Healthy Active Cities

Mobility at the Neighbourhood Scale

Interim Report

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Transport for Greater Manchester

Healthy Active Cities is a research group at the University of Salford that was formed in 2018 to bring together researchers and stakeholders to develop research on transport in Greater Manchester and beyond. The group has a particular interest in sustainable and active travel technologies and practices. It is based across the School of Health and Society and the School of Science, Engineering and the Environment.
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1. Introduction and Context

1.1 Introduction

In previous research around Active Neighbourhoods conducted jointly by the University of Salford and Transport for Greater Manchester (TfGM), we noted the importance of recognising the needs of older and disabled people within communities (Larrington-Spencer et al., 2021). This consideration is central in improving the design of urban environments and, consequently, in enabling mobility within them. This emphasis reflects not only a wider interest in neighbourhood-level mobility practices but also the difficulty that older and disabled people often have in accessing their neighbourhood. The challenges these groups face have consequences for quality of life, including social exclusion and physical and mental health.

In this interim report, we present and discuss the initial findings of a review of literature and policy and a set of expert interviews with older and disabled people and those working with them or on their behalf. We begin by exploring the challenges these groups face and the ways in which they relate to transport and mobility. We discuss Active Neighbourhoods, 15/20-minute neighbourhoods, and Streets for All. These are concepts that seek to aid the development of more inclusive and active communities and that provide a starting point for our investigation. After a brief explanation of our methodology, we turn to our findings, taking in turn sociable spaces, accessible neighbourhoods, and collaborative processes. We conclude with some recommendations and thoughts about the further stages of this research.

1.2 Age and disability

Within older and disabled populations there are important considerations in relation to mobility, how these groups experience mobility, and the subsequent impact on quality of life. It is estimated that there are currently 12.5 million people in the UK over the state retirement age of 65 (Office for National Statistics, 2019b), representing around a sixth of the population, whilst there are 14.6 million people with some form of disability (Kirk-Wade, 2022). Disability is more likely to affect those over the state retirement age, with 42% of this cohort defined as disabled, in comparison with 21% of the working population. This rises to over 59% of those aged over 80.

Car ownership amongst disabled people is lower than that in the general population, with car trips more likely to be made as passengers. For the retired population, while single car ownership is generally comparable to or higher than that in the working-age population, there are fewer retired households with multiple vehicles (Office for National Statistics, 2019a). Those in the lowest income quintile, which includes a higher concentration of disabled people, have less access to a car, with 40% having no access (Lucas et al., 2019). This compares with an average of 20% of all households. Older people and those most severely disabled are therefore less likely to drive than the general population. Those who do not drive may rely on cars in other ways: carers may call on them or provide transport for certain trips, such as shopping.

For older people, physiological decline results in 'subjective perception of physical vulnerability and a sense of fragility at the psychological level' (Bandini & Gasparini, 2021, p. 561). At a time in life when this sense of vulnerability increases and car ownership begins to decline, the importance of walkable neighbourhoods becomes ever more integral to quality of life. This importance is reflected in the European Charter of Pedestrians' Rights (1988) as 'Children, the elderly and the disabled have the right to expect towns to be places of easy social contact and not places that aggravate their inherent weakness' (European Union, 1988). As a result of the challenges facing these groups in how they experience mobility, there are impacts on various facets of everyday life.

Age and mobility can be seen as social constructions (Gant, 1997) that are enabled or disabled depending on the environment. Similarly, disability is understood to emerge in an interaction between the disabled person's 'experiences of physical structure and social interactions' (Vehmas, 2012). Therefore, access to healthcare and shops and issues with social isolation can be seen to be partly determined by the nature of the built environment. With walking a primary mode of mobility for older and disabled groups, the walkability of neighbourhoods is therefore an important consideration for accessibility. For example, a paucity of pedestrian crossings or the imposition of shared spaces may result in visually impaired people self-excluding, and a growth in traffic, including electric vehicles of various sorts, may present additional challenges.

1.3 Mobility at the neighbourhood level

A primary factor in reduced mobility at the neighbourhood level, particularly walking, is the interplay between social interactions and traffic volumes. Increases in motor vehicles can lead to fewer social interactions and resultant reductions in walking. Therefore, if motor traffic is reduced residents feel more confident in walking (Gatersleben et al., 2013). There is general support among the public for active travel solutions, with 65% of the population supporting more cycling and walking infrastructure and nearly 80% supporting Low Traffic Neighbourhoods (Department for Transport, 2021) and therefore reduced levels of motor traffic. This is likely to be particularly pertinent for older and disabled groups, considering their lower levels of car ownership and the associated reliance on other ways of getting around. There are a number of approaches to reducing levels of motor traffic, to which we now turn.

Active Neighbourhoods

A less car-centric society is potentially more inclusive and healthier for its inhabitants (Mullings et al., 2018), and encouraging modal shift is an integral part of that strategy. As a result, local authorities have turned to Low Traffic Neighbourhoods (LTNs) or Active Neighbourhoods (terminology used henceforth) as a potential solution. These interventions aim to prevent rat running and speeding in urban areas through the judicious placement of bollards, planters, or speed bumps, preventing people driving from cutting through areas of high-density housing in order to reduce their journey times. As driving routes become more circuitous, residents are encouraged to walk or cycle for short trips within the neighbourhood. This reduction in car journeys helps to promote active travel, since there are perceived improvements in safety for those walking and cycling (Hart & Parkhurst, 2011; Panter et al., 2008), with consequent improvements in population health, air quality, and emissions (Public Health England, 2018).

As a result of this change in focus, we would expect to see traffic evaporation in the medium to long term, that is, fewer motorised journeys within Active Neighbourhoods as those journeys are replaced with active travel modes. Critics of Active Neighbourhoods claim that in the short

to medium term we instead see traffic displacement, whereby traffic that would normally use routes through the neighbourhood instead uses adjacent or boundary roads, i.e. the journeys are displaced from within the Active Neighbourhood rather than evaporating (Huxtable & Higgs, 2022), therefore resulting in a *redistribution* of car travel rather than a *reduction*. However, Cairns et al. assessed sixty traffic reduction schemes and found that traffic evaporation did in fact occur (Cairns et al., 2002). Similarly, more recent work by Yang et al. (2022) suggested that traffic evaporation was evident around Low Traffic Neighbourhoods in London. Nello-Deakin (2019) called for further research to test these findings.

The 15- or 20-minute neighbourhood

There has also been increasing interest in the 15- or 20-minute city, or neighbourhood, as a potential solution to car dependency – an approach termed chrono-urbanism. The concept has gained popularity recently amongst city planners and involves enabling residents to make essential daily activities and essential services accessible within a 15- or 20-minute walk or cycle.

The basic premise of having everything within 15 or 20 minutes is, however, contested, whether at the city level or, as we explore in this research, the neighbourhood scale. One potential issue stems from assumptions of being wealthy and non-disabled, which some argue underpin the concept, and it has been argued that the prioritisation of speed and efficiency over accessibility means that the 15-minute city 'isn't made for disabled bodies' (Zivarts, 2021). Another criticism of this, and other approaches that seek to create compact neighbourhoods, is that the approach may not be sufficient to insure inclusion and accessibility: even if all amenities and public transport exist within a 15-minute walk, it may not be the case that employment opportunities exist along those particular public transport routes (Tomlinson, 2013). These concerns present a challenge to the application of the concept, and it may be that other understandings of the neighbourhood are more fruitful. Manzi et al., for example, argues that neighbourhoods are in reality based less around geographical and temporal boundaries and more around how the people who live in a place use it and express 'the social diversity, customs and occupations of the people who live in and use this urban setting, based on their activities' (Manzi et al., 2018, p. 2).

