybe if it were more of a definite line likes on these maps (PTAL and CAPITAL) instead of just a circle and then it shows you a broader area of colour, it might be better. But colours definitely" (unemployed, male).

The maps used in Keighley showed three different shades of the same colour to represent the different time bands. This proved to be problematic as it was difficult for the participants to distinguish between them. Several participants commented on the practicality of using one colour and suggested using different colours to show the different time bands. In addition, a few participants suggested that the maps could show all the places, which can be accessed within a certain service within a specified time scale, would be shaded one colour and all those that cannot to be shaded another colour.

The participants agreed that they would like to see the information presented with an A-Z background and clearly marked place names, rather than bus stops. The legend should also indicate what the other shaded colour areas represent – e.g. pale blue, green & yellow – do these mean rivers, open spaces? One participant suggested that the maps use the same symbols as those found in Ordnance Survey maps e.g. 'H' for hospital, 'S' for School etc. A few participants did not think all this information could be displayed on one map because it would look too confusing. Some participants suggested having specific accessibility maps for specific local areas showing the time of day e.g. morning peak hour and the time it would take to get to different areas using different time bands rather than one generic time e.g. access to the hospital within 60 minutes. Others suggested having different 'pocket' maps for different activities e.g. one for healthcare, one for education etc. Their only concern was that there would need to be lots of different maps showing the accessibility to different facilities.

6.2.3 CAPITAL Map

The CAPITAL output map was the preferred format and the groups understood the purpose of the CAPITAL map straight away. One participant said the level of services was more important to someone who is responsible for planning new services, and a map showing the level of accessibility by time was more important for an 'ordinary' person. The participants thought the information displayed within the CAPITAL map was more useful than that of the PTAL map, however the PTAL map was thought to be more interesting.

"(PTALs) that would be interesting, but the top one, the CAPITAL, would be more useful…because it's more personal." (older people and people with physical disabilities, female).

Those living in London thought it was more applicable to their local area than the PTAL map, and a few of the Keighley participants said they would like to see a similar version for their area. A few participants suggested that similar maps should be available at bus stops showing all the places they could get to from that stop within different time bands – a similar map to the zone map used for the London Underground.

When shown the original version of the map, the group once again said they preferred the latter version because of the A-Z background. They liked the way the map showed the different time bands and commented that:

"you know what is going on. What do the (PTAL) levels mean to us lot, when you look at it, it doesn't mean Jack?" (young, male)

Participants within the London groups calculated the time it takes them to reach different places within the Borough, these times were then compared with the timings shown on the CAPITAL map. Most participants agreed that the information was fairly representative and accurate but would like to see the levels of accessibility calculated for peak as well as off peak times.

In general, the participants preferred the CAPITAL map overall because it gives an indication as to how long a journey is going to take. The participants said they preferred the information to be displayed using 5 minute rather than 10 minute time bands because a lot of the trips they make are by foot.

> *"I think it would be better at 5 minutes because you have got more of a specific time haven't you, whereas 10 minutes is a broad area" (unemployed, male).*

However, one participant thought the time bands should be every 10 rather than 5 minutes because bus services in her local area are not that frequent.

The majority of the participants thought it was more important to see the output of an accessibility model in the form of actual times than density of services. One participant asked if the maps could show a mixture of results: times as well as the density of services. The participants also said they thought it was important to see the bus routes on the map. They would like the map to show different bus routes and the time it takes to get to different places e.g. someone would know what route they needed and the time it will take them to travel from A-B.

One participant also said she would want to see the opening times of 'activities' on the map; she used to catch the bus to her child's school but due to a change in the school hours she can no longer travel by bus because it arrives too late; she now travels by car.

General cartographic issues mentioned include:

- The colours used to show the different time bands were not as bold as some participants would like.
- The point of origin is the same colour as a train station.
- Place and station names need to be clearly marked using bold text
- Those stations with restricted access or opening times should be clearly marked
- All natural barriers need to be clearly highlighted (e.g. train lines and the canal)
- Need to clearly distinguish the differences between train, DLR and tube lines:

6.3 Overall Comments About The Accessibility Maps

Overall the participants were very interested in the maps. Nearly all participants commented that they had not seen such maps before and were interested in the way that policy makers and practitioners use them. Most participants agreed there needs to be a clear distinction between residential and industrial areas. All participants preferred the accessibility model results to be presented in the CAPITAL format as they thought the times rather than the density of services was more relevant to them.

Some participants would like to combine the PTALs map and the CAPITAL map so that they could see the density of services in an area as well as how long it would take to travel from a

point of origin to a destination point. A few participants said they would also like to see the population density, to be able to compare this with the level of public transport services within an area.

At times when local communities need to be consulted about specific issues within their local area, the participants thought it would be useful to show an aerial photograph of the local area as well as an accessibility map using an 'A-Z' as the background. One participant said she would like to see smaller versions of the maps available to the public e.g. hospitals and schools should send patients / prospective parents a map of the local catchment area and using the CAPITAL method highlight the time it will take people to access the hospital or school from home.

7 Conclusion

The different strands of the fieldwork study have revealed a number of consistent themes. At a very general level it is important to make the point that many of the issues that are relevant to one group of socially excluded people are relevant to the transport and accessibility needs of other groups of people. Whether rural or urban, the transport needs of disabled people, women, unemployed, ethnic minorities, shift workers, and the requirements of older and younger people are all very relevant and overlap with the travel needs of each other.

