TRANSPORT DISADVANTAGES: SOCIAL AND SOCIETAL PERSPECTIVES

1 Introduction

This chapter is the longest chapter in this book. I will introduce all the groups that can potentially face transport disadvantages. This will be done in 3.2. In 3.3. I will concentrate on two transversal themes, related to transport disadvantage, poverty and gender.

2 Transport disadvantages for specific groups

2.1 Children and adolescents

In this subchapter I will look at transport disadvantages for the youngest members of our societies, the children from age 0 to 12, and the adolescents, from age 12-18. Mobility has changed in recent decades for both specific groups**.**

2.1.1 Children until age 12 ; loss of independent mobility

2.1.1.1 State of art and first analysis

Something happened to the mobility of children in recent decades. Where in the past children were left to themselves and were able to play in the proximity with friends, in the fields, in the woods, this seems no longer to be tolerated. The Policy Studies Institute presented in 2015 data on children independent mobility, for 16 countries. They noted low levels of independent mobility, with the greatest restrictions for children under 11, and with significant concerns of parents for their children's mobility. This decline of children's independent mobility was fast, for example for England in 1971 some 80 % of children (age 7-15) were allowed to travel alone to places outside school , in 1990 this was 37 % and now a mere 20 % (Policy Studies Institute, 2015). Comparable figures for Germany were ; in 1990 70 % and now 45 %, and for Australia in 1991 ; 61 %, in 2012 32 % (Schoeppe et.aAl, 2016). As Holloway and Valentine (2000) state ; "*childhood has been increasingly domesticated".* Interesting case study figures are presented in Barker (2011) ,Fyhri et.al (2011), Mackett (2010) and Pont et.al (2009).

The following seems to have happened. For trips to schools most parents escort their children to the age of 11, and this is now often done by car, not giving children the option of active transport (walking or cycling). Outside the school times children are not left to play for themselves, but are escorted by their parents to hobbies and clubs. Many parents fear leaving children to play outside, and activities for them are organised, often again inside buildings. As a wrap-up for what happens Bjerkan and Nordtomme (2014) formulated; more people have access to cars, functions and activities are more spread geographically, children participate more in organized leisure activities, parents in modern households have less time and are thus more dependent on the car, parents have increased anxiety for traffic accidents and assaults and there are longer distances to both school and leisure activities.

Veitch et. al (2006) noticed that also the opportunities for independent outdoor play have become quite limited for children. The idea of "just playing outside somewhere" for children seems to have been lost. Far more time of children is now spend in controlled situations ; at home, in gardens of friends, or in organised leisure activities.

As Fyhri et.al (2011) explain the framework of everyday activities in families with children is characterized by a high degree of employment among the parents, both fathers and mothers, although

a relative large percentage of most mothers work part- time. Families with children are highly motorized (for example in the Netherlands in families with children there is a non- car ownership of only 3 %) and the easy access to the car makes car use almost obvious.

Escorting is the fastest growing travel category in the OECD countries. Escorting means driving people, mostly children but also the elderly, to clubs, friends, hospitals, schools . For the Netherlands it looks like some 15 per cent of the journeys made by women are for escorting (MON 2009,8.11 category overig, in Jeekel,2013). We also have figures for Switzerland where in 2005 94 per cent of escorting was done by car (Jeekel, 2013). In the British Travel Survey 2006 is stated ; "Including both escort education trips and other escort trips, women aged 30-39 made over 25 per cent of their trips escorting someone else". And in Germany , for parents with children under 6 years escorting is 26 % of their trips, slowing down to 12 % when children are above 6 years. From these data the picture arises that escorting is becoming an important motive for car use; some 11 per cent in trips and 8 per cent in distance, with a peak for women between 30 and 50 years of age with children, where escorting accounts for 25 per cent or more of their trips. Escorting is very car dependent ; it looksthat more than 80 per cent of the distance for escorting is travelled by car, making escorting the most car oriented motive (Jeekel,2013). Escorting can sometimes become more or less a day job as is explained in Descartes,Kottak and Kelly (2007) showing how the life of mothers in a richer but rather remote suburb in Michigan centres around chauffeuring the children. Performing child transportation is part of their idea of good mothering. Note that for escorting the second highest mode is walking, and not public transport (Jeekel,2013). Escorting and the school run take time , as most travel for these motives is not on highways, but on smaller and slower roads, mostly in build up areas.

Pooley et.al (2005a and b) made a transversal historic study on mobility patterns in the United Kingdom over a long time period, and they saw *the loss of independent mobility of children as the only really paradigmatic change.* What are the reasons for such a change ? There is a huge literature on case studies and on studies trying to explain this shift. I will make a difference between generic and more specific reasons. Two generic reasons (Karsten and Van Vliet,2006) are to be noted. The first is that parents believe that children are not as resilient as they were a generation ago (see Thomsen,2009). Parents until the seventies of the last century were more convinced that their children were resilient and able to solve their own problems. And the second reason is that parents perceive the environments to be less safe then they were when they did grow up. Parents are anxious and feel the need to protect their children.

In the literature on this subject five specific reasons can be noted (see also Stewart, Moudon and Claybrooke, 2012). The first has to do with the traffic situation. Traffic, and especially car traffic, has grown tremendous in these last four decades, and the "readability" of traffic and traffic situations has grown to a problem for children. Parents, car drivers themselves, have seen traffic as a threath, and have starting adapting to it. They do not consider more radical solutions as fighting the dominance of car mobility. As Mc Laren and Parusel (2015) convincingly argue : "*if it were not for parents undertaking disciplined care and preventing children's traffic injuries, the automobilty system could not be sustained*". This means that parental traffic safeguarding has, with the victory of motorised traffic in the use of streets, become a necessity, although Mc Laren and Parusel (2011) saw great differences in magnitude and attitudes of this parental safeguarding between parents of different socio- economic classes.

The second reason is what is called "stranger, danger". Parents view many of their contemporaries more as potential dangers, than as potential friends. The "front porch interaction" seems to have been lost. Gill (2007) on this theme *; "For many children and parents, the immediate neighbourhood around the family home is no longer populated with familiar faces. They may have never met, never said hello*

to, or perhaps even set eyes on their neighbours. As parents today look out of their front doors, they see a world that is at best uninterested in their children and at worst hostile to them. Fewer friendly faces mean that support and solidarity from other adults, even in the minimal form of a watching eye, can rarely be assumed. Trusting relationships within the modern community are often hard to initiate."
I noted this already by introducing the "community- light"- concept (Lupi,2005) ; only minor exchanges with your neighbours, further staying on your own. It are basically isolated parents that coin a certain "stranger, danger"- attitude. I will look at especially this element of fear somewhat longer, later in this subchapter.

A third reason is the choice for schools. In earlier days most parents did choose the school nearest to their homes as the school for their children. Parents are now choosing the school they consider the most appropriate. This leads to the situation in for example England that half of all parens choose another school than the nearest one. This means longer distances for the school run, with probably more difficult traffic situations to overcome.

A fourth reason is more difficult to grasp. There seems to be a rather diffuse anxiety over the fate of children, especially among middle class and higher class parents. They consider educating their children towards responsible adults a difficult task, where only little guidance is offered to them. What then happens is following what seems to them the attitude of the majority of parents in their networks. A definition on what good parenting or good mothering seems to be in relation to risks and car use seems to exist (see for example Murray, 2009, Ridgewell, Sipe and Buchanan, 2005). The fear for remarks from other parents seems to be a crucial element in denying children independent mobility (Descartes, Kottak and Kelly, 2007, Ridgewell et.al, 2005, Barker, 2011, Kearns, 2003). You could be considered a non- responsible parent in letting your child move more freely. More study on the creation of "carescapes", and on the related socialising through what should be seen as responsible parental behaviour would be appropriate.

The last specific reason is related to the timing of societal arrangements. For many households, where both parents work, this loss of independent mobility of children is just the consequence of their time scheduling (Stone et.al, 2014). It takes too much time in the morning to walk or cycle with them. When schools starts at 8.30 parents have too little time left to start working at 9.00. So they drop their children to school and drive immediately further to their work. After school mostly the mothers drop their children at clubs, sport, hobbies, so they have some time available for household shopping, or again for their work. Or they work all day and leave their children under an after school - organisation, taking care of the children to 18.00.

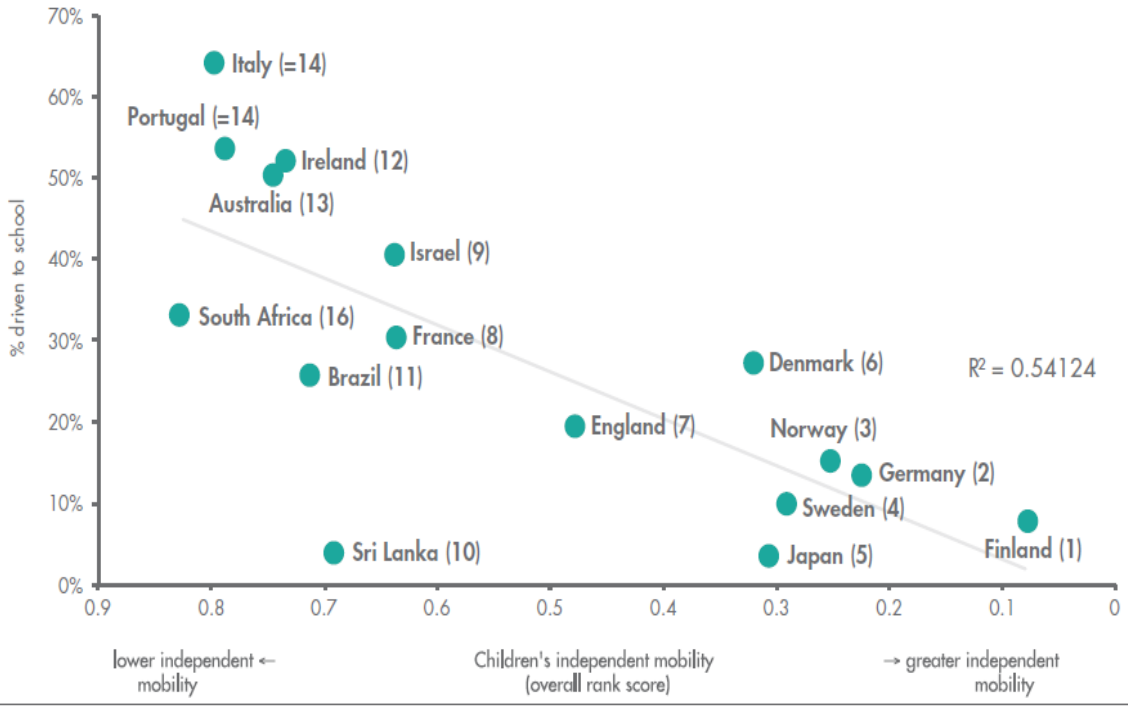
What are the results of this complete pattern of the last two to three decades? Children live more indoor, instead of outdoors, children spent more leisure time in organised activities and clubs, instead of having the gift of unstructured time, children have a smaller range for their free mobility than children in the past, while their range of dependent mobility has grown a lot, compared to children in the past. Playing and playmates become choices, often made by their parents, where in the past playmates where just there, near to where you lived. Little (2010) noticed that lack of challenging play does often contribute to behavioural problems, especially in suburbs. Loss of active transport of children could lead to obesitas, as many health specialists fear and already notice.

Louv (2005) mentions in a rather famous book a specific result; the connection of children with nature gets lost. He calls this "*nature- deficit order*" and this stands for him as ; "*The growing separation of children from nature, unless reversed, will drive future families deeper into their cocoons, removing them not only from natural experiences, but from many social contacts."*

Children are , sometimes indirect, via daycare officials, now far more supervised and controlled by their parents than in the past. Lower class children on the whole have more independent mobility (Davidson et.al, 2008, 5, Lareau,2002), and the same holds true for children whose parents have greater networks and are better integrated in their neighbourhoods (Prezza et.al, 2006). In an interesting article on childrens independent mobility in Japan (Provi Drianda and Kinoshita, 2011) six modern licenses for this mobility were introduced; to cross roads alone, to walk to places other than school, to travel home from school independently, to use buses, to go out after dark and to cycle alone on main roads. Research on how these licenses have changed in time, looking at a great number of countries would present interesting cross- cultural results.

There are differences between countries (see for example Carver et.al, 2013, for a comparison between England and Australia) . A figure from the Policy Studies Institute (2015) is illustrative.

Figure 30: Percentage of children driven to school against overall independent mobility rank (age 11)



From research it seems that Germany, Japan , the Netherlands and Denmark still keep, although also here decreasing, a certain independent mobility for children. And on the other side are the more Anglosaxon countries like the United Kingdom, Austrialia, the United States and Canada, where there is rather little independent mobility of children (Jeekel, 2011). For Germany we know that children tend to be more escorted by parents in cities than in smaller towns, and that women do this in most circumstances (78%, Scheiner, 2016b).

2.1.1.2 Discussing fear, anxiety and children's mobility

Parental fear is frequently reported as an important source for the diminishing independent mobility of children. When this is related to traffic safety this is justified in national statistics (for example NHTSA, Traffic Safety Facts - Children, 2016). When this is related to crime concerns, like "stranger danger", this must be based more on social norms than on actual risk, as kidnappings make up very low shares in crime, and happen almost never related to schools (Stewart, Moudon and Claybrooke, 2012). Here media presentations make parents worry. Parents are more worried about girls than about

boys (Riviere, 2012, Villanueva et.al, 2012). In general there is something with fear and anxiety in our OECD societies. Although we are richer than ever, and safer than almost ever before (seen from statistics) we feel more anxious. For Denyss (2017) this is the result is a controlling mode that has been introduced in society- we have organised everything via control, and we would like to control all situations, and when this cannot be achieved we start to feel anxious- in combination with the situation that we have become so individualised that we do not trust of fellow human beings anymore, unless we are befriended. Fear of crime and strangers is not comparable with the actual incidence of crime, but is an emotional response influenced by many factors suchs as perceived vulnerability, victimisation and neighbourhood upkeep (Foster et.al, 2014). Parents often seem to have inflated risk perceptions, and these lead to denying their children rights to mobility. Popular media and more localised email (be careful etc.) were noted as sources perpetuating fear (O'Connor, Brown, 2013). Parent understanding of fear is thus socially constructed,.

Related to this is the loss of the connection to normal contact with most people in the neighbourhood by hard working individuals, as they just do not find time to invest in their neighbourhood contacts. Parents often feel that "natural surveillance"or "the eyes on the street" has been lost, with fewer people walking around. And indeed, also after school time many neighbourhoods, especially in suburbs and peri- urban areas are still empty with almost all adults at work.

But an extra element seems involved, as Furedi mentions ; the adult solidarity, whereby adults take collective resonsability for children seems lost, as parents are now regarding "*other people not as allies, but as potential predators of their young ones* "(Furedi, 2008). And O' Connor and Brown (2013) conclude that high levels of community activity and social cohesion appear to be important in alleviating parental fears related to children's mobility.

One level more abstract, Beck (1992) defined our western societies as risk societies. In his discourse three elements are central ; risk, individualisation and modernity. The production of welfare in modern society is systematically combined with the production of societal risks. The logic of the distribution of wealth, that always defined society, is changed in the logic of the distribution of risks. A risk society produces at the same time anxiety and insecurity, and expectations and chances. The equilibrium between these four elements seems crucial. The greater individual freedom, the richer variety, and the loss of standard behaviours causes at a societal level the disappearance of a sense of direction. At the personal level feelings of anxiety and insecurity could arise; "*In a risk culture moral discomfort generates a need for safety*" (Boutellier,2002). A more fluid lifestyle is created, with a loss of long standing orientation marks, you cannot trust your fellow citizens any longer, as you see them too little.

The situation on children's mobility has been criticised by eloquent researchers and opinion makers. To start very conceptual, Durodie, the former director of the British International Centre for Security Analysis, criticizes the start of discussions about anxiety, risks, insecurity and safety. The focus is in his vision on managing and mitigating risks and far less on the use of our human capacities to organise our lives in a more controlled way; ""to take a risk" has become "to be at risk" (Durodie,2005,14). Modern societies are very defensive about risks ; "*we do not have a risk society but a risk perception society"* (Durodie,2006). Durodie's approach focuses on the term "resilience". Resilience has been lost. In Durodie's opinion ; "*key element in shaping our perceptions of risk and the management of most policy issues today is a sense of isolation and insecurity that affects every layer of society'"* (Durodie,2005). People living in each others proximity do not know each other, are socially not interrelated. Durodie expects resilience to grow when we know better - in connection with our fellow human beings - what to strive for, who we want to be, and what we are aiming at. Locke (1998) heads in the same direction. His central thesis is that the price paid for greater freedom of movement for modern man has been a growing anonymity in the social spheres. Small isolated private introspection leads to framing everything unknown and social as a potential or actual risk. Durodie finally argues that the best approach to anxiety is to restore the connections with our fellow human beings. Competent risk management needs trust, and we have lost too much our trust in our fellow human beings.

Concerning the loss of independent mobility of children the spectrum of critics is broad (Darbyshire, 2007, Malone, 2007, Tranter and Sharpe, 2008, Estroff Marano, 2004, Gill,2007) . But is all this criticism completely justified ? There is a chance that we have to differentiate between urban, suburban and rural areas. Statistics and literature show that especially lower class children in cities have a higher real risk to be confronted with dangerous situations outdoors (Pain, 2006). There is the importance of gangs and disorderly behaviour in public spaces. Pain (2006) also qualifies the perspective of many critics as "based on a white, suburban, middle class norm", as she noted more dangerous situations in her data, which were largely drawn for children from socially disadvantaged backgrounds. Mothers follow their own risk experiences. They base their decisions less on perceptions of risk , and more on their everyday risk experiences (Murray, 2009). Lopez, Cordovil and Neto (2014) en Kytta (2015) concluded in this respect that the best chances for independent mobility for children were to be found in smaller cities with moderate urban densities.

And parents, as Holloway and Pimlott- Wilson (2014) noted , see all the institutionalized enrichment activities, such as hobbies, clubs and sport certainly often not as alternatives for independendent mobility, but as fun, healthy and socially beneficial for their children. As Holloway (2014) notes there is a certain bias in these activities as middle and higher class parents could more easily pay for their memberships.

