

ENVIRONMENTAL INJUSTICE AND MOBILITY IMPAIRMENT

INJUSTICIA MEDIOAMBIENTAL Y MOVILIDAD REDUCIDA

Michael Cahill

TRABAJO SOCIAL GLOBAL 2013, 3 (4), 55-74

The study of mobility is a growth area in the social sciences. The car system (automobility) has had as one of its consequences reduced opportunities for mobility impaired people to walk in their local environment. Immobility has resulted for many people with disabilities. Despite the promotion of physical activity by public health guidance local environments are often hazardous for mobility impaired people. In particular, there is a problem with cars parking on pavements and pavement cycling.

Resumen

El estudio de la movilidad es un tema creciente en Ciencias Sociales. El sistema automovilístico (automovilidad) ha supuesto para personas con movilidad reducida, entre otras consecuencias, la reducción de oportunidades de caminar en su entorno local. El resultado ha sido una limitación de la movilidad entre muchas personas con discapacidad. A pesar de la promoción de la actividad física desde el sistema público de salud, el contexto local es a menudo peligroso para personas con movilidad reducida. En particular, el problema del aparcamiento de coches en las aceras y en el carril bici.

KW.- Mobility – immobility – mobility impairment – physical activity

PC.- Movilidad - inmovilidad - deficiencia de movilidad - la actividad

Introduction

The contemporary focus of social policy on wellbeing and quality of life is a good reason to examine the importance of transport and mobility in relation to social policy. Although this might start with the question of how welfare state services are accessed – for example, car parking at hospitals and public transport links - it should lead on to pursuing the relationship of vulnerable people to mobility in general. The ability to be mobile, to travel is increasingly important in modern life whether that be for work or leisure. Mobility is a taken for granted aspect of contemporary culture and the second half of the twentieth century saw personal mobility through car ownership in the global North become commonplace. Although we live in a society where there is still an assumption of universal mobility not all are able to enjoy the benefits of car travel or the virtual mobility afforded by information and communication technology: the reality is that different groups, different individuals have an unequal relationship with mobility. As Bauman has remarked, society is divided by the way it moves (Bauman, 1996), while Skeggs argues that “Mobility and control over mobility both reflect and reinforce power” (Skeggs, cf. Sheller and Urry, 2005, p.211). Mobility not only confers power but it can also become a means whereby the immobile are disempowered. In this paper I outline the mobilities paradigm of Urry and others before looking at its implications for some disabled and older people. This is explored through discussion of some of the difficulties that confront disabled and older people, as the understanding of these is relevant for social work and social policy. I argue that mobility and transport constitute a major site of social inequality that has to be taken into account by policy makers and welfare state workers if we are to achieve a more equitable world. The paper concludes that the dominance of the car in local environments has been detrimental for the interests of mobility impaired people and argues that as a result the mobility dimension should now be central to our perception of social policy.

Mobilities paradigm

In a series of books and articles and in the pages of the journal *Mobilities* John Urry and associates have argued that such is the extent of global inter-penetration that we can no longer study separate territories/societies. Movement - of people, things, information and ideas - is central to people's lives and to most organisations and needs to assume a central place in sociology and other social science disciplines.

Many social relationships are connected at a distance and depend upon both presence and absence and these are reflected in the physical movement of objects, imaginative travel, virtual travel and communicative travel, the sending of messages and bodily (corporeal) travel. The mobilities paradigm is concerned with how all of these interact (Sheller and Urry, 2005). For example, physical travel involves the body and this body can be part of a hybrid as with the car-driver hybrid where it is argued there is a fusion between the human being and the car.

Sheller and Urry claim that previous generations of social scientists have been blind to the mobility dimension producing what they call 'sedentary' studies. "Sedentarism treats as normal stability, meaning, and place, and treats as abnormal distance, change, and placelessness" (Sheller and Urry, 2006, p.208).

Sociology, they believe, ignored the social changes which the car, this personalized form of transport, made to where people lived, worked and played. In mobile societies the powerful are those with large amounts of network capital "the capacity to engender and sustain social relations with those people who are not necessarily proximate, and which generates emotional, financial and practical benefits" (Urry, 2007, p.197).