7.1 Importance Of Travel for Different Social Groups

It was clear from the focus groups that travel, and accessibility in general, is very important to the people interviewed during the course of the fieldwork. The result of the questionnaire and the findings from the focus groups can be used to demonstrate that the ability to travel is not just about being able to move from point a to point b. Other factors include:

- Independence – a number of participants said they enjoy travelling independently and do not want to have to rely on friends and family to take them to the shops, bank etc. This was a particular issue for people within the mental health, young people, older people and people with physical disabilities groups.

- Participation – several people were involved in a number of organisations, including Church, clubs and community groups. A good level of accessibility enables them to attend day centres, education and training classes, leisure and other events.

- Entertainment – participants enjoy getting out of the house and often travel "just to see people around" and not because they have a destination in mind. This issue was often raised within the young people and unemployed groups.

- Social interaction – travelling provides an opportunity for people to go to places where they can meet and interact with other people. It enables people to get out and about and maintain important relationships.

- Health – several participants living in Keighley said they tend to walk as often as possible because it is part of their daily exercise regime.

7.2 Overall Accessibility

- Walking and bus are the most frequently used modes and are used to fulfil a range of needs. However, a sizeable number of older people, women and ethnic minorities often use taxis because they do not feel safe walking around their local area.

- The affordability issue was important in relation to trains and taxis for those who did not have concessionary cards. The cost of fares, particularly the differences between fare stages, was mentioned more by people living within Keighley than Tower Hamlets.

- People generally feel safe using buses. However, driver care towards older people, parents with small children and those with disabilities was a concern for many participants and many suggested further training for PT staff.

- A number of participants identified one or more activities that they would like to do more often, for example visiting family and other social events, suggesting a degree of isolation.

- Among those who would like to do activities more often, transport related difficulties are often mentioned as the main barrier.

7.3 Steps To Improve Accessibility

There is a general view that transport infrastructure, provision and overall accessibility has improved in recent years for those people living in Keighley. A number of people linked such benefits to the new bus station. Other measures such as low-floor buses, tactile paving and customer care awareness courses for bus drivers are particularly beneficial, but participants feel that there is still a lot to be done to improve the quality of pavements, lighting, bus stops, station accessibility, public transport information etc.

Those who were interviewed during the fieldwork process suggested the following as a list of possible improvements:

- Local people should be involved and consulted in planning new services and facilities.

- Clearly define the geographical boundaries (e.g. West Yorkshire and North Yorkshire) regarding where concessionary cards can and cannot be used.

- Better waiting facilities at bus stops (e.g. seat, shelter, lighting, a litterbin and timetable information).

- Real time, up-to-date and accurate travel information at bus stops and train stations.

- Widespread provision of public transport route maps and timetables, including printed booklets and information at bus stops, in different languages, large print and audio formats.

- Introduction of more low floor buses, particularly on hospital routes.

- Improvements in punctuality and reliability of local buses, more services in rural areas, particularly weekend and evening services.

- Stricter enforcement of stopping restrictions and parking regulations (e.g. cars parked in bus stops or on pavements).

- Introduction of new services in residential areas to reduce the walking distance to the public transport network.

- Information showing which stations has facilities such as lifts, station staff and toilets.

- Introduction of 'hoppa' services to supermarkets (free), interchanges and the hospital.

- Station staff to be fully informed about travel delays and provide reliable information and suggestions for alternative modes or routes.

- Bridging the gap between the platform and the train or provision of ramps connecting the two.

- Customer care training for bus drivers to increase their awareness of older, mental health and physically disabled people's needs.

Bibliography

Bradford Community Statistics Project, http://www.communitystats.org.uk/index.htm last accessed 02/02/04.

Census (2001) Office for National Statistics, HMSO, London.

Disability Rights Commission, Disability Discrimination Act 1995, http://www.drc.gov.uk.htm

DTLR, Index of Multiple Deprivation, last accessed 21.12.03
http://www.regeneration.dtlr.gov.uk/research/id2000/index.htm

Municipal Year Book (2000) Volume 2, Newman Books, London.

ODPM (2002) Planning Policy Guidance 13 (PPG13) Transport,
http://www.odpm.gov.uk/stellent/groups/odpm_planning/documents

Social Exclusion Unit (2003) Making the Connections: Final Report on Transport and Social Exclusion, HMSO, London.

APPENDIX ONE

Selection & Interview Guidelines for the Interviewers

The target group of individuals we are looking for are:

- **Older People** = over 60 and use public transport at least once a month
- **Younger People** = between 16 and 21 and use public transport at least once a month
- **Ethnic Minority** = classify themselves non White British and use public transport at least once a month
- **Unemployed Person** = Use public transport at least once a month
- **Disabled Person** Uses public transport at least once a month
- **Parent of young child** = Looks after somebody under 10 and use public transport at least once a month.

When approaching an individual, you will need to ask them if they are willing to answer a few quick questions about themselves– this is part of the 'screening' process.