2.1.1.3 Children's perceptions and conclusion

How to frame all this material related to transport disadvantage for children to age 12? They seem to have lost a right to move on their own. But they have gained a spectrum of activities that are organized. And there is a difference between countries and between social strata. What is known from research is that children are mostly in favour of more active transport. And they consider strict boundaries superimposed over them not very helpful. They do not always follow their parental fears, but private spaces feel for them more safe than the urban public space (Harden, 2002), and they consider public transport less safe than car traffic (Baslington, 2009). Children often understand the parental situation that parents are not home but need to work (Harden et. al, 2013). They mostly dislike not being able to go straight home after school, but to have to spend time in "intermediate places"(Harden et.al, 2013) Murray identifies that children develop their own risk landscape and their own strategies to cope with danger (Murray 2009, Barker, 2003). Children possess a sophisticated understanding of their

everyday mobility and its interdependencies (Hansen, et.al., 2015). For example they have a broader range of safety issues than parents, also containing the risks of bullying, animals and the quality of the physical environment (Crawford et.al, 2017).

Finally ; children want in majority more active play and are "yearning for more unstructured time, just to do their own thing "(Houlihan,2005). But they also like the enrichment activitities (as clubs and hobbies). In their own words, these activities keep them happily occupied, they do not see them as a threat to independent free play. Concluding this paragraph children under age 12 are not allowed to be as mobile as they could be. The transport disadvantage for children, related to their loss and lack of independent mobility is cultural and social constructed and has certainly something to do with parental fear, parental stress and parental isolation. Children are missing experiences but are, as it seems also gaining new experiences, in clubs and organized leisure. Whether with children there is a situation of overall transport disadvantage is a matter of appreciation, but my answer would be "yes". Their vision of the environment can become " *a motorized one, where meaningful places are isolated islands, excluded from each other"* (Lopez, Cordovil and Neto, 2014). Their spatial marginalisation should be challenged.

2.1.2 Adolescents (12 -18); Feeling stuck near to your home residence

As Bjerkan and Nordtomme (2014) analysed, there is far less literature about the next period after childhood and the mobility problems in that period. Adolescents, going to secondary education, have not obtained their driving license yet. They can be seen as an intermediate group. Parents have to allow them a certain independence of travel, certainly after age 14 (and adolescent's travel increases with increasing age) but their action radius is mostly smaller than wanted. In these adolescent years and in the course of their journeys personal preferences for travel are established, and adolescents develop relations of sociability among peers that are beyond control of parents, who until then supervised their mobility (Devaux and Oppenchaim,2012). Walking is an essential mode for adolescents, as is public transport, and in more flat countries like Denmark or the Netherlands bicycles have an important role. Leisure mobility without parents starts to become important. And negotiating comes in when adolescents would like to be transported by car.

Parents have then to be willing and able to drive them. This form of chaperonage is at pains with the wish of most adolescents to be completely out of the "dependence zone" with their parents. In Consuming the Car (2002) Carrabine and Longhurst presented the function of the car for youngsters between 15 and 18 years old in two neighbourhoods in Manchester. They identified a significance orientation and a problem orientation. In this last orientation elements like road rage, joyriding and vulnerability to car advertisements come into view. This is the showing-off side, the thrilling, the excitement area. The significance orientation is about the role of the car in being able to join greater society with all its chances and possibilities. Youngsters negotiate with their parents and peers about organising car traffic. They are anxious about becoming outsiders among their friends, when they cannot join parties, activities or events. The majority want a car as fast as possible, to be able to participate and also because *"the car is a protective shield in the management of risks going to the city" (*Carrabine and Longhurst, 2002). In a few countries driving a car is earlier possible as driving age is below 18. This is in the OECD world the situation in the most car dominated countries , thus in many states of the USA (14 or 16), Canada (16, and in Alberta 14), Australia and New Zealand (both 16). In these countries adolescents have some extra rules (for example in North Dakota, , those under 16 who have a license may only drive a car that is their parents' car and are not allowed to drive between sunset or 9:00 PM whichever is later and 5:00 AM unless the driver is driving directly to or from work, official school activity, or religious activity)**.**

In most other countries a mix between travel modes of adolescents can be noted. To present some figures, for Norway (Bjerkan and Nordtomme, 2014) a rather great difference between adolescents trips for leisure from single or dual parent households could be noted. Cars were the mode for 28 % of adolescents of single parent households and for 39 % of dual parent households, and for public transport these figures were 22 % and 11 %. The other half consisted of walking (40%) and cycling (10%). For Sheffield, Easton and Ferrari (2015) noted half of school trips of 11 to 16 years old was done by walking, 20 % by normal bus, 12 % by school bus, and 12 % by car. In Stockholm most 13 or 14 years old walked to school, (60 %) or cycled (14 %), whereas 26 % went motorised, or by public transport or by parent car. And for Vienna for all trips made by adolescents walking and public transport were popular followed at greater distance by the parent's car and cycling (Fussl et.al, 2012).

There is interesting literature on adolescent mobility in France, in three different circumstances. In the ZUS, the Zones Urbaines Sensibles, the most difficult areas of the banlieus, many parents do not own cars. Boys travel from age 13 with public transport, sometimes in the form of gangs. But their leaving the ZUS is lower than the leaving of adolescents from other areas (51 % in the weekend, compared to 62 % of other boys). Girls even stay more in the ZUS (43 % to 68 % of the other girls, Oppenchaim, 2009). In the rural areas of France three stages in adolescent mobility can be followed; from 11 to 13 boys are playful, and start to learn the outside world, while girls still stay at home. From 13- 15 the territories visited by boys grow, and girls start to move outside. And from 15-17 gangs of boys and girls are formed (Devaux,2014). But rural adolescents in France keep a strong local focus in their mobility based on walking and later the use of motorised two-wheelers (Devaux and Oppenchaim, 2012). And in the broader Ile de France region difference on mobility can be seen between richer and poorer adolescents. Poorer girls walk far less than richer girls, and on a far higher level the same holds for boys. Boys of richer households do far less move to activities without their parents (Devaux, Oppenchaim and Proulhac, 2016). On the same theme Massot and Zaffran concluded in 2007 that some 60 % of adolescents walked or went by public transport to activities, whereas 11 % was driven by parents, and 29 % had a mixed pattern.

All these data of Europe can be compared with some North American studies. Bachiri (2006) studied adolescent mobility in the peri- uran area of Quebec. As there is hardly any public transport, parents have to drive them to most locations "*le nomadisme est devenu une valeur culturelle. La non- mobilte est cause croissante de l'éxclusion"* (nomadism has become a cultural value. Non-mobilization is the increasing cause of exclusion). And Weston and Handy (2005) presented data for the United States with a concentration on the suburbs where near to 30 % of all trips made by adolescents was parent – independent. When adolescents return from school, they feel stuck in their suburbs, "with a lack of destinations attractive to them, a situation which leads to boredom and potentially vandalism" (Weston and Handy, 2005).

What about transport disadvantage for adolescents? I already presented a number of situations where adolescents could have felt transport disadvantage, as it became clear that in many peri- urban areas in France, after school, many adolescents were more or less stuck to their residence, and the same situation could be noted in the rural areas of the Great Plains in Northern America. And in former Eastern Germany the adolescents could not easily move individually to friends for leisure, or sports. The basic situation seems to be that the delivery of transport to school is organised, and that all other transport (including the in importance increasing leisure trips) is seen as a responsibility of the younger persons themselves, in combination with their parents.

In the peri- urban situation parents often choose to live in rather isolated locations, and these parents seem to take for granted that their children get a smaller action space, at least a small action space without their help in their children's transport. Parents will often provide this help, but mostly at *their*

terms and times. However, in the more rural situations the problem does not seem to be a problem of choice; you just live in a sparsely inhabited environment, and have to create your network with the few other youngsters, that are just as you, not able to move easily to shops, sports, leisure. Edwards et.al (2014) clarified that accessibility acted as a barrier to physical activity in counties of the Great Plains. At an individual level, participants shared that many families, particularly high-need populations, needed to be transported to and from activities: "*Well, there certainly are, you know, a lot of opportunities if the kids are fortunate enough to have somebody to chaperone them around. You know, unfortunately a lot of children's parents' schedules don't allow for that kind of thing."* (Edwards at.al, 2014). Given that there is no public transport, some families found themselves without the means to get to activities. This barrier was seen as particularly problematic since physical cities were generally focused in structured sport programs that required attendance at centralized facilities. In more general terms also Roult et.al (2016) conclude that the issue of leisure may be a greater and more complex concern for youth living in rural areas, as youngsters, certainly to age 16 depend fully on parents willing and able to drive them. Lacking a car is associated by Australian adolescents with reduced transport independence (Delbosc, Vella-Brodick, 2015). The alternative is to stay home and engage in computer screen- based activities. Christian et.al (2017) noted that in Western Australia for girls this was a non- preferred alternative compared to visiting other locations with support of parents, whereas for boys this was not the case.

I conclude that adolescents will sometimes feel genuine transport disadvantage, as they have nowhere to go except for hoping on transport offered by parents. However we have, to my best knowledge, as yet no good statistical data on issues of adolescent transport. For example, it is completely unclear whether the driving license at 16 or even younger creates a greater or smaller relief of involuntary transport disadvantage. For me it is obvious that parents should be made responsible for most situations of transport disadvantage of adolescents, as they have chosen for the actual residence, and they can decide to move. When parents are not deciding to do so, it is up to the social capital of the adolescents, and up to their and their parents' social network, to avoid situations of social exclusion via transport.

2.2 Elderly

In the next decade in OECD countries the share in mobility of the elderly (above 65 years of age) will increase. They will make more kilometres, have more driving licenses and remain driving longer than ever. Especially in the first phase of elderly life (65-74 years of age) this mobility in almost all modes is important, and we will notice a rather mobile part of the population. The last part of elderly life (75 plus) contains more mobility problems. In this paragraph the focus will be on the patterns in mobility of the elderly (3.2.2.1), the mobility culture of the elderly (3.2.2.2), and two specific themes, the mobility of the huge group of single older women(3.2.2.3.1) and driving cessation, which is often seen to be a problem for old aged men (3.2.2.3.2). As always in this book I will search for transport disadvantages. For the elderly much literature on this theme does not find its source in transport research but in geriatric studies; mobility of the elderly is an issue that receives also attention from health and quality of life- perspectives.

2.2.1 Mobility patterns of the elderly

There are now far more older people on the road than ever. Some 15 years ago, this growing mobility of the elderly seemed somewhat unexpected, as in the United States insufficient attention was given to this phenomenon in transport modelling, which led to false predictions (Rosenbloom and Stahl, 2002). Especially the car use of the elderly is growing. A large proportion of the cohorts born after the Second World War, who are now retiring, have driving licences. People of 65 and older now make more

trips and travel longer distances than comparable age groups some 20-30 years ago did (material from Scandinavian countries in ; Hjorthol, Levin and Siren, 2010). We already noticed that the take- off of the car in most OECD countries took place in the seventies, which means that the more recent elderly have grown up or grown accustomed to car use, and will remain driving. For a great majority of elderly car use and being mobile is considered completely normal (Berg. et. al, 2015).

There is a split to be noted between the two phases. In *the first phase* (65-74) we could speak of a rather car dependent mobility pattern. The car dominates the mobility landscape and is used often for still longer distances. In fact, the distances are more or less comparable with distances travelled by ages 45-65, when the work- related travel is taken out of the statistics. A few figures on the modal split in Sweden and the Netherlands (data for Denmark; Haustein, Nielsen and Siren, 2014, and for Canada: Turcotte, 2012) are available.

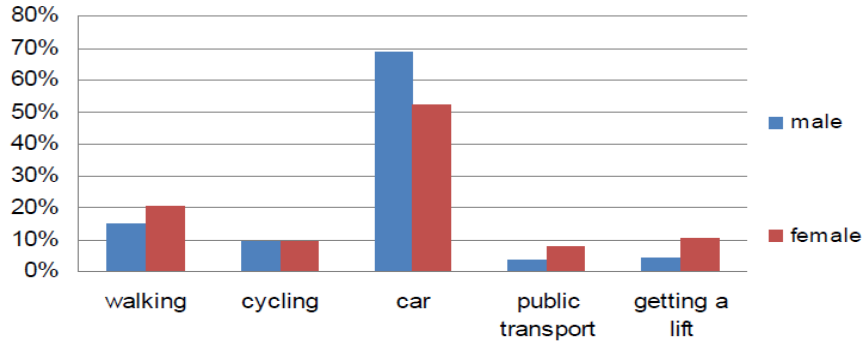
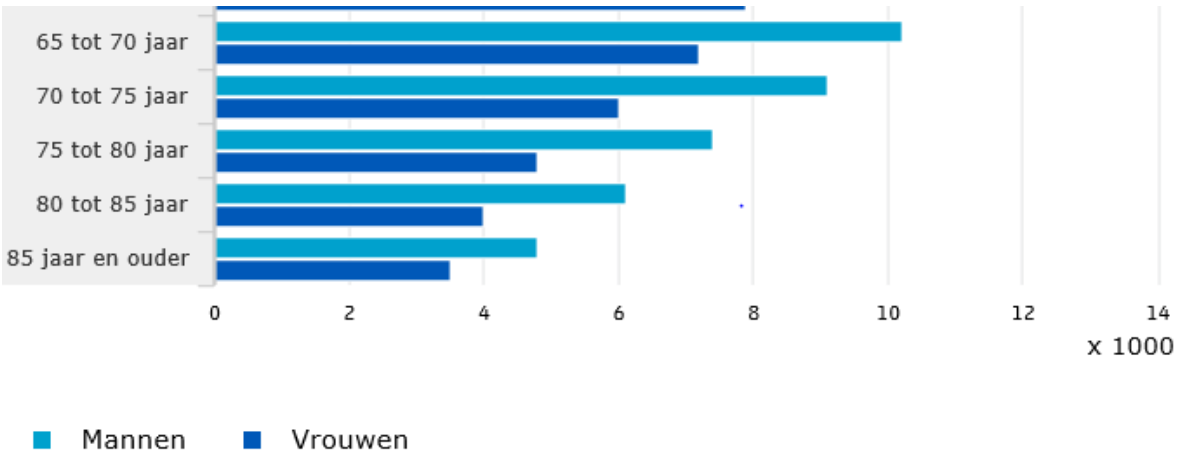


FIGURE 4: PREFERRED MODE OF TRANSPORT BY GENDER, SWEDEN

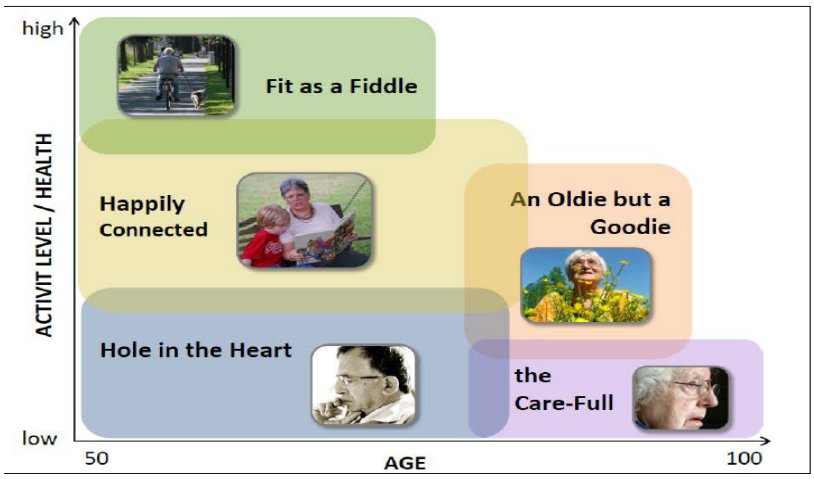
This figure (Consol, 2013) is for the elderly of all ages in Sweden and shows the preferred and used mode of travel. The car dominates, especially with the men, who walk less than women. Public transport is very low, but higher for women. This pattern can be noted in all OECD countries (see for example for Rotterdam; Bocker, Van Amen, Helbich, 2016, for the Netherlands in general ; Goldenbeld, 2015). Older people are only minor users of regular public transport. In *the second phase*, after 75 years of age, the number of kilometres travelled is only half of the number of kilometres travelled at 65. Although women did receive driving licenses in the last decades, in the older generations still a split can be seen in numbers of kilometres yearly driven as this figure (CSB, 2016) from the Netherlands shows.



In total men travel between 65-74 years in the Netherlands 21,5 kilometres on average daily, and this decreases to 11,5 kilometres after 75 years of age. Women travel 14,5 kilometres in the first elderly period, and this decreases to 9 kilometres. Note that the decrease in women's mobility is slower. In most OECD countries mobility problems start to grow above 75 years of age, meaning that in the first elderly phase mobility is now just as normal as in other stages of life, however with still less driving of women and with more walking and less public transport use than average. Figueroa, Sick Nielsen and Siren (2014) found that even in higher density situations elderly substitute car use by public transport less than non- elderly. Most trips are made for shopping, visiting friends and family and leisure (see for example Jorritsma and Olde Kater, 2008). Older people at risk of poverty travel significantly less (Giesel and Kohler, 2015). Trip complexity is higher where population density is lower. Older people in rural areas have more cars per capita, greater car use, and more complex trips then their urban counterparts. Bus use is related to the density of bus stops, and less to the frequency of bus service. In general, public transport, outside the urban areas is seen as rather burdensome. Busses are used by older people, but only when they do not have a disability (Schmocker et.al, 2008) And older people people prefer trips with fewer purposes that can be made at ease (Su and Bell, 2009).

There are many mobility typologies of the elderly constructed. I will present a few in the next subparagraph, but the typology below clarifies the split in mobility in the two phases rather nicely (Mandl,Millonig and Friedl,2013, Hefter and Gotz, 2013).

As until now only the first part of the "*babyboom"- generation* has reached the older age, there is much thinking and speculation on what the future will bring. Shergold, Hubers and Lyons (2015) identified four important questions in this respect, about individualised versus collective transport, engagement in active travel, types of journeys made, and journey substitution trough technology. In later parts of the "babyboom"-generation (1951-1955) and the first parts of the next generation (1956-1962) the share of driving licences of women did grow in most OECD countries rather fast. As Siren and Haustein (2013) clarified, expectations regarding ageing and the future differ between the baby boomers and the previous generations.



2.2.2 Mobility cultures of the elderly

Mobility means for most elderly far more than just traversing distances. Mobility means independence, and independence is what most elderly people cherish. They fear getting dependent and needing help. Independence is the ability to do things your own way, with your own speed. You do not have to adapt to wishes and time schedules of other people. It is , in a sense, the continuation of your self- identity. Men seem to cherish this independence even more than women, and for them it seems closely related to driving. And as Ahern and Hine (2012) concluded for Ireland, in rural areas, car access is often a precondition for independent life.

