

DEVELOPING A QUALITY MANAGEMENT SCHEME FOR IMPROVING ACCESSIBILITY: IMPLICATIONS FOR SCOTLAND'S NATIONAL TRANSPORT STRATEGY

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ABSTRACT

Scotland's National Transport Strategy recognises the numerous challenges facing transport in Scotland in the years ahead. It highlights the need for an efficient, integrated and reliable transport network that promotes health and social inclusion by improving connections and accessibility at the same time as reducing the impact of transport on the environment.

The issue of accessibility and seamless sustainable journeys is a challenge faced by many European countries, but whilst many initiatives aimed at achieving this are adopted by cities and regions across Europe what is often lacking is a measure of how successful such schemes are at achieving their goals. The EU-funded project ISEMOA aims to help local and regional authorities in Europe to increase energy-efficiency in transport by improving the accessibility of door-to-door mobility-chains and thus enabling all citizens and visitors (including people with reduced mobility) to adopt a less car-dependent life-style. In order to achieve this goal, ISEMOA is developing tailor-made quality-management-schemes for continuously improving accessibility, based on standardised quality management processes.

This paper examines how such a quality management scheme can be employed as a practical tool in Scotland and its implications for fulfilling the objectives of the National Transport Strategy.

INTRODUCTION

Accessibility within transport refers to the ability of people to access destinations, or the accessibility of destinations to a defined population (Curl, Nelson & Anable, 2011). The ease with which services can be used or reached, can vary greatly from place to place and for the different individuals who need to access them. Where barriers exist that prevent people or groups of people from making the trips that they desire, this can have a detrimental impact on the quality of life for the individuals involved.

Each journey is composed of several elements that can be depicted as a 'mobility chain' - see Figure 1 below. Usually people only embark on a trip when they are confident that each element of the mobility chain will function properly so that they can reach their desired destination. If a single element of the mobility chain does not function properly, or there is anticipation that it will not, then the whole mobility chain does not work. The journey is either not

made, not completed or not made with ease. It is therefore important that all elements of the mobility chain are accessible.

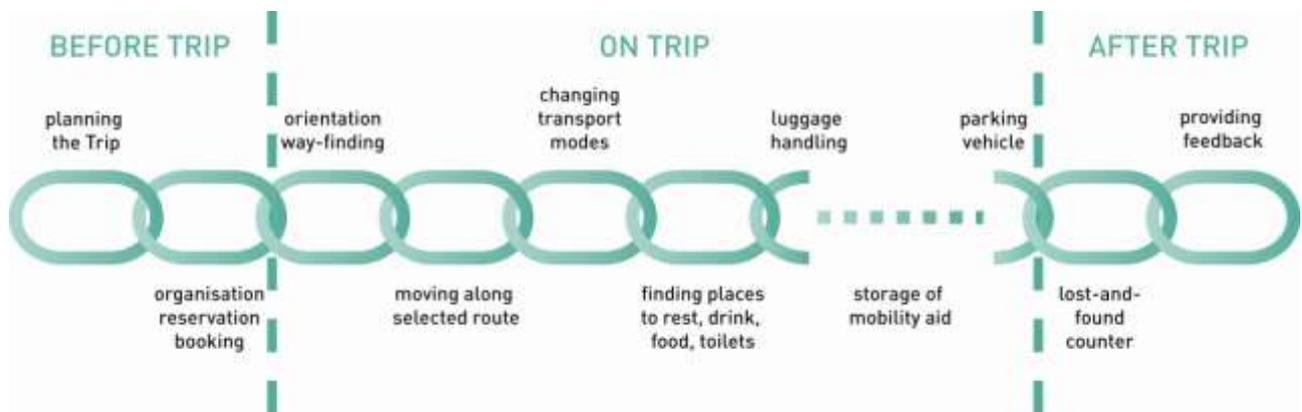


Figure 1. Elements of the mobility chain (from ISEMOA 2011a)

Not only does accessibility effect whether we decide to make a journey or not, but it effects our mode choice, often favouring non-sustainable modes where barriers in public transport or the walking environment exist. For example, if reaching a destination by public transport involved negotiating a steep staircase between the bus stop and train station, a person with problems using stairs (e.g. someone with a mobility impairment or with heavy luggage or a pushchair) may choose to make the entire journey by private car instead.