Streets for All

In the Greater Manchester context, the Active Neighbourhood is also an important element of TfGM's broader transport strategy called Streets for All, a sub-strategy of the 2040 Transport Strategy. This people-centred policy is built upon the aspiration that 'our streets are welcoming, green, and safe spaces for all people, enabling more travel by walking, cycling and using public transport while creating thriving places that support local communities and businesses' (TfGM, 2021, p. 5). This is built around a typology for streets, allocating them as Motorways and Strategic Roads, Connector Roads, High Streets, Active Neighbourhoods, or Destination places. Each has a particular focus that reflects a multi-scaled approach, matching policy priorities to different spatial scales. For example, Connector Roads have different policies with regard to traffic flow than do High Streets and Active Neighbourhoods.

Car-centric urbanism

A common theme across these approaches is a critique of the car or, at least, its dominance in society and our level of dependence on it. The intervention strategies described above, as well as our research, share a focus on challenging car-centric design and the resultant inequalities in society. While it is commonly assumed that private car ownership is indicative of prosperity and a requirement for commercial businesses to thrive, there is evidence that this is not the case and that it can in fact entrench social inequities (Wickham & Lohan, 1999). Business owners often operate under the assumption that their clientele are people driving, when in fact on average people use private transport for only 65% of their shopping trips and make 29% by active travel and 7% by public transport (Department for Transport, 2022)[1].

Researchers have argued that urban policies should promote justice, sustainability, and inclusion in order to better reflect and respond to the needs of residents (Attoh, 2019; Purcell, 2014). They position this within a broader theme of the commodification of public space, which has resulted in a loss of public parks, libraries, and museums, and point to the resultant inequalities in that only the more affluent can access and use urban spaces: for example, measures such as interventions around retail property that exclude the homeless people from specific public spaces.

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[1] Based on the second table, which shows 'Trips per person per year' for 2021, an individual's shopping trips can be separated into the number they make by active travel, private transport, and public transport. These are calculated by adding the appropriate cells and calculating the total as a percentage of the total number of trips the individual made for shopping. For example, for active travel the formula would be: $((B41 + C41)/133) \times 100 = 29\%$. As a result, we find 29% of trips are by active travel, 65% by private transport, and 7% by public transport.

2. Method

In the initial phase of developing this approach, we interviewed a number of experts connected with older adults and disabled people in order to explore existing concepts such as the 15-minute neighbourhood, Active Neighbourhoods, the right to the city, and Streets for All. This involved conducting semi-structured interviews that explored both their understanding of, and their ideas around, how these groups want to be able to access their neighbourhoods. We have attempted to explore an approach that accomplishes Greater Manchester's aims of reducing car use and increasing active travel whilst also being inclusive of marginalised social groups. Within the academic literature and in the interviews we conducted, the commitment to not creating new inequalities while resolving others is central. This evidences the importance of work such as this with these particular groups, who often felt excluded from discussions and consultations.

We interviewed nine experts who work either with or on behalf of older age or disabled groups, either in specific communities or at a strategic level. Some are older or

disabled themselves, and we are therefore providing not only expert testimony but also lived experience that provides a richness to the exploration of the needs of the community. This is a small sample of experts, and, rather than providing findings that are representative of views across Greater Manchester, it is intended to provide insights into the issues and themes that are pertinent to this debate. In the following, we label the interviews P1, P2, and so on.

We also conducted a workshop with transport planners in Greater Manchester. The workshop was conducted as we began to conceptualise this piece of work. It provides valuable insight around current policy and practice, in addition to observations on current active travel schemes within Greater Manchester. In the following, we label workshop participants WP1, WP2, and so on. We provide a breakdown of the participants in Table 1.

Table 1 – Research participants with participant code and description of role

P1	Disabled themselves and works for an organisation that advocates for disabled rights and access, particularly through the social model of disability.
P2	Academic researching older people in the community in a volunteering capacity. Also working with students in creating inter-disciplinary teams in care homes.
P3	Has older parents and works at a strategic level working with organisations that deal in policy working with older adults.
P4	Works for a charity that does work around people and place. Regarding the elderly they have been commissioned to work with older cohorts about what it means to age in place.
P5	Academic researching ageing in the community, particularly ageing ethnic minorities.
P6	Visually impaired person and CEO of an organisation that tries to make places more accessible for disabled people to lead healthy active lives.
P7	Blind and visually impaired person who works as a campaigns manager for an organisation representing blind people.
WP1	Transport Professional
WP2	Transport Professional
WP3	Transport Professional
WP4	Transport Professional

3. Social neighbourhoods

Our findings relate to how older and disabled people relate to, use, and contribute to neighbourhoods. Here in Chapter 3, we start with an exploration of social spaces and the ways in which people feel part of, and excluded from, neighbourhoods and communities. In Chapter 4, we then consider issues of design and configuration that determine the extent to which people can freely move around their local areas and consider the impact this has on those individuals. Finally, in Chapter 5, we look at the processes through which older and disabled people are, and could be, involved in planning neighbourhoods and local schemes and consider the value of their involvement and the ways in which it could be enhanced.

3.1 Sociability and third spaces

We discussed how people made use of their neighbourhoods. Aside from mentioning access to essential services and amenities such as shops, healthcare, and others, many discussed greenspaces and third places, as well as community spaces. In conjunction with a reduction in motor traffic, which encourages social interactions, these aspects create feelings of community and social inclusion that would encourage older and disabled people to feel part of their neighbourhoods and enable them to move and access their community, as discussed further in Section 4.2.

The 'third place' is a sociological concept relating to social places that are not the home (the first place) or work (the second place) but are places that people want to spend time in. These may be hairdressers, pubs, or coffee shops, but for those with limited financial means other less commercial spaces can be places to be sociable and build social capital, such as banks and post offices.

The idea of third places generated a lot of discussion, particularly with those from a sociological or older age focus. It was something, for example, that could fit within the scope of a 15-minute neighbourhood:

Figure 1 - **Social isolation amongst older people**

It's somewhere outside of the work and the home that's distinct; a space of sociability, to put it essentially. I think somewhere like that, wherever that might be, I think that would be pretty integral to sit within their 15 minutes. (P2)

P2, for example, discussed her work with older people who volunteer in charity shops: *'many people that I spoke to that were either leaving the volunteer role for multiple reasons felt holed in the house; that was their full reality'* (P2).