Thus, mobility affects mental health, social health, emotional health and the sense of self (Turner Goins et.al, 2015). Independence is "*related to older adults' ability to move fluidly through geographical*

space; their ability to do things at different sites in geographical space and thereby be socially connected, participate in civil society, and enact desired identities" (Schwanen, Banister and Bowling, 2012). However, the relation between car access and independence is rather difficult. On the one hand, car access enables people with physical limitations to still live independently. On the other hand it are the more healthy elderly that still own a car (Scheiner, 2006). Losing one's car – mobility is often equated with losing one's independence, control as well as spatial and temporal autonomy and qualitative studies show the possibility of no longer being able to drive as traumatizing, especially in sububs and rural areas (Lord, Despres and Ramadier, 2011). The car maintains the intricate link between keep doing what you always did and worsening physical conditions, or nicer stated: '*Independence mediates the link between mobility and well- being"* (Turner Goins et.al, 2015). Losing the ability of car travel means the need to adapt your lifestyles. That could mean; growing accustomed to public transport, remaining home, or asking for lifts. And it means avoiding situations that are without your car too complicated to manage (Lord, Despres, Ramadier, 2011).

A caveat is here at its place. The perspective introduced here has a certain bias. It is a male perspective, and a perspective from suburbs and rural areas. It is less the perspective of women and of urban areas. Here it is also worthwhile to differentiate socially. There are many segmentations made when it comes to mobility styles of the elderly. In *Older People's Mobility: Segments, Factors, Trends*, Haustein and Siren (2015) summarised the segmentation studies by introducing 4 "groups of segments". The first were the *Affluent Mobile Drivers*, with high car use and high activity engagement, more males, and in good health. The second were the *Car Dependent Seniors*, mostly with high car use, but with low activity engagement, not in good health any longer. The third were the *Mobile multi- modal users*, a group segment not found in the United States, while this group uses all modes and has a high to medium activity engagement and is often still in good health. And the last group are *Transport Service Oriented Seniors*, with a bias on walking, public transport use and car use as a passenger, predominantly women, not in very good health. Affluent Mobile Drivers and Mobile multi modal users probably dominate in the first elderly phase, between 65-74 years of age, whereas Car Dependent Seniors and Transport Service Oriented Seniors probably dominate in the second elderly phase, above 75 years of age.

Mobility of elderly decreases with age and is often related to diminishing health. We need to recognise the thresholds in health change that impact in a non- marginal way to mobility situations (Alsnih and Hensher, 2003). Older people could identify causes of difficulty (pathologies, impairments, symptoms) of mobility related problems and accommodations (task modifications, use of medical or other aids) pretty clearly (Ramos-Pichardo et.al, 2014). The figure below from the Netherlands shows the relation between three relevant elements (Consol, 2013).

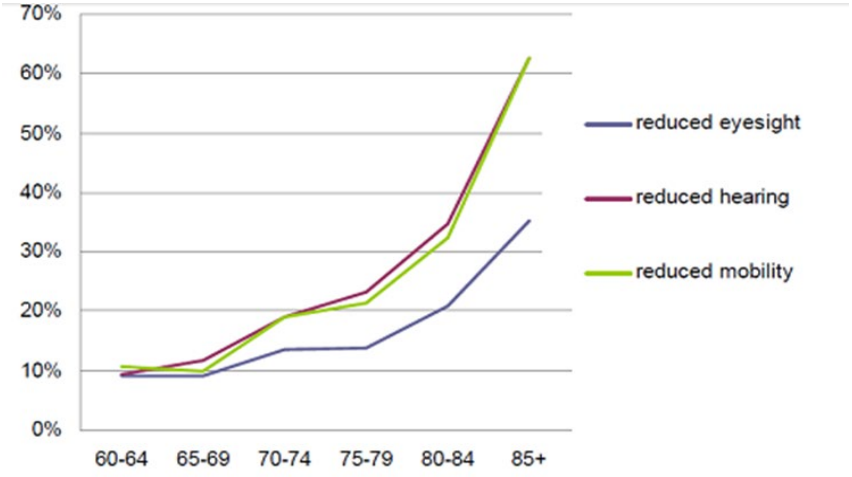


FIGURE 7: PHYSICAL IMPAIRMENT, NETHERLANDS

Especially in the second phase of elderly life transport disadvantages can be noted. In the literature this theme is often approached via the "unmet needs" of the elderly. A number of results of these unmet needs studies will be presented here.

At first , it seems useful to differentiate between serious needs and discretionary needs (Luiu, Tight and Barrow, 2017). Health related mobility and shopping for daily products mostly belongs in the first category, leisure and often also visiting friends and family in the second category. An illustration is that older people will give up driving for leisure activities, but not for shopping (Haustein and Siren, 2014). Secondly, the split between never drivers, still- drivers and ex- drivers is useful (Haustein and Siren, 2014). Still - drivers have the least unmet needs, never- drivers have unmet needs, but evaluated other transport modes the most positively (Haustein, Siren, 2014)) and it seems that ex- drivers, accustomed to the flexibility car driving did give them until recently, have the most unmet needs (Nordbakke and Schwanen, 2015). This is partly the situation because ex- drivers are unfamiliar with the possibilities public transport could offer, and are rather often reluctant to study these (Nordbakke and Schwanen, 2015). Older people in couples have more unmet needs, than single older people. But single people felt more need for out- of – home activities. (Nordbakke and Schwanen, 2015). And older people in rural areas and outer suburbs have the greatest unmet needs (Luiu, Tight and Barrow, 2017) . People needing help with their mobility had more unmet needs.

People with unmet needs often evaluated the offered solutions as inadequate. At first, the characteristics of the built environment were not helpful for walking of older persons (quality of pavements, distances between blocks, see Clarke and Gallagher, 2013). Also, taxi drivers sometimes failed to bring them right in front of their residence, public transport was seen as problematic , especially for discretionary travel (Luiu, Tight and Barrow, 2017), or not even considered, and with asking for lifts there was an intricate situation. Rather often older people are careful about asking for rides, to avoid the formation of more structural and durable relationships , and also because they feel not able to do something in return (Schwanen, Bannister and Bowling, 2012). Another perspective comes from an Australian study (Department of Infrastructure, 2007). In *Maintaining Mobility* is mentioned that getting lifts will probably become more difficult "*Even where family members do live close by, they are often not as available as previous generations to assist with transport for various reasons. For example, a higher level of female participation in the workforce means less time for non-work activities. Many people are having children later in life and may have both young children and older relatives to look after…the availability of private lifts may therefore be on the decline*."

All-in all, transport disadvantage grows in the second phase of elderly life, and reaches its heights in ex- driving households, living in rural areas or outer suburbs. But many older households, singles and couples, will face transport disadvantages. It is than a function of their social capital whether they will face social exclusion. Often also this social capital diminishes at old age, as friends of the same age die. Social exclusion seems the case in the elaborated description of the living and mobility conditions of an older Swedish couple, living in a suburb of Malmo, not having any friends and still owning a car, but trapped in their house (Stjenborg, Wretstrand and Tesfahuney, 2015).

2.2.3 Two specific problems ; single older women without driving licenses and driving cessation

2.2.3.1 Single older women

Among the elderly there is now a rather vulnerable group. Most older women now living in OECD countries do not own a driving license. For example, as Giesel (2014) mentions, in Germany, in 2008, almost 90 % of all men over 75 years of age had a driving license, but only just over 40 % of the women. This means that in most couples, when the man dies, and the age gap is among these cohorts often still rather huge, the woman has to find new ways of mobility at a later stage in life. In essence, the problem is on two groups, single women that live alone for quite a while, and recent widows, both without driving licenses. The first group has in her life grown accustomed to finding her way in mobility, and for this group the mobility pattern often only changes for health reasons. The recent widows have to build complete new mobility styles, after having depended on car use as a passenger. Engels and Liu (2011) on this problem; "*A sizeable number of older women did not learn to drive and remain dependent upon their car driving husbands. They are therefore most likely to experience social exclusion after their partner dies and access to car travel is either reduced or ended altogether".*

The problem of transport disadvantage of older single women has always been studied in qualitative terms. Thanks to a combination of statistics I am able to present first statistical data on this theme[1]

[1] In the Netherlands we now 2016 have 700.000 pairs (of which 100.000 have 2 cars) between 65-74, and 265.000 single women and 145.000 single men. This means that in this cohort we have 965.000 women, and we know that 25 % of these women do not have a driving license. We have 845.000 men and we know that 7,5 % of these men does not have a driving license. Figures for 75 plus are ; women 60 % and men 20 % no driving license. We assume that single women and women in pairs have the same % of driving licenses, and assume the same with men. And we assume that in pairs with one driving license the man holds that driving license. That leads to these global figures, based on input from CBS (2016), RDW (2016) and CBS Statline (2016).

Situation	65-74	75 plus	
Pair, 2 driving licenses	525.000 pairs/ w.v.100.000 (2)	145.000 pairs/ Min 36.000 (2)	
Pair, one driving license	120.000 pairs	147.000 pairs	Vulnerable, when driving partner dies
Pair, no driving licenses	56.000 pairs	**73.000 pairs**	
Single woman, driving license	200.000 persons	155.000 persons	
Single woman, no driving license	65.000 persons	**240.000 persons**	Actual, many widows
Single man, driving license	130.000 persons	93.000 persons	
Single man, no driving license	14.000 persons	**22.000 persons**	
Pairs in total	700.000 pairs	366.000 pairs	
Single persons, in total f/m	265.000/145.000 persons	395.000/115.000 persons	

So, in the Netherlands, in 2015 we had a little bit above a million elderly pairs, and 900.000 single older persons. In the first elderly phase there are twice as much pairs as in the second phase, and there are more single older persons in the 75 plus phase, than in the first phase. As can be seen from these statistics the number of widows without driving license grows with growing age and is at least near to 200.000 persons after the age of 75. And in near to 150.000 pairs mostly the woman is in a vulnerable position, being car dependent but without a driving license. There are also near to 75.000 pairs without any driving license, and even 22.000 single men without driving license. Combining these groups we arrive at some 400.000 individuals above 75 years of age, that could be confronted with transport disadvantages, this is one third (33 %) of the persons in this age group. However, the smaller half of these individuals could have grown accustomed to a mobility pattern without a car.

From research in the Dutch region Gelre- IJssel (GGD, 2007) we also know that in 2007 near to 16 % of the elderly had mobility problems, and women had twice as much problems as men (20 % versus 10 %). Of the older aged, 75 plus, 23 % of elderly faced mobility problems. Translating this figure to the Netherlands as a whole and supposing that the shares remained the same between 2007 and 2015, this could mean that of the 1,2 million Dutch elderly of 75 years and older (366.000 pairs and 510.000 singles) some 285.000 persons faced mobility problems. This is within the range found via statistics.

We also know where the Dutch elderly are living. In a recent study of The Netherlands Institute for Social Research SCP (2017) rather good information on the location can be found. Younger elderly can more than average be found in the suburbs and the rural areas, and are underrepresented in cities. For the older elderly the suburbs are overrepresented, and cities are just a little below average. In 15 year' s time cities have relatively lost many elderly. This means that a greater part of the elderly are now living at locations where it is more difficult to be mobile without car use.

But can we really note social exclusion among single older women? There is not much hard empirical evidence from the literature on this specific theme. But Izumiyama, Ohmori and Harata (2007) noted that elderly had to make undesired adjustments in their activity schedules to participate in medical care activities at hospitals, and Engels and Liu (2011) show for Melbourne that without changes in bus routes non – driving seniors without much social capital will face social exclusion through a combination of difficult access to services and changing retail locations. From literature presented in chapter 1 we know that social capital can mitigate the transport disadvantages. Ziegler (2012) presented on this theme an interesting study, introducing two older ladies in Manchester that cherish

their social capital (with neighbours, in a club) but see this capital diminishing. Their continuity in belonging can no longer be taken for granted at a neighbourhood level, because of changing relational practices. In this respect, Brooks (2014) suggests that the main interventions that help older people to stay connected are access, social life and place- making. Social capital asks investments from governments in access and place- making and from citizens including the elderly themselves in social life and place making. With growing age the possibilities to invest here seem to diminish. And thus, the combination in the situation of single older women, as being without driving licenses, living in suburbs and rural areas and diminishing capacities to maintain social capital and social networks could indeed lead to social exclusion.

2.2.3.2 Driving cessation

After the age of 70 a vast majority of drivers renew their driving licenses. Only a minority intends not to renew, and this majority consisted in Denmark (and probably in most OECD countries) of women, of people living in urban areas and of single households (Siren and Haustein, 2016). Driving cessation constitutes a major life event for older people, with long- term, or even lasting impacts on their wellbeing (Ziegler and Schwanen, 2011). Health problems are the most common reason for driving cessation. Important are especially visual impairments, neurological disorders and recent hospitalizations (AAA Foundation for Traffic Safety, 2015). Also important reasons for driving cessation were accidents made or being confronted with, in periods just before the cessation decision. Less important seemed the influence of the children asking parents to stop driving. As evidence from Rosenbloom (2010) shows, often children have mixed emotions in this respect, and feel rather unsure and concerned how their parent(s) would do without a car on the one hand, and fearing to need to escort them permanently on the other hand.

Escorting seems important because and the elderly and their children see public transport only as a more or less realistic alternative in urban areas, and even then use of public transport is connected with emotions of anxiety and loss. Mercado, Paez and Newbold (2010) describe that in spite of its potential "*the elderly's use of public transport is negatively affected by physical limitations, changing mobility lifestyle and the declining quality of public transit systems*".

Especially men try to keep driving as long as possible. Cessation is often felt as a last step. There is a causation between health status and driving cessation. Most literature is about the health reasons for cessation, but here I would like to focus on the other relation; what happens with health after cessation (AAA Foundation for Traffic Safety, 2015)?. Edwards et.al (2009) found a rapid decline in general health following driving cessation. And evidence on the association of driving cessation with depression is robust and compelling as AAA Foundation for Traffic Safety (2015) analysed in their study evaluating 20 studies on driving cessation (see also Ragland, Satariano and MacLeod, 2005). Part of this greater chances for depression can be explained by the perceived loss of control, and hence the loss of independence felt by older drivers. The way and moment of cessation seems also important. Older people that stopped voluntary were better prepared to new mobility lifestyles than people that were forced to stop. There are limited quantitative data on the differences between voluntary and involuntary driving cessation (Choi, Mezuk and Rebok, 2012), but only a small minority of the men stopped due to the advice of their doctors or their family, or just because of self- reflection.

Liddle et.al (2012) noticed significant differences between ex- drivers and current drivers. Ex – drivers had lower life satisfaction, were less likely to participate in volunteering activities, and family gatherings. They spend less time on social leisure and more time in solitary leisure. Comparing to people that had never driven they were less socially active. Mezuk and Rebok (2008) reported that over a 13 year period driving cessation was associated with a 51 % reduction in the size of the network of relatives and friends, and this loss of social capital was not mediated by the availability or access to

alternative transport. In a study from New Zealand, *Older People and Transport : Coping without a Car* (Davey, 2007), stopping driving was, especially for older men, analysed as particularly emotional. Older men often lose the capacity to arrange their mobility in a satisfactory way. Requesting and obtaining a lift becomes the most important form of mobility for the elderly, more important than the taxi and in New Zealand certainly more important than public transport. But, as we noted, older people are selective about asking for lifts, even to family. They do not like to ask lifts for leisure or social activities and as a result these activities will diminish, which could leads to loss of life- long friendships. Lifts are requested for shopping and especially for health reasons such as seeing a doctor or travelling to hospitals. In New Zealand many older people do not leave their house anymore. These problems are not broadly discussed as older people see this as a fact of modern life and they adjust accordingly.

All-in all, involuntary driving cessation often leads to a real problems of wellbeing, and can lead, via loss of independence, in combination with the decision not to ask for lifts all the time, to transport disadvantages and even to social exclusion. In the last phase many elderly will be confronted with greater transport disadvantages, that cannot be compensated by their (diminishing) social capital. Most problems will be faced by widows without driving licenses that were accustomed to their life as car passengers, and to ex-drivers who stopped driving involuntary, especially when these elderly live in suburban or rural areas. The last phase, 75 plus, of many older life's contains many mobility problems. More attention on transport disadvantages and social exclusion of the older elderly is needed.

2.3 Disabled

2.3.1 Disabled people and transport disadvantage

Mobility is difficult for many disabled. But for how many disabled, and which impairments are the most problematic in leading mobile lives? In answering this question the magnitude of transport disadvantage of disabled people could be defined. However, the question is rather difficult to answer. From the literature is clear that disability initiates many definition questions and many frames. At first, each OECD country presents a huge percentage of disabled persons, mostly somewhere between 15 and 20 % of the population. This is a question of definition, as in many countries also problems such as dyslexia or colour blindness fit in the disability spectrum. These broad definitions are not particularly helpful for the aim of this book, where the focus is on individuals and households facing involuntary transport disadvantages. Colour blind people and persons with dyslexia have in most cases no real problems with their mobilities.

Behind these definition problems stands an important debate about how to approach disability in society. Two quite different models of thinking lead to quite different frames (Taub, McLorg and Bartnick, 2009, Oliver and Barnes, 2010). The first and oldest model is the medical model. This model focusses on the biological and medical nature of the impairment. The functional limitations of body and mind are emphasized. The level of the impairment is measured and medical treatment and cures are promoted, to reach a state that is as near to what could be considered "normal". This model leads to a smaller number of really disabled persons, who need a special status. The other model, which is now central in most OECD countries, is called the social model. This model recognizes the dynamic interaction between impairment and disability. Impairment is only a problem because our societies are not fit to include impairments. Disability is seen as a problem, not as an integrated element in society. Political thinking is an important basis of this model as *'"through unequal social interactions with powerful non- impaired others, powerless impaired individuals internalize negative self-conceptions and a limited view of life potential*" (Taub, McLorg, Bartnick, 2009).

In this social model the reality of impairment is not denied but this is not seen as the cause of the disadvantaged position of disabled people. That position is so disadvantaged because society, through its arrangements, restricts opportunities for disabled people to participate in mainstream economic, social, leisure activities (Oliver and Barnes, 2010). To give an example, when busses offer no entrance for wheelchair users these disabled individuals are unable to reach important locations for them at low costs. The social model originates from another way of looking at disabled people. One of the architects of the model, Kitchin (1998) sees disability as spatially and socially constructed. Disabled people were seen as unproductive and had to be excluded from society and were, in Kitchen's words, even oppressed. Normal environments were not places for them, to cite : "*the ideological messages to disabled people that are inscribed in space through the use of segregationist planning and inaccessible environments are clear- "you are out of place", or "you are different*" (Kitchin, 1998).