Network capital is about much more than cars for it embraces the ability to regularly make use of planes, mobile phones, computers and other mobility devices.

This means that those who regularly drive, fly, communicate using mobiles and are heavy users of information and communication technology can be said to be rich in network capital. But we should note that this does not necessarily mean that they are going to make use of all the tools at their disposal. Rather they have mobility potentials, which Kaufman has termed 'motility' the *potential* for mobility (Kaufman, 2002). As Kaufman points out we can regard motility as a form of capital which we can divide in much the same way as we would educational capital. Just as we can break down educational capital into length of time at school, school leaver qualifications, university degree so we can disaggregate the components of motility: a driving licence, the ability to read a timetable, knowledge, physical aptitudes sight, and hearing, aspirations for residence and for mobility (Kaufman, 2002).

The rich are often able to use their mobility to distance themselves from others, particularly the poorer sections of the population, through amongst other things, high speed travel and gated communities, although they do not necessarily require the latter as living deep in the countryside provides the necessary distance between the rich and the majority of the

population. A recent application of the mobilities paradigm to social work illustrates the mobilities perspective.

Mobility is inherent in social work whether that be the service user travelling to see the social worker or the social worker travelling to see the service user, and this applies, to a greater or lesser extent, to health visiting, community nursing and medical general practice. These are all examples of mobility in the welfare state where workers use a car to carry out some of their work

Social work has been a mobile practice since its inception in the late nineteenth century when social workers walked or cycled. Nowadays the car is for social workers much more than a means to travel from A to B. It is also a location where social work can take place, where discussions arise between worker and user which might not occur elsewhere, for example, for some children the journey in the social worker's car may enable them to speak more freely about relationships in the family. As well as this kind of interaction the car can provide a 'secure base' for a social worker operating in a hostile environment (Ferguson, 2009, 2011). Let's now turn to the context of this mobility.

Automobility

Automobility denotes independent (autonomous) movement of the body and this can be by walking or cycling or by the car. Automobility, however, is generally used to denote the car system, that is to say, not only the vehicles and the infrastructure but also the images and the appeal of this technology. Indeed, it is a measure of the power of the car that automobility should be now completely associated with this machine rather than the self directed movement of the human body.

The system of automobility has dominated transport policy and practice for the last half century (Bohm et al., 2006; Paterson, 2007) and has become the predominant way by which "people, activities and objects" are distributed (Urry, 2007, p.197).

Automobility has had various consequences for social inequality in this period, greatly extending the choices and abilities of motorists but reducing and constraining the choices and abilities (the automobility) of non-motorists. Increased mobility for some has meant reduced mobility for others (Freudendal-Pedersen, 2009). Automobility has reinforced existing social inequalities of employment, health, housing and education while producing

new inequalities for those excluded from the automobile system, for example, the independent mobility of children has been greatly reduced in the last half century. The inequality is of access, to be able to go where one wants as a child or an adult, not that it has been removed but more that it has been constrained. The increased speed which automobility confers on car drivers has changed the way in which social inequality is distributed, for example, distance has replaced older forms of social distinction which segregated the rich from the poor when they lived close by one another in pre-car urban societies.

Urry concludes that an 'automobilized' civil society is "almost certainly one of the most unequal of such societies that we have so far seen at least" (Urry, 2007, p.130).

In civil society a great number of people are unable to function without their cars because their lives, work, family, leisure are built around this machine. It is a crucial tool for living and at the same time for many people a means of affirming their identity. As Soron has written: "few products have had as powerful a role in shaping the way we live, for both good and ill, and few so strongly define and limit what options appear available to us" (Soron, cf. Conley and McLaren, 2009, p.184).

Automobility in the UK

The twentieth century in many ways was characterised by the advent of personal mobility because the car gave millions of people the ability to speed, to engage in fast driving, to redefine themselves as 'motorists'. The car was at first the preserve of the rich before the First World War, the middle class became motorists between the wars, and the car became a mass consumer product from the 1950s. Ownership was gendered with the 1950s family car being driven by men, although with the rise of the two car household this gender dimension to car ownership no longer holds. The rise and rise of the mass car system began in the 1950s in the UK, as with most other west European countries.