Removal of third spaces therefore results in social exclusion for those that are reliant on them for social interactions. It is also felt that the exclusion many feel within their communities is in part due to increasing commercialisation and gentrification, which has often resulted in the removal of such spaces:

So often, you see that there is a provision there that people can use. Some of them, obviously, if you go to the posher end of town, £30 for a cup of coffee – slight exaggeration, but you know what I mean! (P6)

That kind of closing down of public place, which has happened, you've got the gentrification, but you've also got neglect. (P1)

So, places like Chorlton and Didsbury where often people feel they don't have the right to be in the neighbourhood because of the nature of gentrification, because it's reshaped the whole nature of the neighbourhood itself. (P2)

Similarly, P5 discussed the importance of local places in building community and allowing people to build social capital. These may be banks, libraries, doctor's surgeries, or post offices:

Spaces that might not even have like a social remit necessarily, but, particularly for older people, those really mundane spaces, like the post office, like a branch in a bank, sometimes, are the only spaces they go in a day if they're particularly isolated or have mobility issues, things like that. So, they are the only spaces that they will actually see people, and so they're the only spaces they will have an interaction with someone on the desk or maybe bump into. (P5)

Given the current cost of living crisis, particularly around fuel bills, these spaces become increasingly important in allowing older age and disabled groups to access their communities:

Having somewhere to go, and we're having a lot of conversations at the moment, with the cost of living crisis, things like libraries and places that, particularly, older adults can go where they don't have to have the heating on during the day. They can just go and sit in there and know that they're going to be warm and dry and safe, is really, really important in the concerns of older adults. (P3)

For some, however, these places do not exist within their local community, and this means that car use can be considered positively as a means of accessing places outside their communities. As P5 elaborated, these are not simply trips for practical considerations: they are about marginalised communities having the chance to build social capital by engaging with others from similar backgrounds, even if this necessitates travelling beyond the immediate neighbourhood:

So, and it's recognising that people want to travel to those spaces because that's where they have social interactions as well. It's not just about accessing food and different products. It's about meeting people from their own community and meeting friends and things like that and feeling some sense of familiarity in them. (P5)

These places are important in fostering a sense of community and of being able to build social capital. P5 gave the example of bank closures, arguing that *'when they close banks, they need to be aware that they are closing a vital space of social infrastructure'*. Taking account of these spaces therefore gives us an opportunity to think more broadly about neighbourhoods, look beyond specific active travel schemes, and consider how we might encourage and develop more active lifestyles, a sentiment echoed in the workshop with GM transport planners.

3.2 Greenspaces as third spaces

As part of the conversation around third spaces, greenspaces were frequently mentioned as places people wanted to access, which was particularly the case for the older population:

I don't think there will be anything unique to the population that we work with beyond what mainstream populations would want: shops, parks, and green spaces. (P6)

That would be my – having greenspace, access to leave that 15-minute area and go further afield, all the fundamentals, and then places to be, really. I guess places to socialise and to participate and to contribute. (P2)

However, interviewees either did not feel those spaces were designed with older people in mind or felt that accessing them was difficult: *'Greenspaces. I know of older adults, a lot of research has been done that they don't necessarily feel like green spaces and big parks are for them'* (P3). By saying 'not for them', participants were referring to their perception that greenspaces are being built, planned, or maintained for specific groups such as families or young people. Local parks may have play areas for children, football pitches, basketball courts, or, increasingly, community gym equipment. There may be opportunities for less strenuous activities, such as bowls, but interviewees felt that there can be little opportunity to just be in that space and that this can affect older people:

> Parks and green spaces you're speaking about, but yes, I think a lot of people, older people maybe do feel that certain spaces are maybe not even for younger people but more for families, which obviously implies younger people but not just children. (P5)

> When you're an older person, why would I go to a park? It was really interesting that they started talking about, 'God, I haven't been to this space for 20, 30 years. I used to come here as a child.' You start to get all those rich stories coming out. Again, it's about older people taking back those spaces as age-friendly. (P6)

This may be especially true in winter without adequate lighting or heating, and this can mean that social community spaces need updating to provide a more accessible space.

> Then, over the years, we've been involved in different pieces of consultancy around how we can make parks and green spaces more accessible. (P6)

> We'll work with people to refurbish public green spaces or maintain public green spaces. (P4)

As these types of social spaces are not currently considered to be 'for' older or disabled populations, interviewees saw value in a programme to raise awareness in those populations so that they can see where those spaces are and that they can use them to build social capital:

> Then, in Salford, is it 60-odd per cent of Salford is green space, public green space? We've got so much for a city, we've got so much green space, but, and some of it is loved and some of it isn't. (P4)

> Yes. Well, there are things, it's just that they didn't see those spaces until somebody started to work with them and helped them to understand those spaces (greenspaces). (P6)

That does come with the caveat of ensuring such places are perceived to be safe places and that people feel they can use them safely:

> Part of the work that we do as a charity is trying to bring back and love some of our public green spaces and our walkways and our rivers so that people want to use them again and use them again. It's how we get people to use them positively. (P4)

P4 implied that antisocial behaviour may be an issue in these types of spaces, which may require lighting, passive surveillance, or enforcement to ensure people can use them safely.

4. Accessible neighbourhoods

4.1 Cycling

Whilst our interviewees indicated that cycling is not something they actively consider, we were able to explore its potential for older and disabled people. It was noted, for example, that the bicycle could act as a mobility aid for those that would otherwise feel excluded:

> *Again, that idea of a bicycle being a mobility aid is something really powerful, I think. I think it's something that I increasingly feel myself personally... But you could also utilise other stuff that are mobility aids like bicycles, like a scooter. (P1)*

> *For example, for the handheld bikes or the hand cycles you can get something that you put on your wheelchair; it's not ideal, but you can stick it on your wheelchair, and it acts as a hand cycle. Yes, I think people would prefer to transfer off and be on a proper hand cycle, but I don't know, and it's a starting point for me. (P6)*

> *Give me the option, and I'd get on a bike tomorrow, right? Let's make no mistake about that. Give me an opportunity, be sure I can be safe, and I'll get on an e-scooter tomorrow. I would. (P7)*

However, for some interviewees – and this returns us to the point that older and disabled people are not homogeneous groups – the bicycle is not something they feel is relevant to their mobility needs: *'we constantly told people it was so people could cycle. Well, if I'm 70, I'm not cycling, am I?'* (P4).

Our experts suggested that the reason cycling does not feature in discussions around neighbourhood mobility is the lack of both opportunity and support. This precludes older and disabled groups from using bicycles as a mode of transport. This may be in part due to key stakeholders viewing all disabled people's mobility needs as though disabled people are pedestrians:

Figure 2 Challenges to walkability in neighbourhoods

We had these discussions a few years ago with TfGM when they were talking about how to get more disabled people cycling. Well, actually, they wasn't talking about cycling; they was saying how can we keep the streets safe for disabled people. We were saying, well, some disabled people want to cycle, so didn't necessarily consider disabled people as cyclists, it was always pedestrians. (P6)

This perception can be compounded by a lack of attention given to infrastructure that, in turn, makes neighbourhoods less attractive for older and disabled people to cycle. A lack of suitable infrastructure can prevent walking and cycling from being realistic forms of mobility, particularly for disabled people, and may induce car dependency: *'I've advocated for it in the past, and I still do. I still think the provision for walking and cycling needs to be better to... More disabled people could walk and cycle if the infrastructure allowed it to'* (P6).

Interviewees had observed inconsistent infrastructure provision across Greater Manchester, with local authorities building to differing standards:

So, we're all doing the same stuff, so we've not got brilliant cycle lanes in Wigan and then we've got different ones in Stockport, sort of thing, or we've got brilliant accessibility on parks in Salford and we've not necessarily in Trafford. At the minute, it's dependent on who you speak to and what's available in your area. (P6)

In addition to this discussion on infrastructure provision, interviewees gave examples of the advantages of adapted and power-assisted cycles that may increase uptake: *'I think if there was an increase in things like accessible trikes and also imagery might change that. Particularly, TfGM, when you see them talking about cycling and things like that, it's always younger people on bikes'* (P3).