If an individual meets the above criteria, you should ask the individual if they are willing to answer a few more questions about their travel patterns and the limitations of the local public transport system. You need to say that the questions will take no longer than 10 minutes. **"The information that you give will help the local council and transport planners to better understand the needs of specific groups of people. All of the information you provide will be treated confidentially".**

Record the information by circling the answer code.

Feel free to write any other bits of information on the questionnaire, e.g. if someone answers "don't know", write DK.

If they do not meet the screening criteria, thank them for sparing their time to answer the questions.

Screening Questions

Interviewer name_____   Date of interview_____   Location of interview_____

I'm _____ from the UoW in London and we are doing some research into transport and accessibility issues. Do you mind if I ask you a couple of questions about yourself? It will only take a few minutes and all the information you supply will be treated confidentially.

1. **Age?**   14- 21…(1) 22-39…(2) 40-59…(3) 60+…(4)

2. **Gender**:   Male…(1)   Female…(2)

3. **Marital Status**:   Married / Living with partner…(1)   Single…(2)

4. **Do you have children under the age of 11 years?**   Yes…. (1)   No…(2)

   If yes, **how many?**   _____

5. **Are you registered disabled?**   Yes…(1)   No…(2)

   If yes, **what is the disability?** _____

   If no, **do you have any health conditions that limit you mobility?** Yes (1) No…(2)

6. **What is your occupation**?

Employed full-time…(1)Employed part-time…(2)   Unemployed…(3)

Student…(4)   Retired….(5)   Parent…(6) Other_____(7)

   If employed, **what are the hours of employment?**

   9am – 5pm…. (1)   flexible…(2)   Shift / night hours…(3)

   If employed, **what types of work do you do?** _____

7. **How regularly do you use public transport**?

4+ times per week …(1)   2-3 times per week…(2)   Once a week…(3)

Once a   fortnight…(4)   Once a month…(5)   Less often…(6) - **CLOSE**

Never….(7) - **CLOSE**

If use public transport at least once a month:

Can I confirm that you use either the bus or train / tube / DLR at least once a month.

8. **What do you consider to be your ethnic group**?

White…(1)   Black…(2)   Asian…(3)

TRANSPORT

T1. Where do you live? (POSTCODE or street name) _____

T2. Do you have access to a car?   Yes (1)   No (2)

    If yes, is this: **all the time**..(1), **some of the time**..(2), **rarely**..(3), **never**..(4)

T3. How often do you use the bus?

4+ times a week..(1)   2-3 times a week…(2)   Once a week…(3)

Once a fortnight…(4)   Once a month…(5)   Less than 1 per month…(6)   Never ..(7)

    If less than once a month / never **why do you not use the bus?**

_____

_____

    If never or less than 1 per month, go to question **T10**.

T4. How long does it take you to walk to your regular bus stop? _____

T5. Do you have any difficulties / concerns about getting to and from the bus stop?

    Yes…(1)   No….(2)

    If yes, **what are they?** _____

T6. If the bus routes changed, what is the furthest you would be prepared to walk to a bus stop? (time or distance) _____

T7. What is the maximum time you would be prepared to wait for a bus? _____

T8. How satisfied are you with the conditions at the bus stop?

very satisfied..(1), satisfied…(2), neither…(3), dissatisfied…(4), very dissatisfied…(5)

    If dissatisfied, **how could the conditions at the bus stop be improved?**

_____

T9. Are there any circumstances that prevent you from travelling by bus?

(e.g. time of day, weather, traffic, carrying heavy items)   Yes …(1)   No….(2)

    If yes**, what are they?** _____

T10. How often do you use the train / tube / DLR?

4+ times a week…(1)   2-3 times a week…(2)   Once a week….(3)

Once a fortnight…(4)   Once a month…(5)   Less than 1 month…(6)   Never…(7)

If never or less than 1 month, go to question **T11**, others go to question **T12**.

T11. Why do you not use the train/tube/DLR? _____

GO TO NEXT SECTION

T12. Which do you use most often? Train…(1)   Tube…(2)   DLR…(3)

T13. What is your nearest train / tube / DLR station?(mode stated in Q12)

_____

T14. How do you normally get to and from the train / tube / DLR station? (Mode of

transport used most often) _____

T15. How long does it take you to get the train / tube / DLR station?

_____

T16. (only ask if walk to station) **If the station was moved, what is the maximum distance**

you would be prepared to walk to make a journey by train? _____mins

T17. Do you have any problems getting to the train station?   Yes…(1) No…(2)

   If yes, **what are they?** _____

T18. Are there any reasons that prevent or discourage you from travelling by train /

tube / DLR? (e.g. time of day, carrying heavy items, cost, physical issues) Yes…(1) No…(2)

   If yes, **what are they?** _____

SHOPPING

S1. Where do you do your main food shopping?

Name of shop _____ Street/area _____

S2. Why do you choose to shop there? (e.g. only place available, easy to reach, quality, prices)

_____

S3. Which method of transport do you use to get there? (inc. route no) _____

S4. Why do you use this method? _____

S5. How long does it take you to get there? _____

And how much do you pay for this trip? (Is this one way or return?)_____

S6. If the shop moved, what is the maximum time you would be prepared to travel to get there? _____

And what is the maximum you would be prepared to pay? _____

S7. Is there anywhere you would prefer to shop, but are unable to get there?