Accessibility is especially important for people with reduced mobility (PRM) who may have specific needs or encounter barriers that others are simply not aware of. There are many definitions of what comprises PRM, but for the purposes of this paper the ISEMOA definition will be used in which PRM refers to: *those with physical impairments (including temporary impairments such as broken legs), old people, children and people accompanying small children, those with learning difficulties, physical or mental health problems or just recovering from surgery or illness, people with non-average stature, little knowledge of the local language or those travelling with heavy bags or bulky luggage.*

Analysis of data from a number of European countries showed that approximately 35% of the population suffers from reduced mobility and between 20%- 40% of the population have problems accessing public transport due to temporary or permanent disabilities (ISEMOA 2011e). PRM make fewer trips of shorter distances and modal split data indicates that private motorised transport is the most popular transport mode, though for some PRM groups public transport share is higher than non-PRM.

Accessibility is therefore important for both social inclusion and fostering the use of sustainable transport modes and the needs of all people must be taken into account in planning, design, construction, organisation and maintenance of public spaces and public transport and barriers must be avoided or removed.

The following sections will give an overview of current policy in Scotland with regard to accessibility and how it is measured. The ISEMOA quality management scheme for improving accessibility will then be presented with details of the project's progress before examining the implications that adopting such a scheme would have for Scotland.

MEASURING ACCESSIBILITY OF TRANSPORT IN SCOTLAND

Accessibility has become commonplace in transport planning and in the UK it has developed a particular focus on individuals' barriers to accessing services and (in) equality and disadvantage in levels of accessibility (Curl, Nelson & Anable, 2011). Scotland's National Transport Strategy (2006) recognises the role of transport in achieving a socially inclusive society and outlines a number of schemes and commitments to improve the *'quality, accessibility and affordability of public transport'*. However, accessibility planning is not a compulsory requirement for Regional Transport Partnerships or Local Authorities. With such flexibility, comes great variation in the way Local Authorities measure accessibility and the success of measures to improve it. Halden (2011) highlights that lack of clarity in discussing the indicators used between transport providers, transport users and non transport service providers can lead to accessibility measures being deemed a 'success' when in fact the outcome is not, or indeed more complex. This results in what matters - improving individual's quality of life and reducing social inclusion -not necessarily being measured or addressed. Whilst appropriate indicators of accessibility is the subject of much literature and much debate (e.g. Niemier 1997; Church, Frost & Sullivan, 2000; Guers & van Wee, 2004; Casas 2007; Stanley & Vella-Brodrick 2009) the extent to which measures are useful in assessing the most appropriate interventions to reduce inequality and disadvantage for society as a whole or for targeted populations is less clear (Curl, Nelson & Anable, 2011).

In Scotland there is therefore scope for a system to direct and manage the processes and outcomes of accessibility work with regard to quality whilst ensuring user and stakeholder needs are met.

THE ISEMOA PROJECT

ISEMOA (Improving Seamless Energy-efficient Mobility chains for All), is co-funded by the European Union under the IEE 2009 STEER programme, and runs from May 2010 until May 2013. The consortium consists of 19 project partners from 16 European countries including the UK and Ireland. ISEMOA aims to help local and regional authorities in Europe to increase energy-efficiency in transport by improving the accessibility of door-to-door mobility-chains and thus enabling all citizens and visitors (including PRM) to adopt a less car-dependent lifestyle. Furthermore, improving the accessibility of public spaces and public transport will increase the quality and attractiveness of public transport, and contribute to increasing safety for pedestrians and cyclists.

In order to achieve this goal, ISEMOA is developing a quality management system for the continuous improvement of the accessibility of the whole door-to-door mobility-chain in European municipalities, cities, and regions (henceforth referred to as ISEMOA QMS). This will provide a structured framework to assess and improve a municipality's, city's or region's accessibility work by using a holistic approach, taking into account:

- the needs of all categories of PRM
- the whole door-to-door mobility-chain made up of sustainable transport modes, including walking, cycling, public transport, and multi-modal mobility
- all kinds of barriers (i.e. barriers related to physical conditions, organisational aspects, attitudes of people etc.)