However, they noted a lack of availability, particularly of non-standard cycles such as tandems and trikes, and that this can prevent those with mobility issues from using bicycles as a form of transport. The relatively specialised nature of these cycles means that even in shops that sell bicycles these non-standard types are often not readily available:

We've got a local cycle shop near us [name removed], and they've got standard cycles, and they've got some alternatives, like cargo bikes and stuff like that as well, but there's no trikes, there's no tandems, there's no hand cycles. (P6)

Even if available locally, it can be difficult for people to access these cycles. They may need support to access schemes, particularly if they require multiple steps to set up access:

You've always got to rely on someone else. To a degree, what you need is, you need a pair of eyes on the front of the bike. You need technology. (P7)

Actually, I think e-bikes would be a real positive for older people, perhaps younger older people, but because they're just another thing that's there in the city, and they don't really understand it, and nobody's had those conversations with them, they're not likely to go and register and use one. (P4)

For P6, this meant that they would need to travel out of their locality: *'so it's having that provision available locally as well, because at the minute, if disabled people want to access that provision, you've got to go down to Eccles, or at least near us, and cycle round a track'* (P6).

This can mean disabled people having to source adapted or non-standard bicycles directly rather than through a retailer. Whilst there are government-funded schemes to support accessing equipment, such as 'Access to Work', for example, P1 described barriers they had encountered when attempting to use this particular scheme, in this case relating to restrictions on how the money could be spent:

That's really, because when I'd had the last – no – yes, the last Access to Work, and they offered like £2,000 worth of stuff to me, which I did not want and was not useful, I said, 'Can I just swap this for a thing that's only a couple of hundred quid?' It was like, 'No.' It was supposed to be for this £2,000 thing, and it was so stupid. It was like, 'I am saving you £1,800,' but they wouldn't, they just wouldn't, so anyway, but yes, wow! (P1)

Providing the ability to walk and cycle safely within communities is the first step in building communities. As discussed here, beyond the physical infrastructure that facilitates this, there are wider, social considerations that should be considered to encourage the most vulnerable to continue to participate in their communities. These relate in part to perceptions that cycling is not something that older people do or are able to do:

This needs to be in a genuine co-productive way and pointing out the massive advantages to older people/disabled people of doing this, and children, to be honest, as well. (P1)

But when you introduce something like that or the cycle lanes, you tend to have the conversations with the people that are likely to use it, don't you? (P4)

In the second quote, the implication is that planners talk to the people they think are likely to use the new infrastructure, rather than older and disabled people, who might be affected by it. There appear to be barriers to cycling that require additional support for the older and disabled populations. Overcoming some of these challenges may provide a chance for these populations to adopt cycling more often.

4.2 Walkability

Perhaps surprisingly, car use was not the primary concern of the majority of our experts, particularly if we are considering travel from the perspective of the 15-minute neighbourhood. Instead, there was a focus on walking and being able to move safely around the neighbourhood to access the amenities that people wish. This is particularly relevant to the blind and visually impaired, who cited pavement clutter, foliage, and pavement parking as the biggest barriers to access. Similarly, the older age group are primarily concerned with secure footing and trip hazards such as raised paving stones or dropped kerbs being blocked. These barriers to safe travel result in some opting to stay at home rather than venturing out into their communities, leaving them feeling isolated:

> *A lot of the roading around these areas, around here, just isn't suitable for it. It feels unsafe to them. Often, if they've had one fall or one trip on that pavement, then that's it. It really scares people off to do it again. (P2)*

While some of the challenges are historical and feel part of the 'fixtures' of a neighbourhood, such as wide roads through neighbourhoods, others are more transient, such as overgrown foliage or bins left blocking pavements. For some sections of the population, this unpredictability means they are reluctant to attempt to navigate through their communities:

> *One of the most scariest things in the world is to go outside, right. I've walked along this street 50 years. Now I don't know. What don't you know? There's a kerb 100 metres up the road. Yes, but it's unpredictable. I don't know if there's going to be a car parked on the pavement. I don't know if there's going to be a bin in the way. Again, going back to the PIP thing, the question is, is are you able to walk a familiar route? When you leave your house, for someone who's blind or partially sighted, there's no such thing as a familiar route, because there could be roadworks, there could be a bin. (P7)*

Overgrown foliage can also prevent the visually impaired from moving easily around neighbourhoods or at least makes journeys difficult to manage. As the foliage often appears at head height, those using any sort of mobility aid such as a cane or guide dog may be unaware of the obstruction until it literally hits them in the face: *'yes, so I think pavement parking and overhanging foliage in residential areas, whether it be on individuals' properties or street trees'* (P7). The people we interviewed highlighted the unpredictability of journeys that these obstacles created, with street furniture a further challenge to navigate: *'saying before around are the walkways clear, have they got a lot of obstacles like posts, signs, people sticking trees in the middle of pavements'* (P6).

For older and disabled people, safety is therefore an important consideration in accessing the neighbourhood. Active travel as part of a wider transport system can be seen as an integral component in being able to access essential services such as healthcare, education, or retail. Safety and access can be improved if the experiences of the more vulnerable in our communities are taken into account (see section 5 below), and the physical environment can be constructed to enable journeys for all if we are mindful of their needs: *'whether it be making streets less cluttered, whether it be making environments brighter and more audio description or audio signalling at bus stops, all of it really'* (P6).

4.3 15/20-minute neighbourhood

As discussed earlier, the 15- or 20-minute neighbourhood concept has gained increasing popularity within academic and transport circles. It is premised on the notion of walkability in that it places emphasis on services, amenities, and public transport links being available within walking distance. Our participants noted that there may be nuances that need to be thought through when creating neighbourhoods for older and disabled people: if amenities and ongoing transport links are within a 15-minute journey for younger non-disabled people, then this does not necessarily mean that they are in reach for older or disabled people. They also suggested that distance and endpoints are not the only issue and that comfort and facilities en route are also important: are toilets or benches readily available to facilitate journeys for those who might need them en route? This prompted the participants to ask for more 'joined up' thinking in relation to this concept:

> *Yes, so if you're an older person with limited mobility, then 15 minutes is actually a long way. If you've got a long-term condition that means you're maybe housebound, then, actually, two minutes to the end of your garden is your neighbourhood in a lot of ways, and it's what does that look like and how do you get there? (P4)*

> *I think there's opportunity there for that kind of joined-up thinking around those 15-minute neighbourhoods, because I know from conversations I have with them, you talk to some policymakers and commissioners and things like that. It's not necessarily something that they're considering or thinking about. (P3)*

Our discussions also indicated that there is an enduring impact of the Covid-19 pandemic upon transport habits and our communities at the local level. This is partly evident in drops in public transport use and concerns that it may take time for patronage to return to pre-pandemic levels (Griffiths, 2021). This not only applies to public transport but also, when we consider walking and visiting familiar places, some older people are now fearful of returning, as P5 outlines here:

They [older people] certainly didn't consider themselves like a frail or vulnerable older person, but they have been made to feel more frail and vulnerable because of the pandemic. So, their confidence about going out to spaces, again, that they use to be involved with before has diminished for some people. I think a lot of people are saying it will take them 'Quite a bit to build up to revisiting the spaces' they had been using before, and that wasn't always to do with physical access. In some cases, it was, and some cases people had lost mobility during the pandemic, but in a lot of cases it was more a psychological thing, I think. (P5)

4.4 Cars as both enablers and barriers

In our workshop, it was noted that the right of access should be carefully considered alongside the need for a balance between local access and through access. The position of the transport professionals is that it is appropriate to prioritise active travel over car use, and this includes journeys made *through* as well as *within* neighbourhoods. WP2 noted, in line with Gatersleben's research (2013), that the choice of mode will determine the level of interaction with members of the community, hence the priority for active travel over motorised journeys.