Yes...(1) No...(2)

If yes,**where is this?** _____

S8. And why are you unable to get there? _____

EMPLOYMENT

W1. Are you currently employed?   Yes...(1) No...(2)

W2. If answered No to W1, **has public transport provision prevented you from taking up employment in the last year?**   Yes...(1) No...(2)

  If yes, **where were you unable to travel to?**

  And **what was the limitation?** (Cost, time taken, lack of service, other)

  _____

  IF NO TO W1, GO TO THE NEXT SECTION.

W3. Do you work outside the hours of 7am–7pm Mon to Sat? Yes (1)   No (2)

W4.Which method of transport do you use to get to work? (inc. route no.) _____

W5.Why do you use this method? _____

W6. How long does it take you to get there? _____
And how much do you pay for this trip? (Is this one way or return?)_____

W7. If your job location moved, what is the maximum time you would be prepared to travel to get there? _____

And what is the maximum you would you be prepared to pay? _____

W8. Do you experience any problems travelling to and from work at certain times of day? Yes...(1)   No...(2)

    If yes, **please ask for details** _____

W9. Is there anywhere you would prefer to work, but are unable to get there?
Yes ...(1) No...(2)
If yes, **where is this?** _____

And, why are you unable to get there? _____

EDUCATION / TRAINING

E1. Are you currently studying or on a training course?   Yes...(1) No...(2)

     If no, **go to question E2.** If yes**, go to question E3.**

E2. Has public transport provision prevented you from attending a school / college / university?   Yes...(1) No...(2)

     If yes, **where were you unable to get to?** _____

     And, **what was the limitation?** (cost, time taken, lack of service, other)

_____

                                  GO TO NEXT SECTION

E3. Which method of transport do you use to get there? (inc. route no) _____

E4. Why do you use this method? _____

E5. How long does it take you to get there?_____

And how much do you pay for this trip? (Is this one way or return?)_____

E6. If your school/college, training course was moved, what is the maximum time you would be prepared to travel to get there? _____

And what is the maximum you would be prepared to pay? _____

E7. Do you experience any problems travelling to and from school / college / training centre at certain times of day?   Yes...(1) No...(2)

     If yes, **please ask for details** _____

E8. Is there anywhere you would prefer to study / train, but are unable to get there?

     Yes...(1) No...(2)

Where is this? _____

E9. And why are you unable to get there? _____

DAY CARE CENTRE

C1. Do you attend a day care centre? Yes...(1) No...(2)

If yes, **where is this?** _____

IF NO, **GO TO THE NEXT SECTION**.

C2. Which method of transport do you use to get there? (inc. route no) _____

C3. Why do you use this method? _____

 C4. How long does it take you to get there? _____

And how much do you pay for this trip? (is this one way or return?)_____

C5. If the day care centre was moved, what is the maximum time you would be prepared to travel to get there? _____

And, what is the maximum you would be prepared to pay? _____

C6. Do you experience any problems travelling to and from the day care centre at certain times of day? Yes...(1) No...(2)

   If yes, **please ask for details** _____

C7. Is there anywhere you would prefer to attend, but are unable to get there? Yes...(1) No...(2)

    If yes, **where is this?** _____

C8. And why are you unable to get there? _____

DOCTORS SURGERY

D1. Where is your doctor's surgery? _____

D2. Have you ever been prevented from making or attending a doctor's appointment because of transport reasons? Yes...(1) No...(2)

   If yes, **please ask for details** (cost, time taken, lack of service, other)

   _____

D3. Which method of transport do you use to get there? (inc route no)_____

D4. Why do you use this method? _____

D5. How long does it take you to get there? _____

And, how much do you pay for this trip? (is this one way or return?)
_____

D6. If the Doctor's surgery was moved, what is the maximum time you would be prepared to travel to get there? _____

And, what is the maximum you would be prepared to pay? _____

HOSPITAL

H1. Have you visited a hospital in the last year?   Yes____(1) No___(2)

If yes, where was this? (most frequent) _____

H2. Have you ever been prevented from making or attending a hospital appointment because of transport reasons?   Yes...(1) No...(2) If yes, **please ask for details** (cost, time taken, lack of service, other)

IF NO TO H1, GO TO NEXT SECTION.

H3. Which method of transport do you use to get there? (inc route no)_____

H4. Why do you use this method? _____

H5. How long does it take you to get there? _____

And how much do you pay for this trip? (Is this a one way or return?)

H6. If the hospital was moved, what is the maximum time you would be prepared to travel to get there? _____

And, what is the maximum you would be prepared to pay? _____

OTHER TRAVEL PATTERNS

O1. Are there any activities you do from home in place of making a trip?

(eg. Meals on wheels, home shopping, home banking, working from home)

And why is this? _____

_____

O2. Are there any places would you like to travel to but currently cannot?

(e.g. social or leisure trips such as visiting friends, cinema, place of worship)

_____

O3. If yes, what prevents you from going there?

_____

04. Is there anything that would encourage you to use public transport more often?

_____

We are holding a discussion group to talk about these issues in more detail. We are offering £20 to all those people who participate. The discussion will last for about an hour and a half. Would you be interested in attending?

Yes…(1) No…(2)

If Yes, **please can I take your name and a contact number.**

NAME _____   Contact Number _____

Please do not bring anyone else with you to the group, as they will not be able to take part and we will not be able to pay them.