The social model is a complete correction of this way of framing disability. A society is only just and responsible when also people with impairments could lead normal lives. It is clear that the social model offers an emancipation agenda. Disabled should be helped and supported , when they need help, environments should be built and rebuild to include disabled people, transportation should not create entrance or access problems, to present a few points for this agenda . To realize this agenda rights are defined, and investment programmes created. And therefore, it is useful to present impairments as rather normal in society. This explains the huge percentages of disabled persons found in the statistics.

However, for the purpose of this book, this approach of broadening, although fully understandable, is not very helpful. It can be noted that in real life decision makers are certainly not completely endorsing the emancipation agenda. There are still many boundaries, many entrance and accessibility problems for disabled persons, especially for disabled persons with severe impairments. Many buildings, much public transport, many services are still not at the level of help and support that makes it possible to lead normal lives for the disabled. I will present cases in 3.2.3.3, about expectations and experiences. And in 3.2.3.2 the focus will be on the broad spectrum of mobility and disability.

Here I will try to answer the factual question how many disabled persons probably face involuntary mobility problems, because of the state of art of the supply of their mobility. This answer forms the basis for an estimation of the magnitude of involuntary transport disadvantage. Canada offers more detailed statistics on the number of people with disabilities, and the same holds true for seven other countries where figures could be found on more detail. These countries often work with low, medium or severe impairments on the one hand, and with visual, motoric, auditive and mental impairments on the other side. From the perspective of mobility as it is now functioning (car driving as the basis, public transport in cities important) I prepared a small scheme, containing greater and smaller mobility problems.

	low	medium	severe
visual	x	x	x
motoric		(x)	x

auditive			(x)
mental (IQ lower than 70)	x	x	x

Lower visual impairment starts from 30 % sight, and lowers down. This means that in essence all visual impaired will not be able to drive. They can, however, often use public transport. On motoric, only the severely disabled will have great difficulty in driving. The mentally impaired are not in the circumstance to travel alone. As we know, people with auditive impairments are driving, with possibly some problems for the fully deaf persons. Finally, people with temporarily mental disorders, like depression, can drive.

One caveat on this scheme should be mentioned. The scheme is about which disabled persons will probably face problems in actuality, looking at the state of the art of mobility infrastructures now, and leaving out help offered. It is a factual scheme, and should not be used normative, as the accessibility of mobility for disabled persons is in essence a function of investments done in mobility.

One other element is important. Many disabled are elderly (mostly some 40 %) As I do not wish to overlap in data with paragraph 3.2, I separated the elderly (65 years of age and higher) in this exercise. With this in mind I will now present figures from the different countries. For Canada (Canadian Human Rights Commission, 2012) we have figures from 2011. Related to my scheme are then 400.000 visual disabled, 520.000 mentally disabled, and 300.000 motoric disabled, plus 60.000 auditive disabled. Together 1,3 million out of a population of 35 million, is 3,8 % of the population (including the elderly leads this to 6,1 %). For the Netherlands we note 140.000 visual disabled (only the blind) , 120.000 mentally disabled and 200.000 motoric disabled, arriving at 460.000 (a figure not completely comparable with Canada, due to definition questions, SCP, 2012). Van Hal and Bakker (2007) arrived at around 1 million more severely disabled persons in the Netherlands (including the elderly), this is 5,8 % of the Dutch population.

To present, more as “rule of thumb” figures from 8 countries , mostly including the elderly. Please note that it is the severely disabled and not the severely disabled probably facing mobility problems (most statistics still include also the auditive disabled).

Country	Estimation severely disabled	Number of inhabitants of country	%
Australia	1,3 mln.	23,8 mln	5,5
Austria	0,4 mln	8,7 mln	5,2
Canada	1,4 mln	35,0 mln	4,0
Germany	5,0 mln (more than 50 %)	83,0 mln	6,0
Netherlands	1,0 mln	17,2 mln	5,8
Sweden	0,5 mln	10.0 mln	5,0
Switzerland	0,5 mln	8,7 mln	6,1
United Kingdom	4,1 mln	65,2 mln	6,3
			4,0-6,0 average 5,4

It seems , from these figures (Canada without the elderly) that in most OECD countries around 5-6 % of the total population can be described as severely disabled , also from the perspective of being able to cope with mobility infrastructures and services as they are offered today. Around 3,5 % of the total

population is severely disabled and younger than 65 years of age. This is a huge number of persons and the greatest part of them is probably facing involuntary transport disadvantage.

Accepting that most data are somewhat older there is still a lot of work to do before the future described in the social model will be reality. Governments did present rules, and subsidies, and rights have been formulated. To give an example, the International Transport Forum (2011) presented a report on Rights and Obligations. They note that "*the way transport services are planned and delivered, the design and maintenance of the pedestrian environment and land use planning can all contribute significantly to the problems that disabled and older people face, and can limit their ability to regain or retain independent living daily"*

It is clear that creating an *inclusive mobility environment for disabled* comes at a cost. To arrive at far smaller transport disadvantages for the disabled, governments and citizens should invest and support far more than is actually the situation. It seems that we are here in a "halfway- situation"". Yes , the notions of inclusiveness and independence in mobility for disabled are accepted, there are rights and policies formulated, but no, the actual situation in practice leads to still high transport disadvantages, not fully mitigated by social networks, and thus to rather huge social exclusion via transport.

To broaden the perspective, material culture and built environments are, as Freund (2001) writes in *Bodies, Disability and Spaces*, made for a limited variety of bodies. As a geographer comments (in Freund, 2001): "*modern landscapes seem to be designed for forty-year- old healthy males driving cars".* Freund writes about disabling cities, with physical barriers to movement and with inaccessible buildings. This leads to exclusion of people with disabilities, as they feel insecure and marginalised, and having to make many efforts to find their way. They also can be at greater risk of injury in public and public transport space. Including the disabled could lead the way to Inclusive Transport, the title of this book. Diminishing transport disadvantage for the disabled is really a battle still to be won!

2.3.2 Mobility and disability

As Paez and Farber (2012), Taylor and Jozejwicz (2012) and Wasfi, Steinmetz-Wood and Levinson (2016) noted, disabilities research in relation to transport and mobility has tended to remain in a state of underdevelopment. As yet, there are only very few academic articles to be found, stemming from transport research. Most articles on mobility of disabled persons are found in journals concentrating on disability. We already noticed the same situation of only minor contributions of transport researchers with the elderly and the adolescents. Transport researchers seem to consider only the mobility of children an interesting subject. It would be useful to elaborate longer on this circumstance, and on understanding why elderly, disabled and adolescents tend to be marginalised in transport research.

In this paragraph I will concentrate on the mobility patterns of the disabled. In 2009 the Department of Transport of the United Kingdom published an Evidence based review on mobility, concentrating on choices and barriers for different social groups. In 2002 disabled adults travelled a third less often than the non- disabled. Escorted by car was the most common mode of transport, followed by bus travel, and travel by taxi. 60 % of the disabled adults had no car in their household. The cost of mobility, especially for taxis, was seen as rather high by the disabled. Physical accessibility was a key issue for them. Walking the pavement, boarding busses, being unable to walk to and from bus stops, no seats at the bus stops, many complaints could have been heard. Many disabled persons feared for their personal security, and most noted that because of all the barriers they had to plan their journeys long in advance . In 2002 25 % of the disabled experienced difficulty reaching health care, and 18 to 23 % had difficulties in getting to friends, family or leisure. (Department for Transport, 2009). A decade later, in 2012 in London, 58 % of the disabled people had no car in their households, and they made some

25 % less trips than the non- disabled persons (Transport for London,2012). And in 2016 disabled persons in the United Kingdom as a whole travelled one third less (kilometres and trips) than average (Papworth Trust, 2017).

These data can be compared with data from France from 2009 (Dejoux and Armoogum, 2010). Here 19 % of the disabled mentioned being immobile in the last week, compared to only 1,5 % in the non-disabled population. Disabled persons made 60 % of the number of trips of non- disabled (and this was more or less the same in all age groups). From another research (Cadestin et. al, 2010) 8% of all disabled had problems travelling in 1993, and this has risen to 9 % in 2007.

In the U.S.A. wheelchair users were asked to report which destinations they could not reach without help. Especially workplaces, religious buildings and homes of friends scored badly (Meyers, et.al., 2002). What would help in reaching all destinations were personal assistance, health promotion, programs that improve civility and redesigning building and public spaces.

Myers and Ravesloot (2016) concluded that disabled people, researchers and city planners agreed that participation of the disabled in society is largely dependent on transportation. 57 % of persons with a medium impairment and 37 % of the persons with a severe impairment reported using independent transportation (compared to in general 82 %). Casas (2007) concluded that significant differences existed between deaf and blind people and non- disabled when comparing dining, entertainment and shopping opportunities, reflecting the inability of these disabled to travel longer distances . She also saw differences between the disabled themselves, as deaf and blind were far less constrained in their mobility then the mentally disabled.

It is difficult to clarify the source of the lower participation in society of disabled persons. Is this primarily a function of their impairment or is it just a function of the transport possibilities offered? Both seem to be important. Persons with disabilities could achieve greater freedom when they get full access to the variety of transport modes, when all relevant buildings can be accessed easily, and when pavements are well maintained. This asks for investments in vehicles, buildings and the urban infrastructure. And moreover, this asks for *Inclusive (or Universal) Design* of environments and communities. Inclusive Design is the design of an environment so that it can be accessed and used by as many people as possible, regardless of age, gender and disability. The lack of independent mobility is a function of under-investments in these necessities.

The Mineta Transportation Institute presented in 2016 *Improving Pathways to Transit for Persons with Disabilities.* Best results were made when the focus was on thinking about the compete journeys, from houses to bus stops, to boarding, to leaving, to house, and not focussing on just what happens when a disabled person boards. Improvements should also contribute to raising the level of independent travel for the disabled persons. In London 40 % of all train stations were step-free in 2013 (2008; 30 %), and 24 % of all metro stations (Papworth Trust, 2017)

For disabled persons that cannot travel without help in some countries and regions specific travel arrangements have been constructed. In the Netherlands there is the so called *doelgroepenvervoer,* which stands for specific travel for people that have an access to travel with small mini- busses (6 to 10 passengers) that function as demand- responsive transport. Some 360.000 people with disabilities used this form of transport in 2015, of which a third rather active. Most distances travelled were between 7 and 15 kilometres (Zijlstra and Bakker, 2016). 42 % of the users is 65 years of age or older. Solvoll and Hanssen (2017) noted that the satisfaction for specialised transport services for the disabled was by men related to the service area, whereas for women the comfort and the number of trips that could be made were more important.

2.3.3 Expectations and experiences

The patterns of mobility of disabled persons are now somewhat clearer. But this tells very little about their expectations and experiences. For example Wasfi, Steinmetz-Wood and Levinson (2016) noted that people with developmental disabilities (some 1,5 % of the U.S. population) felt dependent on others for their transportation needs, and 46 % felt unable to make trips they needed to make. Blais and El Geneidy (2014) found out that among the disabled the persons that could use transit (public transport) had a higher sense of well- being than non- transit users. The possibility of the use of transit seems linked to living independently, to socialising and to well- being. Stated the other way around, lack of independent transportation leads to lower feelings of well- being. A built environment that facilitates walking leads again to higher feelings of well - being. Taylor and Jozefowicz (2013) studied the daily mobility of disabled people for healthcare facilities in Bydgoszcz (Poland). Disabled persons showed greater mobility for healthcare than did their non- disabled counterparts, also because they preferred to travel further and longer to get the best and most comprehensive medical services. But travel takes time, as many of these better healthcare buildings are situated outside the main public transport network.

Wheelchair users felt often discomforted in their shopping in Swansea (Wales) (Bromley, Matthews and Thomas, 2007). Most of them reached the city centre by car or taxi. The vast majority considered busses “difficult”; “*on the whole there are not any disabled facilities on public transport. Unfortunately, it is al done for the majority of the people and not for the minority”*. The shopping environment in Swansea is not very friendly either with bad pavements , and some wheelchair users tended to resign and accepted their reality, in “*I think some people just have to accept that they cannot go into places where you cannot go…you cannot expect to go everywhere”.* Universally Accessible Design (Aarhaug and Elvebakk, 2015) is seen as the longer -term solution for overcoming barriers to integration and use of urban environments.

Bromley, Matthews and Thomas (2007) argue that although all planning and design has to ensure access for all groups, in reality the emphasis seems to be on satisfactory access, on the “adequate” rather than on the “universal”, and a decade later this still seems the case. On this issue an interesting conflict seems at stake in Adelaide, where the builders worked from the universal design frame, whereas the planners considered this too expensive and stated that only some elements needed to be accessible (Rains and Butland, 2013).

The quality of footpaths often leads to barriers for disabled persons. And on buildings, one person remarked: “*I often have to go on a scenic route*”, meaning that he has to travel longer routes and have to take back entrances. Rains and Butland (2013) had to conclude that discrimination of the disabled community had become naturalized. Aarhaug and Elvebakk (2015), working from Norway, are somewhat more positive, identify changes, but consider success not yet complete. Important for disabled people is to reach a point where there is predictability for them in the urban system, meaning that they can safely assume their journey will be smooth.

Wilkinson- Meyers et.al (2014) described the experiences the disabled had in their everyday mobilities. They felt, although well meant, the provision of support often as inadequate and inappropriate, wishing that support would be offered in dialogue with them, and balancing between the desired level of independence and the appropriate support. And support needs to be timely and readily available. On transport, their favourite mode, next to driving themselves, was accessible transport on demand. The normal transport services were often not seen as meeting the needs of disabled passengers. For example, taxi drivers often failed to bring disabled persons right to their front door. Interesting is the time issue, as waiting seems to be normal practice for disabled persons. Everything related to mobility takes much time, for instance: "*It's harder to be spontaneous. Like if someone rings up and says "come around for a drink", you can go to the shop and get a bottle. But when I don't have a bottle in my house I would need a taxi to stop and help".* And an important comment was on having lowered expectations, meaning that disabled persons expect less quality of their mobility and transport than what is seen as normal by non- disabled. Here a relation can be seen with the smaller travel horizons of Morris (2006). A desire for more activities such as tourism (Small and Darcy, 2010) or leisure (Paez and Farber, 2012) may be suppressed due to these lowered expectations. Disabled persons then consider these wishes too inappropriate for them based on their experiences in normal mobility life. And indeed, Small and Darcy (2010) presented many examples where disabled persons are excluded from participating fully on holidays due to a lack of accessible infrastructure.

All-in all, in individualised societies where almost every service to others has its price, and where we live together via the principles of "community light" (Hortulanus and Machielse, 2001, Lupi, 2005) the rather normal wishes of disabled persons seem to be outside what non- disabled persons see as normal. Hence, many disabled persons complain or resign, which leads to reactions from care professionals, who will support the disabled, but who are at the same time too powerless to realise budgets, attitudes and services from the main decisionmakers in society. This situation leads to minor changes for the better and at the same time to numerous experiences of transport disadvantage and social exclusion for the disabled.

3 Two transversal themes

In this paragraph I will discuss two themes that are not immediately related to specific groups in society, in their relation to transport disadvantage. At first, in 3.1 the spotlight is on poverty as a source for transport disadvantage and social exclusion. And secondly, in 3.2 I will focus on gender issues related to transport disadvantage and social exclusion

3.1 Poverty

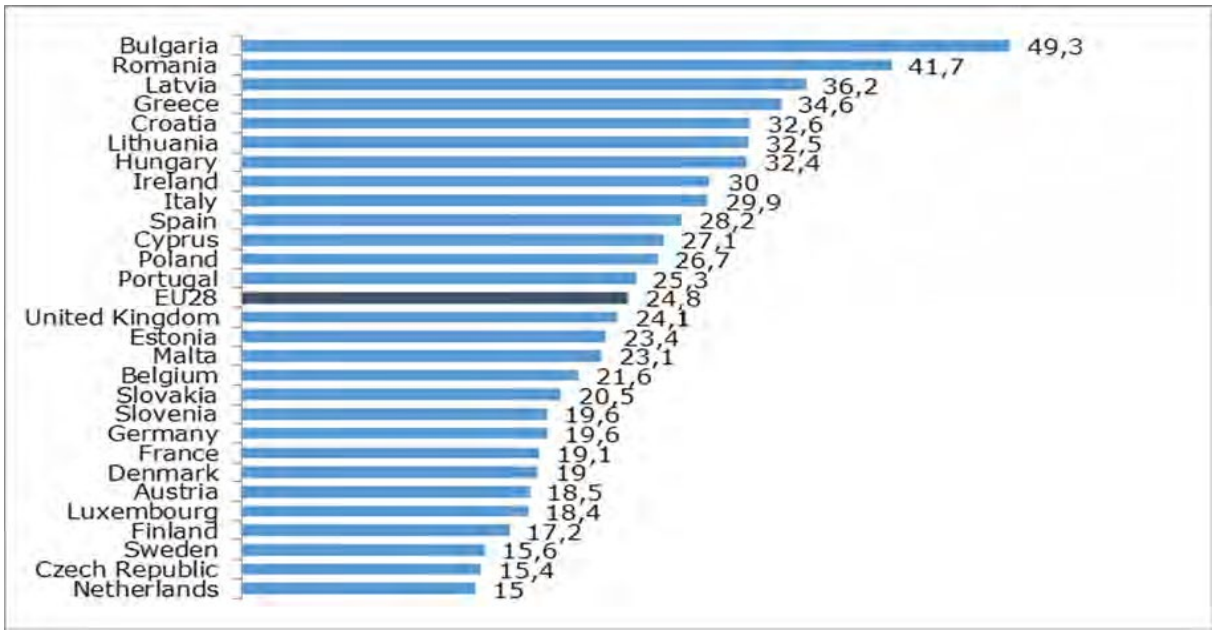
Poverty is often not far away when transport disadvantages are at stake. Poorer households and individuals travel far less than average, and can have affordability problems when it comes to car purchase. This could lead to car related economic stress. Some strata in society are poorer than most citizens, and this holds for ethnic minorities and single parent households. As in general in this book, the focus is on poverty and mobility in OECD countries, but a subparagraph on the relation between poverty and mobility in Latin America is included. In 3.1.1 I will introduce the themes and present statistical evidence related to mobility and poverty. In 3.1.2 I will shift to affordability questions and to car related stress. 3.3.1.3 presents material on the mobilities of ethnic minorities and single parent households. And in 3.3.1.4 the focus will be on mobility and poverty in Latin America.

.3.1.2 Mobility and poverty, the general picture.