To inform the development of the ISEMOA QMS, a review of the literature on quality management schemes and policy audits was made as well as a state-of-the-art report on information, guidance materials and recommendations available on improving the accessibility of the door-to-door mobility chain (ISEMOA 2011b). In addition, interviews with stakeholders were conducted to ascertain their needs and expectations of a quality management scheme for accessibility. In total, 46 stakeholder representatives were interviewed from 4 municipalities, 7 cities, 3 regions and one public transport operator, representing 14 different European countries (ISEMOA 2011d).

Based on the information gathered through the aforementioned research, 3 prototype quality management schemes have been developed: one for municipalities, one for cities and one for regions. Project partners have identified 18 test sites (a mixture of municipalities, cities and regions) in which to test these prototypes before the final ISEMOA QMS is finalised. These ISEMOA QMS trials are currently taking place and will be uniformly evaluated in order to compile structured feedback and lessons learned to inform a final version of the ISEMOA QMS and working materials. A series of training workshops will then be run in autumn/winter 2012 for consultants, agencies, and organisations working with municipalities, cities, or regions across Europe on how to use the ISEMOA QM-schemes in their daily work with local and regional authorities. The implementation of the ISEMOA QMS aims to raise awareness of the issue of accessibility for PRM among local and regional decision-makers. Making clear the link between accessibility and energy-efficiency in transport should encourage discussion among all relevant local and regional stakeholders, and help to bring forward a local / regional strategy for the improvement of accessibility.

ISEMOA QUALITY MANAGEMENT SCHEME

There are no restrictions regarding the characteristics and framework conditions of the municipality, city or region using the ISEMOA QMS (e.g. number of inhabitants, size of the area, economic structure, etc). It also does not matter whether a municipality, city or region has already implemented many measures for improving accessibility or is just about to begin improving accessibility. 3 QMS schemes have been developed in ISEMOA - one for regions, one for municipalities and one for cities - all following the same structure. It is this generic structure that is described below.

The ISEMOA QMS builds on well-know quality management methods like the ISO9000 standards and the EFQM Excellence and CAF models which are also applied successfully in quality management tools for mobility management (MaxQ), bicycle planning (BYPAD) and accessible public transport (MEDIATE). According to the principles of Total Quality Management, excellent quality is the result of a continuous improvement achieved by applying the repetitive cycle of planning, implementation, and evaluation with a view to fulfilling the users' needs. Based on this, the ISEMOA QMS considers the accessibility work as a dynamic process which is depicted by the quality cycle in Figure 2. The ISEMOA QMS divides a municipality's/city's/region's accessibility work into 5 components (quality criteria) and 16 elements (specification of quality criteria).



Figure 2. The quality cycle of the ISEMOA QMS (ISEMOA 2011c)

At the core of the ISEMOA QMS is a moderated audit process. The process will help local and regional stakeholders, together with an external auditor, to critically review all stages of this quality cycle and in doing so assess the state of the work on accessibility of public space and public transport in their area and to develop strategies and measures to continuously improve the quality of this.

Component 1: Preconditions

The group of PRM is diverse. It encompasses older people and people with disabilities or temporary impairments such as reduced movement, vision, hearing, cognitive functions etc., but also people walking with small children and pushchairs or carrying heavy luggage. Knowledge of the mobility behaviour and the needs and preferences of all PRM groups is important in accessibility work and therefore PRM representatives (e.g. advisory committee, accessibility adviser, PRM ombudsman, or interest organisations) must be consulted.

In order to allow PRM to seamlessly travel from door-to-door by sustainable transport modes, a comprehensive perspective on accessibility is required. This encompasses accessibility from a geographical perspective and the availability and quality of sustainable transport modes to the occurrence of various barriers in public spaces and public transport. Accessibility also includes travel information and guidance systems as well as ticketing for all. In order to further improve the work on accessibility, knowledge about the current accessibility state at all these levels is necessary.

Knowledge of the legislations, directives and guidelines on accessibility for PRM is also important to further improve accessibility work. The precondition component therefore comprises of the following elements:

- ***Element 1: User needs and involvement.*** Knowledge and awareness of mobility behaviour as well as of needs and preferences of PRMs and citizens in general. Involvement of representatives of all PRM groups in all stages in the accessibility work (policy, strategy, implementation, and monitoring & evaluation).
- ***Element 2: Current state.*** Knowledge and awareness of the actual accessibility conditions in the municipality on macro, meso, and micro levels.
- ***Element 3: Legal/regulatory context.*** Knowledge and awareness of legal and administrative preconditions for policy and planning, e.g. accessibility requirements for barrier-free design, and application of such requirements in actual planning and design.