INTERVIEWER   *COMMENTS*

_____

APPENDIX TWO

FOCUS GROUP: TOPIC GUIDE

Stage 1.

i) Introduction

- Introduce facilitator and explain:
  - Nature and purpose of the research project
  - Who the research is for
- Mention the tape recorder – tool to help the researcher capture the full discussion
- Stress confidentiality and anonymity
- Set ground rules – not talk when others talk, mindful of other people, there are no wrong answers
- Seating plan.

ii) Background

- Name, where they live and ask them to say 'something about yourself'

iii) Your Local Area

- What is it like to live in this area?   ]   In General,
- How has it changed over the years?   ]   Not Just
- What do you like and dislike about the area?]   Transport
- Are there any particular problems in the area?]   Issues

Stage 2

i) Places You Go To/Things You Do

- What things do people do and where do they go?
- Do they experience any problems/difficulties in taking part in these activities, or in getting there?
- Are there things people would like to do, but cannot:
  - What is preventing them?
  - What could be done to overcome the problem?

IF NECESSARY, PROBE BY TRIP PURPOSE/ACTIVITY

- Work-related
- Education/training
- Shopping
- Health-related
- Social/leisure
- Other (e.g. cultural/religious)

ii) Potential Barriers and Problems [some of this may already have been covered]

Any difficulties in travelling associated with:

- Reaching certain places/locations (on foot, by public transport)
- Physical movement/access: while walking, on the bus, on the train
- Timing of public transport and the places you need/want to get to
- Costs of travel
- Personal safety or traffic accidents
- Lack of information about public transport and activities
- Other things? (e.g. comfort offered on public transport)

iii) Travel Time & Cost of Travel

USING 'SPIDER DIAGRAM: Ask people to indicate [Existing?], 'Reasonable' and 'Maximum Acceptable' Travel Times and Public Transport Fares (where appropriate), from HOME to:

- Bus stop
- Rail/underground/DLR station
- Doctor's surgery
- Hospital
- Food shops
- Primary School
- Workplace (part-time job)
- Workplace (full-time job)
OTHERS????

Stage 3

'Accessibility' of Your Local Area

When local authorities look at the problems people face in carrying out their activities, they often talk about the need to "improve accessibility"?
- Does the phrase mean anything to you?
  [EXPLAIN TERM IF NOT UNDERSTOOD]

DRAWING ON A MAP OF THE AREA:

- Which residential areas in Tower Hamlets would you say have particularly good or poor accessibility to a range of activities?

Stage 4

Ways in Which Local Authorities Measure Accessibility

The national government is proposing that local authorities develop 'accessibility planning tools', to help identify places with poor access to services, so that they can take action, by:

    (i)   By changing or putting on additional bus and train services, and/or

    (ii)   By providing new or better located GP surgeries, schools, etc.

What I am going to do now is to show you some ways in which accessibility has been measured and mapped. In each case PROBE:

- Is the approach/measure comprehensible to people – can they understand it?
- Does the measure seem a sensible one to them?
- Do the values used on the map, etc describe a situation that reflects their perception of reality?
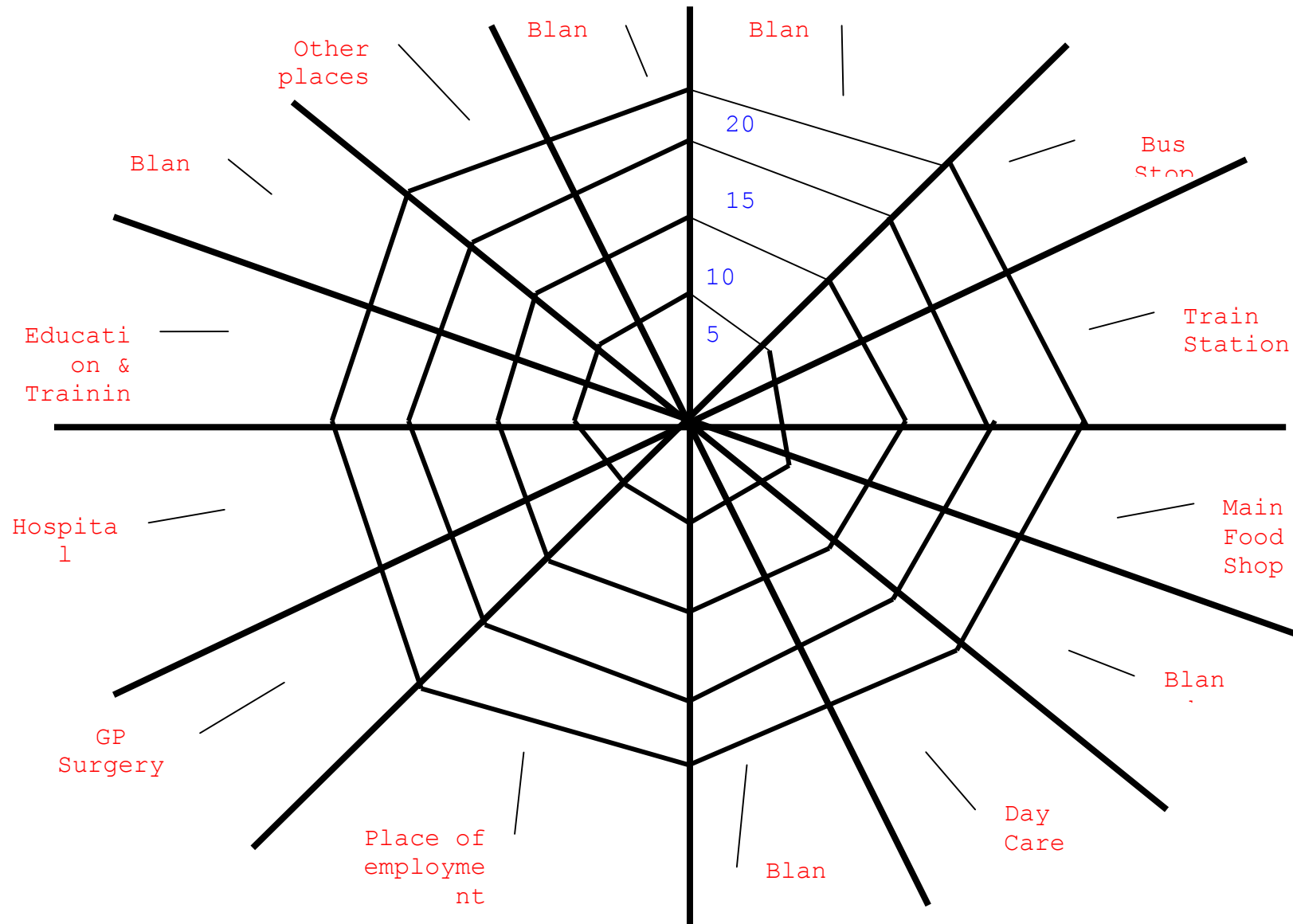- What things are missing that need to be incorporated?