What is remarkable is the way that social science ignored the emergence of this new mobility system which was transforming people's personal and social lives. Both sociology and social policy have been 'amobile'. Urry has remarked on the blind spot that the sociology has had in relationship to the car and mobility (Urry, 2000). The car transformed social relations in consumer societies after 1950 but you would not realise this from a British sociology that could undertake community studies yet not mention the car. Although the work

of Peter Willmott and Michael Young at the institute of Community Studies in the 1950s was concerned with analysing the movement of large numbers of people out of London to Greenfield locations at some distance from their relations, work and leisure the transport implications of this were not a major consideration for the authors. Whether this was the case for their respondents we do not know. In their book *Family and Kinship in East London* they compare the lives of Bethnal Green residents with those families who moved out of London to 'Greenleigh' (Debden). Although Young and Willmott do point to the problems faced by those who live on the estate in reaching work, schools and shops if they do not have a car (Young and Willmott, 1957).

The 1960s saw the publication of *The Affluent Worker*, the influential study of Luton car workers lives, but the changes which this personalised form of transport made to where people lived, worked and their leisure time were ignored by sociology (Goldthorpe et al., 1968).

From the mid 1950s the rapid motorisation of the UK meant quite simply that cities and towns ran out of space. The British town planner Colin Buchanan later to write an influential government report on transport saw the position clearly in the late 1950s

A single invention... has placed within the grasp of every man and woman a means of rapid personal movement ten to twenty times faster than walking. It is not a matter of building a few new roads, it is a matter of dealing with a new social situation (Buchanan, 1958: 207).

Clearly, though, he was wrong about the car being 'within the grasp of every man and woman' which must be an early example of the concept of car based universal mobility, an aspiration which can never be realized.

In order to create the space for motor vehicles whole areas of cities were bulldozed to make way for the new roads which were deemed essential for prosperity while the motorway building programme was premised on the same assumption that more roads meant more economic growth.

To move from a society where a minority had access to motor vehicles to one where the majority does is to see a whole series of changes which affect people in their everyday lives. Not only did bus services and rail lines close down because they were deemed uneconomic,

hence making travel much more difficult for the carless, especially those who lived outside cities with their good public transport networks but there were other consequences which made mobility for the carless more difficult: shops ceased their household deliveries, assuming that everyone had access to a car, and the dispersal of stores to out of town locations began and these were usually difficult to reach by public transport and in the long term this led to the closure of thousands of small shops.

Mobility impaired

The mobilities paradigm has concerned itself in the main with novel and fashionable areas such as air travel, airports, mobile phones and their impact on society, children's travel, migration, tourism, and new technologies. Yet there are a number of areas which a mobilities perspective can illuminate which are much less fashionable and exciting but are, nonetheless, very important for many people's lives and well being. For example, corporeal travel is the kind of mobility with which physiotherapists and geriatricians, amongst others, are concerned, that is to say, restoring some mobility to people who, for a variety of reasons, have had their bodily mobility impaired. One of the most common reasons for this would be a fall either in the home or in the surrounding environment. Older people can more easily fall on cracked and broken pavements. Falls are a major cause of injury for older people – a major cause of disability in people aged over 65 and a major cause of mortality in those who are over the age of 75. Those in the 85 plus age group are at the most risk of falling and the average age in the UK to incur a hip fracture is 80. As it has been said the 'fear of falling' can lead "older people to become disempowered, more isolated and with a reduced quality of life" (Easterbrook in Cahill, 2010, p.122).

Mobility difficulties are much more common among older people: 46 per cent of females over 70 and 41 per cent of males experience mobility difficulties (DFT, 2010). Nowhere is the need for social policy to embrace the mobility dimension more obvious than in the predicament of people who often through disability or failing powers find themselves in the category of the mobility impaired. In the main, these are people who have a disability of one kind or another. For many of them, say people with locomotor difficulties the car is a vital piece of technology as it enables them to live an active, connected life. The problem arises for them and for many able-bodied older people when they can no longer drive. Driving cessation means that they now have to rely on taxis, public transport or lifts from friends and family

Documents on health and social care are replete with references to independence and the importance of physical activity for older people yet the barriers erected by a car society are usually not mentioned. In auto dominated countries around the globe there are many walking for health initiatives to get populations more active and to walk more yet these remain problematic given the density and speed of traffic (Gattrell, 2011).

