1. INTRODUCTION

1.1 Research by Other Agencies

In February 2003 the UK Social Exclusion Unit (SEU) produced its report ‘Making the Connection’ which highlighted that access to services has a direct impact on social inclusion. In response to the findings and recommendations of this report accessibility planning is now at the forefront of the development of transport schemes and the aim of achieving ‘access for all’. The SEU report identified strong links between a number of key barriers and social inclusion including the concept of ‘limited travel horizons’. The report referred to findings such as the average distance to work for people on low incomes being three miles compared with eight for the general population, inferring that those on lower incomes may be less willing to travel than other sectors of the population.

The notion of travel horizons is a comparatively new element of transport planning, though knowledge and understanding of the topic is ever increasing. Few precise definitions of the term exist. The SEU report (2003) defined travel horizons as an individual’s “willingness to travel”, while a more detailed definition can be taken as the distance or location that people feel able to travel to when accessing key facilities. The SEU report (2003) identified limited travel horizons as one of five of the key barriers to accessibility in the United Kingdom.

There has been a small amount of previous research into travel horizons in the UK. These studies have concluded travel horizons are determined by a wide-range of factors and vary between different groups in society. The SEU (2003) report placed an emphasis on people’s knowledge and perceptions of public transport as important in determining travel horizons. The report noted that individuals’ travel horizons can be limited because of:

- trust – they lack confidence that the bus will get them to places on time;
- knowledge – poor knowledge of how to get to places using the transport network;
- familiarity – a tendency to look for work in, or travel to, places that are familiar; and
- frequent changes to bus routes and timetables, and out of date information.
A study into regeneration areas and barriers to employment undertaken by the Scottish Office (1998) sought to identify reasons behind the limited success of a strategy to increase employment and employability of people in some of Scotland’s regeneration areas. There was concern that the limited travel horizons of unemployed residents in these areas was impacting on the effectiveness of the whole strategy. The study found that strong interaction between factors conspired to constrain the travel to work patterns of specific groups of people. These factors included the cost of child care, the incidence of part time work, the incidence of low pay, the relatively low wages that job seekers with limited skills and qualifications can command, and the limited volume of local employment opportunities.

Similarly, a study by Grant (2004) which investigated the role of public transport for tackling social exclusion in Liverpool on Merseyside concluded that resident’s travel horizons in terms of jobs and training can be restricted due to a lack of good travel information or lack of life experience beyond their immediate area.

A further study in 2004 (Green, A. and Shuttleworth, I.) identified the role played by area perceptions in shaping access to employment for young disadvantaged people in Belfast, Northern Ireland, and also reviewed policy initiatives concerned with ‘widening mental maps’ and breaking down transport barriers to employment. The research found that in general, although the young people involved in the study had a good overall understanding of the locations of major concentrations of job opportunities, many people had a highly localised outlook which was reflected in patterns of job search behaviour, travel to work and training. Simply put, there was a tendency for people to focus on their home areas.

The study reviewed a number of measures implemented by the UK Department for Transport which were introduced to enhance mobility of workers. Among the measures discussed were:

- the ready availability of easily understandable travel information; and
- ‘travel advocacy’ (a travel training scheme).

The measures were introduced because limited travel horizons were deemed to be linked to a lack of awareness of travel opportunities, of where to find information about mainstream and less conventional public passenger transport services, as well as a lack of confidence in making unfamiliar journeys to new destinations. The affordability of travel was also judged to limit the areas in which individuals seek work, and therefore influence travel horizons.

The study concluded that there was no single way to enhance mobility and remove transport related barriers to employment and that a range of policies was required. Physical barriers to travel were deemed easier to tackle than perceptual ones, which resulted in the conclusion that attempts to widen individuals’ ‘mental maps’ should be made at an early age.
1.2 Greater Manchester Passenger Transport Executive (GMPTE) Research

Greater Manchester Passenger Transport Executive is the body responsible for paying for public transport services which are not provided commercially by operators within Greater Manchester. Additionally they work to coordinate, develop and promote public transport in the area, run bus stations and run the concessionary fares schemes. They work closely with the Greater Manchester Passenger Transport Authority who set the local transport policies. In areas outside large conurbations in the UK, these roles are fulfilled by Local Authorities.

GMPTE had previously carried out a number of studies relevant to travel horizons and access priorities. Their findings generally reflected those identified in the research carried out by others into travel choices, social exclusion and travel behaviour.