GENERAL ROUND-UP

ASK TO COMPLETE TRAVEL DIARY

THANK FOR ATTENDING.

APPENDIX THREE

Spider Diagram – Focus Group Stimulus Material

Blan

Blan

Other places

Blan

Bus Stop

Educati on & Trainin

Train Station

Hospita l

Main Food Shop

GP Surgery

Blan

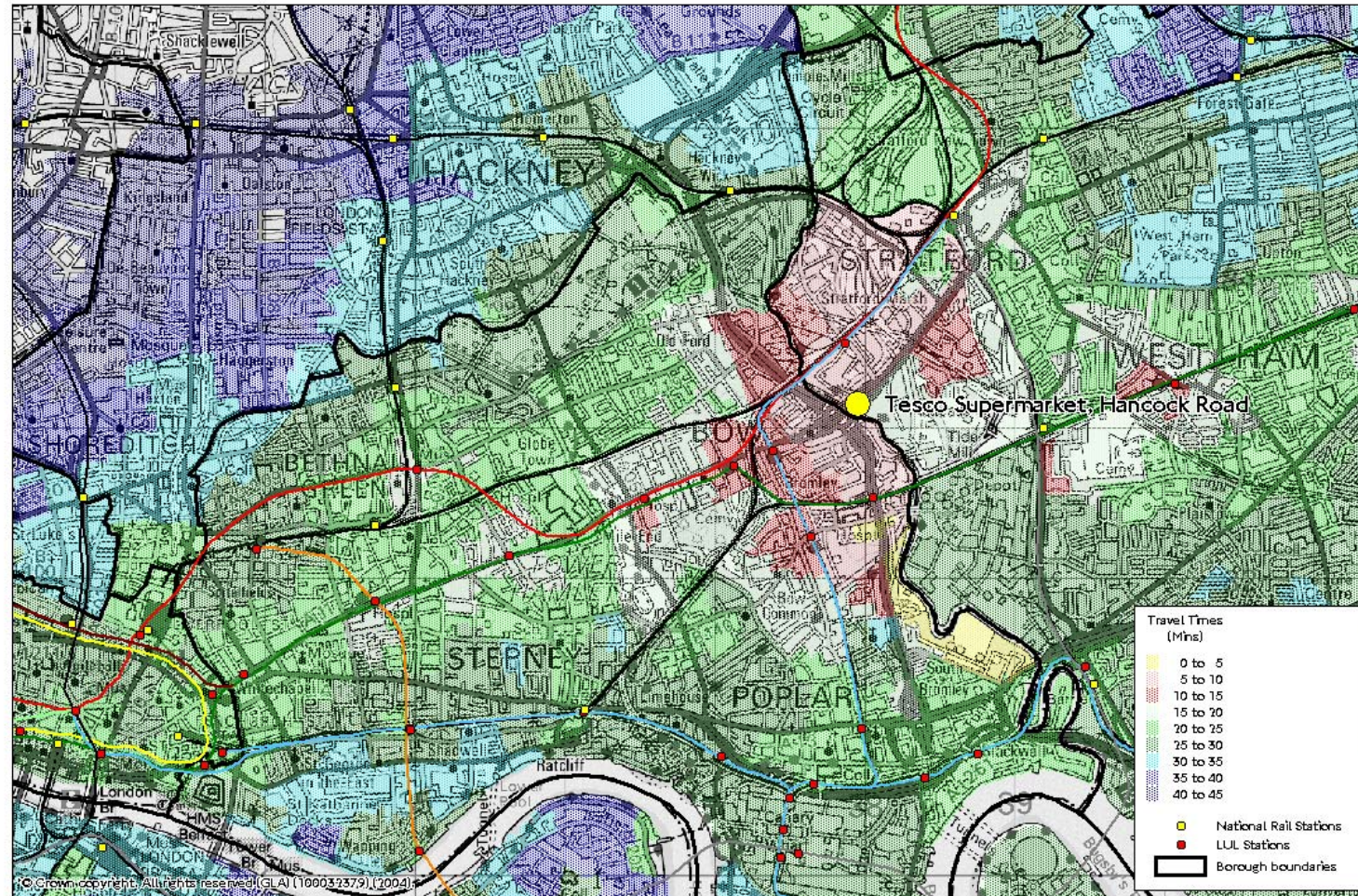Place of employme nt

Blan