Walking has often to be done on local pavements which are sometimes quite hazardous or even hostile environments.

One could argue that too much is being asked of streets: not only must they accommodate parked cars but also provide a safe space for walking and mobility scooters while they are also used by some cyclists as a safe thoroughfare as opposed to the perceived danger of cycling on the roads. Hanson describes the difficulties for older and disabled people in town centres thus: “difficult access and changes of level, high, steep steps, poorly maintained pavements, busy roads with few controlled crossing points, isolated, unlit bus stops, a dearth of adequate seating and inadequate public toilet provision” (Hanson, 2005, p.5).

Pedestrians are undoubtedly the lowest group in the hierarchy of street users. This is despite the fact that for the Department for Transport pedestrians are at the top of their street hierarchy as outlined in the *Manual for Streets* (Department for Transport, 2007). There is then a disconnect between the rhetoric of transport planning and the real politik of street life.

In this crowded space then it is inevitable that the weakest will be the most likely to give up, to avoid using the thoroughfare, the pavement. In an age when freedom is seen as a positive value it is noteworthy how freedom of movement has been damaged for certain groups in society. The case has been well made that the independent movement of children has seriously declined over the last 50 years, in large part caused by automobility but there is an equal argument that pedestrians who are mobility impaired to a certain extent have been disadvantaged in their use of the pavements.

For streets to become thoroughfares for cars then obstacles had to be removed and these included children who wanted to play on the street, children who wanted to make journeys themselves, frail people who did not get out of the way of traffic fast enough. As Peter Norton concludes in his study of the coming of the ‘motor age’ in the United States the opposition to the car was not solely due to the high death rate but also the sense that streets belonged to people where they could meet, talk and play (Norton, 2008). Norton is writing about the inter-

war period in the USA and although the 'retreat from the streets' began in the UK in the 1930s it was interrupted by petrol rationing which started in 1940 and continued until the early 1950s so did not start in earnest until the 1950s.

There are many examples of the problems for older and mobility impaired pedestrians. Being able to cross the road safely is clearly essential if one has a mobility impairment but also to be able to reach shops, keep physically active and maintain social contacts. However, recently Asher et al. using Health Survey for England data were able to show that the vast majority of people over the age of 65 are unable to walk fast enough to use a pedestrian crossing.

Immobilities

Immobility for some can be the consequence of an increasingly mobile society. Immobility has become a reality for children, some older people and many disabled people despite the assumption of universal access to the car. In mobile society immobility, staying in one place, not through choice but because of lack of independent mobility is harder to bear. Immobility is the condition of people who cannot, for whatever reason be it frailty or disability, leave their house.

Linked to immobility are the reduced mobility opportunities as with the overall mobility position of those without access to a car, who finds that their opportunities to travel for whatever reason are more circumscribed than that of their grandparents because of the decline of public transport and the decentralization of facilities. Sometimes the immobility results from chronic illness or sensory impairment. This can be harder to bear in old age if a person has enjoyed a lifetime of mobility. There is ample research evidence on the constricting and narrowing of quality of life, which accompanies these conditions.

Clearly there are degrees of immobility. There are numerous kinds of disability and hence numerous kinds of immobility. Fortunately technology can assist many people to lead more mobile lives. Disability may prevent physical movement but for some people this might be overcome to a certain degree by wheelchair use or an adapted vehicle. Growing older is in some ways about reduced physical mobility for many people and this is where the car is both a help and a hindrance. For the car can confer mobility on people who by nature of their disability are limited to short journeys on foot yet at the same time the mass use of the car

makes walking in some environments difficult and dangerous for other people with disabilities.

It is a complicated picture as one can be housebound but still open to mobilities through one's mobile phone, satellite television and the computer. The losers from the rise of personal mobility have been those who do not have the ability to travel and to exercise a freedom of choice which is associated with personal mobility. However, 'virtual mobility' via the computer can mean that they can shop without leaving their home or make friends via social media (Kenyon et al., 2003).