GMPTE had previously found the key demographic influences on travel behaviour and mode choice are: the availability of a car; age; gender; and wealth (2004d). Research showed these factors to interact, so particular combinations define travel needs and preferences. Further research into residents travel needs on peripheral estates (2004c) found they differed depending on the type of residents, car availability, the presence of local facilities and key services and the quality of the local bus network. These interrelated factors were found to affect peoples’ travel horizons.

As far as using public transport to improve accessibility and increase travel horizons, GMPTE had previously found unreliable bus services can be a major deterrent to travel, in addition to a lack of timetables and travel information, lack of low floor vehicles and perceived or genuine risk – especially at night (2004a). Multimodal trips have also been identified as a common barrier to public transport use (2005a). Additional research by GMPTE into demand responsive public transport (2005b) found that people would be more likely to open up their travel horizons by using the “Local Link” demand responsive service if it was publicised more effectively and targeted at appropriate groups and areas.

A major observation noted in past work, particularly the market research into service 406 (2004b) is that people’s travel choices and ultimately their travel horizons appear to be formed by the practicalities of daily life.

1.3 Study Aims and Objectives

GMPTE appointed Halcrow to undertake more detailed research into travel horizons and travel priorities in a number of deprived areas in Greater Manchester. This was to help inform a number of policy documents being developed to supplement the Greater Manchester second Local Transport Plan (LTP2), including their Accessibility Strategy and Demand Responsive Transport (DRT) Strategy. Local Transport Plans are statutory documents
required under the terms of the 2000 Transport Act, which outline a 5-year approach to transport policy, strategy and investment in Local Authority areas across England. The development and production of the Greater Manchester LTP2 was a joint partnership between AGMA (The Association of Greater Manchester Authorities) and GMPTE.

When tackling accessibility problems the UK Department for Transport (DfT) have traditionally focussed on access to healthcare, shopping, employment and learning. However, it is recognised that people may wish to travel to a much wider range of facilities in order to obtain their desired ‘quality of life’. The key aim of this research was to better understand where people want to travel to and how they prioritise this.

As travel horizons can be defined as the distance or location that people feel able to travel to when accessing key facilities, the emphasis of this research was to:

- identify and understand people’s travel horizons;
- establish how far and by what means people are prepared to travel;
- understand what determines peoples travel horizons; and
- identify how these services and priorities vary according to demographic characteristics.

This paper summarises the findings of this research and the influence it has had in developing policies within the Greater Manchester area.

2. WHY GREATER MANCHESTER?

2.1 Background

Greater Manchester is a large metropolitan area in the north of England, covering an area of 500 square miles with a population just under 2.5 million, administered by ten Local Authorities.

The area’s key socio-economic characteristics are summarised below:

- overall nine percent of the population is from ethnic minorities with the highest proportions in Manchester, Rochdale and Oldham;
- the proportion of households with long term limiting illness in Greater Manchester is approaching forty percent compared to a national average of a third, despite the age profile being similar to average; and
- Greater Manchester has lower levels of car ownership than the national average with a third of households having no car compared to 27% in England overall.

2.2 The Three Study Areas

Through discussions with GMPTE and the examination of the conurbation wide key socio-economic data, three areas were identified for further research.
and are detailed in table 1. Figure 1 shows the location of the three areas across Greater Manchester.

**Table 1: Study areas**

<table>
<thead>
<tr>
<th>Study Area</th>
<th>Index of Multiple Deprivation (ranked within GM)</th>
<th>Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holts (Oldham)</td>
<td>8%-10%</td>
<td>Outer area</td>
</tr>
<tr>
<td>Collyhurst/Harpurhey (Manchester)</td>
<td>Worst 1%</td>
<td>Inner area, good PT</td>
</tr>
<tr>
<td>SW Central Rochdale (Tweedale St/ Sparth Bottoms)</td>
<td>1% - 8%</td>
<td>Area with high ethnic population</td>
</tr>
</tbody>
</table>

- Holts, an estate in Oldham was built in the late 1960s to provide 1,000 dwellings for local residents. The houses were refurbished in the 1980s and 90s which sought to improve the physical fabric of the estate but did little to improve social deprivation and exclusion. The estate is relatively isolated to the rest of Oldham. The Saddleworth and Lees Area Action Plan noted that “local people expressed concern about public transport and felt that it was one of the major issues which hindered their ability to access jobs, shopping and recreation facilities and generally leaving them feeling isolated”.