Day Care

20

15

10

5

APPENDIX FOUR
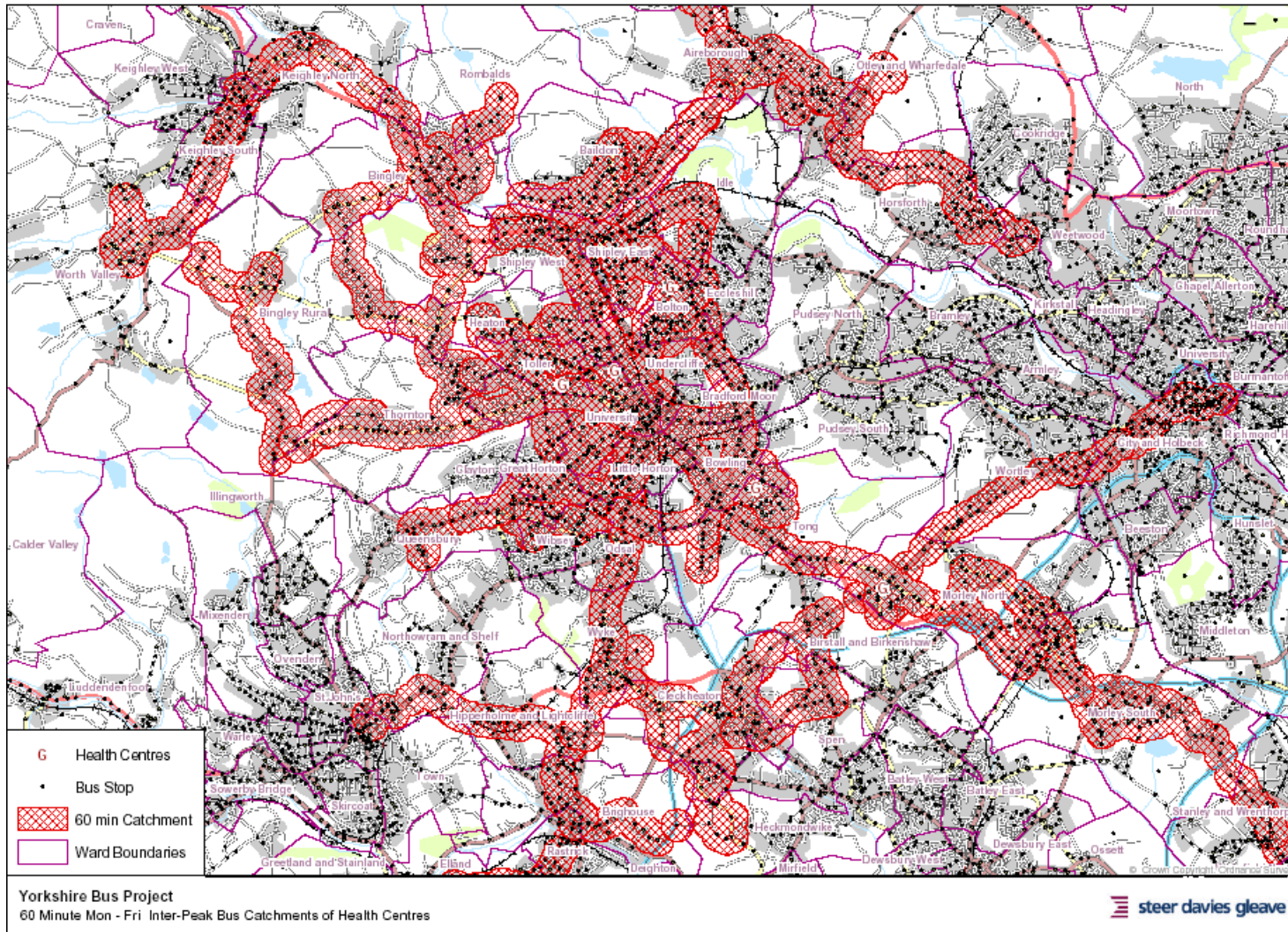
An example of a CAPITAL Model Accessibility Map

Travel Times to Tesco Supermarket, Hancock Road.
Data Source: TfL Finance & Planning CAPITAL Accessibility Model

APPENDIX FIVE

Example of a PTAM Accessibility Map

APPENDIX SIX

TRAVEL DIARY – 1 Day.

