



1

RESEARCH REPORT

# CONCESSIONARY FARES

---

A study evaluating the social value of  
transport needs for older people

1/10/2015

In collaboration with the:



And:



---

<sup>1</sup> Research commissioned and funded by Future Years (Yorkshire and Humber) Forum on Ageing

# CONCESSIONARY FARES: RESEARCH PROJECT REPORT

**Full Title:** Concessionary Fare Schemes: A study evaluating the social value of transport needs for older people.

## RESEARCH TEAM

### **University of Hull**

Dr Mary Laurensen (Principal Investigator)

### **Independent Research Associate**

Dr Carole Wright (PhD)

Hannah Degge (PhD Student)

### **Future Years (Yorkshire and Humber) Forum on Ageing**

Shelagh Marshall (OBE) (Chair)

Joanne Volpe (Future Years (Yorkshire and Humber) Administrator)

### **Acknowledgements**

The research team would like to extend their thanks and appreciation to contributors who gave up their time to take part in this study.

Any queries should be addressed to:

Dr Mary Laurensen [m.c.laurensen@hull.ac.uk](mailto:m.c.laurensen@hull.ac.uk)

<b>CONTENTS</b>	<b>Page number</b>
<b>Research Team</b>	<b>i</b>
<b>Contents</b>	<b>ii</b>
<b>Executive Summary</b>	<b>iii-v</b>
<b>Introduction</b>	<b>1-2</b>
<b>Research Rationale</b>	<b>2-3</b>
<b>Aim and Objectives</b>	<b>3</b>
<b>Methods</b>	<b>3</b>
<b>Demographic Data</b>	<b>4</b>
<b>Concessionary Bus Pass Statistics</b>	<b>4-5</b>
<b>Car Ownership</b>	<b>6-8</b>
<b>Mobility</b>	<b>8-11</b>
<b>Reduced Provision</b>	<b>11-15</b>
<b>Purpose of Travel and ‘Active Ageing’</b>	<b>15-19</b>
<b>Cost of Concessionary Fares</b>	<b>19-22</b>
<b>Time Restrictions</b>	<b>22-24</b>
<b>Cost Benefits</b>	<b>24-25</b>
<b>Conclusion</b>	<b>25-26</b>
<b>Bibliography</b>	<b>27-28</b>
<b>APPENDIX 1: Questionnaire</b>	<b>29-32</b>
<b>TABLES AND GRAPHS</b>	
Demographic Data	4
Bus Pass Usage	5
Geographical Location	6
Private Transport	6
Transport for People with Disabilities	10
Frequency of Bus Service	12
Purpose of Usage	16
Importance for Social Contact	17
Funding Concessionary Fares	20
Contribution Willingness	20
Restricted Times	22

## EXECUTIVE SUMMARY

Concessionary bus travel offers free off-peak travel to people in the UK aged 60 and over, and to disabled people regardless of their age. The scheme was designed to ensure bus travel was within the means of those on limited incomes as well as those with mobility difficulties. It aimed to reduce social exclusion, improve access to basic necessities and allow greater freedom and independence (House of Commons, 2011). Since 2010, however, England has experienced around £200m of underfunding (House of Commons, 2014), stemming from service cuts, reductions in travel schemes and decreased local authority funding. Running alongside this are the effects of deregulation found in the 1985 Transport Act that, when combined with underfunding, all contribute to the fragmentation of both urban and rural transport.

A number of studies reveal how certain groups of people who rely on public transport are more vulnerable than others, and older people represent one of these groups. Coupled with factors such as ill health and mobility difficulties, reduced and poor provision of public transport can disproportionately disadvantage older people and impact negatively on overall wellbeing and healthy active ageing (WRVS, 2013 - now RVS). This small survey, conducted in England, was designed to explore older people's experiences of using concessionary fare schemes within the current climate of decreased funding and reorganisation.

### Key findings

- Most respondents (87%) held concessionary bus passes, with 67% using them on a weekly basis.
- Around 35% of respondents reported living with a disability that affected their mobility, and almost all of these (91%) held a bus pass. However, more than a third of people living with disabilities felt transport did not cater for them.
- Overall, 17% of respondents reported no regular bus service operated in their area. Lack of provision was most prominent in rural areas, with 35.5% of people having no regular bus service compared to only 9% of respondents in urban, and 11% in semi-rural areas. Limited bus provision

was associated with restrictions around services during the day, in conjunction with little or no service during evenings and weekends. A lack of joined up services was also reported, as well as bus stops being located too far from people's homes, and bus routes that served many smaller villages, making journey times longer.

- Two thirds of respondents holding bus passes also drove regularly. Combining car and bus travel for single journeys was common, with park and ride facilities utilised most. Using cars over public transport was due to limited bus services and poor integrated bus routes. For those who preferred public transport to driving, this was to avoid high parking charges, or to reduce pollution and congestion.
- Concessionary bus passes were important for accessing social activities, for combating isolation, and for staying healthy. The main travel purposes were: shopping (84%), visiting friends and relatives (75%), leisure (71%), hospital appointments (62%), and voluntary work (46%). For people living with disabilities, using a bus pass for hospital appointments was significantly higher at 77%, as was visiting friends and relatives at 82%, whilst leisure activities were lower at 63.5%.
- Almost two thirds (60%) of respondents were willing to make an annual contribution to the cost of their concessionary bus pass, with 30% prepared to pay between £1-9, 26% between £10-19, and 19% between £20-29. For those who felt concessionary bus passes should be free, the most common reason was because they had paid into a tax and national insurance system during their working lives.
- More than two thirds (68%) of respondents felt time restrictions for concessionary fares should be lifted. The reasons for this were linked to a lack of parity between regions, the need to arrive at paid and voluntary work within peak times, and for attending early morning hospital appointments. For respondents reluctant to lift time restrictions, this was mostly because they believed peak time priority should be given to people in work or in education.

## Conclusion

Our survey showed that for a significant number of respondents public transport was their preferred choice of transport, and for some, it was often their primary or only option. Concessionary bus passes were highly beneficial, and the vast majority of respondents valued, and utilised them in many aspects of their lives. They were central in maintaining physical and mental health, and for alleviating the strain on NHS resources. They were also important for maintaining wellbeing, independence and combatting isolation. However, the infrequency of public transport, meant it could not be relied upon as a source of daily transportation. As the numbers of older people increase, so will the need for good transport services and concessionary travel. Older people add to the economy in terms of consumer retail contributions, as well as contributing to the voluntary sector, for which a bus pass to enable travel is an essential component.

## INTRODUCTION

The Concessionary Bus Travel Act was introduced in 2007, and offered free travel to all people in the UK aged 60 and over, and to all disabled people regardless of their age. This scheme was designed to ensure bus travel was within the means of those on limited incomes as well as those with mobility difficulties, and would create social, economic and environmental benefits. The main objectives were to reduce social exclusion in older people, improve access to basic necessities such as shopping and health care, allow greater freedom and independence, and help to maintain health and well-being (House of Commons, 2011). In April 2010, the Department for Transport (DfT) changed the age of eligibility for concessionary travel criteria to the state pension age for women, and for men: the pensionable age of a woman born on the same day (DfT, 2010, p. 5).

Administration of the scheme is devolved and managed locally by Travel Concession Authorities (TCA), who reimburse transport operators. Variations in benefits and criteria exist across the UK. In Wales and Scotland concessionary fare schemes include all day travel, but for England travel tends to be limited to off-peak times, with some TCAs offering additional discretionary enhancements, including free or discounted travel before 9.30am. In London, the picture is different again, with residents enjoying all day travel, and for those who have reached the age of 60 but not yet reached the age for a 'Freedom Pass', a separate scheme is operated.

There are approximately 9.7 million older and disabled people with concessionary bus passes in England (Campaign for Better Transport, 2015). However, recent years have witnessed cuts in bus services along with an underfunding of the concessionary fares scheme. This directly affects those older people who rely on public transport for their independence. Whilst there are calls for the concessionary pass scheme to be further regulated or removed completely, public opinion for concessionary travel appears to remain strong, with 140,000 signatures handed in to Downing Street in 2014 under the 'Love your Bus Pass Campaign' (Campaign for Better Transport, 2015).

People tend to travel less the older they become, and although they are travelling more than they used to a decade ago, the National Travel Survey (DfT, 2014) reporting on all modes of transport, found those over age 70 made an average of 215 fewer trips than the general population. Of the trips over 70's do make, more is made on local and non-local buses. This decrease in travel is further exacerbated by funding cuts and the loss of many local services such as Post Offices and local shops, which means older people need to travel in order to access essential amenities (Sutton & Hill, 2010).

Reliable public and community transport is clearly essential for accessing everyday activities and for maintaining a healthy and positive quality of life (Hoban, et al., 2011). The World Health Organisation (WHO) also acknowledged the centrality of transportation in promoting welfare in their 'Active Ageing' report:

*Inadequate social support is associated not only with an increase in mortality, morbidity and psychological distress but a decrease in overall general health and wellbeing... Older people are more likely to lose family members and friends and to be more vulnerable to loneliness, social isolation.... Social isolation and loneliness in old age are linked to a decline in both physical and mental wellbeing (WHO, 2002, p. 28).*

As people age, their lifestyles change, and factors such as ill health and difficulties in mobility can all contribute to the ability of older people to leave their homes. In turn, this can impact on overall wellbeing and healthy active ageing. As the numbers of older people increase, so will the need for concessionary travel. This small study provides a snapshot of older people's experiences of using the concessionary scheme, and reports on how the scheme meets or does not meet their needs.