In particular, inequalities are generated by a system of auto-mobility which interacts with and reinforces existing social inequalities. Immobility may be best thought of as a 'capability deprivation' in the sense used by Sen (1999) and Nussbaum (2000). If one has low motility, mobility potential, then it is more difficult to translate one's aspirations into meetings, friendships or the pursuance of interests. Being able to move freely from place to place, to where one wants to go, is an important freedom and this can be denied in automobility for those without access to personal transport in a variety of ways. For example, the bus may be inaccessible, an important consideration for those whose bodies are frail or they may not be able to stand to wait for the bus to arrive at the stop. The journey by public transport may involve too many changes so it becomes too time consuming. These factors lead to what transport planners term 'trip inhibition' where journeys are desired but not undertaken. In their survey of the transport needs of older people the Department for Transport found that one third wished to engage in more activities than they actually were able to (Department for Transport, 2001). One can argue that to be denied freedom of movement is a 'corrosive disadvantage' that is to say a disadvantage which leads to further disadvantage (Wolff and de Shalit, 2007).

A hyper mobile society produces losses which impact on those with reduced mobility more than others (Kellerman, 2006). So with the spread of mobile phones the number of fixed public phone boxes declines, with the mass ownership of cars comes the weakening – and in some places virtual disappearance – of public transport.

The impact of some of the changes for the carless can be severe especially if they live in a rural area. This is particularly the case for older people in rural areas who can find that their ability to socialise is severely circumscribed through poor transport links. If they are carless this can then lead to feelings of social isolation, being cut off from friendship groups and frustrated in their daily life.

There is accumulating evidence on the social isolation which carless people in certain categories such as elderly or disabled people suffer. Obviously access to financial resources can reduce the impact of social isolation and many of the problems. To take the most obvious example, the taxi is a very useful means of door to door mobility for those who can afford it, although its utility is much reduced in rural areas given the high cost of much longer journeys. The decentralization of services and the dispersal of housing consequent upon extensive car use has at the same time weakened the ability of people of all ages to engage in independent mobility, to walk or cycle, and made it that much more difficult for public transport to provide many towns and villages with an adequate service.

Driving cessation

It is well attested that older people are now driving longer and later in their lives than in the past. In automobilised societies it is in the best interests of an older person to keep driving as long as is possible so that they can keep in touch with friends and family, use the car for heavy shopping and the transport of other bulky goods. Yet, at some point, for most older people declining eyesight, increasing arthritis or some other bodily impairment means they have to stop driving. Although one must point out that for many older drivers they are more likely to give up walking before driving (OECD, 2001). Driving cessation creates problems for older ex drivers which mean they are facing similar problems to those without cars: poor or non-existent public transport or fairly good public transport but their own inability to reach the bus stop. A UK report on driving cessation found that it was associated with having reduced choice and freedom and a loss of independence (Knight et al., 2007). This would seem to affect the self-image of men more than women.

Disability and immobility

One must acknowledge that mobility is not such a major problem for those disabled people who are drivers and have their own vehicles although this is not to deny that they may well have significant problems in reaching their vehicle and possibly walking or using a wheelchair when they leave the car. However, in the UK disabled drivers are a minority among disabled people.

Although one can speak of disabled people in general, obviously there are very many different kinds of disability and each one can bring with it differing problems to do with mobility and movement. For example, there are disabled people who use wheelchairs or people who can walk but only with difficulty. It has been estimated in the UK that 70 per cent of disabled people had locomotion difficulties (Oxley, 2002).

As we have noted, there is the mundane but nonetheless real and disabling creation of injuries both physical and social from falls. It is unsurprising that this can lead to some people seeing their local environment as hostile for pedestrian journeys leading them to stay at home rather than take physical exercise.

Some of the problems which disabled people face in their immediate environment are caused by the displacement of other modes from the roads by the sheer volume and dangerousness of cars. Although it might make sense for a cyclist to ride on the pavement to avoid the risk of injury or worse on the road, pavement cycling presents a hazard for a frail older people. Each week this practice leads to injuries. This does mean that in the UK we are still some way from inclusive environments. For example, five years ago the *British Crime Survey* suggested that one quarter of disabled people never leave the house (Cahill, 2010).

