



Entitlement to concessionary public transport and wellbeing: A qualitative study of young people and older citizens in London, UK



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ABSTRACT

Access to transport is an important determinant of health, and concessionary fares for public transport are one way to reduce the 'transport exclusion' that can limit access. This paper draws on qualitative data from two groups typically at risk of transport exclusion: young people (12–18 years of age, $n = 118$) and older citizens (60+ years of age, $n = 46$). The data were collected in London, UK, where young people and older citizens are currently entitled to concessionary bus travel. We focus on how this entitlement is understood and enacted, and how different sources of entitlement mediate the relationship between transport and wellbeing. Both groups felt that their formal entitlement to travel for free reflected their social worth and was, particularly for older citizens, relatively unproblematic. The provision of a concessionary transport entitlement also helped to combat feelings of social exclusion by enhancing recipients' sense of belonging to the city and to a 'community'. However, informal entitlements to particular spaces on the bus reflected less valued social attributes such as need or frailty. Thus in the course of travelling by bus the enactment of entitlements to space and seats entailed the negotiation of social differences and personal vulnerabilities, and this carried with it potential threats to wellbeing. We conclude that the process, as well as the substance, of entitlement can mediate wellbeing; and that where the basis for providing a given entitlement is widely understood and accepted, the risks to wellbeing associated with enacting that entitlement will be reduced.

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Introduction

Recent years have seen growing recognition that access to transport is an important determinant of health, including in the UK NICE guidance (NICE, 2008), The Marmot Review (Marmot et al., 2010, pp. 134–136), and transport policy approaches in cities such as London (GLA, 2011, pp. 196–197). In general, however, the multiple connections between transport and health are still far from receiving the policy attention they merit. Transport is normally needed in order to access health services; the goods necessary for health; the work and education that are determinants of health and the social networks that foster a healthy life. Differential access to transport is one of the ways in which health inequalities between people and places are generated (Macintyre, Macdonald, & Ellaway, 2008), and age is one social factor that influences the risk

of 'transport exclusion'. In the UK, for instance, the Social Exclusion Unit (2003, p. 2) cited transport-related problems as restricting young people's capacity to take up education or training opportunities. Young people's exclusion from participation has been variously conceptualised as arising from immobility (Barker, Kraftl, Horton, & Tucker, 2009; Thomsen, 2004), disempowerment (Jones, Davis, & Evers, 2000; Kearns & Collins, 2003) or dependency on adults for transport (Barker, 2009; Fotel & Thomsen, 2004; Kullman, 2010). Older people have also been described as particularly at risk of transport-based social exclusion (King & Grayling, 2001, p. 166) or 'transport disadvantage' (Hine & Mitchell, 2001) and consequently of becoming isolated (Titheridge, Achuthan, Mackett, & Solomon, 2009; Wretstrand, Svensson, Fristedt, & Falkmer, 2009), with significant numbers of older people reported to face difficulties in getting to health centres, dentists and hospitals (Audit Commission, 2001, p. 30).

Within the London region, a number of policy initiatives have formed part of a broader transport agenda that has, at various points, been more or less explicitly oriented to public health as well as other social goals including reducing dependence on car travel and mitigating the health effects of transport exclusion (Mindell,

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Sheridan, Joffe, Samson-Barry, & Atkinson, 2004). Concessionary fares for public transport are one approach to addressing transport exclusion, and in London two specific policies relate directly to age-related transport exclusion through the provision of fare exemptions. First, free bus travel for 12–16 year-olds was introduced by the Greater London Authority in September 2005 (TfL, 2007). This concession was subsequently extended in 2006 to include 17 year-olds in full-time education (TfL, 2006, p. 7) and subsequently all 18 (and some 19) year-olds in full-time education or on a work-based learning scheme (TfL, 2010a, pp. 8–9). On its introduction the scheme was explicitly positioned as a way of addressing transport exclusion with a particular emphasis on improving access to education and jobs: as a means “to help young people to continue studying, improve employment prospects and promote the use of public transport” (TfL, 2006, p. 7). Second, the ‘Freedom Pass’, funded by the 33 local authorities that make up London, is provided to all of those over 65 (or over 60 if born before 1950), entitling them to free transport at any time of day on all bus, underground and tram services and to off-peak travel on many rail services in the Greater London area (London Councils, 2011).

There is a small but growing body of evidence on the positive impact of such concessions on health generally. For older residents, the Freedom Pass was reported to reduce transport exclusion and enhance mental health (Whitley & Prince, 2005), and concessionary bus travel for older people is associated with a reduced risk of obesity (Webb, Netuveli, & Millett, 2011) and with increased likelihood of walking more frequently (Coronini-Cronberg, Millett, Laverly, & Webb, 2012). For young people, concessionary bus travel in London has been reported to contribute to reductions in transport poverty, gains in independence and opportunities for enhancing wellbeing (Jones, Steinbach, Roberts, Goodman, & Green, 2012). In Canada, significant association between transport mobility benefits and quality of life for older Canadians have been identified (Spinney, Scott, & Newbold, 2009).