## **RESEARCH RATIONALE**

The rationale for undertaking this research revolved around meeting the needs of older people so that they are enabled to engage fully in society. With the Campaign to End Loneliness gathering momentum, Future Years considers Public or Community transport a key factor in tackling isolation and loneliness. Without access to transport many older people would be unable to engage fully in society. Hence this research by Future Years (Yorkshire and Humber) Forum on Ageing, the Age Action Alliance and the University of Hull focuses on concessionary fares



to gain the views of older people on transport provision to meet their needs. This is especially relevant in light of governmental cutbacks and the devolvement of services to Local Authorities. The results of these initiatives have led to reductions in bus services, which has impacted upon older people. They have also led to the introduction of Community bus services using volunteer drivers, with most bus pass holders having to pay fares.

## **AIM AND OBJECTIVES**

The aims of the Concessionary Fares survey were to:

- Obtain insights from older people about their access to transport service provision;
- Understand how access to transport facilitates or affects their quality of life.

The objectives were to:

- Explore how transport provision meets older people's welfare and social needs;
- Disseminate the findings to inform policy initiatives on transport services to meet older people's needs.

## **METHODS**

The Concessionary Fares study was carried out between March and June 2015 by using a Survey Monkey on-line questionnaire. The survey utilised both closed and open-ended questions that enabled large-scale data collection of quantitative and qualitative data. The survey was designed to generate data from respondents (aged 60 years and over) about their use of concessionary fares and bus passes in terms of their social value in helping individuals to lead independent fulfilling lives. Two hundred and ten (n=210) older people completed the on-line questionnaire. Data were statistically analysed, and the open-ended responses were coded into themes for exploration. The research was commissioned and funded by the Future Years (Yorkshire and Humber) Forum on Ageing, and administered by the Faculty of Health and Social Care at the University of Hull. It should be noted that the survey was only completed by older people with access to a computer. For future research, a more inclusive method would include paper-based surveys to ensure data is gathered from those without access to a computer, or who feel they were unable to complete an on-line questionnaire.

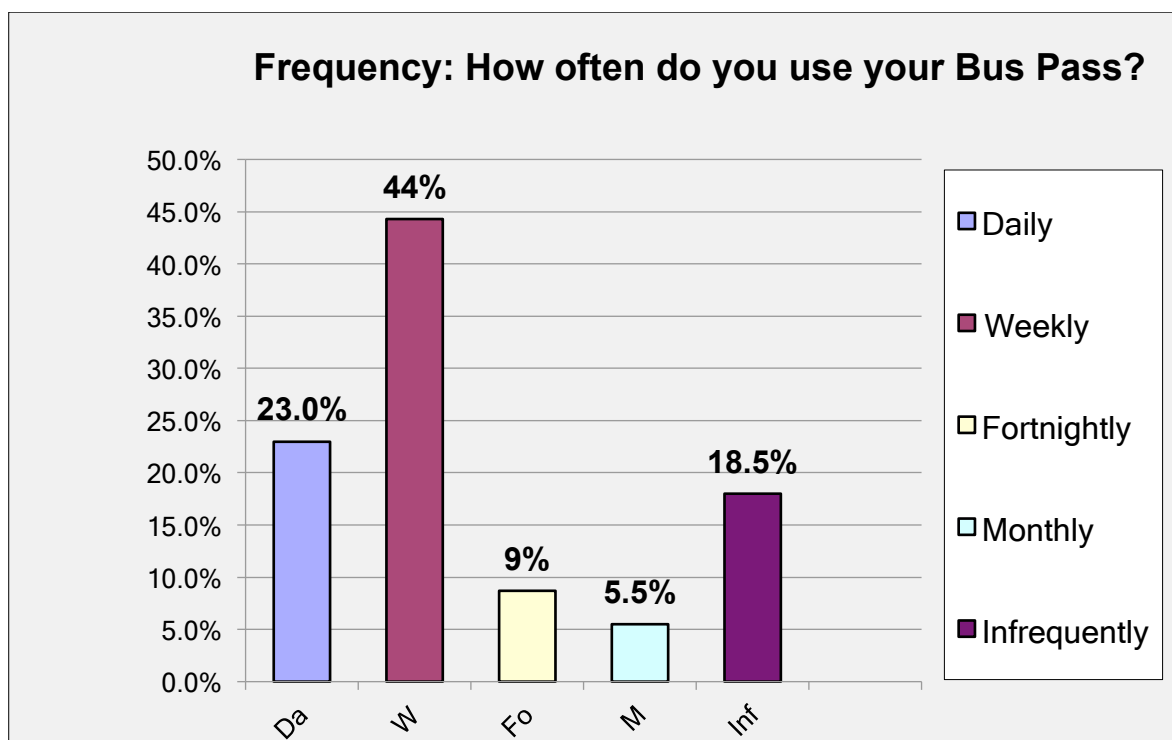
Ethical approval was granted by the Future Years (Yorkshire and Humber) Forum on Ageing.

## DEMOGRAPHIC DATA

Demographic data	Response
<b>Gender</b>	
Male	93 (44.29%)
Female	115 (54.76%)
Different from birth designation	2 (0.95%)
<b>Age range</b>	
60-64	46 (21.90%)
65-69	63 (30.00%)
70-74	50 (23.81%)
75-79	29 (13.81%)
80-84	16 (7.62%)
85-89	5 (2.38%)
90+	1 (0.48%)
<b>Partner</b>	
Yes	153 (72.86%)
No	57 (27.14%)
<b>Living with partner</b>	
Yes	140 (93.55%)
No	10 (6.45%)
<b>Living with disability/condition that affects mobility</b>	
Yes	74 (35.24%)
No	136 (64.76%)
<b>Geographical area</b>	
North East	5 (2.38%)
North West	36 (17.14%)
Yorkshire & Humber	81 (38.57%)
East Midlands	37 (17.62%)
West Midlands	2 (0.95%)
East Anglia	17 (8.10%)
London	2 (0.95%)
South East	25 (11.90%)
South West	5 (2.38%)
<b>Location</b>	
Urban	93 (44.29%)
Rural	62 (29.52%)
Semi-rural	55 (26.19%)

## Concessionary Bus Pass Statistics

The National Travel Survey (DfT, 2014) found people over the age of 60 were the second highest group of bus users as a proportion of all trips in 2013, after young people aged 17-20. In 2013 79% of eligible women and 73% of eligible men held concessionary bus passes in England, but distribution was varied, with London representing the highest take-up at 87% of eligible residents, 57% take up in the most rural areas and 83% in urban conurbations. In our survey, 87% of all respondents held a concessionary bus pass – 89% of women, and 86% of men. The vast majority of transport provided was through public timetabled services at 91%. However, 29% of respondents also reported the provision of private sector services, and voluntary and community services. For respondents who held bus passes, 23% used them daily, 44% weekly, 9% fortnightly, 5.5% monthly, and 18.5% used them infrequently:

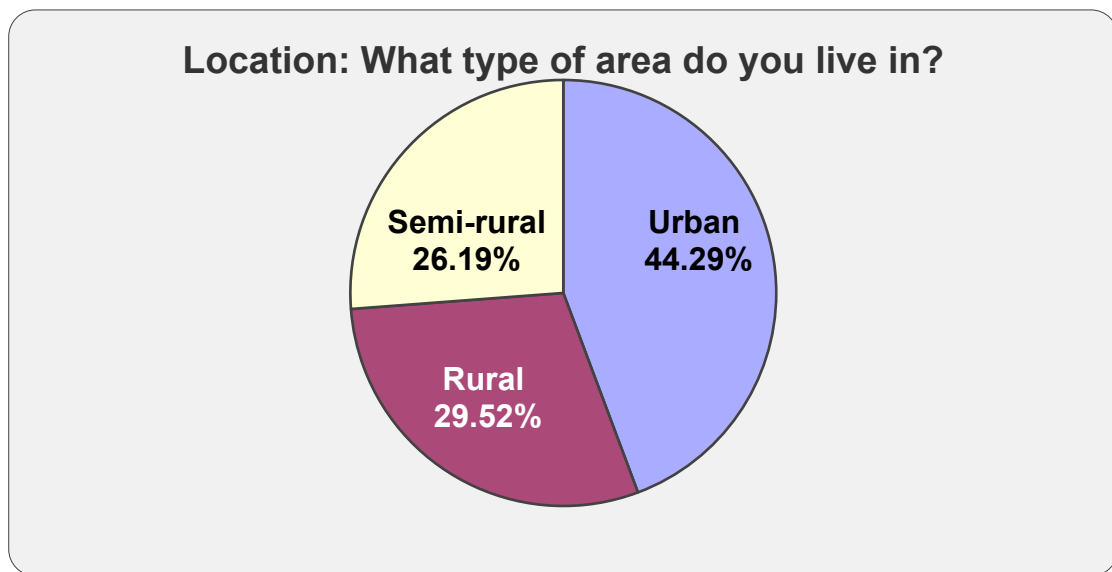


## Car Ownership

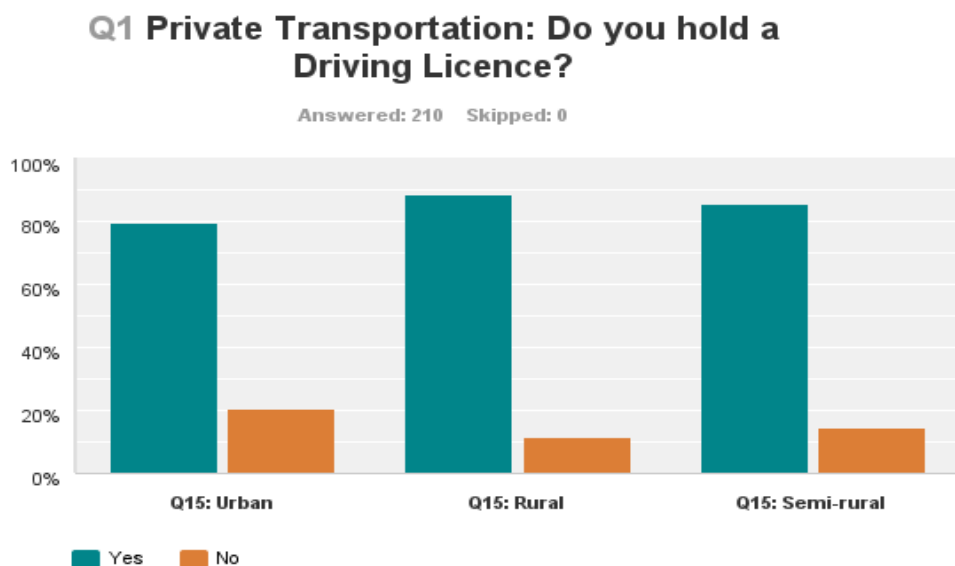
The UK has seen an increase in driving licences for those aged 70 and over, from 39% in 1975 to 62% in 2013 (DfT, 2014). However almost 25% of those aged 80 and over do not have access to a car (Baster, 2012a). In our survey 84% of respondents held driving licences. Of those respondents who held driving licences, 92% had access to a car, and 80% (n141) drove regularly.

For the 13% of respondents who did not have concessionary bus passes (n27), 20 had access to a car and drove regularly, and 2 were driven regularly to places by someone they had a close relationship with. Car ownership is highest in rural areas, with over 90% of households owning a car (House of Commons, 2014). A similar pattern emerged from our survey.

The figure below shows the breakdown of the type of area respondents lived in:



Despite nearly 30% living in rural areas, 89% held a driving licence, compared to 79.5% in urban communities. Similarly of the 26% living in semi-rural areas, 84.5% held driving licences:



The link between high car ownership and rural living has been a key factor in shaping passenger transport provision in England since the 1950s. Circular situations are then created where demand for public transport is reduced, and cars become necessary for travel. When there is little alternative, those who can afford it must own a car, but for those who cannot afford it, options are significantly limited (House of Commons, 2014).

Our survey also asked about other means of travel, such as having a close relationship with someone that drove them on a regular basis. Overall, 67% people reported they had a close relationship with someone who held a driving licence, of these 87% had access to a car, but only 45% were driven to places on a regular basis.

A significant proportion of survey respondents were both regular drivers as well as bus users. Of the 87% of respondents who held concessionary bus passes, 67% had access to cars and drove regularly. The combination of car *and* bus travel for single journeys was often for convenience when travelling to towns and cities:

*The pass enables me to get into the city, no parking etc. and see people.*

Cars were also used for the first leg of journeys, and to avoid high parking costs:

*I regularly use my Bus Pass in conjunction with the Park and Ride. Parking is very expensive so the bus is the best option when travelling to the train or bus station for an onward journey to visit relatives or friends.*

Environmental issues, such as congestion and pollution, were also popular reasons for using buses over cars:

*Without a bus pass I would use my car more often, adding to transport problems in the area.*

*It keeps me off the roads in my car so reduces traffic congestion.*

*Bus passes ensure use is made of public transport instead of so many cars on the roads.*

*This is good for the environment and eases congestion in towns and cities.*

*Every time we use the bus we keep a polluting car off the road.*

One other major reason for people travelling in their cars instead of using their bus pass was because of limited bus services, and a lack of joined up bus routes:

*It would be more convenient and much cheaper for me to use public transport more often if the service was provided, unfortunately it is not.*

*We have a small bus coming up the hill once an hour till 4p.m. but not on Sundays. That's why I keep the car.*

*If I didn't drive I would be totally dependent upon taxis or relatives for lifts to town and train station.*

*If I ceased to be able to drive, I'd be severely restricted and isolated.*

Despite the trend towards more older people having driving licences, and continuing to drive into older age, research strongly suggests that car driving for many people tends to decline the older we become, and the more likely we are to travel as car passengers, in taxis, and buses (Smith, et al., 2006). Thus older people tend to rely on public transport, particularly buses, and to a lesser extent on community transport. This is at odds with the underfunding and cuts that public transport has been subject to in recent years, which has disproportionately affected older people, and in particular, people living with disabilities, or with mobility difficulties.

## **Mobility**

Health status, rather than age, often impacts on people's use of transport, especially problems that affect personal mobility such as arthritis, knee and hip problems, circulatory conditions, bowel conditions and incontinence, which are also problematic when toilet facilities are unavailable on public transport (DfT, 2001). Nevertheless, as people enter older age, they are more likely to have health conditions that affect their mobility.

Research by the Department of Transport (DfT, 2007) recognised the difficulties of older people accessing transport services, such as walking to and from bus stops, which can be difficult and often painful. Additionally Jones, et al (2009) highlights 68% of people aged over 75 in UK report long-standing illness, disability and infirmity. This suggests a large proportion of older people have a reduced ability to carry out every-day activities including shopping, walking to their nearest bus stop,

as well as carrying heavy shopping bags from shops and supermarkets to bus stops, onto buses, and back home at the other end. A study by the Women's Royal Voluntary Service (WRVS 2013 – now RVS) found that out of 900 people 17% of their respondents could not manage the walk to and from the public transport they wanted to use, with 9% reporting the nearest public transport service was too far away. More recent data from the Department for Transport (2014) suggests 31% of people aged 70 and over had problems walking or using a bus.

Mobility problems, then, can lead to decreased confidence when travelling on public transport especially when buses are crowded and lack seats. Added to this are anxieties about falling, especially with the jerky movements of buses, and buses setting off before people have reached their seats, which can all cause falls (Hoban, et al., 2011). Worryingly, older people are also more likely to be killed or suffer serious injury as a result of road accidents (Holland, et al., 2003).

For example, in 2011 15% of all pedestrian casualties were aged 60 and over, but represented 41% of all pedestrian fatalities:

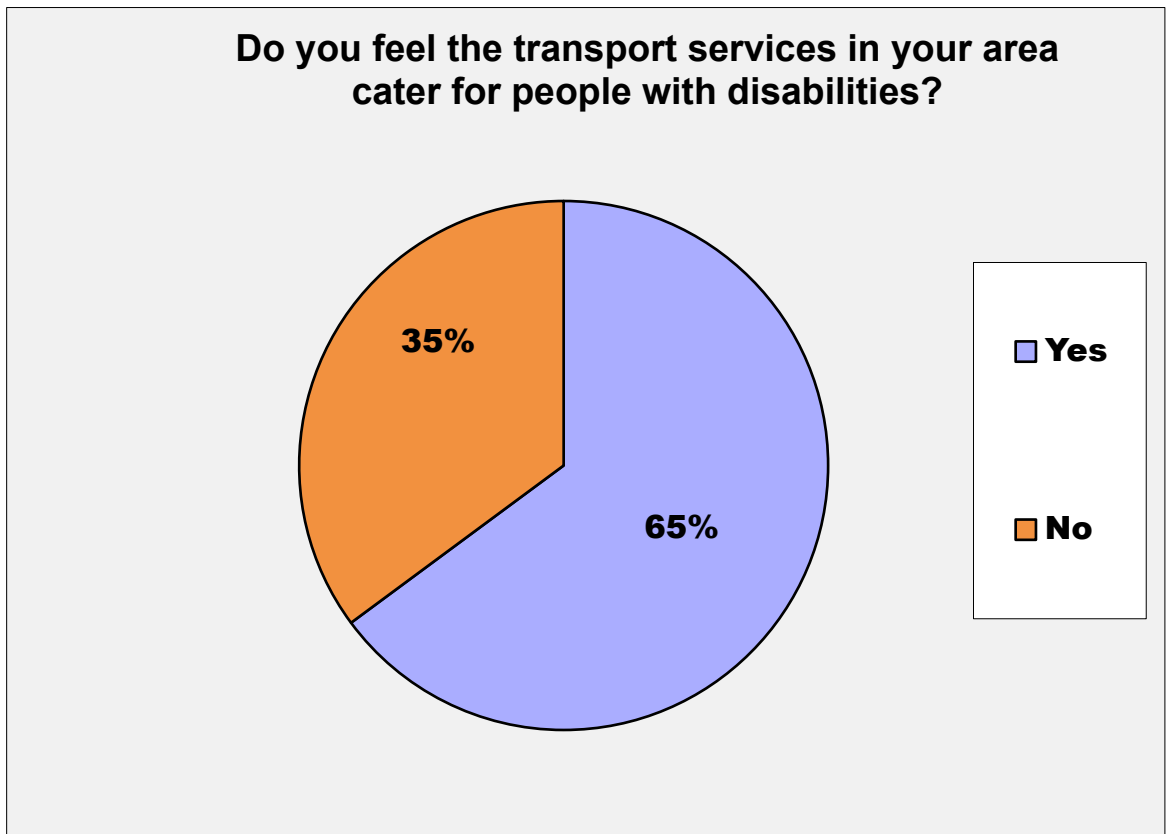
*This is an illustration of frailty: Older people are more vulnerable and may suffer a more serious injury than a younger person in a similar crash (Baster, 2012a, p. 18).*