NAME_____ DATE_____POSTCODE_____

PLEASE COMPLETE THE FOLLOWING TABLE BASED ON THE TRIPS YOU TAKE ON THIS DAY – **below is an example**
INCLUDE ANY TRIPS YOU COULD NOT MAKE AND RECORD THE REASONS WHY

Time began	What you did	Means of transport used, if applicable	Where you did it ✓ if Home	Destination	Who you were with (e.g. alone, friends, family)	Any problems / barriers? (e.g. heavy traffic, poor lighting, cost, uneven pavement)	Time ended
8.00	Walked to the bus stop & caught the no.115 bus to the station	Walk, bus		Barking Road	Alone		8.20
8.45	Travelled by tube to work (Canning Town)	Tube, Walk		Marylebone Road	Alone		9.15
19.30	Internet food shopping	N/A	✓				19.40
Please begin the diary from your first trip to your last trip home							

PLEASE RETURN THE COMPLETED DIARY TO SARAH USING THE PRE-PAID ENVELOPE ATTACHED TO THE BACK OF THIS SHEET.

THANK YOU FOR YOUR ASSISTANCE

APPENDIX SEVEN

The map below shows a selection of the questionnaire survey respondents who indicated that they had concerns about their walk to their regular bus stop.
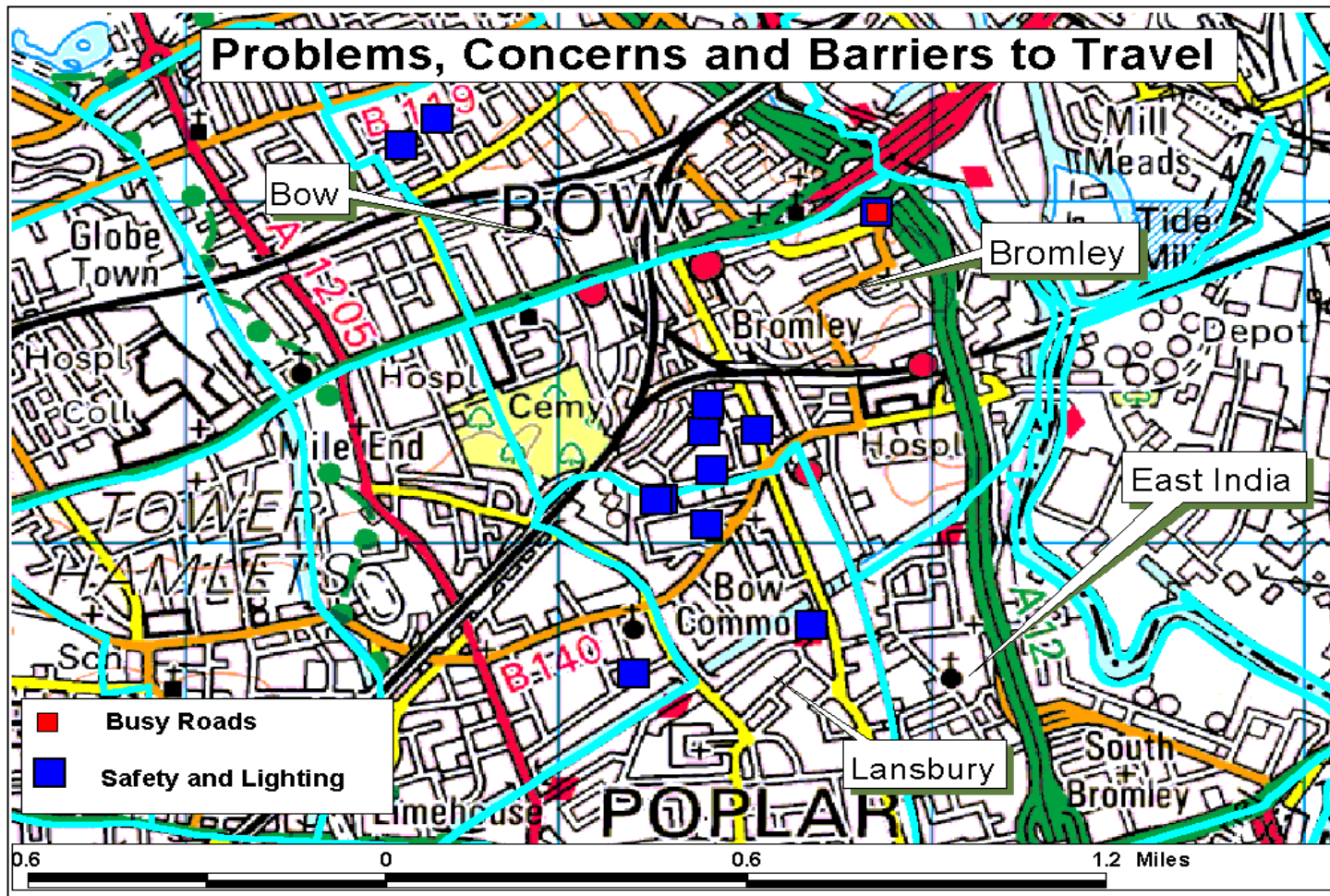
APPENDIX EIGHT

The map below shows a selection of the questionnaire survey respondents who indicated that they had concerns about their walk to their regular bus stop.