Fear of other people may be a reason why some disabled people do not leave the house as much as they might want to or it might be fear of crime. For example, visually impaired people who use long white canes or physically disabled people who use wheelchairs are identifying themselves as vulnerable people who might present an easy target for muggers. Sixty per cent of disabled people in the UK did not have household car access in 2002. This figure increased to 88 per cent for those with a visual impairment (Cahill, 2010). A disturbing trend in the UK is a seeming increase in the amount of abuse directed at disabled people often when they are using public transport. Many disabled people too feel that the area surrounding their house is a hostile environment because of the poorly maintained pavements and surfaces. Public transport can present problems as well. The experience of waiting for buses, the long waits, the lack of knowledge as to when a bus is due to arrive at the stop, the sheer inconvenience, the fear which can accompany waiting for the bus. Clearly there is much more work to be done in making disabled people feel that they have an equal right to use public space.

There are other reasons why some people are not as mobile as they would like to be. Older people sometimes feel uncomfortable in public spaces: a recent British study of social interaction in public space reported that "Older people are actively discouraged from fully

using public places, especially after dark, by inadequate facilities and transport, security concerns and a general lack of interesting activities” (Holland et al., 2007, p.40).

There is accumulating evidence on the social isolation which the carless suffer, among them many elderly or disabled people. This can have serious consequences for mental health. Additionally, being confined to the house can mean that many people do not achieve the recommended daily levels of physical activity. Ideally transport policies which should support local communities have in the past undermined them because the support of individual choice along with cheap oil and deregulation promoted car based mobility. The rise of the out of town hypermarket has drained the lifeblood out of many high streets. Community severance caused by traffic has been a recognized problem since Appleyard’s study of San Francisco streets in the early 1980s highlighted the problem of heavily trafficked streets producing community severance. This study was replicated in Bristol a few years ago by Joshua Hart (Appleyard, 1981; Hart, 2008).

What causes the local environment to be regarded as a potentially hazardous experience by some mobility impaired people?

Pavement parking is a major cause of cracked and broken pavements which present trip hazards. Pavement parking affects most obviously people with mobility difficulties – the mobility impaired – but it also affects parents with children in buggies, children walking on their own.

Yet to reduce this danger requires a great many people to change their behaviour. Not only would motorists need to change their behaviour but local authority transport departments and the police would need to seriously question whether the unimpeded flow of traffic is more important than safe passage along a footpath or pavement.

The policy context is a complicated one for it involves public health recommendations to promote physical activity such as the Department of Health public health guidance on the importance of physical activity and National Institute of Health and Clinical Excellence guidance on physical activity together with various Department for Transport documents which relate to the immediate local environment. To these can be added recommendations on increasing walking among the population which have added importance given the concern about obesity and overweight bodies. Among these can be listed the design guidance Manual for Streets (2007) which gave a high priority to the needs of pedestrians and cyclists and encouraged planners to view streets as places where people wished to meet each other and not solely as thoroughfares for traffic.

Another street hazard is pavement cycling, again this is undertaken for a variety of reasons and often it is so that the cyclist will be safer on the footpath rather than on the road, a major consideration, especially for cyclists collide with pedestrians and some years the statistics show that there are fatalities. In relation to both pavement parking and pavement cycling one can see the force of this observation from Simon Biggs and Anthea Tinker about how the infrastructure for an age-friendly environment is to a large extent there but that it is to people's attitudes which can prevent older people from living in an environment which is truly age friendly (Biggs and Tinker, 2007). These attitudes in an automobilised society inevitably include the speed at which cars are driven, the allowances which drivers make for pedestrians....

The suburbanisation of the UK made possible by the mass adoption of the car has brought with it problems of social isolation and disconnection for those without access to cars. The allied mix of out of town superstores and retail parks together with online shopping and smart technology has made face to face contact with other human beings much less likely in many areas.

Transport is social policy

"Pavements, cycleways and bus ways are the infrastructure of equitable forms of mobility" (Cox, 2010, pp.79-80).