Improvements in accessibility and safety for people with disabilities and mobility difficulties have developed in recent years. For example, accessibility regulations (PSVAR, 2000) stipulated all *new* buses and coaches should be accessible to disabled people and wheelchair users. In addition, the design and layout of buses should include slip-resistant floors, designated disabled spaces and handrails, and low floor buses with ramps for wheelchair and pushchair access. However, although technology is improving visual information systems and on-board 'talking bus' facilities are not used as a general standard as yet. This contributes to 16% of older people reporting that public transport is not accessible for their disability (WRVS, 2013).

In our survey, 35% of respondents had a disability that affected their mobility. Of this group, 69% held a driver's licence, compared to 92% of people without a disability. This group also fared less well in having a close relationship with

someone who could drive them on a regular basis, at only 33% compared to 51% of respondents without a disability. Not surprisingly, in view of the lower numbers of people living with disabilities having access to a car, or having people who could drive them regularly, almost all (91%) held a bus pass.

However, as the figure below shows, over a third of this group felt that transport did not cater for people with disabilities.



In addition, 20% of this group had no regular bus service where they lived, and for some respondents with mobility problems, bus stops were too far away from their homes for them to walk to. A small number of respondents also commented on how buses, when they did provide for people living with disabilities, often did not have enough space to accommodate both pushchairs as well as themselves, which could cause anxiety. For some people, travelling on public transport also created anxieties, when people were perceived as hostile, or uncaring:

*Problems getting a seat sometimes due to the unfeeling/unfriendly attitude of people, younger ones create problems when standing in a swaying bus.*



For some people with mobility difficulties, community transport was available, and was seen as a welcome option:

*I have a bus pass but because I have mobility issues I cannot use public transport. I use local community transport, which I pay a small annual registration fee and then mileage to wherever I go. I receive an excellent service from this voluntary organisation, which is under threat of closing due to funding cuts from local authorities. I cannot stress how important this service is to me and is a lifeline.*

The option to use community transport is clearly important and highly valued, however this respondent's worry regarding closure is part of a wider problem of underfunding and cuts in the area of public transport, and we turn to this next.

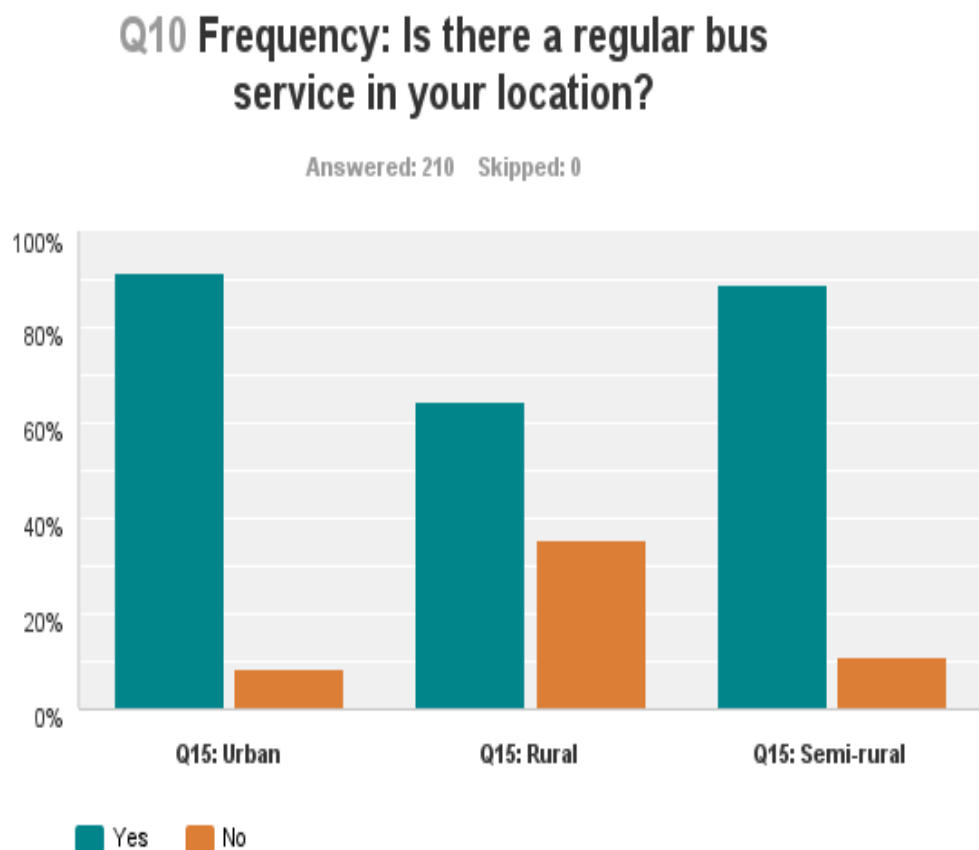
## **Reduced Provision**

The 1985 Transport Act abolished road service licensing everywhere except in London, and replaced it with a system of registration. The Act also removed the responsibility of local authorities to coordinate public passenger transport, and bus companies were able to register any services they chose to operate on a commercial (unsupported) basis. However, local authorities were able to invite tenders for additional routes or journeys if social needs were not met by commercial services (Butcher, 2010). Notably, the Act did not require commercial bus operators to consult before making changes to timetables or the position of bus stops, and neither could objections be made by other operators or local authorities in terms of public demand or existing services. One outcome of this Act is that some urban and rural transport services have become fragmented, and services often do not link up well.

A number of studies have revealed how some groups of people who rely on public transport are more vulnerable than others, and can be disproportionately disadvantaged by reduced provision. Research by the WRVS (2013) shows 14% of older people have seen a reduction in public transport services in their area. The House of Commons Transport Committee (2014) states, how along with young people, those on low incomes, and the unemployed, older people and disabled people are also represented in this group.

Similarly, research by the Campaign for Better Transport, (2015), highlighted how since 2010, reductions in local authority funding for transport, along with cuts to statutory free travel schemes for older people and those with disabilities of around £60m, have resulted in an effective reduction in funding of £200m in England. The same report also suggests a strong link between the underfunding of free travel for disabled and older people, along with simultaneous cuts in bus services.

Although the majority of respondents, 87%, held concessionary bus passes, 17% also reported how there was no regular bus service in operation in their area. This lack of provision was most prominent in rural areas, as the figure below shows:



Respondents living in rural areas were disproportionately affected with 35.5% of people having no regular bus service compared to only 9% of respondents in urban, and 11% in semi-rural areas.

The lack of regular bus services stemmed from limited provision and services that did not integrate well. Limited bus provision was associated with a variety of restrictions, such as limited services during the day and limited or no service during evenings and weekends:

*There is 1 x bus an hour every hour between 09:00 and 16:00 hours.*

*Only once an hour, every two hours on Saturday and none on Sunday.*

*Not after 16.00 Mon - Sat - or any time on Sunday.*

*No Buses on Sundays and Bank Holidays, or late Evenings on weekdays.*

In conjunction with restricted daytime services, some respondents had no weekend services at all:

*Two buses per day on weekdays only.*

The second problem, concerning a lack of integrated services, was also experienced by a number of respondents:

*To some places; other places are poorly served and many destinations have no service.*

*In part it depends on your direction of travel.*

*If I didn't drive I would be totally dependent upon taxis or relatives for lifts to town and train station.*

*Not suitable to take people to doctor's surgery as bus route doesn't go near enough.*

Other problems included bus stops located too far from people's homes, and bus routes that served many smaller villages, making journey times much longer than they need be, as the comment below highlights:

*Only hourly and visits other villages on way to town so takes a long time. You need to leave over an hour before you need to be there. By car it's 15 minutes.*

Many respondents held government cutbacks responsible for poor services, and voiced concerns about the impact further cuts would have on older people in rural communities:

*Many people in this area are retired individuals, and with no shops at all in this and surrounding villages would find an immediate increase in food costs and food banks would become irrelevant even if we had one.*

*If services are cut back so much it is going to have a severe effect on people. It is going to isolate people and villages and towns which is going to have an adverse effect on people's physical and mental health - I personally would be very much at a loss and badly affected.*

For some respondents who had no bus routes serving them at all, community transport schemes were often in operation. These type of transport schemes generally consist of bus, car, minibuses, door-to door schemes, and so on. They are not-for-profit, often run by volunteers, but also have their own conditions for who can be carried, in relation to local priorities.