- The Collyhurst/Harpurhey area is situated to the north east of Manchester City Centre. The area is the focus of a regeneration initiative as the area is characterised as having high levels of unemployment and crime.

- The Tweedale Street/Sparth Bottoms area of Rochdale is situated to the South West of the town centre. Regeneration projects are planned for the area and it is designated an area of neighbourhood renewal.

*Figure 1: Map showing location of the three study areas within Greater Manchester*
All three areas have a high proportion of the population aged under sixteen, particularly Holts estate in Oldham and SW Central Rochdale where this is significantly higher than the Greater Manchester or national averages. In terms of ethnicity, almost two thirds (65%) of the population in South West Central Rochdale are from ethnic minorities while the two other areas are predominantly of white origin.

Unemployment levels in each of the three areas are higher than the average for the region and England as a whole, while in all three areas around half of the population of working age is classed as inactive, being either retired, looking after home/family or permanently sick/disabled. Table 2 breaks down unemployment levels within each of the three areas.
Table 2: Employment levels in the study areas

<table>
<thead>
<tr>
<th></th>
<th>Population Aged 16-74</th>
<th>Percentage</th>
<th>Active: Employed</th>
<th>Active: Unemployed</th>
<th>Active: Student</th>
<th>Inactive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Holts</td>
<td>1,575</td>
<td></td>
<td>42.8</td>
<td>7.5</td>
<td>1.7</td>
<td>48.0</td>
</tr>
<tr>
<td>Collyhurst/ Harpurhey</td>
<td>2,613</td>
<td></td>
<td>33.2</td>
<td>6.9</td>
<td>1.8</td>
<td>58.2</td>
</tr>
<tr>
<td>South West Central Rochdale</td>
<td>2,521</td>
<td></td>
<td>34.4</td>
<td>8.1</td>
<td>3.4</td>
<td>54.1</td>
</tr>
<tr>
<td>Greater Manchester</td>
<td>1,781,882</td>
<td></td>
<td>58.2</td>
<td>4.6</td>
<td>2.6</td>
<td>35.6</td>
</tr>
<tr>
<td>England</td>
<td>35,532,091</td>
<td></td>
<td>60.9</td>
<td>3.3</td>
<td>2.6</td>
<td>33.1</td>
</tr>
</tbody>
</table>

The skills base in each of the three areas is lower than the national average. Across England almost 28% of the population aged 16 – 74 have no qualifications. In South West Rochdale and Holts half the population (48% and 51%) have no formal qualifications while Collyhurst/Harpurhey has more than double the national average of people with no formal qualifications (59%).

The number of households without access to a car or van is double that of the national average in each of the three study areas, and is highest in Collyhurst and Harpurhey where over two thirds of households do not have access to a car. Figure 2 details car ownership levels in each of the three areas compared to England as a whole and Greater Manchester.

Figure 2: Car ownership within the study areas

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3. METHODOLOGY

The study was carried out in three stages beginning with a desk top review to identify previous research and inform the choice of areas for further study. Consultation was then carried out in the three chosen areas with finally the analysis and reporting taking place. The methodology is detailed in Figure 3.

![Figure 3: Study Methodology](image)

### 3.1 Review of existing data

Existing research from around the United Kingdom was reviewed as a start point in the study to gain an appreciation of what is believed to influence individual's travel habits. The key socio demographic characteristics of Greater Manchester were then studied and reviewed and three locations chosen as the focus for further research. Finally a desktop review of key research both undertaken by GMPTE and other bodies was conducted in order to inform the consultation and data collection phase of the study.

### 3.2 Consultation

In order to build on the existing research and provide a more detailed assessment of individual's travel horizons and the priorities that these individuals attach to accessing key services, detailed consultation was undertaken. A household interview was developed and a specialised market research company employed to conduct detailed household interviews in each of the three study areas. A total of 139 interviews were conducted according to strict quotas based on age, gender, ethnicity, economic status and car ownership in the study areas. The household interview focussed on the two areas of Access Priorities and Travel Horizons, and included collecting data...
on existing travel patterns and priority placed on accessing a variety of facilities together with the use of a number of travel scenarios to better understand the influences on individual’s travel.