Component 2: Policy

The national or local vision and mission for accessibility are powerful drivers for work on accessibility. Together with knowledge on user needs, the current accessibility state and the legal and regulatory context (the precondition component), the vision and mission form the cornerstone of the policy on accessibility. The policy on accessibility is related to and should be integrated with the overall transport policy and the policy of other fields. It is also crucial that the policy on accessibility is accepted and supported at a political level.

Furthermore, the accessibility work can only be successful if decision makers (politicians, senior managers etc.) are committed to the topic. Also for the daily work on accessibility, it is important that a person (e.g. accessibility coordinator) or a small team has the overall responsibility and is able to push the accessibility work forward and to motivate all people involved. The policy component therefore comprises of the following elements:

- ***Element 4: Policy on paper.*** The existence, coverage and status of a policy document concerning accessibility for PRM.
- ***Element 5: Leadership.*** Awareness and commitment among decision-makers (politicians, senior management etc.) as well as the existence of a designated person or team responsible for accessibility for PRM.

Component 3: Strategy

A policy on accessibility can only come into practice if it is translated into SMART (Specific, Measurable, Accepted, Realistic, Time-related) objectives and targets. These objectives and targets are written down into a programme or action plan covering measures that encompass a comprehensive perspective on accessibility (from land-use planning and availability of sustainable transport modes to specific barriers in public spaces and public transport) and that take into account the needs and preferences of all PRM.

The work on accessibility, within its comprehensive perspective, involves people from various fields of expertise (land-use planning, transport and mobility, barrier-free design welfare, etc.). The competence, commitment and continuity of the staff (person or team) are important for effective and systematic work on accessibility. To complement or to assist the work of the staff, external expertise may be hired (outsourcing, consultancy).

In order to achieve seamless mobility for all, various stakeholders need to be involved in the work on accessibility. Partnerships with these stakeholders add value to the development of the accessibility policy and programme / action plan and are important for the effective and systematic implementation of accessibility measures. Important partners are public transport authorities and operators, road administration, regional authorities, private property owners, consultants, PRM associations, tourism stakeholders etc.

Furthermore, the implementation of accessibility measures and actions requires logistic support and financial resources. Consistent internal and external funding is required to achieve long-term results of accessibility measures. The strategy component therefore comprises of the following elements:

- ***Element 6: Programme / Action plan.*** Existence, coverage and status of a programme or action plan for improving accessibility in the municipality.
- ***Element 7: People.*** Availability of human resources in terms of both know-how and time for improving accessibility in the municipality.
- ***Element 8: Partnerships.*** Involvement of partners (both partners within an organisation and partners from other organisations) in accessibility work.
- ***Element 9: Financial resources.*** Availability of financial resources (internal and external funding) for improving accessibility.

Component 4: Implementation

The improvement of the whole door-to-door mobility chain with sustainable transport modes for all types of PRM, involves a broad range of activities and

measures. Land-use planning should facilitate close proximity and ease of reaching basic services with sustainable transport modes.

Measures and actions to improve the door-to-door mobility chain with sustainable transport modes for all types of PRM should also be directed at the infrastructure for pedestrians and cyclists, including the design of barrier-free public spaces. Measures to improve the accessibility of public transport should deal with the public transport network (coverage, frequency, punctuality etc.) and the availability of special services for PRM as well as with the accessibility of stops and stations/interchanges, vehicles and information & ticketing. In order to allow all PRM to travel from door-to-door with sustainable transport modes, it is also important to tune the whole mobility chain. Measures improving seamless travel on all levels, from the tuning of different transport modes (intermodality) to providing travel information and information on disruptions, are important.