The local environment is important for the health and social functioning of many people and is as important in some respects as housing, income maintenance and employment. Transport does not only get us from A to B but it also enables us to meet friends and family, get to work, to travel and to participate in society. To be able to reach, meet with and stay with friends and family are components of a healthy life. Not only is access about reaching the places and people which are necessary and important in life but it is also about those places being within travelling distance and this is where the impact of the motor car has been most destructive for certain groups in the population. The closure of local food shops, hardware stores and newsagents has meant that those people who do not have access to a car have a more restricted choice for their shopping.

For many of the problems identified in this paper the local environment is key. Inclusive environments are often seen as the answer but this also requires a change in behaviour, not

only by motorists in residential areas who need to drive more slowly in order that vulnerable pedestrians may feel safe to cross the road but by other pedestrians. Mobile technology such as the use of the smart phone while walking along can often mean that one's attention is not on the immediate environment which can be problematic for other less mobile pedestrians. Pavement cycling and pavement parking also endanger the mobility of the mobility impaired. It is difficult not to agree with Freund and Martin that public spaces are often organized on the assumption that their users will be able-bodied people who must be fit enough to cope with other 'automobilised persons' (Freund and Martin, 1997).

It is not too much of an exaggeration to say that one form of automobility puts the other kind of automobility at risk. There is sufficient testimony from would be cyclists, for example, that they do not cycle because they find the volume of traffic too hazardous. It is now generally accepted by parents that their children cannot play on the streets or walk or cycle to their friends' houses because of traffic danger. These examples demonstrate a denial of autonomous mobility.

There are those who argue that greater mobility should not be a policy goal for governments but instead this should be replaced with the goal of accessibility. While it is true that the location of key facilities – doctors' surgeries, hospitals, food shops – are ideally situated within walking distance of people's homes this cannot always be the case and so for carless people public transport is vital for them to reach these facilities.

While for environmental reasons the reduction of car borne mobility will increasingly appeal as a policy goal for governments seeking to reduce carbon emissions some other forms of mobility should be encouraged. As has been argued here many local environments need to be improved and changed to encourage the mobility impaired to walk in their neighbourhood. Greater mobility by walking and cycling is equally an important component of encouraging greater physical activity by the populations of European countries where obesity is a growing problem. Arguably what is required is a redistribution of mobility away from automobile journeys to autonomous movement by foot and bicycle, together with safer local environments for pedestrians and easy to use public transport.

Bibliographical references

- Appleyard, D. (1981). *Livable Streets*. London: University of California Press.
- Asher, L., Aresu, M., Falaschetti, E. and Mindell, J. (2012). Most older pedestrians are unable to cross the road in time: a cross sectional study, *Age and Ageing* [accessed 13/06/2012].
- Bauman, Z. (1996). *Globalization: the human consequences*. Cambridge: Polity.
- Biggs, S. and Tinker, A. (2007). *What makes a city age-friendly?* London: Help the Aged.
- Bohm, S., Jones, C., Land, C. and Paterson, M. (eds.). (2006). *Against Automobility*. Oxford: Blackwell.
- Buchanan, C. (1958). *Mixed Blessing: the Motor in Britain*. London: Leonard Hill.
- Cahill, M. (2010). *Transport, Environment and Society*. Maidenhead: Open University Press.
- Conley, J. M. and McClaren, A. T. (eds.). (2009). *Car Troubles: Critical studies of Automobility and Auto-Mobility*. Farnham: Ashgate.
- Cox, P. (2010). *Moving People: Sustainable Transport Development*. London: Zed Books.
- Department for Transport. (2001). *Older People: their transport needs and requirements*. London: DfT.
- . (2007). *Manual for Streets*. London: DfT.
- . (2010). *Health Related Travel Difficulties*. Personal Travel Fact sheet – March 2010. London: DfT.
- Ferguson, H. (2009). Driven to care: the car, automobility and social work, *Mobilities* 4/ 2, 275-293.

Ferguson, H. (2011). Mobilities of welfare: the case of social work. In Buscher, M., Urry, J., and Witchger, K. (eds.) *Mobile Methods*. Abingdon: Routledge.