The WRVS (2013) found at least 2000 community transport organisations existed in England and almost one third of these were based in rural areas, providing more than 15 million passengers journeys each year. Our survey respondents reported some provision of voluntary or community transport, but this was usually limited:

*There is a twice weekly, demand responsive, pre-booked service to one town, to allow large supermarket shopping, banking, dental appointments or visits to opticians, etc.*

Providing flexible demand responsive transport where public transport was not viable was one of the PACT (Baster, 2012a) recommendations, along with basic pavement maintenance. But as can be seen by the comment above, voluntary and community services remain under threat of closure.

Following on from this, respondents were also aware of commercial contracts, and commented on how reduced funding has adversely affected their local commercial bus services:

*I feel that the pass should remain, and remain free to use BUT it must be adequately funded by central government, as I know that some bus routes are being withdrawn or reduced because the money the bus companies are paid for accepting the passes is not sufficient.*

*Our CT operators' only gets 58% of the full fare refunded, even though all the passengers on a fully booked service have concessionary cards. There is no scope for recovering the losses on such a journey.*

Unfortunately, it is not in the interests of commercial bus services to run unprofitable bus routes, which generally means routes to isolated housing estates or rural areas (pteg, 2013). The Bus Service Operator Grant (BSOG), which was intended to subsidise 'socially necessary' bus services, saw a 20% cut in April 2012. This not only affects isolated communities and limited access to key services (pteg, 2013), but also contributes to situations whereby smaller commercial operators have been unable, or sometimes unwilling to fill service route gaps, and some smaller operators have been put out of business (Campaign for Better Transport, 2015). This situation has been acknowledged by the House of Commons Transport Committee (2014 p.10) who advised that in order to address the needs of all vulnerable groups, and to promote fairness, "...policy makers must avoid trade-offs between generations or between vulnerable groups of people."

### **Purpose of Travel and 'Active Ageing'**

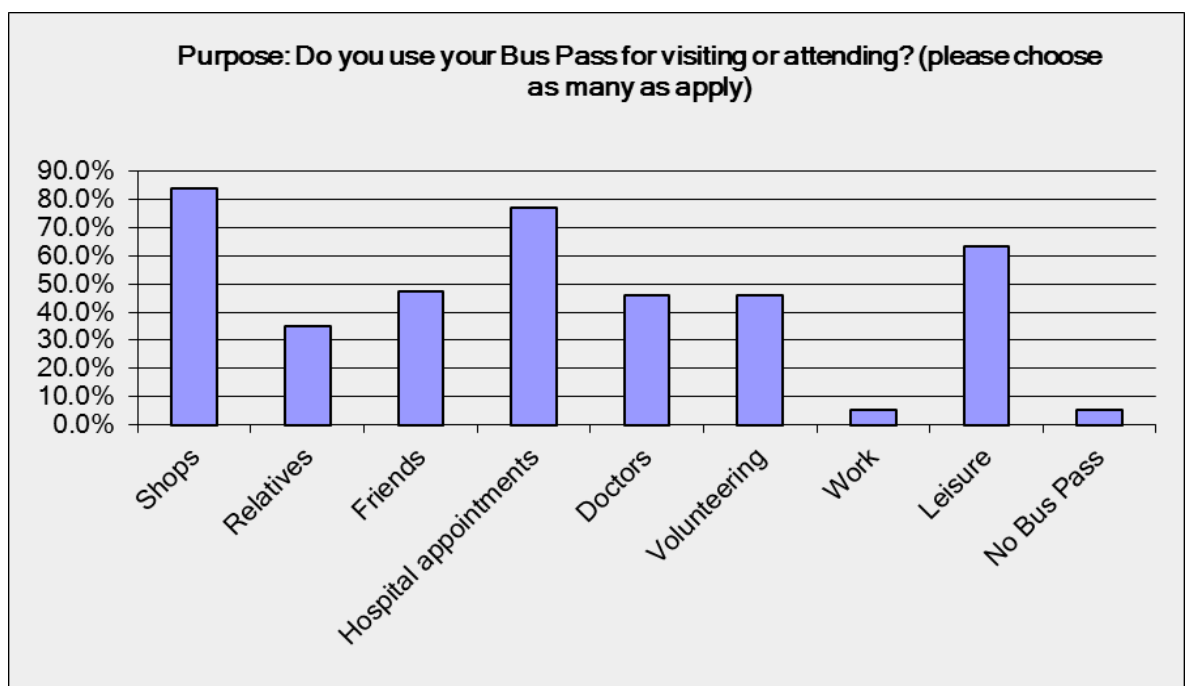
There is compelling evidence that points to how participation and engagement in societal activities are a positive influence on physical and mental health, cognitive function, subjective wellbeing and ultimately on mortality (Banks, et al., 2012; Banister & Bowling, 2004; BMA, 2012; Sutton & Hill, 2010). For example, access to transport incorporates the physical activity of walking (BMA, 2012), and is also necessary for accessing health services; the goods necessary for health; and social networks that help engender healthy lives (Jones, et al., 2013). However, for most people who do not live in the centre of large towns or cities, adequate transport can be a problem, and a number of studies have been carried out that

suggest poor public transport can have a negative impact on the quality of life of older people.

Poor public transport services can also cause difficulties in basic needs, such as accessing health services, including travelling to health centres, dentists and hospitals (Audit Commission, 2001). Gabriel & Bowling's (2004) study found that access difficulties, along with unavailable, infrequent and/or unreliable services all contributed to stressful journeys, which resulted in family visits, and meeting friends being the most forgone activities. This problem is a global issue and disadvantages older people disproportionately, as WHO states:

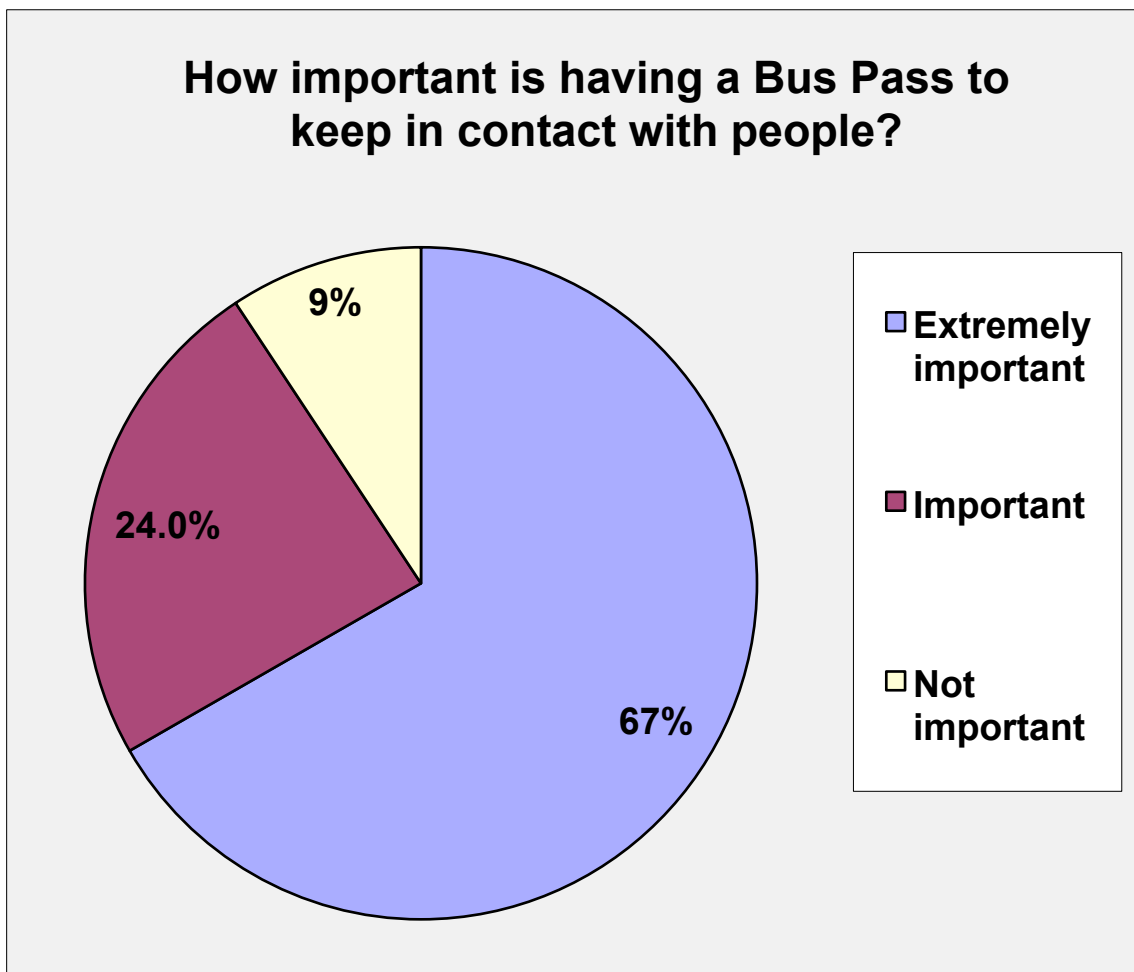
*Accessible and affordable public transportation services are needed in both rural and urban areas so that people of all ages can fully participate in family and community life. This is especially important for older persons who have mobility problems... For older people, location, including proximity to family members, services and transportation can mean the difference between positive social interaction and isolation (WHO, 2002, p. 27).*

Having concessionary bus passes for respondents in our survey was important for accessing many social activities, for combating isolation, and for staying healthy. To begin with, and in line with other research data (DfT, 2014), respondents reported shopping as the main travel purpose when using their bus pass (84%), with visiting friends and relatives second (75%), leisure third (71%), hospital appointments fourth (62%), and voluntary work fifth (46%), see figure below.