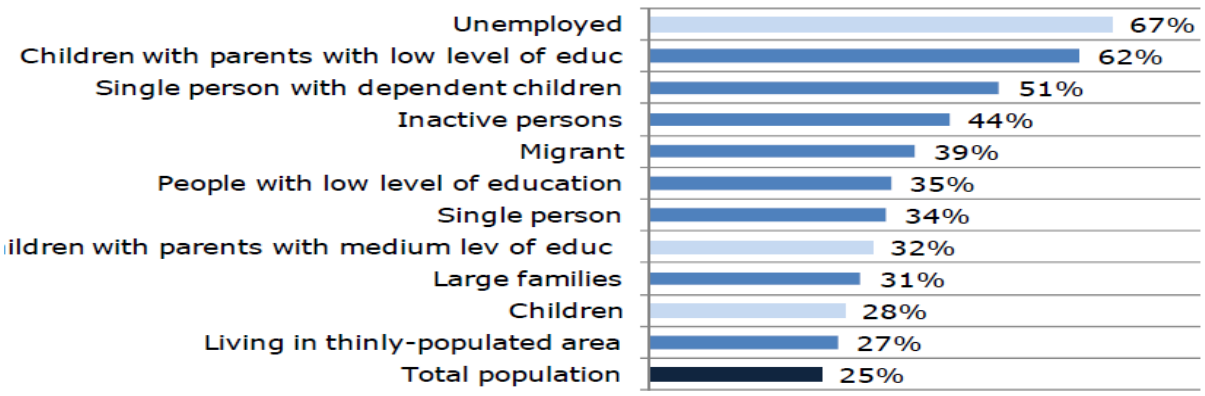
As Pooley (2016) clarifies in the past most people travelled in much the same way, with only the elite being an exception. With the increase in transport options, also transport related social exclusion did

become more common. There are more groups that cannot participate fully to what is in modern days seen as the standard for mobility. Those who are unable to access fast and convenient travel can become socially excluded, when they are also not able to mitigate their transport disadvantage trough social capital. Many poorer households and individuals will be in such a situation, but certainly not all. For example, in the UK poorer households do not on average experience lower levels of access to public transport. But they report higher difficulties in reaching key services. This is related to lower levels of car ownership.

The EU did present an official indicator for identifying "households at risk of poverty or social exclusion", the Arope- indicator (European Parliament, 2015). In the UK 28 % of these Arope households reported they could not afford a car, and 39 % of low- income individuals did not have access to a household car (Lucas, 2012). Hine (2007) explains how transport disadvantage is experienced by low income households and individuals. These individuals and households make fewer journeys overall, walk and use public transport more than all other income groups, and see poor transport as a barrier to employment.



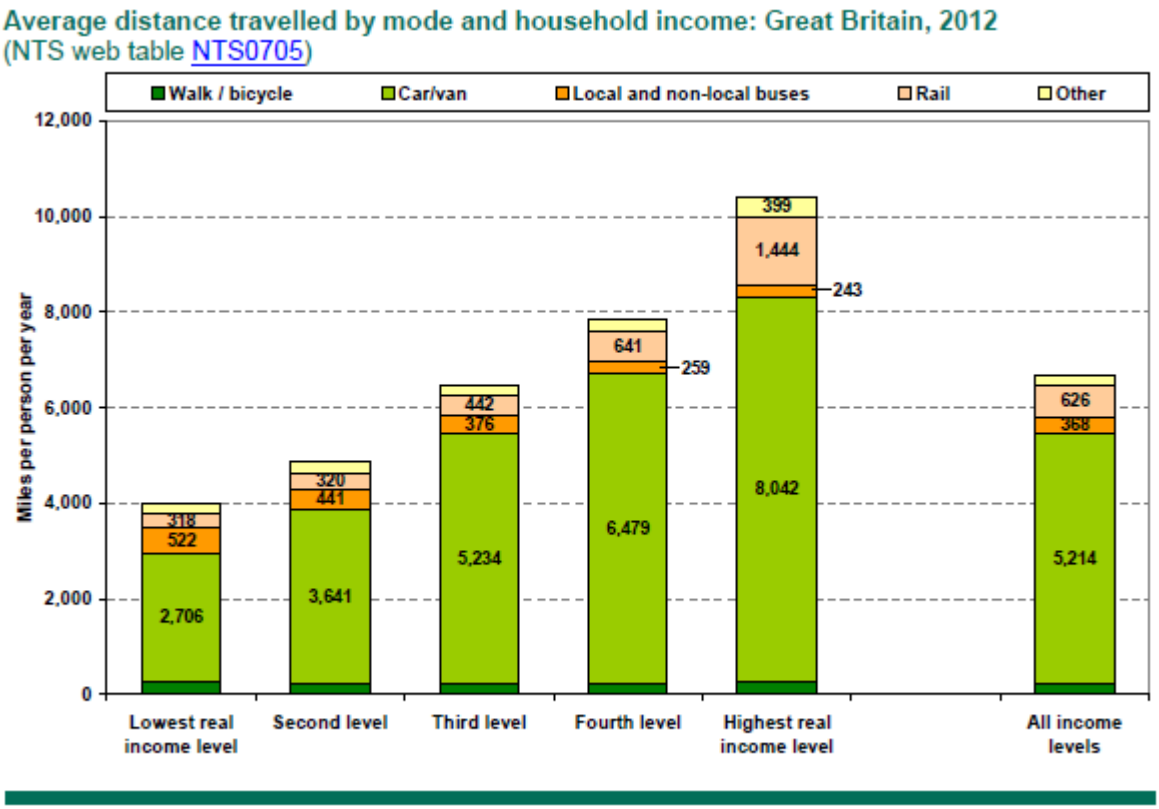
There is a great variety in poverty levels in the European Union. Bulgaria had in 2012 49,3 % households at risk of poverty or social exclusion, and the Netherlands was on the other end of the spectrum with 15 %. With sort of households were vulnerable? Again, the report of the European Parliament with Arope- levels;



Looking at the top of this list I already focussed on the inactive persons, but not yet on the unemployed, , the households with single parents, and the migrants/ethnic minorities. We already noticed that households at risk of poverty travel less by car, but what are further characteristics of their mobility picture? Here the use of income quintiles could help. Households in the lowest income quintile seem to travel in all OECD countries far less kilometres, and own far less cars. A number of countries present characteristics for mobility in relation to the quintiles. For example here are some figures from the Netherlands (CBS, Statline, 2016). In 2015 the lowest, poorest, quintile of households made on average 2,44 trips, and the highest quintile 2,76 trips. The differences increased dramatically looking at the number of kilometres made on average per day, with 21,71 km for the lowest and 40,64 km for the highest quintile. Nearly twice as much kilometres travelled by the highest quintile compared to the lowest, but less differences in travel time; the 21.71 km of the lowest quintile takes 55 minutes, while the 40,64 km of the highest quintile did take 70 minutes. This difference can be explained by the use of faster transport modes by the highest quintile. Looking at the difference of the lowest quintile to the average (the third quintile) we can noted that 10 % less trips are made, and 30 % less kilometres (21,71 to 30 kilometres) while only six minutes less travel time is spend (again 10 %). The mobility of the poorest quintile of households is slow mobility!

This picture is more or less the same in other countries where statistics of this kind are available. For instance Switzerland (Bundesamt fur Statistik, 2015), with the lowest income level travelling 22,5 kilometres on average per day, and the highest 51,6 kilometres.

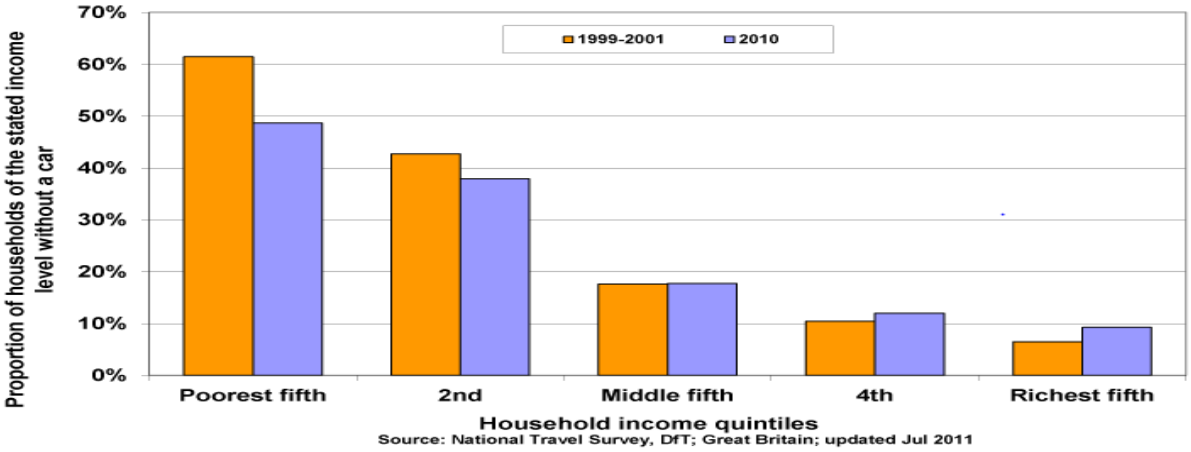
Or the United Kingdom (NTS, 2012);



The figures for France are presented in Jouffe (2014); the lowest incomes travel 16 kilometres, make 2,62 trips and this costs them on average 47 minutes, wheras the highest incomes travel 30 kilometres, make 3,33 trips and 67 minutes travelling. Jouffe concludes :"*La pauvrete se traduit notamment par*

l'úsage des modes de transport les plus lents" ("poverty can be translated in the use of the slower transport modes"). In all three countries the difference from lowest to highest quintile is greater than in the Netherlands, as is the difference between the lowest quintile and average. Also note in the UK the differences in rail kilometres, rail transport at longer distances being a transport mode for the higher incomes in this country.

Looking at non- car ownership we see the following picture (from the UK)



In the Netherlands (CBS Statline, 2016) in 2015 of the lowest quintile 62 % had no car, and for the highest quintile only 7,2 %. All in all, in the lowest quintile there are 50 to 60 % of households without a car and the second quintile still 40 %. On average in OECD countries the number of households without cars is between 20 and 25 %. Delbosc and Currie (2012) studied in Australia households that have fewer cars than drivers and the degree of choice they experienced. There are involuntary and voluntary households. The voluntary ones, who could afford more cars, were younger and located in the urban area, whereas the involuntary one were older (with nearly 40 % retired) and living further away from the city centre. Involuntary households belonged more often to the lowest income groups than voluntary households, relied more on others for their transport and had a lower life satisfaction. Mattioli (2014) made a differentiation in carless households and concluded that when the degree of urbanity is lower these carless households are far more concentrated among "marginal" social groups (which in his definition are singles, unemployed, lowest income, disabled, old!). In rural areas nearly all households , except the more marginal ones have cars, whereas in urban areas there are many non-car households outside these more marginal social groups.

On education in the Netherlands the differentiation in mobility is greater than on income, as the lower educated make 2,18 trips and the highest educated 2,92 trips. The highest educated make more than twice the kilometres of the lower educated (44,86 compared to 20,98). Lower educated lead more sedentary lives, and have smaller travel horizons (Morris, 2006) . They remain in a smaller action radius around their homes. This has immediate consequences. In the Netherlands the Nicis, institute for urban research, did a study on the mobility of low skilled workers (Cremers, Backera, Faun, 2007). The demand for their labour is in the view of the lower skilled workers so far away that "matches" do not happen. Much new employment is situated near or along the Dutch highways (see 6.2.4), often difficult to reach without cars, and at a distance from the urban residential neighbourhoods.

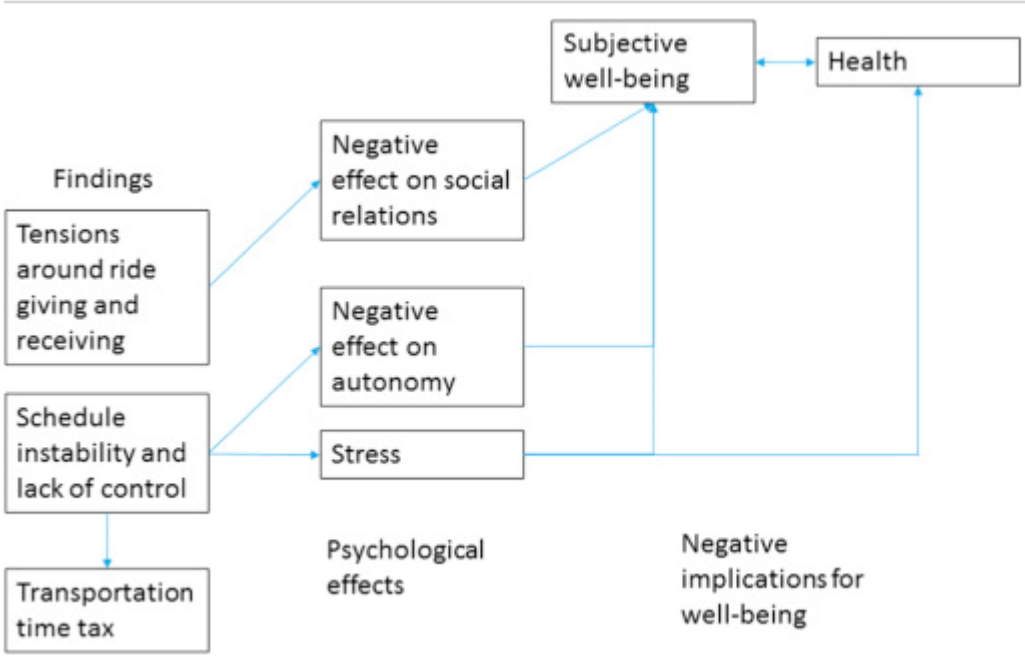
All-in all the general picture of poverty related to mobility seems clear ; less cars, smaller distances travelled, smaller action radius, somewhat less trips, slower mobilities, more walking, more busses, less train use. Less mobility, more efforts for mobility. And less access to all available services and shops, and opportunities missed. There are certainly many interrelations between income, education, age etc. But this is not the theme of this book. Access problems will be greater for poorer households

and individuals in rural areas (see on this issue also Fitzgerald (2012) for the situation in New Zealand). We already noted that in dense urban areas access to a car does not seem necessary when routing and time scheduling of public transport are appropriate. When this is not the case problems of transport disadvantage could also arise in urban areas as could be seen in the case study on Melbourne's outer areas, presented in 1.2.4.

Thus far the focus was on statistics. The UK National Centre for Social Research presented in *The Travel Choices and Needs of Low Income Households: the Role of the Car* (2009) the experiences of low income car households on their mobility circumstances, especially related to their car use. These households cherish their cars, and see rising car costs as a main problem. Transport costs are a strong influence on the travel behaviour of people with low income. We can here see a split in the poorer households. Households with cars see transport disadvantages in the situation that they drive less because of greater burdens on their household incomes. Households without cars face transport disadvantages because they cannot reach a number of locations where for them important services and shops are located. No money to reach or no physical possibility to reach.

Although there is transport disadvantage, in many circumstances this does not lead to social exclusion. Jouffe et.al (2015) did research on the strategies and tactics of poorer households and concluded; "*Les tactiques de mobilité et les stratégies d'accessibilité permettent de substituer l'usage des ressources tirées de la proximité à une coûteuse mobilité automobile. Les ménages pauvres s'appuient pour cela à la fois sur les relocalisations résidentielles, les transports en commun, les emplois, services et commerces locaux, et surtout sur les réseaux sociaux locaux. L'apport de notre travail est de montrer l'intensité de ces pratiques et leur articulation en un système alternatif à la mobilité automobile. La forte complémentarité des tactiques et stratégies rend ce système plus efficace mais aussi plus vulnérable*. " ("Mobility tactics and accessibility strategies make it possible to substitute the use of resources derived from proximity to expensive car mobility. Poor households rely on residential relocations, public transport, local jobs, services and shops, and especially on local social networks. The contribution of our work is to show the intensity of these practices and their articulation into an alternative system to automobile mobility.The strong complementarity of tactics and strategies makes this system more efficient but also more vulnerable).

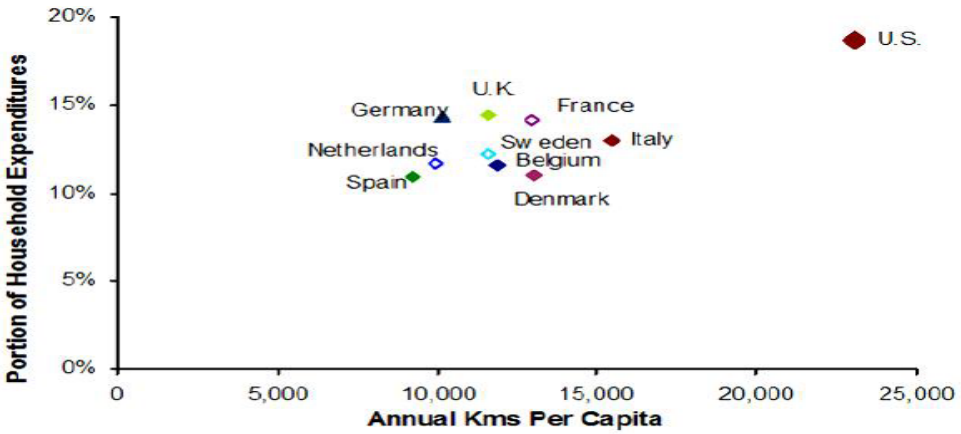
On this same issue Lowe and Mosby (2016) take another position. Their respondents noticed enormous time costs extra in not having a car, with also the experience that busses are not always punctual on time, which creates stress, because one cannot reach the start of the work at the appropriate times, or have to change their timetables and routes. There is also stress related asking for lifts and not being able to do much in return. Their findings were summarised in an interesting scheme



Being carless needs extra time and extra effort and has its price. They conclude that models tend to underestimate these mobility costs.

3.3.1.3 Poverty, affordability and car related economic stress

For lower income households mobility can be expensive. We tend to forget this truth. Most households in Europe spend between 11- 15 % of their household budgets on transport and mobility (Jeekel, 2013, statistical chapter), which makes mobility the third largest expenditure, behind housing and food. However, for lower incomes the share of transport and mobility in their household budgets often exceeds the 20 % threshold. Public transport in many countries did increase its fares more than average income growth and above inflation, and car ownership confronts in most OECD countries the car owner with a number of fixed costs (taxes, insurance) and with fluctuating fuel prices. How many households are facing affordability problems in their mobility? First a definition; Litman (2015) describes transport affordability as "the financial burden households bear in purchasing transportation services, particularly those required to access basic goods and activities". Affordability is also a relative term. Some households like their being mobile so much that a 25 % share of transport costs in their household budgets is accepted. But in most OECD countries the mentioned 15 % is the standard.