To enable a greater understanding of the rationale behind what forms individuals’ travel horizons, a series of focus groups were held which probed the issues covered in the interviews in greater depth. The focus groups were held with four key social groups to enable in-depth probing on items of interest identified through the household interviews. The focus groups were spread across the three study areas as follows:

- Elderly – Collyhurst/Harpurhey;
- Unemployed – Collyhurst/Harpurhey;
- Black and minority ethnic (BME) – SW Rochdale; and
- Carers of children – Holts.

Attendees for the focus groups were found by contacting those who completed the household surveys and stated they would take part in further focus groups. Further attendees were found through contacting local community and support groups such as Surestart (a Government programme providing support for children and parents in deprived areas) in Holts, Jobcentre plus (a Government agency helping people of working age to find employment) near Harpurhey and a local mosque and community centre in Rochdale. A sheltered housing scheme in the Collyhurst/Harpurhey study area provided a number of attendees for the focus group with elderly people.

4. FINDINGS

4.1 Access Priorities

The research into access priorities found that they are influenced by factors such as personal circumstance, age, ethnic origin and economic status. However, regardless of these variances similar importance emerged in accessing main shops and a corner shop for food shopping, the Post Office and visiting friends and family. Overall the services that residents wished to access remained similar across all age categories. However the consultation highlighted that the older the resident the more frequently they wished to access healthcare facilities such as doctors, hospitals and chemists. Accessing town centre leisure facilities as well as local pubs and clubs were a higher priority for younger respondents. The frequency of access to services also varied according to a person’s economic status. Some 71.4% of unemployed residents wished to access the Job Centre compared to only 2.6% of those defined as inactive. Figure 4 shows the services respondents wished to access frequently with the governments top four priorities of healthcare, learning, employment and food shopping marked in red bars.

Figure 4: Services that residents wanted to access frequently
The requirement for local access varied across the study areas, though overall, access to a Social Security Office was the service that respondents felt should be provided locally, perhaps due to the deprived nature of the study areas and the high number of people claiming benefits. It was also felt a Post Office, corner shop selling food, and training should all be provided locally. Respondents in Holts were more likely to want services to be provided locally as opposed to the other two areas. This may be due to the isolated nature of Holts. In Rochdale however the provision of a local post office was not as popular, possibly due to the close proximity of the study area to Rochdale town centre. Figure 5 details the facilities respondents felt should be provided in their local area while Figure 6 shows this split by local area.

**Figure 5: Services that residents wished to access and felt should be provided locally**
Figure 6: Services that residents wished to access and felt should be provided locally (by study area)

An element of understanding individuals’ access priorities is the need to understand the importance placed on this access. It was found that overall doctors, hospital, chemists, dentist and accessing a corner shop were the most important facilities to access. This is in contrast to the government’s top
four priorities of healthcare, employment, learning and food shopping. Accessing healthcare and food shopping was seen as important whereas accessing employment or learning was not considered to be.

The consultation identified that the level of importance varied according to age. Accessing the doctors was very important for all age categories but accessing the hospital was considerably more important for those in older age brackets. In addition, accessing education and employment services was more important for younger respondents but respondents placed a considerably higher level of importance on being able to access friends and family. Importance also varied according to a person’s economic status. Accessing a job centre was very important to the unemployed whereas it was considerably less important for the remaining groups.

The consultation also sought to assess the level of priority that people placed on accessing a range of services. These services excluded the government’s four key priorities of healthcare, main food shopping, employment and learning in order to try and identify a secondary level of priority after the Government’s top four. This was achieved through asking residents to rank the first, second and third facilities that were most important to them to access.

Respondents placed greatest priority on accessing food shopping at a corner shop followed by the Post Office, visiting friends and family and accessing open spaces and cash points. The analysis highlights how important residents view accessing the Post Office. The focus groups confirmed that a number of people used their local shop rather than accessing a major supermarket as it was easier for them. Participants in the Holts focus group suggested that even where access is provided to a supermarket it may not be feasible to use. For example, nobody attending used the free bus to the Asda supermarket as it did not coincide with the day most benefits were paid, therefore they had to shop at the local shop or visit nearby Lees.

Figure 7 shows these results split by age group. Those over the age of 60 placed a much greater priority on accessing the Post Office than any other age group. However it should be noted that the consultation identified that many people used their Post Office for services other than those traditionally associated with the Post Office. Visiting friends and family was a priority for all ages. However visiting friends and family was less of a priority for those with a limiting long term illness compared to those without. The consultation also highlighted that those of ethnic origin were more likely to prioritise accessing places of worship.