Our experts also discussed the ways in which car use could form a barrier to other forms of mobility such as walking and cycling. One example is pavement parking, which was mentioned by both our experts and workshop participants. It is considered an issue for disabled people in particular as it reduces the width of pavements, therefore limiting wheelchair use or the movement of visually impaired people and their guide dogs. It is also seen as an issue for the elderly as they may also have limited mobility, particularly in later years. Being able to clearly see junctions and approaching traffic is crucial, particularly when crossing roads. Cars parked inconsiderately at junctions can limit visibility: *'I've heard older adults talking about cars, parking on pavements and things like that'* (P3).

Similarly, the speed of cars creates a perception of danger when attempting to cross roads, particularly for those with reduced mobility or vision. This can result in older or disabled people being unable to access parts of their communities due to the severance created by roads and heavy motor traffic. As signalised crossings are less prevalent in suburban housing areas, older and disabled people are not afforded protection when crossing the street, and this can limit their ability to access amenities:

In the work that I do at the moment, having a conversation yesterday with a lady who's, she's got a park across the road from her but doesn't feel that she's able to access it because she's a bit unsteady on her feet and she can't get across the road quickly enough. There's no safe crossing for her within a reasonable distance for her. (P2)

In the context of these concerns, private car use was discussed as being not only an enabler of mobility but also a factor that could limit the confidence people have in moving around by other means. During the workshop, WP4 discussed their work on Active Neighbourhoods and noted that there is a common misconception that all older and disabled people drive.

Although these examples show that car use can act as a barrier to mobility, it is also clear that cars play a role in the lives of some older and disabled people. Placing restrictions on car use can therefore have an impact on those who are unable to walk or cycle sufficient distances or who, for whatever reason, feel that these modes of transport are not for them:

For example, reducing car access to Manchester, although it's good from a CO_2 perspective, has reduced access for some disabled people who will never be able to cycle, never be able to walk, and never be able to get in via any other means. (P6)

A common theme amongst our experts, which applies to both older and disabled people, relates to people with mobility impairments needing to drive and carers needing access:

Say, for example, you've got care provision. At the moment, it's [really] atrocious, and you've got people doing like 15-minute slots. They drive between these 15-minute. They don't get paid for the time they're travelling, so you've got both the client and the support worker are going to be deeply inconvenienced by discouraging car travel that's not even being thought of, but it's not a reason, there are wider overriding reasons here. We need to actually think about this. (P1)

It may not always be possible to provide everything that people need within walking distance. A particular example of this relates to considerations around the lack of diversity in social infrastructure in our communities and how we enable mobility for some groups. For example, there is a need for some minority groups to travel beyond their communities to maintain links to important places and access ethnic supermarkets or other cultural infrastructure that is not available in every community:

So, for a lot of the minority ethnic communities that we've worked with, their preferred shops or markets that cater for their cultural needs might not be within walking distance at all. They might have to drive to them or get public transport, and that's just not going to change. You can't have ethnic food markets on every street corner necessarily. (P5)

Therefore, there is a need to consider travel outside neighbourhoods, and this may involve car travel. It may apply in particular to ethnic minority groups, but it is likely that

older and disabled people in general will need to connect with amenities and social networks outside their own neighbourhoods.

Businesses are an integral part of our communities, providing jobs and essential services, including deliveries to those with low mobility. Discussed during the workshop with GM transport planners, this should be included as part of the discussion around vehicular access and how design at the neighbourhood level permits access for delivery.

In this sense, car and other motor vehicle use presents a 'plurality of ethics' (Maxwell, 2001), whereby we may feel ethically that car use should be reduced, but there are also positive reasons to maintain car use. These could be around the maintenance of links to communities that exist outside a 15-minute journey from our homes, in addition to caring roles. We should therefore be mindful of different needs and how we communicate to different groups, as P3 outlines: *'I think it's not necessarily vilifying car drivers either. Even people that could potentially easily travel by foot or bike or whatever, there's still other reasons that they'll be doing that'* (P3).

A number of examples were given where motor access would be valued by residents. In our workshop, however, transport professionals felt that the right of access should be carefully considered alongside the need for a balance between local access and through access.

One of the secondary benefits of enabling access is that, if more people walk and cycle, we would hope to see participation increase through modelling the type of movement we see as desirable, in line with Bandura's model of social learning (Bandura, 1978). Within this model

of social learning, a person's behaviour is influenced by their environment; in particular, people learn through observing the behaviour of others, which they then imitate:

> *We know from research that modelling is really important for older adults. Making sure that those stories of people that are still being active, actively travelling and accessing their neighbourhoods, making sure that they're visible and giving opportunities to older adults to mirror that behaviour. (P3)*

> *I think people want to feel like they're seen in their neighbourhoods. I think they want to feel that they can not just use public spaces for what they need from them, but to be seen in them and to feel like they are their spaces. (P5)*

> *If one person changes their behaviour, does that help other people to change their behaviour, that then changes the behaviour of a community and makes a community different, so better? (P4)*

In summary, walkability for the older and disabled experts we interviewed entails providing clear, unfettered access to their communities by combatting pavement parking, pavement clutter, foliage, and other encumbrances to walking or wheeling. Car access should be carefully considered with respect to caring and delivery needs or for maintaining community links, but a reduction in car focus should remain a goal in order to facilitate greater community access. Finally, the concept of the 15-minute neighbourhood is contested, and more consideration should be given to comfort and access to community assets for all social groups.

5. Collaborative design

5.1 Optimising consultations

Another area of concern related to the extent to which people are involved in the design of neighbourhood schemes and the extent to which the ways in which these are built therefore reflect the needs and concerns of older and disabled people and other vulnerable groups. Many felt that consultations were conducted in such a way that not only were they inaccessible, but also their lived experience was neglected. To some extent this is a situation that worsened during the pandemic, given the reliance on online forms of engagement. It was clear, however, that some of these concerns reflect longstanding issues in the involvement of older and disabled people in decision-making. It should also be noted that these issues are often interrelated, and so having accessible consultations allows for a more collaborative process that includes the lived experience of those that may not have been heard previously.

Although best-practice guidance is often available, it is not necessarily sufficient. While schemes may have been consulted on thoroughly and meet best practice or adhere to relevant standards, those schemes may still have a detrimental effect on the most vulnerable in society. For example, a segregated cycle lane built in a particular location created anxiety for a local resident with visibility issues:

> *But there's one area where a guide dog owner has actually moved away from her house because – she's moved to another area because a cycle lane has been put outside her house and she's frightened of being hit by cyclists. (P7)*

Interviewees contended that, rather than experiencing the imposition of schemes such as this example that have a negative impact, the most vulnerable would prefer their lived experience to inform schemes as early as possible to avoid issues later in the process:

> *We spend years all trying to work out what to do. If you actually work with people first and then bring them along with you, then, actually, all the problems that we talk about now don't ever happen because we've worked with people. (P3)*

In fact, their view was that including the input of older and disabled groups would enhance schemes but that it is rarely done well: *'I think it's still quite rare to see older people's voices truly at the heart and value of these kinds of policies or initiatives and whatever'* (P2). P7 gave a powerful example of a case where a disabled persons'sadvocate's input into the design of a scheme resulted in it being much more inclusive:

> *Cumbria County Council commissioned it, and, as a consequence of Linda, who's now retired, doing it, she looked at this junction. They were trying to explain to her what was going to happen... She couldn't understand it. They commissioned those, and she went, 'Oh wow, yes. This, this, this,' and they do actually say as a consequence of her input that junction is more accessible than the original design. (P7)*

Including the voices of older and disabled people early in consultations creates a more collaborative process that could improve the inclusive nature of schemes while ensuring that the needs and desires of the wider community are heard. Chris Boardman's mantra that if you design infrastructure for a 12-year-old child anyone can use it resonates here. If we build schemes that are inclusive of the needs of the older and disabled, then they *should* be accessible and usable by all. However, as noted by one of our participants, *'a 12-year-old has no fear'* (P4) and is physically more capable than an older person. This is a cogent reminder that in order to design truly inclusive schemes we should consider the needs of all as far as possible and recognise that these needs may differ between and within groups.