For people living with disabilities, using their bus pass for hospital appointments was significantly higher at 77%, as was visiting friends and relatives at 82%, whilst leisure activities was lower at 63.5%.

Our survey also asked how important bus passes were for staying in touch with people. The figure below shows the vast majority of respondents felt their bus pass was either important or extremely important for maintaining contact with other people.



Of the 9% who felt it was not important, all held a driving licence and had access to a car. Importantly, for people with mobility difficulties the figures were significantly higher, with 82% of this group reporting their bus pass was extremely important, and 15% reporting it as important for maintaining contact with other people.

Staying in touch with people was also a strong theme that emerged from respondents' comments, with a large number feeling strongly that concessionary bus passes contributed to their quality of life in a variety of ways, particularly in relation to health and wellbeing, isolation, and socialising.

The following quotes are typical of how respondents viewed bus passes as an important resource that were central to maintaining physical and mental health and alleviating the strain on NHS resources:

*Without the bus pass most pensioners would become housebound, and their health would deteriorate, which would put added pressure on the NHS.*

*Reduces worry, being able to get out and about, i.e., walking groups to keep fit, and reducing the burden on the NHS.*

Respondents also made connections between low incomes, mental health and NHS resources:

*Invaluable for those on basic pensions to remain as independent as possible so promoting wellbeing and encouraging social interaction, and preventing loneliness and isolation which often leads to depression and so costs to the health service,*

*No concessions means little travel, retail losses and isolation for the over 60s, causes depression and so financial upwards to the NHS.*

Many people were concerned about potential isolation and loneliness, and bus passes were seen as essential for avoiding this:

*They are a lifeline for some older people, it's a good way to help combat isolation, i.e. getting out and about.*

*I have a 93-year-old friend who uses the bus almost every day. She will not travel at night but hugely enjoys using daytime travel for shopping, and/or medical appointments.*

*Or just to be out of the house for a time. It is an important option for relieving loneliness. There are many older people living alone and a free bus service can be a lifeline.*

Independence was also very important, and was symbiotic with avoiding isolation and loneliness:

*An invaluable support towards personal independence and helping to reduce social isolation.*

*Concessionary fares are extremely important in combatting isolation and supporting independence.*



Using concessionary bus passes for voluntary work was reported by almost half (46%) of respondents, and many people reinforced this through their comments:

*My volunteering would also be badly affected - it could cost me £8.00 return if I had to pay to travel to the centre for people with learning disabilities and other problems and I would inevitably have to cut down on visits.*

*The negative impact of charging for Bus Passes would have a profound effect on many Voluntary Services, whose members are the core providers of many care services in the community. Many charities are staffed by older people on limited pensions who would be unable to continue if they had to pay for bus transport to and from their work.*

*If the Bus passes were ever taken away from us, I feel many local charities would lose out as we use the bus to get to hospitals, libraries etc. where we volunteer. It would cost me over £5 a time to get to the shops and leisure facilities.*

Older people carry out a large proportion of volunteer work, and bus passes are important for facilitating this. Volunteer work also helps to combat social exclusion, and forms part of the WHO's Active Ageing:

*Recognize the value of volunteering and expand opportunities to participate in meaningful volunteer activities as people age, especially those who want to volunteer but cannot because of health, income or transportation restrictions (WHO, 2002, p. 51).*

However, for many areas of England, transport restrictions are in place, with older people often only allowed to travel during off-peak times. Off-peak bus times starting at 9.30am are counter-intuitive to active ageing, especially in terms of the call for volunteer work, and older people contributing to society (Sinclair & Watson, 2014).

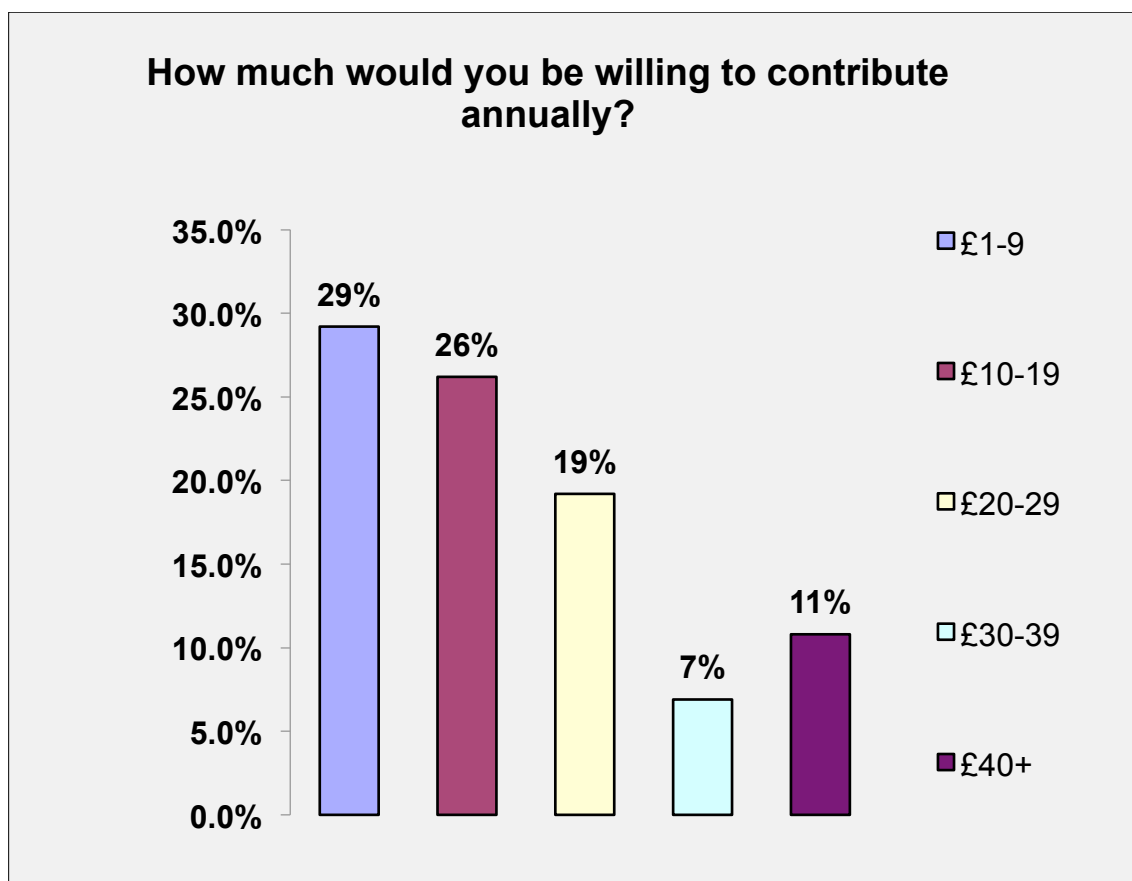
## **Cost of Concessionary Fares**

The table below shows the majority of respondents felt concessionary fares should be funded by central government, with the second choice being local authorities, and third choice individuals.

<b>Who should fund concessionary fares? (In preference order)</b>				
<b>Answer options</b>	<b>1<sup>st</sup> choice</b>	<b>2<sup>nd</sup> choice</b>	<b>3<sup>rd</sup> choice</b>	<b>4<sup>th</sup> choice</b>
<b>Central Government</b>	187	16	1	4
<b>Local Authority Councils</b>	17	159	9	0
<b>Families/Relatives</b>	0	4	34	70
<b>Individuals</b>	5	4	75	41

Overall, almost two thirds (60%) of respondents were willing to make annual contributions to the cost of their concessionary bus pass.

The amount respondents were willing to contribute varied (see below), but almost a third were prepared to pay between £1-9, one quarter between £10-19, and a fifth between £20-29.



There was a general recognition that many retired people experience a drop in income, with some older people being on very low incomes. The cost of public transport can weigh heavily on the disposable income of some groups of older people, and this was reflected in the comments made about whether, and how, concessionary fares should be paid for.

Respondents who commented on this, tended to fall into two camps, those who felt entitled to a bus pass because they had worked all their lives, and those who felt it should be subject to a contribution per trip, a reduction, or some form of means testing.