North America

Litman (2015) clarified that the portion of household budget devoted to transport is much higher in the U.S. than in other countries due to much higher rates of per capita vehicle travel. Interesting in this respect is also The Hamilton Project of the Brookings Institution (2014), that researched household expenditures over 30 years in the U.S. Their results are mostly in line with the official statistics with most quintiles having nearly equal shares for transport in the household budgets in 2014.

Annual income by quintile	Annual spending	Vehicles per household	Households with at least one vehicle	Transportation spending per household	Percentage of annual spending
All quintiles	$53,495	1.9	87%	$9,073	17%
First quintile ($18,362 and below)	$23,713	0.9	63%	$3,555	15%
Second quintile ($18,363–$35,681)	$33,546	1.4	86%	$5,696	17%
Third quintile ($35,682–$59,549)	$45,395	1.9	93%	$8,475	19%
Fourth quintile ($59,550–$99,620)	$60,417	2.3	96%	$10,844	18%
Fifth quintile ($99,621 and above)	$104,363	2.8	97%	$16,788	16%

SOURCE: U.S. Department of Labor, Bureau of Labor Statistics, Consumer Expenditure Survey, available at www.bls.gov/cex as of June 2016.

Canadian figures are comparable, but here indeed the share of the lowest quintile households is higher than the share of the highest quintile (Statistics Canada, 2017) . Walks (2017) studied the levels of automobile- related debt among lower-income households in seven Canadian metropolitan areas. He noted that research on the relationships between car dependence and financial vulnerability is still in its infancy. And he suggests from the data that such a relationship between car dependence and debt burdens really exists. Please note the situation that in North America 65 % of all lowest quintile households own a car, whereas we noted that this is only 40 % or even lower in most European countries. Owning a car creates an extra burden on household budgets. But especially in OECD countries outside Europe (Canada, U.S., New Zealand, Australia) a car is felt as a necessity also by the majority of poorest households. This could, as we saw in Melbourne, lead to car related economic stress. You just have to spend so much on your mobility that there is pressure on other expenditure categories.

This pressure can be a huge problem when also the costs of housing are more than average for the lowest quintile income households. In a number of the urban areas in the United States poorer households are faced with more than 55 % of their budgets going to only mobility and housing combined. This leaves to little budget for other necessary expenditures. For example in Tampa, Florida both costs did rise to on average nearly 60 per cent of the household incomes of the lower income groups. There is also an ethnic factor involved. Minorities face more social exclusion via transport (Surface Transport Project, 2003, 2005).

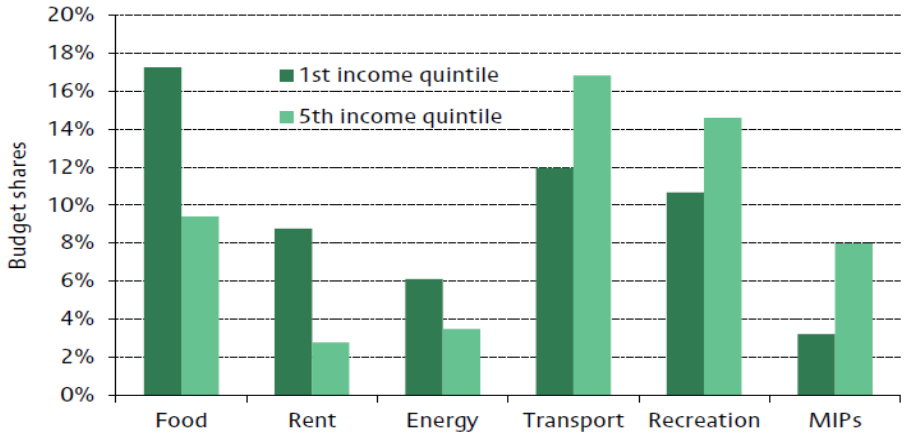
This pressure can also create huge problems when fuel costs will rise. At the moment of writing fuel cost are rather low. But they tend to fluctuate and a 10 % rise leads to a near to 1,3 % increase in the share of mobility in household budgets of the lowest income quintile households.

Europe and Australia

The situation in Europe differs from the United States in one important aspect. In most European countries the share of mobility costs in the total household budgets increases with growing incomes.

In the Netherlands the lowest quintile spends 8 % of their budgets on transport (with only one third of the costs the highest quintile spends on purchasing transport modes!). The highest quintile spends 17 %.

Data on 2010-2011 for the United Kingdom show the same pattern (Adams, Hood and Levell, 2014).



The lowest quintile households spend 12 % of the budget on transport, the highest quintile 17 %. Also in Australia this trend can be seen. The lowest quintile spends in 2011 13 % of its budget on transport, the highest quintile 18 % (Household Expenditure Survey 2009-2010).

Nicolas and Pelé (2017) measured for Lyon the trends in household expenditures for daily mobility. Between 1996 and 2005 there was an increase ih in car ownership and an increase in mobility related expenditures, however between 2005 and 2015 alternative modes did get a greater share and expenditures more or less stabilised, or better; did grow with older households, and did diminish for younger households.

In general

Lowest quintile households spend between 8 and 15 % of the household budgets on mobility and transport. In Europe these households spend lower shares of their budgets on mobility than the highest quintile, in Northern America the share of lower quintile households is mostly on the same level as the mobility share of the highest quintile income households. It is as yet unclear what explains the difference, but a combination of more expenditures on purchasing and using cars plus less equality in societies could be responsible for these differences. The differentiation could be great. Lower income households feel that they should not move beyond a certain share on mobility in their household budgets, certainly when a combined share on housing and transport is already high. This could lead to smaller travel horizons for these households, as they just feel they cannot afford to travel greater distances, or to purchase a car. This situation should be related to the situation the research from Horton and Reed (2010) illustrated that public spending in the UK on mobility and transport has a bias to the highest income groups, the result of much car based, and especially national infrastructure based and train transport based public spending. Unfortunately, to the best of my knowledge there are no data on this theme from other countries.

There is one other element where low -income households face problems. They live relatively more than other households in areas with poorer access to green spaces and recreational activities. They also live more than average in areas with high local air pollution and higher noise levels. Their residence areas are often the “drive trhru “- areas of the richer households (Sustainable Development Commission, 2011)

Crisis, fuel costs and mobility

Lowest quintile households are vulnerable for changes in their financial circumstances and for changes in costs related to mobility. Ulfarsson et.al (2015) explored the reaction of households in Iceland on the financial crisis in 2008. Residents from the suburbs of Reykjavik were more likely than inner city residents to reduce their number of trips, especially for recreation. And bus transit increased while cars were less used. There was only a marginal change in car ownership.

The pricing of public transport is important for lower income households, as Li , Dodson and Sipe (2015) showed for Brisbane in Australia. Public transport in Brisbane is pretty expensive, and cannot challenge the ownership and use of private cars, even for the lowest income households. There is no cheap transport available, and households in such a situation "*need to absorb large fuel cost increases before it would become cost-effective to shift to public transport, a problem that would be worsened if travel time cost was also included".* Buttner (2016) noted for the Munich area in Germany that the dispersal in urban structures and growing distances to daily mobility destinations is leading to higher transport costs. A number of scenarios with different increasing fuel prices was calculated, and especially when prices of fuel tripled huge problems could be expected, Many households then had to sell their second cars, and to switch to public transport, an adaptation strategy that would take too far much extra time needed for daily mobility. Or they had to accept the far higher fuel prices, creating a burden on their household budget. Here a *speed versus time trade- off* could be seen. In villages and suburbs without appropriate public transport only one option was left.

Although fuel pricing are now relatively low (writing end 2017) a huge fluctuation can be noticed. A decade ago prices were rising. The most extensive literature on the effects of high prices for fossil fuels comes from Australia. Dodson and Sipe (2006) noticed that in some areas high fuel prices gave rise to changes in financial and consumption patterns. Oil prices had an influence on inflation levels in the Australian economy. Some taxes have been cut, on the basis of a rationale set out by former Prime Minister Howard "*…the high price of petrol is having a depressing effect on people's livelihoods, people's incomes."* Dodson and Sipe (2006) consider that the problems of the outer suburbs could be mitigated by creating a public transport system, at the costs of spending money on highways. And in *Addressing Oil Vulnerability through Travel Behaviour Change* (Meiklejohn, 2008) the author presented the results of the adjustments made by Australian car drivers as a result of the high petrol prices of 2007. Sixty one per cent used their cars less, 59 per cent tried to combine trips, 29 per cent saveds money on other spending (with going to a pub, luxurious food, and newspapers often mentioned) and 19 per cent made more use of public transport. The use of city buses did rise, as we also noticed in Reykjavik.

The lowest income households are the most vulnerable for fluctuations in fuel prices and for rising costs of public transport. This is worse for rural aras where transport costs make up 82 % of all the additional rural cost (the cost for living in rather remote areas). As households in rural areas are more or less dependent on car travel, increases in fuel prices will have their impact, even though fuel cost make up somewhere between 14 and 47 % of per mile car travel costs (Smith, Hirsch, Davis, 2012), the greater part being related to purchase and maintenance of cars. Berry et.al (2016) showed for France that 18,8 % of the French population was exposed to rising fuel prices, as they can have difficulties leading to transport disadvantage when fuel will again increase. Nicolas, Vanco and Verry (2012) explained that at least part of these people are the multi motorised double income earning households in the peri- urbain areas. Although they have good income, their expenses on mobility are already huge, and problems start arising when these mobility expenses keep rising. Here a real example of car related economic stress is at stake, but in a different situation than in Melbourne were 40.000 plus households have low incomes and 2 or more cars available (Currie, Delbosc, 2013).

3.1.4 Three vulnerable household types ; ethnic minority households, asylum seekers and single parent households

The three household types mentioned have in common that a majority of households of both types belong to the lowest income household quintiles.

3..1.4.1 Ethnic minority households

Strange enough, rather little is known in the literature of the mobility circumstances of ethnic minority households. We know a lot from their mobilities across borders, but very little once they have settled in a new country. And often academic articles are rather unspecific on the household types and household characteristics the articles are designed for, targeted at, or framed for. The focus is on lower incomes, or on non- car households, and far less on households with Asian backgrounds, or households where all members have low education levels, to name a few examples. It is for me rather unclear why this is the case, as much policy related information is lacking on the one hand, while on the other hand some rather academic themes (such as the best equations to measure accessibility) are studied over and over again in the academic community.

Basic material comes from outside academia. For the UK is known that 18 % of white households do not have a car, the figure is 40 % for black households. (Sustainable Development Commission, 2011).

Ethnic minority households are more dependent on public transport, but also often have to face forms of discrimination, sometimes raising anxiety to use busses or trains (ethnic minority households in London are more worried in public transport, Transport for London, 2012). Most ethnic minority households are living in depressed areas (all information Commission Sustainable Development, UK, 2011, especially figure 18). Ethnic minority groups in London walk much, take busses, and hardly cycle (Transport for London, 2012). Transport cost are their greatest mobility problem.

The Social Research Institute of the Netherlands SCP (Harms, 2006) carried out a study on ethnic minorities in 2005, with a follow-up study (KiM, 2008). The most significant Dutch minorities – Turks, Moroccans, Surinamese and Antilleans – live mostly in the bigger cities of the Netherlands. 78 % of them live in the biggest 50 municipalities. The Netherlands has 1.2 million ethnic minority people of 7.1 per cent of the population. These people make fewer journeys than the native Dutch population. For example, Turks and Moroccans make only 65 % of the journeys made by native Dutchmen in comparable situations. Turkish and Moroccan women in particular make very few journeys. The differences in distances travelled are even greater. Turks and Moroccans travel only half the distance, and stay in their cities. The Surinamese and Antilleans travel more, some 70 % of the distances of the comparable Dutch group. Mobility of allochthones is essentially urban mobility. They do not use bikes very often, prefer walking and are relatively great public transport users. They have far fewer cars than average, with the exception of the Turks.

The same pattern can be seen in Norway, where 59 % of the immigrant men had car licenses, 42 % of the immigrant women, and 90 % of the original Norwegians (Uteng, 2009). For Germany, there is detailed research for the city of Offenbach am Main, where immigrant had fewer cars or bicycles, are where especially women used public transport. Riding bicycles is seldom seen with immigrants, although they answer being familiar with riding bicycles (Welsch, Conrad and Wiiowsky, 2016).

There is also material from the United States. Blumenberg (2009) showed that immigrants are more likely than native-born workers to rely on alternative modes of travel, carpooling, public transit, walking, and bicycling. As data from the 2006 American Community Survey (ACS) of the U.S. Census indicate that immigrants are 1.8 times more likely to commute by carpool, 2.8 times more likely to commute by public transit, and 1.4 times more likely to commute by walking and bicycling compared

to native-born commuters, all statistically significant differences. And Tal and Handy (2010) concluded that ethnic minority households have different patterns of travel than individuals born in the US and also than immigrants who have lived in the US for longer periods of time, and that patterns of travel vary with place of birth. The models they used show that immigrants largely assimilate to typical US patterns of travel after 5 years. Park et.al (2010) noted that older Blacks in the rural part of the U.S. reported more transportation difficulties than the White population (24,7 % versus 11,6 %). Blumenberg and Smart (2010) pose a caveat on conclusions of great use of public transport by ethnic minority households, as they are far more likely than native-born Americans to use transit, they are still more likely to travel by household carpool than by public transportation.

But still, ethnic minorities drive less. Why ? Chatman and Klein (2013) tried to explain this. On the one hand most ethnic minority households live in urban environments, which is related to lower shares in car use. At the other hand, immigrants are seeking employment, safety and education, and are probably less interested in amenities. Cars are just functional. More cars or cars arrive in immigrant households once they move to suburbs, but they move largely due to employment, to chances on education, and already move to existing migrant enclaves. Klocker et.al (2015) noticed in Australia that overseas-born households were less car dependent than Australian households. They combined trips to save petrol, did walk or cycle more than average, and used public transport far more often. It was unclear why this behaviour was their standard.

All-in all , a mixed picture arises of ethnic minority households as more public transport oriented at first, but after some years following the normal mobility patterns of their society, but not always. There is probably more wisdom in broader explanations of their behaviour, not just costs arguments, but the literature remains rather scarce.

3.1.4.2 Asylum seekers and refugees

Asylum seekers an refugees are often transport disadvantaged. Asylum seekers are located in asylum centres, mostly situated in peripheral rural areas, with only minor public transport. As they have no income of their own , it is a matter of choices of national, regional and local governments whether they will receive subsidies for travelling. This is a rather value – laden decision, as many voters see asylum seekers not yet as members of their society, and do not wish to see them travel the country. Also important to note is the difficulty many asylum seekers have in understanding the organisation of public transport. There are differences in the mobility ability of asylum seekers, mostly related to their network capital (Baratta, 2016). Being able to reach friends or health advise is essential in this phase.

For refugees with permits to stay another situation arises. Here the theme is to find a house and a job, and transport is essential. For refugees, early immigrants now living in Vermont their reality is as follows. In this rural state there is little public transport, which made integration via employment or

language courses difficult (Bose, 2014). Immigrants here saw in 82 % the car as their solution. And another option ,carsharing, is , at least in New York, through its culture and price setting, still considered as an exclusive programme for white and younger persons (Kim, 2015).

3.1.4.3 Single parent households

Single parent households are more often than two parents households earning lower incomes. They can face transport disadvantages, as the parent has to combine employment, child care and household activities. Single parent households in the Netherlands have higher rates of non- car ownership and make 70,5 % of their kilometres by car (average in the Netherlands; 76,5 %, Jeekel, 2013). But the greatest difference is in driving or being a passenger. On average is 52 % driving and 24 % passenger (2009), but for single parent households the figures are 38 % and 32,5 %. They receive more lifts from friends and family (Jeekel,2013).

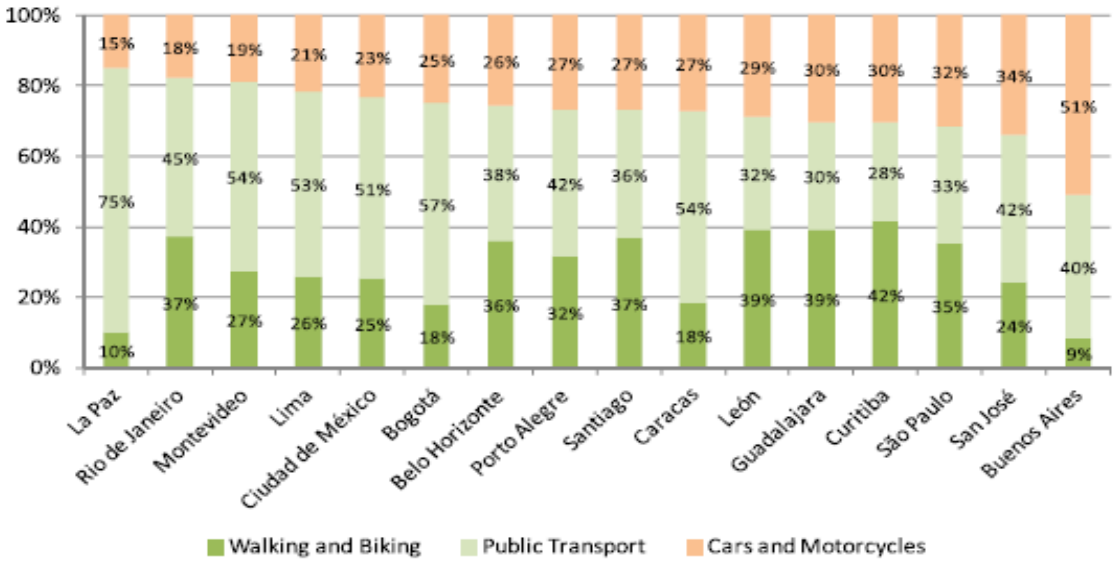
Chlond and Ottmann describe in *The Mobility Behaviour of Single Parents and their Activities* (2007) their mobility situation in Germany. One fifth of German family households are single-parent households. Car ownership changes with employment. More working single parents than average own cars, while unemployed single parents have far lower car ownership higher than average. Single parents without work have far lower car ownership rates. Working single parents feel time stress, but not many mobility problems. For non- working single parents the opposite is true. Most single parent families live in the urban areas and they mostly consider this easier from a mobility viewpoint.