Figure 7: Access to facilities (excluding Government’s top 4) – priority by age
4.2 Travel Horizons

A number of factors can impact on the decision making process that influences the individual’s travel horizon and the subsequent decision on that journey. The key factors identified were:

- distance;
- time;
- cost;
- journey purpose;
- requirement to interchange;
- personal circumstances; and
- safety and security implications.

The research identified that some factors that influence travel horizons can be directly influenced by transport policies and initiatives such as bus routing, frequency and reliability, and constraints such as operator ticketing regimes and prices. Other influences were not wholly attributable to transport/service.
provision, but were a function of associated factors such as the need to travel with small children or the type of journey being undertaken.

Consultation highlighted that the destinations people are willing to travel to are often more limited for regular journeys as opposed to less frequent journeys. Perceived distance is a crucial element in determining whether one destination is chosen over another as a number of respondents had differing ideas of the distance and travel time between themselves and a number of destinations. This factor may limit a person’s travel horizons as they may believe that accessing a particular destination would take much longer than it actually does. In Collyhurst for example, respondents stipulated that they were prepared to travel for 40 to 60 minutes yet when probed they were only prepared to travel as far as Manchester City Centre which can be reached in under 40 minutes.

Safety and security implications can affect all age and social groupings and those that had been victims of crime were less likely to travel after dark for obvious reasons. The focus group with elderly residents highlighted that safety was a key concern with a number of the participants already victims of crime which had ‘reduced their travel horizons’ as many would not now travel at night.

When a number of factors are combined this may have a greater impact on an individual’s travel horizon. Consultation with the unemployed highlighted that their low level of income forced them to purchase the cheapest possible weekly/monthly travel ticket. Cheaper options tended to be provided as sole operator tickets and therefore only permit travel on that operator’s service as opposed to travel across the whole of Greater Manchester. Therefore the limitations of this ticket became the limits of a person’s travel horizon as they could only travel to destinations that their ticket would allow.

The relationship between time, cost and distance varied according to economic status, age and the type of journey that was being undertaken. Consultation identified that for the majority of journeys, time, distance and cost were all equally important. However further probing identified that distance was less of an issue for people, with cost and time identified as being more important. The focus groups identified that time was more of an issue for those travelling with dependents and those who regularly travelled by car. In general bus users were willing to travel to any destination and interchange provided that the journey length didn’t change. Cost was more of an issue for those on benefits or low incomes.

The analysis identified that these factors on their own may not directly affect an individual’s travel horizons but when combined can contribute to the decision making process; travel horizons generally appear to be based on a rational decision making process. It was found that factors can vary between people, trip type and journey frequency as well as more general factors such as age, economic status and personal circumstance.
Figures 8 and 9 are based on the discussions held during the four focus groups and document the relationship between time, distance, cost and other factors for a regular and a less frequent leisure type journey. Both diagrams are based on four axes; time, distance, cost and other factors – all variables are indicative. The diagrams illustrate how each of the four elements relates to each other for each group. For example, Figure 8 illustrates that time is more of a consideration for carers of children and the unemployed than it is for the elderly and ethnic minorities. It also shows that distance is less of an issue than time, cost and other factors. Other factors taken into consideration include safety issues, travelling with dependents and ticket types. Both diagrams also highlight how these relationships change dependent on the journey frequency.

For more infrequent leisure type journeys, individuals are willing to widen their horizon and travel for longer. However as the figures show, cost is still the dominant factor in both frequent and infrequent journeys. Both figures highlight that amongst ethnic minorities, cost is not as dominating a factor as for other groups. Figure 10 below summarises the key factors and how they influence willingness to travel.