The comments below are a representative sample from respondents who thought means testing was appropriate:

*I think people who are not on benefits should pay an annual fee to hold a bus pass. I know people with annual incomes of £40k upwards who use their concessionary bus pass and it's not right.*

*I think it depends on the income coming into the household; some households don't need a bus pass.*

*Central Government should fund, but on the basis that individuals pay 50%, save in cases of genuine hardship.*

Some respondents thought discounted fares, or a reduction in the cost of each trip were a good idea:

*Reducing the cost of purchasing a ticket might be the best option.*

Whilst other respondents believed in paying a flat rate contribution per trip:

*Individuals should pay something towards the concessionary fare, but it should either be capped, or a single amount, e.g. £1.50 per journey - regardless of distance.*

*I believe the bus pass should remain free but that people should be able to make voluntary contribution towards the fare. I would be happy to pay at least £1 towards every trip.*

For those who felt concessionary bus passes should be free, the most common reason for this was the act of paying into a tax and national insurance system for most of their working lives:

*Having worked hard all my life, I consider my Concessionary Fare Pass vital, now that my income has greatly reduced.*

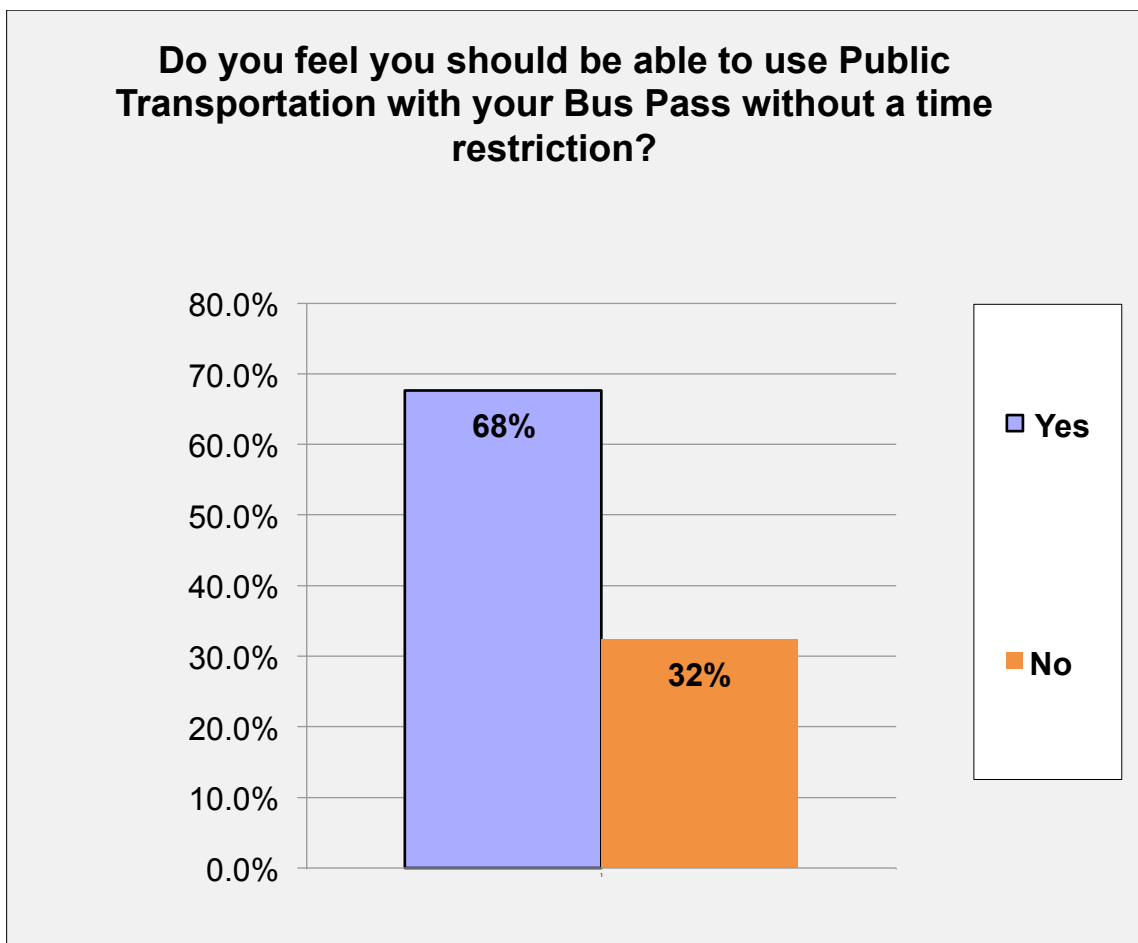
*Most Elderly people have worked hard and fought for their country also paid taxes and therefore are entitled to receive a bus pass. Older people have worked hard all their lives and concessionary fares should be part of the fairly meagre pensions and other benefits given by the government to senior citizens. We deserve them!*

*I use my pass when I feel like. I have worked and paid for certain things in this world and I am entitled to this deal.*

*The fact that someone (Fat Cat) has stolen all the money that we have all paid into, does not give anyone the authority to change the deal.*

## Time Restrictions

All respondents were also asked about time restrictions that are levied on concessionary fares in many areas of England's. For this question, twice as many respondents reported wanting these time restrictions lifted, see below:



When combining both questions of 'willingness to contribute to concessionary fares', with 'attitudes about time restrictions', of the 60% of respondents who were willing to contribute, only 38% wanted the current time restrictions lifting, in contrast to 68% of all respondents combined. The time restrictions that are associated with a concessionary bus pass was an aspect that many respondents felt compelled to comment upon. For respondents who felt time restrictions should be lifted, this was for a number of reasons. Firstly, some people were either in paid employment or worked as volunteers:

*Taking the time restrictions away allows people to work shifts.*

For others, removing time restrictions were necessary for attending hospital appointments:

*Hospital appointments can often be before 0930 hours.*

The most common reason cited for lifting time restraints, however, were linked to inequity and a lack of parity between regions:

*The access provided by the Freedom Pass offered by Transport for London-to-London residents should be the level of access offered to all pensioners wherever they live in England.*

*Pensioners in Greater Manchester (London) can travel Free on bus and railway, but in Lancashire only on the bus. Why? The discrimination? Urgent research on this issue...*

*It is a postcode lottery as to whether or not travel is allowed before 9.30am or on trams, local trains or the underground.*

*I want the bus pass to be equal in value across the UK. I live in a rural area, and am limited to the number of buses I can get on. Revert the time back to 09-00 and we can use the returning school bus coming through the village at 09-10.*

For respondents who were reluctant to lift time restrictions, this was, in the main, because they believed people in work, or in education should take priority at peak times:

*Because at rush hour times workers need to reach their place of employment.*

*This could create problems during school/rush hour when buses are fully loaded, and seats are fully loaded.*

*Transport is more important to people traveling to and from work and they should have priority.*

Older people in this survey clearly valued their bus passes, but at the same time understand the need for other people to travel at peak times, and do not want to inconvenience them. However, it is also clear that some older people do need to access public transport at these times to attend hospital appointments, to carry out voluntary work, and so on, and do not understand why this should be an arbitrary determination by postcode.

## Cost Benefits

One important factor to consider, is the connection between concessionary bus passes and the wider economy, which was also recognised by a number of respondents:

*I feel that because people can have concessionary fares, all urban, and especially rural towns, financially gain through visitors visiting their areas. Especially food outlets and cafe/restaurants.*

*The elderly, on basic pension, utilise concessionary fares to remain independent, socialize, and support local activities therefore put back into their community much more than their free travel takes out.*

A cost benefit analysis from pteg (2013) calculated that for every £1 of public money spent on concessionary travel in England, £1.50 in economic benefits are generated (pteg, 2013). Another cost benefit analysis from Greener Journeys (2014), which was more wide reaching, calculated that for every £1 spent, £2.87 in benefits are generated to bus pass users and society as a whole. The Greener Journeys report discussed benefits not only for concessionary pass holders, but also to other passengers, road users, and the wider community. For example, service enhancements, decongestion, environmental impact, and accident reductions. Moreover, they estimated cost benefits were likely be much higher, as many elements are difficult or impossible to measure, such as the costs associated with child-care and social care carried out by older people, the savings on patient and community transport, retail productivity, and mental health and wellbeing.

## CONCLUSION

This small survey has found that although public transport meets the needs of a large proportion of older people, a significant proportion are disadvantaged. In addition, public transport is not always suitable for people living with disabilities or mobility difficulties. The combination of underfunding and service cuts have resulted in urban and rural transport services becoming fragmented and service routes often do not link up well. Under these conditions, older people can find themselves disproportionately affected and prone to isolation in areas where bus routes are cut or reduced.

This is especially true in rural areas and isolated housing estates. Although local authorities in rural areas have received a small amount of funding (£20 million) from the DfT for community transport initiatives, this does not go far enough. Financial support should be extended to all isolated communities, and not just rural areas (House of Commons, 2014). Furthermore, the reliance on community transport schemes may be unrealistic. They often serve only particular groups of people, rather than whole communities, and as our respondents pointed out, are under constant threat of decreased funding and closure.

The Commons' Passenger Transport (2014) recommendations include the development of integrated and joined up passenger transport. This is important, and would include the DfT and local government coordinating large-scale 'total transport' pilot schemes. These schemes would bring together and integrate all services associated with the NHS, Department for Education etc. that are usually commissioned by different central and local government agencies, as well as through different operators. This would make for a better and more effective use of existing resources, and would establish a more joined up and improved public transport service.

In line with other research, concessionary bus passes prove to be highly beneficial, and the vast majority of respondents valued, and utilised them in many aspects of their lives. Whilst some respondents acknowledged bus passes as an entitlement or reward for paying into a tax system for many years, others believed they might have to begin contributing to some of the costs in order for them to be

retained. Moreover, this survey has also highlighted how respondents' believe having a bus pass contributes significantly to their quality of life, to healthy living, and to their mental and physical wellbeing, which in turn reduces the strain on the already stretched resources of the NHS.