Furthermore, implementing supportive measures such as travel training and awareness raising actions as well as using accessibility as a selection criterion for procurement and tendering contracts can have a significant impact on the mobility behaviour of PRM as well as on mainstreaming the accessibility concept. The implementation component therefore comprises of the following elements:

- ***Element 10: Land-use planning.*** Existence of land-use planning with regard to accessibility conditions.
- ***Element 11: Walking & cycling infrastructure / Public spaces.*** Implementation of measures and actions to improve the quality of infrastructure for pedestrians and cyclists as well as implementation of accessibility requirements (standards concerning barrier-free design in public spaces) in existing environments and new developments.
- ***Element 12: Public transport.*** Implementation of measures and actions to improve quality of public transport, from coverage and service to barrier-free design of stations/stops and vehicles. This element also includes pre-trip and on-trip information and ticketing for all.
- ***Element 13: Seamless travel.*** Implementation of measures and actions to improve the possibilities for seamless travel with intermodality and door-to-door travel for all PRM.
- ***Element 14: Supportive measures.*** Implementation of supportive measures and actions such as PRM travel training, awareness and information campaigns, requirements and routines for regulating temporary barriers such as seasonal outdoor restaurants, advertising stands, car/bicycle parking etc. and integration of accessibility in the procurement and tendering of contracts.

Component 5: Monitoring & Evaluation

In order to improve the quality of the accessibility work, the effects of policy, strategy and implementation efforts should be regularly monitored and evaluated, for example, mobility behaviour and customer satisfaction. Progress could also be measured by a number of accessibility indicators. The

results should then be interpreted and discussed with relevant stakeholders on all levels. The strategy for implementation as well as planning and design of specific measures/actions could then be adapted accordingly to the monitoring & evaluation.

Furthermore, it is important to regularly assess the strengths and weaknesses of the day-to-day accessibility work and the operational structure of the team at all levels (decision makers, management, staff, partners etc.). Quality improvements in the accessibility work can also be made by learning from other cities/regions. The monitoring & evaluation component therefore comprises of the following elements:

- **Element 15: User and society results.** Existence and quality of monitoring and evaluation of efforts in improving accessibility as well as communication of results with all stakeholders.
- **Element 16: Process.** Existence of reviews for corrections and continual improvements of the accessibility work as well as opportunities to exchange experiences with cities/regions.

Phases in quality improvement

The ISEMOA QMS is not prescriptive. It requires the municipality/city/region to take an active role in examining and assessing their current practices regarding the 16 elements and then determining how changes in some elements could improve the accessibility work. In order to assess the current practice in each of the 16 elements, the quality management ladder of development is used as a rating mechanism to indicate a stage of development. Five development phases are distinguished as illustrated in Figure 3 below.



Figure 3. The ISEMOA ladder of development

The key characteristics of the five development phases are defined as follows:

- **Development phase 0:** There is no evidence of a vision of an accessibility policy or plan, nor any activities to improve accessibility.
- **Development phase 1:** Ad-hoc activities to improve accessibility are in place with the emphasis on solving problems (*“putting out fires”*). Accessibility issues are sometimes included for specific projects in response to a particular need or initiative. Quality is the result of individual efforts; however, there is no common overall vision for the accessibility work. The accessibility work is characterised by short-term planning only.
- **Development phase 2:** Accessibility issues are systematically approached, but limited to specific population groups, elements of the travel chain or parts of the transport system. Needs and priorities are known and there is a common vision for the accessibility work. However, the main emphasis remains on individual projects and there are no integrated programmes. The municipality has some general agreements with only limited commitment and there is no guarantee of continual support. There is limited coordination of the staff involved in the accessibility work and consultation among staff takes place in a cooperative way. There is a division of tasks and exchange of experience but also regular inadequacies happen.
- **Development phase 3:** Accessibility issues are included in initiatives considering population groups and/or travel chain elements in a systematic way through all stages of the quality cycle (preconditions, policy, strategy, implementation, and monitoring & evaluation). Data are available and there is a general shift in orientation from internal to external (a learning municipality). Binding written agreements are set up among partners. There is a system-oriented approach focused on renewal and improvement of the accessibility work and there is room for the promotion of expertise. Organisational as well as professional harmony occurs regularly. Management level (decisions-makers) are engaged to a high degree.
- **Development phase 4:** Accessibility issues are considered for all population groups, all elements of the travel chain, and all stages of the quality cycle (preconditions, policy, strategy, implementation, and monitoring & evaluation). Systematic analysis and evaluation of the accessibility work occurs regularly and quality indicators which serve as policy instruments are being used. Systematic analysis of the occurring problems is carried out and this analysis is being monitored regularly. The way of working is future-oriented and innovative. Synergetic effects come into being inside and outside the organisation (added value of teamwork and external orientation).
- **Development phase 5:** In addition to the characteristics in phase 4, the development phase 5 is characterised by a total quality management. The applied quality criteria and performance indicators evolve positively. An external frame of reference with “best practices” is present and also the municipality/region/city gains recognition as “best practice” through a third party. The municipality/city/region is trendsetting and their renewal of products and services has already