Freudental-Pedersen, M. (2009). *Mobility in Daily Life: Between Freedom and Unfreedom*. Farnham: Ashgate.

Freund, P. and Martin, G. (1997). The automobile and transport policy, *Policy Studies* 18, 3-4, 269-283.

Gatrell, A. C. (2011). *Mobilities and Health*. Farnham: Ashgate.

Goldthorpe, J., Lockwood, D., Bechhofer, F. and Platt, J. (1968). *The Affluent Worker*. Cambridge: Cambridge University Press.

Hanson, J. (2005). *The Inclusive City: delivering a more accessible urban environment through inclusive design*. London: University College London.

Hart, J. (2008). *Driven to Excess: impacts of motor vehicle traffic on residential quality of life in Bristol, UK*. MsC thesis, University of the West of England http://www.transport.uwe.ac.uk/reports/hart_2008_driven_to_excess.pdf

Holland, C. et al. (2007). *Social Interaction in urban public spaces*. Bristol: Policy Press.

Kaufman, V. (2002). *Rethinking Mobility: contemporary sociology*. Aldershot: Ashgate.

Kellerman, A. (2006). *Personal Mobilities*. Abingdon: Routledge

Kenyon, S.L., Rafferty, J.M. and Lyons, G. (2003). Social exclusion and transport in the UK: a role for virtual accessibility in the alleviation of mobility-related social exclusion?, *Journal of Social Policy*, 32/3, 317-338.

Knight, T., Dixon, J., Warrenner, M. and Webster, S. (2007). *Understanding the travel needs behaviour and aspirations of people in later life*. London: Department for Transport.

- Mercado, R, Páez, A, Buce Newbold, K. (2010). Transport policy and the provision of mobility options in an aging society: a case study of Ontario, Canada, *Journal of Transport Geography* 18, 649-661.
- Nussbaum, M. (2000). *Women and Human Development*. Cambridge: Cambridge University Press.
- OECD. (2001). *Ageing and Transport: Mobility Needs and Safety Issues*. Paris, France.
- Oxley, P. (2002). *Inclusive Mobility: a guide to best practice on access to pedestrian and transport infrastructure*. London: Department for Transport.
- Paterson, M. (2007). *Automobile Politics*. Cambridge: Cambridge University Press.
- Rydin, Y., Davies, M., Davila, J.D., Hallal, P.P.C, Hamilton, I., Lai, K. M. and Wilkinson, P. (2012). Healthy communities, *Local Environment: The International Journal of Justice and Sustainability* 17/5, 553-560.
- Sen, A. (1999). *Development as freedom*. Oxford: Oxford University Press.
- Sheller, M. and Urry, J. (2006). The new mobilities paradigm, *Environment and Planning A* 38, 207-226.
- Soron, D. (2009). Driven to drive: cars and the problem of “compulsory consumption”, in Conley, J. and McLaren, A.T. (eds). *Car Troubles: Critical Studies of Automobility and Auto-Mobility*. Farnham: Ashgate.
- Urry, J. (2000). *Sociology beyond Societies*. Abingdon: Routledge.
- Urry, J. (2007). *Mobilities*. Abingdon: Routledge
- World Health Organisation (2009). *Global Status Report on Road Safety*. Geneva: WHO.
- Young, M. and Willmott, P. (1957). *Family and Kinship in East London*. London: Routledge.

Michael Cahill es Profesor de Política Social en la Escuela de Ciencia Social Aplicada de la Universidad de Brighton (Reino Unido). Sus líneas de investigación son las desigualdades sociales y la política de transporte; el enfoque sociológico y en enfoque de las políticas sociales sobre caminar; y la política social y los enfoques “verdes”. Sobre todo ello ha publicado diversos materiales científicos. Es, además, Editor de Recensiones de la Revista “Social Policy and Administration” y miembro del Comité Editorial de “Social Policy and Society”. Es también miembro del Grupo de Desarrollo de Programas NICE sobre Actividad Física y Medio Ambiente.

Dirección: Applied Social Science Falmer Brighton BN1 9PH, Teléfono: +44 (0)1273 643467, correo electrónico M.Cahill@brighton.ac.uk