In the current climate of austerity and diminishing funding, it would be imprudent to decrease funds ever further, especially in view of the cost benefits that have been carried out. Older people clearly add to the economy, not only in terms of consumer and retail contributions, but with regard to unpaid caring commitments, as well as the voluntary work they carry out, for which a bus pass to enable travel is an essential component. This area, in particular, would benefit from further research, especially in relation to the considerable amounts of unpaid child and social care that older people provide.



## BIBLIOGRAPHY

- Audit Commission, 2001. *Going Places: Taking People to and from Education, Social Services, and Healthcare*, London: Audit Commission.
- Banister, D. & Bowling, A., 2004. Quality of Life for the Elderly: The Transport Dimension. *Transport Policy*, 11(2), pp. 105-115.
- Banks, J., Nazroo, J. & Steptoe, A., 2012. *The Dynamics of Ageing: Evidence from the English Longitudinal Study of Ageing 2002-10 (Wave 5)*, London: Institute for Fiscal Studies.
- Baster, N., 2012a. *It's My Choice: Safer Mobility for an Ageing Population*, London: PACT.
- Baster, N., 2012a. *It's My Choice: Safer Mobility for an Ageing Population*, London: PACT.
- Baster, N., 2012b. *Update: Safer Mobility for an Ageing Population*, London: PACTS.
- BMA, 2012. *Health Transport = Healthy Lives*, London: British Medical Association.
- Butcher, L., 2010. *Buses: Deregulation in the 1980s, Standard Note: SN/BT/1534*, London: House of Commons Library.
- Campaign for Better Transport, 2015. *Buses in the crisis: a report on funding across England and Wales 2010-2015*, London: s.n.
- DfT, 2001. *Older People: Their Transport Needs and Requirements - Summary Report*, London: Department for Transport.
- DfT, 2007. *Understanding the Travel Needs, Behaviour and Aspirations of People in Later Life*, London: Department for Transport.
- DfT, 2010. *Guidance for Travel Concession Authorities on the England National Concessionary Travel Scheme*, London: Department for Transport.
- DfT, 2014. *National Travel Survey: England 2013 (Statistical Release)*, London: Department for Transport.
- Gabriel, Z. & Bowling, A., 2004. Quality of Life from the Perspectives of Older People. *Ageing and Society*, 24(5), pp. 675-691.
- Greener-Journeys, 2014. s.l.: s.n.
- Hoban, M. et al., 2011. *Voices on Wellbeing: A Summary Report on Research with Older People*, Cardiff: WRVS.
- Holland, C. A., Handley, S. & Feetham, C., 2003. *Older Drivers, Illness and Medication*, London: Department for Transport.
- House of Commons, 2011. *Bus Services After the Spending Review: Eighth report of session 2010-12*, London: s.n.
- House of Commons, 2014. *Passenger Transport in Isolated Communities*, London: s.n.
- JMP, 2009. *A Review of the Utility of Bus Services*, London: Greater London Authority.

- Jones, A. et al., 2008. *Older People and Transport: Integrating Transport Planning Tools and User Needs.*, Leeds: s.n.
- Jones, A. et al., 2013. Entitlement to Concessionary Public Transport and Wellbeing: A Qualitative Study of Young People and Older Citizens in London. *Social Science and Medicine*, Volume 91, pp. 201-9.
- Jones, J., Duffy, M., Coull, Y. & Wilkinson, H., 2009. *Older People Living in the Community - Nutritional Needs Barriers and Interventions: A Literature Review.*, Edinburgh: Social Research Health and Community Care.
- PSVAR, 2000. *Public Service Vehicles Accessibility Regulations.* [Online] Available at: <http://webarchive.nationalarchives.gov.uk/+/dft.gov.uk/transportforyou/access/buses/pubs/psvar/accessibilityregulations20005993.html> [Accessed 10 August 2015].
- pteg, 2013. *The Case for the Urban Bus - The Economic and Social Benefits of Investment in the Urban Bus*, s.l.: s.n.
- Sinclair, D. & Watson, J., 2014. *Making our Communities Ready for Ageing: A call to action*, London: s.n.
- Smith, N. et al., 2006. *Evidence Base Review on Mobility: Choices and Barriers for Different Social Groups*, Loughborough: CRSP.
- Sutton, L. & Hill, K., 2010. *Transport and Getting Around in Later Life*, Loughborough: CRSP.
- WHO, 2002. *Active Ageing: A policy framework*, s.l.: World Health Organisation.
- WRVS, 2013. *Going Nowhere Fast: Impact of Inaccessible Public Transport on Social Connectedness of Older People in Great Britain*, Cardiff: Womens Royal Voluntary Service.

## Appendix 1: Questionnaire

### Concessionary Fares Questionnaire for Older People

#### Concessionary Fare Schemes and the transport needs of older people (aged 60 years and over)

Future Years, Yorkshire and Humber Forum on Ageing; Age Action Alliance; and the University of Hull are interested to hear your views about concessionary fares and bus passes. Since 2008 all local authorities must provide a bus pass for older people to travel free from 9.30am. Due to Government cutbacks many bus services have been reduced and this has affected older people. This reduction has led to the introduction of Community bus services; using volunteer drivers, with most bus pass holders having to pay fares.

This survey will gather the views of older people (aged 60 years and over) about the use of bus passes in terms of their social value in helping individuals to lead independent fulfilling lives. With the Campaign to End Loneliness gathering momentum, Future Years considers Public or Community transport a key factor in tackling isolation and loneliness. Without access to transport many older people would be unable to engage fully in society.

Please take a few minutes to complete this short questionnaire. Please note the survey finishes on the 15th of June 2015. The findings will be passed to the next incoming Government to ask for a review of the concessionary bus fares' scheme for older people.

#### 1. Private Transportation: Do you hold a Driving Licence?

- Yes  
 No

#### 2. If you answered yes to Q1 do you have access to a car?

- Yes  
 No

#### 3. If you answered yes to Q2 do you drive regularly?

- Yes  
 No

#### 4. Do you live with someone, or have a close relationship with someone who holds a Driving Licence?

- Yes  
 No

#### 5. If you answered yes to Q4 do they have access to a car?

- Yes  
 No

#### 6. If you answered yes to Q5 do they drive you to places on a regular basis?

- Yes  
 No

#### 7. Do you have a concessionary Bus Pass?

- Yes  
 No

Other (please specify)

**8. Relevance: How important is having a Bus Pass to keep in contact with people?**

- Extremely important
- Important
- Not important

**9. Do you feel the transport services in your area cater for people with disabilities?**

- Yes
- No

Other (please specify)

**10. Frequency: Is there a regular bus service in your location?**

- Yes
- No

Other (please specify)

**11. Frequency: How often do you use your Bus Pass?**

- Daily
- Weekly
- Fortnightly
- Monthly
- Infrequently
- No Bus Pass

Other (please specify)

**12. Timing: Do you feel you should be able to use Public Transportation with your Bus Pass without a time restriction?**

- Yes
- No

Other (please specify)

**13. Purpose: Do you use your Bus Pass for visiting or attending? (Please choose as many as apply)**

- Shops
- Relatives
- Friends
- Hospital appointments
- Doctors
- Volunteering
- Work
- Leisure
- No Bus Pass

Other (please specify)

**14. Provision of Service: Who provides transport services in your area? (Please choose as many as apply)**

- Public Timetabled Services  
 Private Sector Services  
 Voluntary Community Services  
 Family/Relatives

Other (please specify)

**15. Location: What type of area do you live in?**

- Urban  
 Rural  
 Semi-rural

**16. Concessionary Fare Funding: Who do you think should fund concessionary fares? (Please rate these in order of preference)**

	1st choice	2nd choice	3rd choice	4th choice
<b>Central Government</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Local Authority Councils</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Families/Relatives</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<b>Individuals</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

**17. Cost: Would you be willing to contribute to the cost of your Bus Pass?**

- Yes  
 No

**18. Contribution: If you answered yes to Q17 how much would you be willing to contribute annually?**

- £1-9  
 £10-19  
 £20-29  
 £30-39  
 £40+

**19. Sharing the cost of concessionary fares: Would you be willing to share the costs of your Bus Pass in a similar way to Rail Passes (Rail providers offer a 1/3 discounted fare)?**

- Yes  
 No

**20. Geographical area: Which area of the country do you live in?**

- North East  
 North West

- Yorkshire & Humber
- East Midlands
- West Midlands
- East Anglia
- London
- South East
- South West

**21. Do you have a disability, or other condition, that affects your mobility?**

- Yes
- No

Other (please specify)

**22. Age range: which of the following age ranges do you fit into?**

- 60-64
- 65-69
- 70-74
- 75-79
- 80-84
- 85-89
- 90+

**23. Gender**

- Male
- Female
- A different gender to the one assigned at birth

**24. Do you have a partner?**

- Yes
- No

**25. If you answered yes to Q24 do you live with your partner?**

- Yes
- No

**26. How many people live in your household?**

- 1
- 2
- 3
- 4
- 5 or more

Other (please describe)

**27. Please use this text box for any comments you have regarding Concessionary Fares**