However, the relationship between transport and health is not based solely on access to transport. Beyond the instrumental functions of transport for accessing goods and services, which can be enhanced by offering concessionary fares, are the less tangible psycho-social impacts of access to, use of and entitlement to transport. These are mediated in part by the social meanings of particular modes. For instance, in the context of what has been called a ‘regime of automobility’, in which the private car dominates as the default mode of transport (Sheller & Urry, 2000), those without access to a car report adverse effects on wellbeing from using less-valued alternatives (Bostock, 2001). For older people, driving cessation or lack of access to a car has been widely reported as a threat to wellbeing (Adler & Rottunda, 2006; Davey, 2007). In the UK, as in many other high-income countries, private car use is reported to provide a number of benefits for users, including self-esteem and a sense of autonomy (Goodman, Guell, Panter, Jones, & Ogilvie, 2012; Hiscock, Macintyre, Kearns, & Ellaway, 2002). Currently, such benefits are not always provided by public transport access. Bus travel in particular is often positioned as a stigmatised ‘other’ mode (Ellaway, Macintyre, Hiscock, & Kearns, 2003), primarily for use by those with few other options (Root, Boardman, & Fielding, 1996, p. 32).

In this paper, we discuss the relationship between entitlements to concessionary fares, mobility and wellbeing. We focus not on the direct effects of entitlement to concessionary public transport on ‘objective’ measures of health, illness and disease, but rather on the symbolic meanings of ‘entitlement’ to public transport, and the implications of this for people’s subjective perceptions of their wellbeing in one particular locality (London). Acknowledging that it “may be a somewhat slippery concept” (Cattell, Dines, Gesler, & Curtis, 2008, p. 546), we understand ‘wellbeing’ here as a concept that captures understandings of health “which extend beyond a narrow bio-medically oriented definition of health as ‘the absence

of disease” (Airey, 2003, pp. 129–130). Importantly for the present analysis, it is a concept that emphasises the ways that people interpret their own circumstances or social contexts in ways that relate to health (Airey, 2003; Cattell et al., 2008). As Hiscock, Ellaway and colleagues have argued (Ellaway et al., 2003; Hiscock et al., 2002), if policies to wean people off car use are to succeed, the social and cultural associations of public transport need to be addressed. Reducing transport exclusion, and its damaging health effects, entails more than just increasing the provision of or access to transport. In order to optimise use, the mode provided needs to be culturally valued, and capable of enhancing autonomy, self-esteem and social inclusion; providing, in short, the kinds of psychosocial benefits associated typically with private car use. In London, with a relatively good public transport infrastructure, and a policy context in which private car use is actively discouraged, the meanings of public transport, particularly for older people, may be less devalued than has been reported for other settings.

Theoretically, ‘entitlement’ to a benefit of this kind provided explicitly to address transport exclusion could further stigmatise the groups targeted (Sen, 1995), thus off-setting health gains from concessionary transport with losses from the effects of loss of self-esteem or autonomy. This is likely to be particularly true if the benefit provides access to a mode of transport that is of low relative value. Alternatively, concessionary transport may be intrinsically good for ‘wellbeing’ simply because it enables participation: a theme echoed in social policy literature that has addressed participation (Jordan, 2012). As well as being a route to social participation, transport also provides a way of *enacting* participation – a theme taken up in recent literature on cycling in particular (Aldred, 2010; Green, Steinbach, & Datta, 2012), but less well addressed in relation to public transport. To explore the symbolic effects of transport entitlement on wellbeing in the context of public transport systems, we examine how two groups entitled to free bus transport in London – young people aged 12–18 and older citizens – understand and value their entitlements, and how this might mediate the relationships between mobility and wellbeing.

Methods

This paper draws on qualitative data collected as part of a larger study examining the public health implications of concessionary transport for young people. Older citizens were included in the study for two reasons. First, those aged 60+ are entitled to a public transport fares concession in London (as discussed above). Second, young people’s entitlement to free bus use raised some concerns in the media about possible negative effects on older people’s access to bus travel as a result of over-crowding or fear-based exclusion (TfL, 2008). Between February 2010 and April 2012 we spoke to 118 12–18 year-olds and 46 60+ year-olds living in London. Data were generated using a mix of individual, pair and group interviews in order both to access interactions about public transport and also to ensure more private settings. The latter was thought necessary in case participants found groups a difficult place to discuss more sensitive issues such as financial barriers to transport. In-depth interviews (individual, pair or triad interviews) were conducted with 62 young people and 28 older people. These interviews, and 13 focus groups (with younger people ($n = 10$) and older people ($n = 3$)), focused on the everyday travel experiences of research participants, and their preferences for different modes of transport.

Both younger and older people were recruited primarily from four local areas across London, selected to include a range of public transport provision. Two were inner London areas (Hammersmith & Fulham and Islington), with typically denser housing and more abundant public transport options, and two outer London (Haver- ing and Sutton), where public transport is both less abundant and

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