In Social Exclusion, Accessibility and Lone Parents (Titheridge 2008) describes the British situation. 43 % of single-parent families have no car, and this creates problems especially with regard to work (mostly working mothers) and bringing and getting children to and from school "…*the ability to get children to and from school, nursery or childcare, whilst travelling and working long hours is key in terms of current UK policy"*(Titheridge, 2008, 11).

From this evidence a first conclusion could be that single parent households will probably face forms of transport disadvantage when they are unemployed and without cars. They then have to rely on getting lifts, which seems accepted, at least in the Netherlands. But in general, single parent households enjoy rather high levels of mobility. And, as Paez et.al (2009) did show for Toronto, they enjoy also relatively high levels of accessibility to employment in central areas.

3.1.5 Mobility and poverty in Latin America

Latin America is a public transport continent. The ownership of cars is still rather low, and most households can already afford paying for public transport. The number of trips in Latin American households is on average half of the number of trips of OECD households, but as in many countries great inequalities exist, these figures overshadow a broad and rich spectrum of mobility circumstances.



First a look at the figures. Latin America is a very urbanised continent with percentages of urban population from 61 to 93 %. This means that urban mobility is very important in presenting a general picture on mobility. Secondly , Latin American countries have enormous differences in car ownership, although even the most car oriented country, Argentina, has only 55 % of the average number of cars per 1000 adult inhabitants in OECD countries. In general, in Latin America, half of all households to one in 8 households own cars. There is a geographical interesting situation on car ownership. The highest ratios can be found (2014) in the South of Latin America with Argentina with 314 cars per 100 adult inhabitants, Chili with 230, and Uruguay with 200. The Eastern part of Latin America is also high with Brazil 249, and Surinam 291 (however; Guyana 95). Far less car ownership can be found in the middle and western part of Latin America, with figures from 148 and 147 (Colombia and Venezuela) to 109,73, 70 and 57 (for respectively Ecuador, Peru, Bolivia and Paraguay).

Hidalgo and Huizenga (2013) note that in a few countries the first sustainable transport policies are now implemented; Brazil, Chile, and Colombia. But in countries such as Bolivia, Paraguay and Ecuador this does not seem the case. This is important because with growing prosperity the orientation in providing mobility in essentially urbanised areas becomes crucial; should investments be oriented towards creating networks of urban highways, or towards a mix of transport modes in a frame of objectives related to sustainability? To function as the basis for future mobility systems this mix of transport modes will only be possible with very good public transport.

Latin America is the birthplace of Bus Rapid Transit (BRT). The concept of BRT originated in Curitiba, a big Brazilian city, in 1974. Bus Rapid Transit can be described as “a high – quality bus based transit system that delivers fast, comfortable, and cost – effective urban mobility through the process of segregated right-of-way infrastructure, rapid and frequent operations, and excellence in marketing and customer service. “ (Hensher and Golob, 2008). After Curitiba BRT was created in Bogota, and this BRT – system, the Transmillenio, became a landmark.

BRT can contain many passengers . For example the main trunk corridor in Bogota has a peak maximum ridership of 35.000 trips per hour, one way, with a 3 minutes maximum peak headways with buses spaced much closer together much of the peak, average station dwell times of 25 seconds with articulated buses having a carrying capacity of 160 passengers and off- vehicle smart card payment (Hensher and Golob, 2008).

A few reasons for this start in cities in the Global South can be noted. Essential is that BRT systems can be created in only a few years. Not very much new infrastructure is needed ; the roads are existing, only stations have to be build. Charismatic and visionary leadership is needed, often in the form of directly chosen mayors (see Davila, 2009). Leaders have been successful in promoting and completing first phases of BRT projects within their terms in office (Hidalgo and Carrigan, 2010) . When such a first phase is a success, the reputation of the systems leads to following phases, often also on the ticket of the same mayors. And the successes of the early initiators – Curitiba, Bogota, Mexico City, Ahmedabad, Guangzhou- helped decision makers in other developing countries to present BRT concepts. Essential are also the lower costs of BRT systems. BRT represent a far cheaper option than light rail or metro systems (Cervero 2013).

However , there are some negative points to be mentioned. Several BRT systems suffer from problems, inherent to their design. Hidalgo and Gutierrez (2013) mention; rushed implementation, very high occupancy rates, early deterioration of infrastructures, delayed implementation of the collection systems and too tight financial planning. And BRT systems have mostly not been very successful in helping cities as a whole to become more sustainable. As the sustainability of the BRT- systems *sensu stricto* is mostly acknowledged, the situation that BRT – systems are being designed primarily by the singular objective of enhancing mobility, made them fail to be fully helpful in promoting more sustainable patterns of urban growth. More thought needs to be given to locating the stations, taken into account perspectives of value capturing and densification. And their contribution to social sustainability is somewhat problematic. Seen from the poorer households it is questionable whether these households can afford the costs of this qualitative reasonable good form of public transport. There are many doubts in this respect as Grieco (2013, 2015) did show. With diminishing government spending the increasing pressure is to let a greater share of the fares pay by the users. This creates burdens for lower income households, and the BRT becomes a system for lower- and middle- middle classes, but not for the lowest income households who in Latin American cities live rather often at greater distances from city centres.

As Grieco (2013) states : *"The peripheral position of the poor in respect of key urban facilities and services and the lack of directly routed urban transport services to compensate for these deficiencies, impose complex geographies of mobility upon them ".* This could mean that many members from poorer households need to walk for their mobility, or need to take polluting paratransit options. In many Latin American cities the government officials try to replace these "busses and vehicles for the

poor" by BRT solutions. When this does not succeed (see for example Crawford, 2012), BRT systems get too few passengers to keep the subsidies at an appropriate levels, and a process of upscaling services and rising fare prices starts. It is all about reaching an equilibrium between offering cheap transport for the poorest and qualitative good transport for the middle classes, with an eye on efficient use of taxpayers money. That this is rather problematic is showed in two publications. At first Falavigna and Hernandez (2016) on Cordoba (Argentina) and Montevideo (Uruguay). In their view affordability of good public transport is one of the most relevant obstacles for the urban poor to have decent levels of accessibility. They cannot afford to use this transport at all times, and sacrifice some trips to become "captive walkers" as can be seen in the modal splits related to income quintiles in the two cities.

When cities start increasing their public transport fares the share of walking goes up. In recent years this was more the case of Cordoba than in Montevideo, where prices were kept lower. One ticket price is often helpful for poorer urban households**.** Hernandez and Davila (2016) presented material from Bogota and its suburbs. Residents of greater Bogota make 1,5 trips per day, and low income households spend more than 20 % of their income on motorised transport as well as long periods on foot to reach public transport. And they bring in another aspect; " *travel patterns for accessing income-earning opportunities usually involve long periods of travel towards Bogota subject to long walking times and high financial outlays for individuals and their households. These are also constrained by high crime and violence levels that limit the areas and times when it is possible to travel on foot*." In a more detailed study on the urban fringe of Bogota, Hernandez and Titheridge (2016) noted that the neighbourhood studied was located inconveniently with respect to the centres of employment. People had to travel long distances, which with normal public transport, such as BRT, would mean spending a huge part of their wages. So ; " *time, energy, comfort, and even security are traded- off for the fare costs".* Informal transport plays a key role in this respect.

Immobility of poorer households can be seen in Rio de Janeiro (Motte Baumvol, 2012). Nearly 47 % of the inhabitants of Rio made no trips at all, with 54 % in greater and poorer northern part and 33 % in the smaller and richer southern part of the city. In OECD countries the average is on 15 %. One explanation could be that walking trips less than 300 metres are not counted in Rio's statistics. But more important are low education and unemployment. Also many older people lead very sedentary lives. Ureta (2008) offers another element for the explanation. He studied mobility behaviour in a social housing estate at the outskirts of Santiago, Chile. People felt trapped here, as they needed to travel for everything. Employment opportunities were situated at great distances, and even supermarkets were not near. The bus had a flat rate fare, helpful for these inhabitants when moving far away, but trips in the vicinity were very expensive. So movements not directly related to obligation or need were postponed or discarded. It was difficult to break out of a circle of poverty, due to the costs of transport. Looking at this situation Grieco (2015) writes on the role of the small paratransit "busses and vehicles for the poor*"; "the inconvenience that a large fleet of low- income cargo-carrying small vehicles presents to the free flowing of the elite urban transport system may be compensated for by its servicing of socially and economically low-income journeys for which no other municipal or market provision is made or likely to be made"*

And a new transport mode, connecting the poorest districts in hilly cities immediately to city centres could help in specific circumstances; the cable car (Brand and Davila, 2011).

3.2 Gender

3.2.1 Gender in mobility ; patterns and symbols

Gender is important in mobility, as men and women still create and live different patterns. There are structural differences, as Rosenbloom (2004) concluded in an earlier, now rather famous article *Understanding Women's and Men's Travel Patterns. The Research Challenge* . Fifteen years ago there was not much attention given to these differences, in her vision because at that time; *"many travel behaviour researchers do not respect more qualitative or less statistically based research, they do not read it, and fail to profit from insights offered by that literature"* (Rosenbloom, 2004). This situation has changed, as there is now a spectrum of articles about gender aspects in mobility, or, nicer stated about "gendered mobility". Out of these articles a rather convincing pattern arises. Women have less driving licenses, less car use, use more often public transport, walk more, make more trips, travel per trip shorter distances, make smaller distances in general. To present some figures (Civitas, 2014);

Gender differences by modal split (value %) in different Member States

Transport mode	Italy, 2011		UK, 2010		Germany, 2008		France, 2008	
	Women	Men	Women	Men	Women	Men	Women	Men
Car	60.6	72.7	37.5	47.2	36.3	49.2	62.8	67
Car as passenger			26.7	17.4	18.8	11.3		
Public transport	16.5	12.7	10.3	9.8	8.8	8.2	8.5	8.1
Foot&Byke	22.9	14.6	23.6	23.2	36.1	31.3	28.1	21.7
Other			1.9	2.4			0.6	3.2
Total	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Also, the reasons for the trips differ between women and men. To present a representative example;

UK, trip purpose by gender and age range (%)

Trip Purpose	All		21 - 59		60-69		over 70	
	Men	Women	Men	Women	Men	Women	Men	Women
Commuting	24	15	33	21	16	5	2	1
Business	12	5	16	8	10	2	2	0
Education	3	3	1	1	0	0	0	0
Escort	8	11	6	11	7	6	7	4
Shopping	10	15	8	14	15	25	26	28
Visit	17	21	14	19	19	26	24	26
Personal business	8	9	7	8	10	11	14	14
Sport/ entertainment	19	21	16	18	23	25	26	26
Total (%)	**100**	**100**	**100**	**100**	**100**	**100**	**100**	**100**

Source: National Travel Survey 2010 –Department for Transport

Shopping, escorting and visiting trips are still women's business, whereas longer commuting trips are basically men's business. This is not to say that women do not make trips from home to work, but the amount is some 40 % lower, whereas escorting trips are twice as much made by women. This seems to be the case across the OECD world, compare for example the UK with the city of Vienna, Austria.

Important in this respect is that women have more complex mobility patterns than men during the day. For example, mothers are combining work trips, trips to school, trips for escorting, and shopping trips during their days, whereas men make the longer home to work -trips and return. Scholten, Friberg and Sanden (2012) present an interesting schedule as an example;

h.	07.20–07.30	driving	Mobility project 1
	07.30–07.35	leaving the kids at school	
	07.35–07.55	driving to the day-care centre	
	07.40–07.55	driving to work	
	13.30–13.40	walking to a nearby shop	Mobility project 2
	13.40–13.55	buying trousers	
	13.55–14.00	walking back to work	
	14.00–14.10	driving to the day-care centre	Mobility project 3
	14.10–14.20	picking up the kids	
	14.20–14.25	driving to school	
	14.25–14.30	picking up the kids	
	14.30–14.35	driving to the library	
	14.35–15.45	borrowing books, taking a coffee break	
	15.45–15.55	driving to the children's grandparents' home	Mobility project 4
	15.55–16.15	chatting with the children's grandparents	
	16.15–16.30	driving home	

Some symbols are often used, for travel patterns of mothers, for example "rushing around". In *Rushing Around: Coordination, Mobility and Inequality* (2002) Shove analysed what is necessary to allow the social practices defined as normal in our societies to take place. She defines a practice as; "a routine like way in which people travel, use products, in which developments are framed, and in which the world is understood". Mobility systems facilitate all the practices that can take place, but mobility systems do also change these practices. The task for mobility changes through time is clarified as "*…mobility is not about getting from A to B…but instead about integrating everyday life and the activities required of 'normal'" practice*. " And, "*…people are rushing around in order to preserve the sense that they are behaving in normal and ordinary ways*" (Shove, 2002).

Flexibility is needed to combine the different trips during the days and the car can organise this flexibility at greater distances (whereas the bicycle can do this on smaller distances); public transport can only difficult organise these flexibilities. For the "time poorer" - households car use seems necessary. In *Running Around in Circles* (2003), Skinner analysed the need for mothers to manage a number of deadlines each day. On time for school, not too early leaving work, on time back at school,

on time to the hobby, and time picking up from hobby. Keys to successful management of deadlines are a short distance between work, school and care, flexible working hours, help from family and friends, and having disposal over fast transport. And Dobbs described in *Wedded to the Car; Employment and the Importance of Private Transpor*t (2005) some reasons why households with access to many public transport facilities still use their cars for most journeys. Public transport does not lead them where they have to be, and many households are critical about the inability of public transport to make chain trip patterns. Women are more active on the labour market when they have a car at their disposal.

Friberg, Sanden and Scholten (2014) looked at this pattern from a more feminist perspective and concluded that modern women have a spatially dispersed everyday life. Women use more often public transport than men (figures from France, EGT, 2010), use cars less, so they have to mitigate, not being able or not wanting to use the most efficient mode. As Kronsell, Rosqvist and Hiselius (2016) clarify women are more environmentally concerned and express more criticism on automobility than men (also Sanchez and Gonzalez, 2016). Men use more energy for their transport than women (Carlsson-Kanyama et.al , 2010). On this issue a clear statement of Hanson (2010), a long term researcher on gender differences in mobility, seems appropriate; "*it seems clear that if we are going to pursue sustainable mobility seriously, it does not make sense to posit the mobility patterns associated with masculinity as any kind of desirable benchmark with respect to personal mobility*"

The complex mobility patterns of mothers lead to some evidence that women value travel time and reliability more highly than men (Giuliano, 2010). Women seek jobs closer to their residence to facilitate the other necessary trips. The distance of fathers between house and work is systematically higher than for mothers (Simicevic, Milosavljevic and Djoric, 2016). Of growing importance in recent decades has been the chauffeuring or escorting, now generating between 5 and 15 % of vehicle travel (Litman, 2015), and really a mobility domain of women.There is room for differentiation as Unbehaun et.al (2014) concluded. They presented a differentiation in women's mobility patterns and arrived at five clusters; care-oriented working persons, care persons with young children, work-oriented care persons, long distance commuters and care persons for the elderly. Women had distinctive different schedules and activity patterns.

3.2.2 Decline or stagnation in gender gaps

It looks like the different patterns of gendered mobility are stable. This, however, is not the case. They are in flux. Patterns change over time. The once dominant pattern of men going out in the world, and women organising the house and households is now at least partly broken in most OECD countries. To give an example, the discrepancy by gender in possessing driving licences has continued to decrease.

As Olde Kalter, Harms and Jorritsma (2009) explain for the Netherlands the increase in women's car use did come from their increasing labour market participation, and the growing household incomes. However, the convergence in gender difference does not apply to all trip purposes. Gender gaps in work related trips and in escorting/chauffeuring trips did not diminish (Fan, 2017). But also here dynamism is at stake, as Boarnet and Hsu (2015) found that the chauffeuring gap tends to be smaller when the woman's earning power is larger compared with the man in the same household. And the work trip related gap is far smaller in households with women without children.

Research often confirms still the relevance of traditional theories of socially constructed gender roles in explaining gender differences in travel, especially in families with children (Fan, 2017). In practice this means that mothers are working, in the EU countries rather often part time, at smaller distances from their home, in jobs that pay less than the jobs of their male partners, as they have to make all the other trips to let the household function. Another explanation is offered in Hjorthol and Vagane (2014)

who note that in one car - households a lack of suitable means of transport might have restricted women's choices on labour markets. However, even when women have access to a car, they commute less. Interesting to note is that higher educated women are likely to have the longer commutes (Hjorthol and Vagane, 2014). Men in general travel the longer home-work distances, and create access to wider labour markets (Frandberg and Vilhelmson, 2011). At least, this is the pattern in the generations aged 35 and above. For the youngest generations this pattern could change, as more equilibrium can be noted, especially with the higher educated. Tilley and Houston (2016) even note that young women are now travelling more than young men, due to, at least in the UK, a significant decline in weekly mobility amongst younger men under 30. The authors attribute this decline to lifestyle shifts and end rather speculative, but interesting: *"…younger men may socialise more in the home, due to less disposable income combined with greater familiarity of communicating online. Alcohol prices in UK supermarkets have fallen sharply relative to licenced premises, which is perhaps contributing to socialising at home. ".*

There is also a geographical dimension to all this, as living in urban areas increases the chances for women to have qualified more full- time jobs, whereas living in the periphery is disadvantageous for those who want full time jobs (Hjorthol and Vagane, 2014). A generic conclusion could be that travel patterns are converging, with a certain stop for mothers, and with perhaps for younger generations a trend towards even greater convergence.

3.2.3 Transport disadvantage and stress related to gender

Until now I discussed the patterns of gendered mobility. It is appropriate to consider where and how these patterns relate to our main theme: transport disadvantage and social exclusion via transport. Which elements related to gendered mobility lead or could lead to transport disadvantages? I this paragraph three elements will be discussed. At first, temporarily transport disadvantages springing from one car ownership in households with two or even more driving licenses. Secondly, the stress related to the complex travel pattern of mothers. And the last element relates to single households. There is a group of single households that seems to lack in the academic literature. We have literature on young single households, who mostly can cope with transport disadvantages. And there is literature on older single households, as discussed in 2.2.3. But literature on middle aged single households and their mobility is almost completely lacking. From the scarce literature an interesting gendered pattern arises.