Comments during the workshop with GM transport planners echoed this sentiment, with participants stressing that schemes should reflect the hierarchy of needs, with the most vulnerable road users at the forefront of design. Therefore, consultations should be designed to include the voices of the most vulnerable as they are most likely to be affected by poorly considered interventions. In doing so, we hope to see less opposition to schemes and, relatedly, a greater adoption of active travel.

5.2 Enhanced standards

This leads us to consider whether the standards themselves are providing a framework that is truly inclusive. An example is LTN 1/20, which is the most recent cycling infrastructure design standard. For the blind and visually impaired, our interviewees observed, these standards can be insufficient and therefore actually result in engineers and planners overlooking important aspects of a scheme by virtue of not sharing the lived experience(s) of those groups:

I think that the design standards, whilst paying some tacit acknowledgement to access, don't actually take on board thoughtfully what those access requirements are. We understand that guidance is guidance and therefore by very nature is quite woolly because you cannot possibly write for every eventuality. The trouble with guidance is, that makes it open to interpretation. Irrespective of where you come from, there is generally an unconscious bias around that. If someone has a particular view and they might try to remove that bias, there is still that lack of understanding if you don't have direct or lived experience of the needs of others. (P7)

What the participants often told us was that schemes that neglected this lived experience can create further inequalities despite their desire to solve a perceived problem:

There are two issues. It's the way they are being designed. The cyclops junction, for example, the lack of zebra crossings. From RNIB's point of view, they need controlled, accessible crossings. (P7)

When I used to walk out and I couldn't differentiate between the pavement, the cycle path, and the road, and then with the added pressure of knowing that cyclists could be bombing down, that's not a good example of inclusive design. (P6)

Shared space in particular attracted much criticism, whether that be space shared between pedestrians and cyclists or small urban centre schemes such as in Poynton, south of Manchester. Shared space was developed as a concept by the Dutch engineer Hans Monderman. Within this approach, differentiation between spaces for motor vehicles, pedestrians, and cycles is reduced through the 'minimisation of demarcation' between modes (Moody & Melia, 2014). This is primarily achieved through the removal of kerbs that offer clear delineation between modes. By offering less clear separation between modes, it is envisaged that motorists take more care as pedestrians and cyclists are encouraged to move freely along pavements and carriageways. While they may follow guidelines in terms of built infrastructure, the schemes remain problematic: *'Preston, Fishergate is the absolute*

Figure 3 Approaches to making consultations more inclusive

– it rightly sits there along with Poynton as being those spaces that for someone who's blind and partially sighted are absolute no-go areas' (P7).

This point was noted in the workshop with GM transport planners, that in providing space for one activity it is important that we do not prevent access to space for other groups. Taking this further, older and disabled people and their advocates could in fact shape the standards or at least be involved in such a way that application of those standards does not necessarily require their consultation every time:

> *Part of it would be that policy statement that, actually, when we're thinking about voices, and we're thinking about who we engage with. (P4)*

> *But they, to me, should be listening to those experiences to understand how to develop the policies with them. (P2)*

> *It's been informed by the communities it's supposed to serve. (P6)*

P6 also questioned whether standards and guidance documents are applied consistently and are easily accessible to all stakeholders, particularly local authorities – even if the documents have been written and produced with the collaboration of, or input from, groups. In his view they should be shared between local authorities and stakeholders in such a way that best practice is commonly understood.

We are therefore provided with a desired vision of design and construction standards consulted on with advocates from a range of older and disabled groups, held centrally, and promoted as best practice. These should be used to guide interventions from an early stage.

5.3 Challenges in delivering effective consultations

While residents may be aware of consultations, issues of accessibility may prevent them from providing insight and feedback during the formative stages. This may be due to the proliferation of online consultations that are not accessible or the location of in-person consultations, which may be out of geographical reach for some, particularly those with mobility issues. This returns us to the earlier points around social exclusion and of recognising that marginalised groups have a voice and can contribute to these schemes and identifying how to reach them. Effectively reaching and engaging with these groups will almost certainly require time and resources:

> Big problem is that within that seldom heard group there is a really, really seldom heard group because people don't know how to reach them because it requires time, energy, resources, and thought about actually what the barriers are. (P7)

The implication here is that consultations are restricted by budgets and are therefore aimed at the larger social groups.

This presents further barriers for the older age and disabled groups, particularly the harder-to-reach members of those groups that want to participate in consultations. When talking to the experts in our interviews, they were able to offer solutions and insights that they felt were not being considered by local authorities, planners, and engineers. This may take the form of a physical walk-through, maps with braille on them, tactile maps, or, where digital solutions are being utilised, the provision of alternative text and accessible versions: *'They produced what we call accessible consultation documents, and I will just show you these. It has braille. It has braille information there... Then – it's the braille, and then that is tactile'* (P7).

While recent feedback from consultants and local authorities to transport planners found that retired age populations were the most active in shaping consultations, there is still a need to ensure harder-to-reach populations are included. This was clarified by P5, who reflected upon the variation in needs amongst the older population:

> *Ensuring that any age-friendly policy doesn't just deal with the people who are easier to reach, which are possibly less marginalised because they're easier to reach and they're more engaged anyway, in these discussions anyway. So, I do think talking around a rights-based approach is a really interesting way of thinking about different types of inequality, particularly in sections of them, and thinking about not just inequality but how people's needs differ as well, I think. (P5)*

This variation of needs within groups is consistent with social identity theory and the theoretical framework of different social groups. Within this approach, we consider social groups to which we do not belong (out-groups) to be homogeneous and behave accordingly, in this case an assumption that these groups have common requirements. For example, all older people have the same requirements, and all disabled people have the same requirements. However, there is often much more variation within groups than between social groups, and the stereotyping of groups can lead to the issues P5 discussed, whereby interventions are designed for the whole that do not meet the needs of smaller subgroups. Consultations therefore require a deeper consideration of how to reach these populations in order that their views and needs are included.

Similarly, disabled people have different needs that should be carefully considered. While some needs, such as clear pavements, will be common to different groups, the delineation of surfaces may be more important to blind and visually impaired people than to those using wheelchairs. In this light, it is worth considering that our interviewees did not include anyone with neurodiverse conditions such as ADHD and autism or those with chronic health conditions. This was highlighted by one of our participants in discussing the needs of visually impaired people: *'even within the VI community, the blind and partially sighted community, because a disability like autism – autism is a very broad spectrum. So is the spectrum of what RNIB would broadly describe as sight loss'* (P7)

It is therefore important that in consultations, as in research, there is an awareness of the diversity of experiences of older and disabled people and that this cohort is recognised to have a broad identity: *'wheelchair users are very obvious, neurodiverse, there is a hierarchy of disability'* (P7). P7 is outlining how different disabilities are perceived by the public through publicity and advocacy. This raises the profile of certain conditions and groups, and public attitudes towards them, forming a (perceptual) hierarchy (Tringo, 1970). P7 gave the example of Motor Neurone Disease, which due to the campaigning of former Rugby league player Kevin Sinfield now sits, in their view, at the top of the hierarchy. This hierarchy is a social construct, and changes over time, and P7 is reminding us of the need to be aware of all disabled groups, and not just those that may currently have more visibility.