been proven for years. External cooperation is present on all relevant working domains.

These development phases are useful for regions/municipalities/cities to see their progress. ISEMOA is not intended as a benchmarking tool nor an award scheme as it is not designed for comparability or to find the best performing municipality, city or region.

The ISEMOA process step-by-step

Step 1: Initiation of the implementation of ISEMOA. Several different bodies play a role in the actual accessibility of public spaces and sustainable transport modes within a municipality, city or region and each of these can take the initiative for implementation of ISEMOA and contact an ISEMOA auditor. A list of ISEMOA auditors is available at www.isemoa.eu. It is essential that the municipality, city or region appoints a person (or a small team), who will act as the 'contact person' for the ISEMOA and will be the main contact point for the ISEMOA auditor.

Step 2: Preparatory meeting. In the preparatory meeting with the coordinator, the ISEMOA auditor explains in detail the ISEMOA process, all necessary preparatory steps, the actors involved (forming the "accessibility working group"), their tasks, and the anticipated outputs. The aim of this meeting is to clarify all open questions, and to begin the preparatory steps for the ISEMOA process. The ISEMOA auditor explains the importance of the involvement of all relevant stakeholders, and gives advice regarding the composition of the accessibility working group, which will work together with the ISEMOA auditor in the ISEMOA process. The ISEMOA auditor gives the coordinator a list of accessibility indicators to source data for and together they compile a list of documents to be provided to the auditor for the assessment procedure (policy- and planning-documents, maps, statistics, etc.).

Step 3: Creation of the "accessibility working group". Structured discussions with "users" and "providers" of public spaces and public transport are the central element of the ISEMOA system, and therefore it is essential for the success of the ISEMOA methodology that all relevant stakeholders are involved in the process. Thus the coordinator has to establish an accessibility working group in close cooperation with the ISEMOA auditor. This accessibility working group needs to include both, "users" (i.e. representatives of all groups of people with reduced mobility) and "providers" (i.e. representatives of authorities that are responsible for walking, cycling, and public transport issues, as well as representatives of authorities that are responsible for city-, traffic-, and land-use-planning). The final composition of the accessibility working group depends on location-specific characteristics, such as type of governments involved, distribution of competences related to accessibility issues, type of public transport system, organisational structures of the PRM user groups, etc.

Step 4: Introduction meeting. The introduction meeting is the first meeting of the accessibility working group. At the introduction meeting, the auditor explains in detail the aims of the ISEMOA implementation, and how the

procedure works. The auditor distributes the ISEMOA self-assessment questionnaires, which are organised according to the modules of the ISEMOA quality cycle, to the accessibility working group. These ISEMOA self-assessment questionnaires are to be completed by each of the members of the accessibility working group individually and preferably during the introduction meeting itself.

Step 5: Consensus meeting. The consensus meeting is the second meeting of the accessibility working group. The aim of this meeting is to arrive at a common understanding of the level of development required for each of the elements of the ISEMOA quality cycle. First the ISEMOA auditor presents the results of the analysis of the accessibility indicators and the documents provided by the coordinator, as well as the results of the ISEMOA self-assessment questionnaires. The different roles and backgrounds of the members of the accessibility working group will be reflected in the individual assessment of the elements. The most important part of this meeting is the discussion about these different, sometimes conflicting, points of view. The ISEMOA auditor takes care that this discussion focuses on understanding differences in the assessment of the individual members of the accessibility working group and detecting strong elements and points for improvement rather than blaming each other. This meeting gives an insight into the stronger and weaker elements of accessibility work, and highlights whether additional interviews with other stakeholders might be necessary to complete the picture.