3.3.2.3.1 Temporary transport disadvantage

Many households have one car and two persons with driving licences. In these situations there needs to be a form of decision making on which of the members has the access to the car. The other person has temporary no access to a car, which could, certainly outside urban areas, lead to potential or actual temporary transport disadvantages. Very little has been published about temporary transport disadvantage. One of the few articles is Richardson and Ampt (1997). But we know more about the decision processes. Women, and certainly mothers, have their complex travel patterns and need, as we noticed, flexibility. An important question is this respect was raised by Schwanen, Kwan, and Ren (2008): " *Given that the private vehicle tends to offer people the highest level of flexibility in choosing the time of departure and destination, our results also raise the question whether people are capable of substituting auto trips for more sustainable modes of transportation (public transport and walking) that tend to offer more restricted access and mobility"*

Who is the partner that has to accommodate his or her travel pattern? Gil Sola found for Sweden that in households having one car, that car is used for woman's mobility in 30 % of households and for man's commuting in 54 % of households (Gil Sola, 2013) . The figures of 2011 for Germany, in a study

of Scheiner and Holz Rau (2012) were somewhat comparable with men driving 56,6 % of their trips and women 36,5 %. These differences grow when salaries increase, but diminish when mothers are nursing the children (also in Scheiner and Holz Rau, 2012) or as Scheiner (2014) mentions ; "*taking on households tasks strengthens an individual's negotiating position with relation to the car"*. Gender contracts on car use are in the vision of Gli Sola (2016); "*not static but under constant negotiation, particularly during times of major social transformation, at both the societal (structural) and household(individual) level."* There is a spectrum of possibilities, from the right of men to own the familiy car to the full and normal acceptance that the woman has the most complex spacing and timing problems and thus the primary access to the car. Konrad, Scheiner and Holz Rau (2016) presented data over three decades for Germany. In these three decades especially fulltime working men in one car households did reduce their car use, in favour of their partners. There are still differences in distances travelled by car, but they noted a convergence trend. And the birth of a child has the most notable change effects on mode use, with mothers tending to drive less after the birth of the first child, but more after the birth of a further child (Scheiner, 2014b).

The non- car partner can face temporary transport disadvantages, which makes his or her travel vulnerable. A decision process towards more cars could then start. Clark, Lyons and Chatterjee (2016) looked at the processes leading the changes in the number of cars in the household, in both ways. 65 % of these changes were associated with employment change, cohabitation, residential relocation, child birth, retirement or an adult joining or leaving the household. And a 26 % of the households studied considered changing their number of cars.

Temporary transport disadvantage is probably seen as a problem to be avoided in more rural and peri-urban areas. In rural Scotland women have different travel patterns to men; more journeys are related to family possibilities, often at off-peak times, and many chain journeys. In *Stuck in the Countryside? Women's Transport in Rural Aberdeenshire (*2010) Noack carried out interviews.

All women questioned considered rural living very car- dependent, with children being completely reliant on their parents, mostly on their mothers "*…to everything, they have to be driven*" (Noack, 2010). When there is only one car in the family it is mostly the woman who gets the car, she needs it for her more difficult mobility patterns. Problems arise when the car is needed by her partner. In fact, living without two cars seems to be rather difficult.

The same is the situation in peri-urban France, as is shown in *Entre ville et campagne, le difficile equilibre des periurbaines lointaines* (Ortar, 2008), which was discussed in 1.2.3. A last example comes from rural Spain (Camarero, Cruz and Oliva, 2016). A car is necessary there to reach locations for shopping and employment, especially with recent closures of shops and workplaces. Residents who do not have cars are the elderly and the dependent, characteristic populations in interior of Spain. "'Support Networks" are needed, also for most women "of a certain age". Men have the car, and can thus control the travel patterns of most of these women. The role of persons in their middle age (not very many living in these areas) is essential, as they can offer help in mobility.

3.2.3.2 Stress related to complex transport patterns

The complexities of travel, especially for mothers, comes at a cost. There is often a feeling of hurriedness involved, related to time scarcity and to the question whether all time schedules can be realised. Nothing has to go wrong. On this issue Schwanen's *Matter(s) of Interest; Artefacts, Spacing and Timing* (2007) is interesting where he relates the theory to modern cares around "spacing and timing" of double-earner households. He looks at daily nurseries and shows that even searching for children's toys can make a normal day into a hurried day.

I will look into in greater depths in the second part of this book, but here the notion that stress related to mobility is not always economic and car related stress, but broader stress which find its sources in the urge to be mobile is the take away. Related to this is the work of Sweet and Kanaroglou (2016) about gender differences in the role of travel and time use, leading to subjective well- being. They concluded that lowest income women were comparatively more disadvantaged in their travel than the lowest income men. And participating in activities plays a far more important role in women subjective well- being than in men's subjective well – being.

A specific stress factor for women is found in the quality of public transport, mostly busses and metro's. Kim and Gustafson-Pearce (2016) concluded that the greatest anxieties in the London Underground were on anti- social behaviour, on too much noise, on overcrowding and on the conditions for late night travel. And Loukaitou- Sideris (2009) clarified that passengers are more fearful during their journeys to and from the stop or station and during the wait for the bus or train than when they are on the vehicle. General maintenance of the facilities and regular cleaning are considered very important. All-in all car commuting women reported higher levels of satisfaction than women did who travelled by public transport. More in general, people do not like busses. In Edinburgh, Stradling et.al did a study about the negative aspects of bus transport under the title *Eight Reasons People Don't Like Buses (*2002). From a factor analysis the greatest irritation was "*unwanted arousal*"; you just want to make a trip and, unasked, you are confronted with all sorts of persons and situations that you do not want to deal with, and that confront you with the harsher and bleaker side of public life. In your car you are not confronted with this unwanted arousal, you can close yourself off from these kinds of experiences. Parents, and certainly middle-class parents, also do not want to confront their children with these realities of life.

3.3.2.3.3 Middle aged single households and elements of gender

Single households form in many OECD countries now the greatest share of all households. For example in the Netherlands 34 % of all households are single person households, 28 % couples, 26 % couples with children and 7 % are single parent households.

There are 900.000 older single households (age 65 and higher), and 850.000 single households younger than 35 years of age. This means that in the Netherlands there are 1,15 million middle aged (35-65 years of age) single households, more men (670.000) than women (470.000). This is near to 7 % of the Dutch population. We also know that of all single households only 47 % owns one or more cars in the Netherlands. There will be smaller car coverage at higher single ages and at lower single ages. An educated guess could be that 55 -60 % of middle aged single households will have cars. This then could mean that around half a million middle aged singles are carless.

To create some perspective, the share of single households differs in the EU, from 47 % and higher or near to 40 % in the Nordic countries and Germany, to 21 % in Portugal and Cyprus (Eurostat 2015) .

In Canada, on average single- persons households commute shorter distances, are less likely to have a driving license, or to have access to a car, than average. Young and Lachapelle (2017) noted that they use cars 17 % less than family households and use active modes 9% more.

Urban areas have higher shares of single households, as more than 50 % of all households are single in for example Oslo, Amsterdam, Munich and Paris. (Eurostat, 2015). In the United States the share of single households is 19,4 (age 35-54) and an estimate of 13 % above age 55, together around 32 % (Bachman, Barua, 2015), comparable with the Netherlands. In all countries at younger ages the share of men in the singles population is higher, and this share diminishes with age; at age 58 in the Netherlands there are more single women than single men (Demey et.al, 2013);

There are many middle aged men living alone. In the Netherlands of all men between 35 and 65 years of age some 19 % lived alone in 2016. In Finland this was 23 % in 2011 (Statistics Finland, 2012). The share of women living alone is lower in the Netherlands, around 14 %. The situation that 80 % of all single parent households are households where the parent is a woman, can explain this difference (Demey et.al, 2013, CBS Netherlands, 2016).

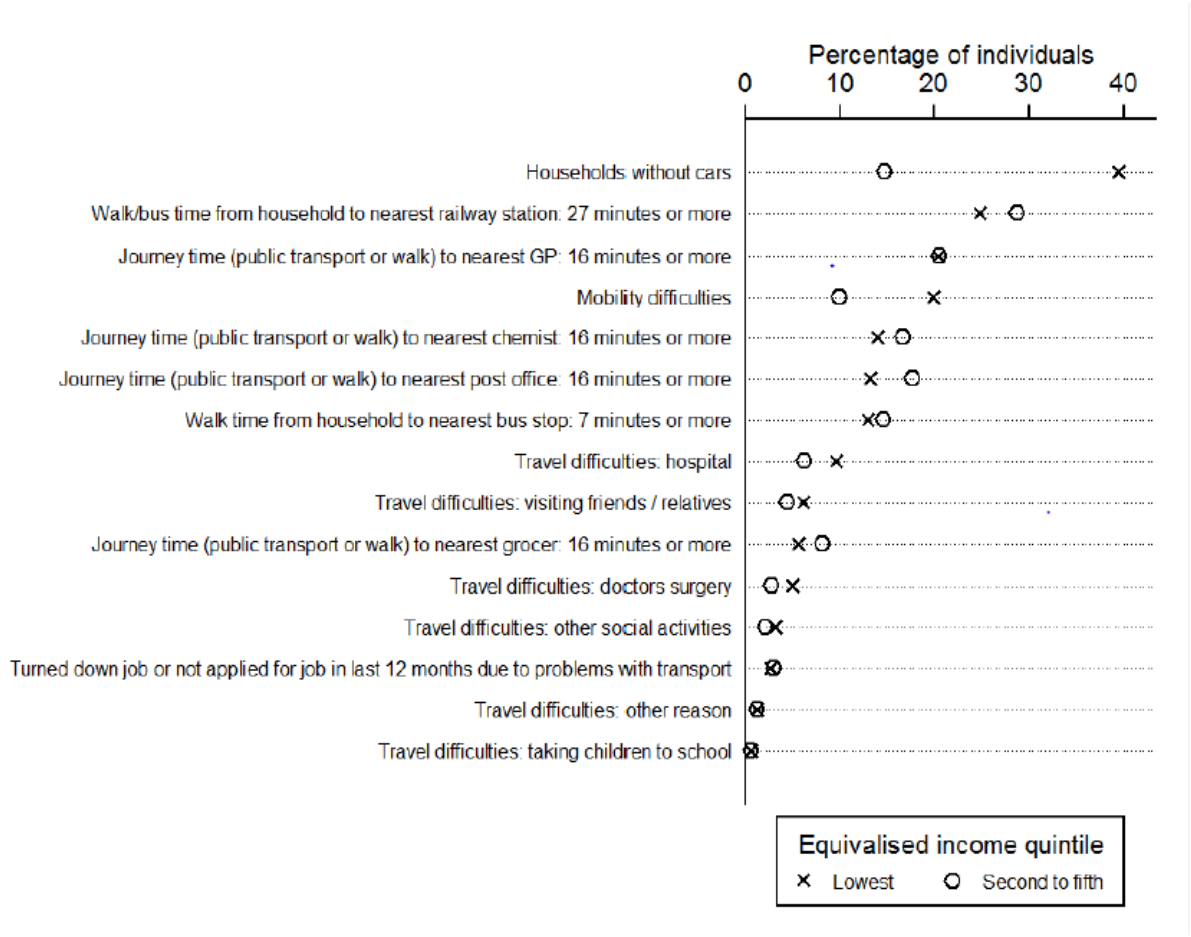
We know very little of the lifestyles and the mobility of these middle aged singles. Their issues are relatively unexplored (Palmer, 2006). Older data from the UK suggest that 30 % of this group belongs in the lowest income quintile (Palmer, 2006). And we know that there are several pathways to living alone.

Only 25 % of the men and 20 % of the women are “all life singles”. Some 45 % of the men and even 60 % of the women have a divorce history. Unfortunately to the best of my knowledge we have only figures for the UK 2009/10. Compared to those living with a partner, middle-aged men and women living alone are generally more likely to have no qualifications, to be not employed, to be in social housing or privately rented housing. And this holds even more true for men than for women. Men with partners were between 35-54 years of age unemployed for 12 %, whereas figures for single men in the same age groups were around 30 % (Demey et.al, 2013) ! And this was especially the case for the never partnered men. Although there is only scarce material, it looks that single middle -aged men are more at risk than single middle -aged women. An example from the Netherlands. When we go back to the 55 -60 % car coverage in middle aged singles, and we estimate a gender divide of 65 % car access for men and 45 % for women, whereas we know that half of the singles live in urban areas, we have a risk element which could contain (35 % carless of 670.000 men , and 55 % car less of 470.000 women, is 500.000 singles, and 50 % in non- urban resident areas, is 250.000) a group of some around 1 % of the total population (170.000 people) that is single , middle aged, probably more male, living outside cities, and more often their whole life time single that seems at risk of transport disadvantage. But more research is certainly needed here.

4 Some conclusions

4.1 About accessibility of services and amenities.

The literature on accessibility is growing. I already discussed the more academic oriented articles on measuring accessibility. A good summary could be found by an elaboration of Lucas et.al (2016b) of the data from the National Travel Survey of Great Britain (2012). The authors looked at a number of accessibility problems for the lowest income quintile and for the other four quintiles, and looked at the coverage of individuals facing the accessibility problems.



It can be noticed that in the lowest quintile some 20 % faced mobility difficulties and in the other quintiles 10 %. Thus, taken together some 12 % of the individuals faces mobility difficulties. Also taken together some 15 % had long journey times to chemists and post offices. Travelling to hospitals was difficult for some 7 % of the individuals, and visiting friends for 5 %. Grengs (2001) found that in Syracuse, New York, 12 % of the households did not have reasonable means for reaching a supermarket, whereas low levels of accessibility were associated with neighbourhoods of high poverty and with high shares of African Americans.

But when is minor accessibility to amenities, services and friends really a problem? Here the *impedance factor* is important, being a measure of a travellers willingness to travel long distances. Grengs (2015) found that households had the greatest unwillingness to travel long distances for convenience stores, supermarkets, childcare facilities and schools, whereas they show greater willingness to travel long distances for banks, medical clinics, hospitals and social visits. Grengs (2015), working in the U.S., concluded that because they live in cities several vulnerable groups were not as disadvantaged in accessibility as mostly understood. They had however access problems reaching shopping malls and supermarkets. For supermarkets this could be explained by the American situation, where supermarkets have moved out of city centres to outlying suburban locations. The same happened in France, where I already quoted Orfeuil (2004), mentioning that in Ile de France, the region around Paris, 50 % of the commercial centres with the supermarkets and shopping malls had no public transport connections.

Wright (2008) discussed access to health care and concluded that a sizeable number of individuals was prevented from accessing the health care system in the United States through transportation barriers. Accessing public service facilities is a problem, because these services are open at the same hours that

individual households are working. Delafontaine et. al (2011) concluded that rescheduling opening hours could greatly improve accessibilities. And Johnson, Currie and Stanley (2011) concluded that in Melbourne for arts and cultural activities higher access was related to elderly, to non- car households and to those living in inner parts of the city.

Haugen (2011) and Haugen et.al (2012) discussed which accessibilities mattered to whom in the Swedish contexts. Most households were rather satisfied with the distances from their homes to various destinations. And people travel farther than to the nearest option, and do not seem to strive for mobility minimisation.

All-in all, as most households and individuals are not facing accessibility problems, but there is a group of 10 to 15 % of all households and individuals facing accessibility problems, of which the magnitude differs. Especially access to supermarkets and health care seems crucial and problematic.

3.4.2 Transport disadvantage in societal perspective; some first conclusions

Where are the transport disadvantaged , the car -related economic stress, and the social exclusion via transport in modern western societies situated? A summary of part A, with a strong caveat ; as the problem is under-researched quantitatively, and as real targeted statistics are not available, I will present at best an educated guess, derived from much literature that mostly lacks in data- focus.

At first, transport disadvantaged will be found with the disabled, with the more severe handicaps. This is around 4,5 % of the population. Then the transport disadvantaged will be found with the older elderly in most OECD countries, in car – less households; many single older women, and many men who stopped driving. This is some 1,5 % of the population. These two groups will face transport disadvantage in all geographical situations.

For the other potentially transport disadvantaged groups, geography plays a role. In cities, other permanently transport disadvantaged will not be that many. But here a new problem arises. As many potentially transport disadvantaged can only find their mobility over greater areas via public transport, these people will face temporary transport disadvantages, at times when there is no or only minor public transport service such as evenings, nights, or Sundays.

From cities to the most rural areas, the share of the transport disadvantaged in the population increases. This share starts to increase in the outer suburbs of cities, and increases further in suburbia, the peri- urban areas and the rural areas. In all these areas especially the poorer households, the single parent households, the middle aged single households, the adolescents, and women (often more on a temporary base, when the single household car is not available) can face transport disadvantage, when they miss access to car mobility. This group in total will be some 6 % of the population.

All-in all, some 12 % of the population will be transport disadvantaged. Part of this 12 % will have the social capital (with help from friends, family, community solutions) to avoid social exclusion via transport. Statistics are lacking, but my expectation would be that this can be the situation for some 40 % of the transport disadvantaged, leaving on average some 7 % of the population in the OECD countries facing social exclusion via transport.

There is also another group facing problems. A way to avoid transport disadvantage is to buy yourself out of this disadvantage. Here we enter the area of mobility -related economic stress. In most circumstances this will be car- related economic stress, as households buy cars and thus buy themselves out of mobility poverty but sometimes into real poverty, as they will be faced with high shares for mobility expenditures in their household incomes. A smaller number of individuals and

households will have high expenditures in taxis or public transport fares. I expect that some 3-4 % of all households can face economic stress through mobility.

All-in all, some 15 % of the population faces a form of problem with their mobility, and probably 1 in 10 households is really facing great difficulties in their mobility. This magnitude indicates a serious problem. For the richer part of the OECD world (Canada, USA, Australia, New Zealand, Nordic countries, Netherlands, Belgium, Ireland, United Kingdom, Germany, France, Switzerland, Austria, Italy, Spain, Portugal, Poland, Slovenia, Czech Republic, Japan, South Korea, jointly somewhat more than 1 billion inhabitants) my expectation would be that over 100 million persons and some 50 million households are involved.

I consider it rather safe to conclude that in OECD countries **one in ten households** faces social exclusion via transport. We have seen in this chapter that the expression of this exclusion differs a lot, from rural adolescents missing friends and networks, because their parents moved to "virtually nowhere", via widows who did grow to near immobility after the loss of their car driving husbands, to disabled people who feel discriminated in public transport, or broader, by the situation that built up environments are structured according the wishes of "40 year old healthy males", to poor households missing employment opportunities or even hospital appointments, because they cannot reach their locations without heavy burdens on their budget.

This "*one in ten households in OECD countries facing social exclusion via transport"* grows to an even greater share of households in the developing world, where very many households and individuals will be faced with burdensome transport situations. However, here structural analyses are being made. The combination of road upgrading and maintenance, delivering appropriate transport services, and diminishing economic and gender inequalities is here the road to less involuntary transport disadvantages.

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