5.4 Addressing challenges

In order to address some of the challenges mentioned above, we should consider how consultations are conducted in terms of both who is able to participate and the standards that are applied. A common theme is that consultation should be a collaborative process, bringing together the expertise from the older and disabled groups featured here, in addition to other residents, businesses, and politicians:

> *I sort of think like the responsibility, the job of making a neighbourhood better, it's going to have to take a coalition of interested people. (P1)*

> *We've brought together a commitment to inclusion group in Greater Manchester, which is bringing together disabled people's organisations and people in the active travel space, so architects, planners, urban designers. (P6)*

During the workshop with GM transport planners, there was agreement that citizen assemblies could provide a fruitful method of consultation and provide crucial buy-in from the public, albeit with important caveats. It was noted by WP3 and WP4 that both driving and cycling campaigners from outside the local area are participating in consultations, creating antagonism within communities. Other than those considerations, WP3 agreed there should be local ownership of schemes and their designs. This represents a challenge in ensuring that the assembly is a mix of voices and is not dominated by the needs or desires of one particular group: there are other actors that we should consider as part of our communities.

It is recognised that local businesses are an integral part of the social fabric as they provide essential services such as pharmacies and groceries, while also providing employment. Therefore, our participants advocated the inclusion of local businesses in the development of neighbourhood-level interventions: *'It's like if you wanted to make a neighbourhood a good place, it's going to have to be coming from both the neighbourhood, the council, and from local community and businesses'* (P1).

This implies a need to take a broader view of neighbourhoods beyond existing policies and processes designed to encourage modal shift: *'I suppose it's a balance because businesses support the economy in Manchester and stuff like that, anywhere really, so it is that balance'* (P6). Therefore, while we aim for a reduction in car dependency and replacing short journeys with active travel, including the considerations of local businesses would mean accounting for deliveries, potentially both to and from their premises.

There is also a recognition of a role for councillors and other stakeholders, although the consensus is that they should facilitate consultations rather than dictating how schemes look, providing guidance on legislative issues where required:

> *Rather than we just dump these things in communities and then say, 'Well, you've got it now. Use it or don't use it.' (P4)*

> *I think one of the key things is that the local authority has to stop being a barrier or a gatekeeper on community change. (P1)*

This requires political leadership on the part of local politicians, according to WP2 of TfGM. In order to achieve this, TfGM as an organisation should look to develop engagement with politicians to help them seek out the opinions of the harder-to-reach members of communities, while being mindful that the most prominent voices do not necessarily reflect the opinions of the majority.

While inclusivity has been the focus of our discussion around consultation, engagement and education are also part of the consultation process. As discussed previously, if businesses believe that all their business comes from those who drive, involvement in consultations will result in schemes that are suboptimal due to the inherent biases. Similarly, the conception that all older and disabled people's mobility needs are universal can be challenged with educational approaches.

The greatest challenge appears to be providing consultations that are inclusive and meet the needs of the various groups within our communities. It is assumed that it is a resource issue that prevents local authorities from being able to consult with the most marginalised. We suggest that, based on the findings presented here, a deeper consultation that results in interventions that more closely meet the needs of all in the community would in fact be more cost-effective.

5.5 Issues in current practice

One of the foremost concerns related to the ability of older and disabled people to be able to participate in consultations is not only from the perspective of physical access but also in terms of the accessibility of materials and technology. For example, blind and visually impaired people are not able to use some consultation materials, particularly when consultations are conducted online, as was the case during the pandemic:

> *I can't actually take place. I can't actually take part in this, simply because it isn't accessible to me. Say, Commonplace, we had to write a legal letter to Commonplace giving them seven days. They've made it more accessible, but it leaves a lot to be desired. (P7)*

Therefore, our current consultation methods may not capture the needs of the harder-to-reach and, by definition, the most vulnerable in our communities: *'It's not*

planning sense, is it, because the planners would say, "Well, we put it out on the planning portal, and people had a chance to respond if they wanted to" ' (P4). Even if local authorities try to provide solutions to overcome issues of digital exclusion, barriers remain in the training and expertise available to enable access:

> *One of the other things is, during the pandemic, I was contacted by some local authorities who were saying, 'We've given out tablets to people because they're digitally excluded. We've got a problem in that we've got such and such a person, they need to be shown how to use it using accessibility features, and we can't do that.' (P7)*

Collaborative design should therefore prioritise the voices of the harder-to-reach members of our community to build inclusive schemes from the outset. This should be facilitated by local authorities and include residents and local businesses to design communities for all. Consultations should be accessible to all, with mitigations made to allow for disabilities or impairments. Our experts outlined how older and disabled groups would prefer to contribute to designing the standards by which schemes are built, which are then held up as best practice and available to all stakeholders.

Additionally, as has been discussed in the preceding sections, as active travel schemes have focused on reducing car dependency through Active Neighbourhoods, they may have neglected some of the wider needs of communities, and this has had an impact on their effectiveness.

6. Discussion

Our interviews with older and disabled people and people working with and for these groups, together with our workshop with transport professionals, help to paint a picture of the experiences of these groups and to point to potential approaches to improve their relationship with their neighbourhoods. These discussions build on existing literature around mobility at the local level and, in particular, notions of Active Neighbourhoods, 15-minute neighbourhoods, and car-centric development.

Our findings relate to how older and disabled people want their communities to be configured, how they want to access them, and their roles within processes that shape neighbourhoods. Their focus is on being a collaborator and designing inclusive schemes as early in the process as possible. Their desire would be for their lived experience to inform central design standards and best practice. They see accessibility, in relation to both the neighbourhood itself and consultation processes and materials, as being integral to their involvement and believe that greater focus should be placed on including the hard-to-reach members of communities in consultations.

Neighbourhoods should be shaped to remove unpredictable encumbrances that exacerbate social exclusion, an issue further deepened by the pandemic. Beyond the physical barriers and solutions to access, people desire social places to build social capital and feel part of their communities. The design and composition of neighbourhoods can determine whether they are inclusive or not, and, when they are not, we see issues of social exclusion and isolation. This will necessitate a shift of focus, not only to better walking and cycling but also to broaden out considerations of how our communities operate.

Participants in the workshop with GM transport planners expressed a further desire that the findings presented here should provide guidance as to policy and purpose for neighbourhood schemes. These should allow TfGM and local authorities to shape active travel interventions at scale, both within GM and beyond. This was articulated by WP1, that the shift to active travel requires a wider cultural change similar to shifts in the public perception of seatbelt use and drink driving.

Rather than creating schemes focused on cycling infrastructure or solely reducing car use, a more holistic approach to our communities can achieve these goals

while reducing social exclusion through collaborative design. All schemes should be designed collaboratively to improve accessibility while providing community spaces that foster social interactions and minimise car dependency. Discussions between partner organisations, local authorities and TfGM at an internal session on the consultation and design of Active Neighbourhoods in GM echoed our discussion here.