*Figure 8: Relationship between time, distance, cost and other factors – regular journey*
Figure 9: Relationship between time, distance, cost and other factors – less frequent leisure journey

Figure 10: Factors and their influence on travel horizons

<table>
<thead>
<tr>
<th>Safety and Security</th>
<th>high crime areas</th>
<th>Perception</th>
<th>low crime areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interchange</td>
<td>bus to rail/metro link</td>
<td>bus to bus</td>
<td></td>
</tr>
<tr>
<td>Distance</td>
<td>regular journeys</td>
<td>Familiarity</td>
<td>irregular journeys</td>
</tr>
<tr>
<td>Time</td>
<td>evening travel</td>
<td></td>
<td>leisure journeys</td>
</tr>
<tr>
<td></td>
<td>regular journeys</td>
<td></td>
<td>irregular journeys</td>
</tr>
<tr>
<td>Cost</td>
<td>Unemployed</td>
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<tr>
<td></td>
<td>regular journeys</td>
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<td>irregular journeys</td>
</tr>
<tr>
<td>Trip Type</td>
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<td></td>
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<tr>
<td></td>
<td>work journeys</td>
<td>leisure journeys</td>
<td></td>
</tr>
<tr>
<td>Traveller Profile</td>
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<td></td>
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<td>elderly</td>
<td></td>
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<tr>
<td>Personal Preference</td>
<td>Car driver using public transport</td>
<td>Car driver using car</td>
<td></td>
</tr>
</tbody>
</table>
5. **GMPTE POLICY AND STRATEGY**

The most immediate impact of the research has been on the Accessibility Strategy, which was influenced in a number of respects.

Firstly, the research provided only very limited corroboration of the notion that lack of life experience constrains people’s travel horizons. In reality, most people make rational decisions, such as not travelling across the city to access a low-paid, part-time job; or they are constrained by practical considerations, such as those arising from parenthood or caring for relatives. This insight prevented the Accessibility Strategy going down a blind alley of ‘educating’ deprived people to ‘raise their horizons’ (the importance of providing accurate and accessible information about public transport, which was underlined by the study, is of course a different matter).

Secondly, the research suggested that, in general, ethnic groups share the accessibility issues of the areas in which they live rather than having unique access problems. This was one consideration in a conscious decision to focus on geographic areas in the Accessibility Strategy, rather than on demographic groups (nevertheless, the PTE will remain alert to any local ethnicity issues that emerge as the strategy’s Action Plan is implemented. For instance, there may be specific ethnicity issues relating to access to food and we will consider this as part of our further work in this sector).

Thirdly, the research influenced the decision to base LTP2 accessibility performance indicators on key centres with significant interchange opportunities rather than hospitals, schools or other specific services. The research revealed the importance people attach to accessing the cash points, post offices, banks and building societies, chemists and town centre leisure and retail facilities found in major centres. It also revealed the importance people attach to visiting friends and relatives - visits which often rely on the interchange possibilities found in major centres.

The research also supported existing GMPTE policy. For instance, travel horizons are lower in the evening, among other things because of concerns over personal safety. This finding supports the PTE’s decision to devote resources, including four full-time staff, to deterring and detecting public transport-related crime and antisocial behaviour through partnerships with local authorities, police and operators.

Most research has a cumulative, long-term impact and the Travel Horizons and Access Priorities is unlikely to be different. While the exact impact of the research cannot be predicted and practical/institutional factors will always play their part, the importance people attach to the financial penalties of interchange will undoubtedly inform the PTE’s ticketing strategy. Similarly, the effect nightfall has on reducing evening travel horizons could well have an influence on the development of the PTE’s demand responsive transport (DRT) strategy.
6. CONCLUSIONS

Access Priorities vary according to the individual and are often dependent on a person’s circumstances, age, ethnic origin and economic status. However, regardless of these variances, similar importance was placed upon accessing a corner shop for food shopping, the Post Office and visiting friends and family.

The importance placed on accessing facilities varied according to age and economic status. The unemployed placed a much higher level of importance in being able to access a job centre compared to any other group. The geography of an area may also influence people’s access priorities. Those living in a more isolated area such as Holts may place a greater priority on accessing facilities locally.

The consultation also sought to gain an understanding of the rationale and influences behind what formed a person’s travel horizon. The desk top research highlighted that a lack of life experience could affect travel horizons, however the findings did not directly corroborate this. Instead the consultation identified a range of factors that were taken into account prior to making a journey and as such, travel horizons are established based on a rational decision making basis.

Figure 10 shows a summary of the key factors that influence travel horizons. At the core of the diagram are factors of the journey that cannot be directly influenced – issues such as individual’s personal preference or the type of trip they are making. These core factors are then encompassed by a range of factors that can be influenced. The diagram also shows how the three factors of time, distance and cost relate to these influences.
In conclusion, it has been identified that a complex range of considerations are employed in the decision making process prior to making a journey, and that combinations of factors, rather than just one, are likely to inform individuals' decisions as to whether or not to travel.
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