Step 6: Strategy meeting. The aim of the strategy meeting of the accessibility working group is to develop a strategy and action plan for improving accessibility. First the ISEMOA auditor presents a summary of the results of the consensus meeting (and completes the picture with the results of any additional stakeholder interviews conducted). Based on this insight into strong and weak points of accessibility, the group agrees on goals for the future, and develops an action plan which includes concrete measures, responsibilities, and timeframes for improvement of accessibility work. It is important for the success and actual effect of the action plan, that it is developed by the local/regional actors themselves rather than by an external advisor. Thus the role of the ISEMOA auditor is to guide and moderate this process, and to give inspiration, input and advice wherever necessary to support the members of the accessibility working group with the development of a tailor-made action plan, which meets the needs of the local/regional stakeholders in the municipality/city/region.

Step 7: ISEMOA report. The ISEMOA auditor prepares the “ISEMOA report”, including the assessment of the current situation, and the agreed detailed action plan. If required, the ISEMOA auditor also prepares a presentation file that can be used by the accessibility working group to present the results of the ISEMOA process to politicians, media, etc. Municipalities, cities, and regions that have successfully gone through this ISEMOA process will receive a certificate.

Step 8: Follow up. About one year after the implementation of the ISEMOA process, the auditor contacts the local/regional authority again, in order to learn about the experiences of the municipality/city/region, the lessons learnt,

suggestions for improvement of ISEMOA, progress of work with respect to the planned actions, plans for the future improvement of accessibility, etc. Furthermore, according to the understanding of quality improvement being a continuous process, and in order to keep momentum with the improvement of accessibility, it is strongly recommended to schedule a follow-up audit every 2-5 years after the first implementation of the ISEMOA process in a municipality, city, or region.

IMPLICATIONS OF THE ISEMOA QMS FOR SCOTLAND

Implementing the ISEMOA QMS in Local Authorities in Scotland could bring a number of benefits to the country including:

- Improving the credibility of the work with accessibility
- Identifying strengths and weaknesses of the work with accessibility
- Getting inspiration and new ideas for improving the work with accessibility
- Establishing a structure for a systematic and effective approach of accessibility planning in Scotland
- Helping to fulfil the Scotland's goals concerning accessibility, for meeting legislative directives on accessibility, etc.
- Establishing communication channels among all stakeholders involved in the accessibility
- Emphasising Scotland as proactive and an inspiration for other countries
- Establishing a more comprehensive view on accessibility in the country as well as highlighting the role of accessibility for creating an energy-efficient and sustainable transport system for all.

The ISEMOA QMS focuses on addressing the needs of PRM but 'If it is good for the mobility impaired, it is good for everyone' (Zakowska et al. 2003). In this way adopting the ISEMOA QMS in Scotland would help achieve the vision of Scotland's National Transport Strategy 'to be a society which is socially inclusive, just and where everyone has the opportunity to contribute and participate in that society.' In achieving this, requirements of the 2010 Equality Act will also be met.

Within the ISEMOA QMS there is also a focus not only on accessibility within public transport systems but increasing the use of active travel modes and improvements to public space in general to facilitate this. Adopting the ISEMOA QMS can therefore help Scotland achieve its goals set out in the physical activity strategy 'Let's make Scotland more active' and achieve energy savings and reduce emissions in line with the Climate Change (Scotland) Act 2009 as well as ensure that planning proposals and decisions meet the requirements of the Scottish Planning Policy 2010 with regard to accessibility.

Accessibility in transport is a difficult issue to tackle, made more difficult by the many different actors involved and the legislation that binds each of them. It

can be easy to lose track of what is at the core of what we want to achieve by becoming lost in indicators and what they really measure with a real danger of falling into the trap that increased mobility means increased accessibility. By taking a holistic approach to managing accessibility, such as that offered by the ISEMOA quality management scheme, Local Authorities in Scotland could be given the chance to overhaul their work on accessibility and management processes that govern it. A uniform approach will enable better joined up working between the partners involved and Local Authorities themselves and a cycle of continual improvement can only serve to achieve the overall aim of improving quality of life and social inclusion for all.

More information on the progress of the ISEMOA project can be found at www.isemoa.eu

Acknowledgements: the authors would like to acknowledge the work of the ISEMOA project partners in compiling the documents that have informed this paper.

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