In light of this discussion, there are some important questions for future consultations and interventions:

- What are the implications for how we understand and approach Streets for All? Do these findings imply that Active Neighbourhoods, destinations, and high streets should be less distinct and that common design principles should apply across these categories?

- What are the lessons for transport policy overall, and which elements should be accommodated?

- To what extent can social infrastructure be included as a material consideration in transport planning?

- Which (additional) partnerships need to be built to enable a broader approach that encompasses the needs of older and disabled people?

- To what extent can walkability and social infrastructure be implemented retrospectively in areas where measures are already in place?

- How can cycling be positioned in mobility at the neighbourhood level?

- What behavioural approaches would be most useful to consider? Amongst which groups would we need to see behaviour change: local councillors, residents, planners, consultants?

- What challenges relate specifically to the needs and experiences of older and disabled people at the neighbourhood level?

- To what extent does engagement (and research) capture the issues experienced by the diversity of older and disabled people?

References

Attoh, K. A. (2019). Rights in transit: Public transportation and the right to the city in California's East Bay.

Bandini, S., & Gasparini, F. (2021). Social and Active Inclusion of the Elderly in the City Through Affective Walkability. The Review of Socionetwork Strategies, 15(2), 557–573. https://doi.org/10.1007/s12626-021-00091-8

Bandura, A. (1978). Social Learning Theory of Aggression. Journal of Communication, 28(3), 12–29. https://doi.org/10.1111/j.1460-2466.1978.tb01621.x

Cairns, S., Atkins, S., & Goodwin, P. (2002). Disappearing traffic? The story so far. Proceedings of the Institution of Civil Engineers Municipal Engineer, 151(1), 13–22.

Department for Transport. (2021, July 30). Public attitudes towards traffic, road use and low-traffic neighbourhoods. GOV.UK. https://www.gov.uk/government/publications/public-attitudes-towards-traffic-and-road-use

Department for Transport. (2022). Data about why people travel. https://www.gov.uk/government/statistical-data-sets/nts04-purpose-of-trips. https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1101143/nts0504.ods

European Union. (1988). Official Journal of the European Communities, C 290, 14 November 1988—Publications Office of the EU. https://op.europa.eu/en/publication-detail/-/publication/2e48ac50-d28b-4caa-b33b-6b7c9ccdf6e8/language-en

Gant, R. (1997). Elderly People, Personal Mobility and Local Environment. Geography, 82(3), 207–217.

Gatersleben, B., Murtagh, N., & White, E. (2013). Hoody, goody or buddy? How travel mode affects social perceptions in urban neighbourhoods. Transportation Research Part F: Traffic Psychology and Behaviour, 21, 219–230. https://doi.org/10.1016/j.trf.2013.09.005

Griffiths, N. (2021). Metrolink passenger numbers will take 'years' to return to pre-Covid levels as long-term funding 'remains uncertain'—Manchester Evening News. https://www.manchestereveningnews.co.uk/news/greater-manchester-news/metrolink-passenger-numbers-take-years-19649396

Hart, J., & Parkhurst, G. (2011). Driven to excess: Impacts of motor vehicles on the quality of life of residents of three streets in Bristol UK. World Transport Policy & Practice, 17(2). https://uwe-repository.worktribe.com/output/968892

Huxtable, T., & Higgs, A. (2022, August 14). Low Traffic Neighbourhoods (LTNs) aren't working, what are the alternatives? Countercut. https://www.countercut.co.uk/p/low-traffic-neighbourhoods-ltns-arent

Kirk-Wade, E. (2023). UK disability statistics: Prevalence and life experiences. https://commonslibrary.parliament.uk/research-briefings/cbp-9602/

Larrington-Spencer, H., Sherriff, G., & Price, A. (2021). Active Neighbourhoods in Greater Manchester: Qualitative insights into resident experiences. University of Salford. http://usir.salford.ac.uk/id/eprint/62322

Lucas, K., Stokes, G., Bastiaanssen, J., & Burkinshaw, J. (2019). Future of mobility: Inequalities in mobility and access in the UK. GOV.UK. https://www.gov.uk/government/publications/future-of-mobility-inequalities-in-mobility-and-access-in-the-uk

Manzi, M., Figueiredo, G. C. dos S., Mourad, L. N., & Rebouças, T. de M. (2018). Neighbourhood planning and the right to the city: Confronting neoliberal state urban practices in Salvador, Brazil. International Journal of Urban Sustainable Development, 10(1), 1–15. https://doi.org/10.1080/19463138.2018.1433677

Maxwell, S. (2001). Negotiations of Car Use in Everyday Life. In Car Cultures. Routledge.

Moody, S., & Melia, S. (2014). Shared space – research, policy and problems. Proceedings of the Institution of Civil Engineers - Transport, 167(6), 384–392. https://doi.org/10.1680/tran.12.00047

Mullings, J., Archer, C., McCaw-Binns, A., Younger-Coleman, N., & Wilks, R. (2018). The Right to the City and the Responsibility of Citizens: Equitable Access to Basic Urban Services and Infrastructure for Health and Social Development in the Small Island Developing State of Jamaica *. Current Politics and Economics of South and Central America, 11(2), 131–171.

Nello-Deakin, S. (2019). Is there such a thing as a 'fair' distribution of road space? Journal of Urban Design, 24(5), 698–714. https://doi.org/10.1080/13574809.2019.1592664

Office for National Statistics. (2019a, January 24). Percentage of households with cars by income group, tenure and household composition: Table A47—Office for National Statistics. https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/expenditure/datasets/percentageofhouseholdswithcarsbyincomegrouptenureandhouseholdcompositionuktablea47

Office for National Statistics. (2019b, October 21). Ageing—Office for National Statistics. Ageing. https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing

Panter, J. R., Jones, A. P., & van Sluijs, E. M. (2008). Environmental determinants of active travel in youth: A review and framework for future research. International

Journal of Behavioral Nutrition and Physical Activity, 5(1), 34. https://doi.org/10.1186/1479-5868-5-34

Public Health England. (2018, November 14). Health matters: Air pollution. GOV.UK. https://www.gov.uk/government/publications/health-matters-air-pollution/health-matters-air-pollution

Purcell, M. (2014). Possible worlds: Henri lefebvre and the right to the city. Journal of Urban Affairs, 36(1), 141–154. https://doi.org/10.1111/JUAF.12034

TfGM. (2021). Streets for All Strategy. Transport for Greater Manchester. https://tfgm.com/strategy/streets-for-all

Tomlinson, R. (2013). Plan Melbourne: A Critique and a Review of Its Implications for Housing. 13.

Tringo, J. L. (1970). The Hierarchy of Preference Toward Disability Groups. The Journal of Special Education, 4(3), 295–306. https://doi.org/10.1177/002246697000400306

Vehmas, S. (2012, November 15). Right to the city: A disability perspective. https://nndr.org/right-to-the-city-a-disability-perspective/

Wickham, J., & Lohan, M. (1999). The Transport Rich and the Transport Poor: Car dependency and social class in four European cities. 27.

Yang, X., McCoy, E., Hough, K., & de Nazelle, A. (2022). Evaluation of low traffic neighbourhood (LTN) impacts on NO2 and traffic. Transportation Research Part D: Transport and Environment, 113, 103536. https://doi.org/10.1016/j.trd.2022.103536

Zivarts, A. (2021, April 22). The People that the '15-Minute City' Leave Behind—Bloomberg. The '15-Minute City' Isn't Made for Disabled Bodies. https://www.bloomberg.com/news/articles/2021-04-22/the-people-that-the-15-minute-city-leave-behind

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