

Transport and social exclusion in the North in 2023/24

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Research design, analysis, and reporting

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Summary:

The rising social costs of transport issues in the North in 2023/24

Rapid increases in the cost of living, the legacies of the COVID-19 pandemic, and deep cuts to local bus services have exacerbated transport-related social exclusion (TRSE) in the North of England. These effects have particularly fallen on residents with disabilities, those on low incomes and in insecure work, and carers. Severe financial hardship, stress and anxiety, and social isolation are common consequences of the everyday transport issues widely faced by these populations.

The evidence on the social challenges caused by transport issues in the North set out in this report are drawn from a survey conducted with residents in Leeds, Liverpool, Middlesbrough, and York, and in three rural market towns in North Yorkshire. These are areas where national datasets indicated that the risk of TRSE was lower than the average for the North as a whole in 2019.ⁱ However, even in what were previously lower risk areas, there is now clear evidence that cuts to local public transport systems and rising pressures on household finances are causing significant and entrenched social exclusion.

For residents affected by TRSE, issues in public, private, and active transport systems have a fundamental impact on everyday life. This includes being pushed further into poverty by transport costs, and having limited access to healthcare and other basic services with the transport options available. Alongside this, many face social isolation, anxiety, and poor mental health through having to cope with delays and uncertainty, and because of the lack of choice over how they travel for day-to-day journeys. These effects particularly fall on disabled people, those in low-income households, and carers, who generally face greater constraints on their transport choices, and greater consequences from transport issues.

The cuts made to local bus services in the decade leading up to the COVID-19 pandemic and in the period since is the single largest transport cause of TRSE in the areas examined in this report. These cuts have manifested through longer journey times, more disruption, and higher costs when travelling by bus. The complete loss of viable bus options for some key journeys also forces residents towards more expensive and less predictable forms of transport spending, particularly on taxis and driving.

In this context, the £2 capped fare for single bus journeys introduced in January 2023 has had only a limited impact for the residents engaged in this studyⁱⁱ. As well as providing consistency, capped bus fares have reversed a portion of the above-inflation increases in fares seen over the last decade.ⁱⁱⁱ However, the benefit of this cap has been eroded by service cuts, which force residents towards more expensive transport options. For many of those on low incomes in the areas studied, this reinforces cycles of poverty and debt, and leads to impossible choices between utility bills, food shopping, and key journeys.

This study reaffirms the urgent need for transformational investment in local public transport set out in *Connecting Communities*,^{iv} Transport for the North's (TfN) strategy on transport and social exclusion. While local public transport networks fail to provide residents with consistent, affordable, and reliable access to key everyday destinations, millions across our region will continue to greater financial hardship, greater risk of poverty, and poorer health and wellbeing than they otherwise would.

Through *Connecting Communities* and our second *Strategic Transport Plan*,^v the North has ambitious objectives for reducing TRSE, and delivering a transport system that works for all. More than any other single factor in the transport system, this priority requires coherent and sustained investment in both capital and revenue for local public transport networks, particularly for the areas and communities of the North where TRSE is most concentrated.



Everyday experiences of transport-related social exclusion

Being social excluded because of transport issues can mean many things. The key elements of TRSE experienced by our respondents are:

Poverty and severe financial hardship

“The money I pay on public transport is ridiculous and impacts on my shopping bill, because that's the only outgoing I have control over.”

“I can't get my gas and electric when I have to use a taxi.”

“[I'm] having to go without food and reduce heating so I can afford to run the car.”

Stress, anxiety, and poor mental health

“I'm late for work almost every day, without it being my fault. I even set off earlier - at 6am - and I'm still late for work at 9am. It impacts my mental health.”

“[Buses] can be very delayed and because they're infrequent it means a long wait. Makes me tired and late, and playing catch up to get everything done.”

“I arrive to work late and that makes me anxious and stressed. It affects all of my life with feeling stressed and anxious. Social events are the only thing it doesn't affect because I can't afford to do them.”

Poor access to healthcare and other key services

"I'm late for appointments and sometimes I can't trust the buses, so I have to book a taxi. If I have an early appointment and no one to take me, I have to cancel the appointment."

"I miss appointments. You have to rearrange medical appointments but then you have to pay another bus fare."

"I can have quite a number of hospital appointments in a month. I can only go by taxi, the cost of which is unaffordable. The cost is prohibitive."

Social isolation and a lack of independence

"I have to rely on family and friends ... [I] don't get out as much as I would like and don't like relying on other people. I don't like depending on other people's time, [I] feel isolated."

"I have cut back on trips out that are non-essential. It's lonely not getting out as much ... I feel a bit down at times."

"I try to limit my use of taxis by relying on family and friends ... Makes me reliant on other people. Just stressful."

Our approach to developing the evidence on TRSE

In September 2022, Transport for the North published *Transport-related social exclusion in the North of England* – our first assessment of the social challenges caused by transport issues across the North.^{vi} In that report, we estimated that 3.3 million people in our region were at a high risk of being socially excluded because of inadequate and poorly performing transport systems. This includes facing limited or no access to opportunities, key services, and community life with the transport options available, and severe knock-on consequences from using transport systems to fulfil their everyday needs.

Our 2022 report drew on primary research undertaken with a diverse range of residents and stakeholders across our region. The majority of this took place in neighbourhoods with higher levels of deprivation, and with relatively poor access to employment with the public transport options available. We then used the experiences gathered from residents in these communities to develop a national TRSE data tool.^{vii} This tool identifies the risk of transport-related social exclusion (TRSE) across all local areas of England, and is a key means by which TfN and our partners across the region quantify the scale of this issue.



In this report, we build on the outcomes of our previous research and data analytics through a new survey undertaken with residents of five areas in August and September 2023. We have undertaken this survey with three main aims:

- 1 To explore how TRSE manifests in a range of areas where the overall level of risk is low, in contrast to our focus on relatively high-risk areas of the North in our previous primary research.
- 2 To examine the impact of high levels of inflation and cost of living pressures on TRSE, which has been the defining economic challenge in 2023.
- 3 To update the primary evidence base used in our TRSE data tool, so that it reflects a period after the peak of the COVID-19 pandemic, and the impacts of large increases in the cost of living.

Neighbourhoods and populations

Our 2023 survey focuses on three population groups that our previous research found to face a relatively higher risk of TRSE:

- Those with low a household income or in insecure work
- Those with a disability or long-term health condition
- Informal unpaid carers

All respondents in our 2023 survey are from one or more of these populations:

Inclusion criteria	% of respondents
Disability or long-term health condition	54.5%
Low-income household or insecure work	82.8%
Informal unpaid carers	20.1%

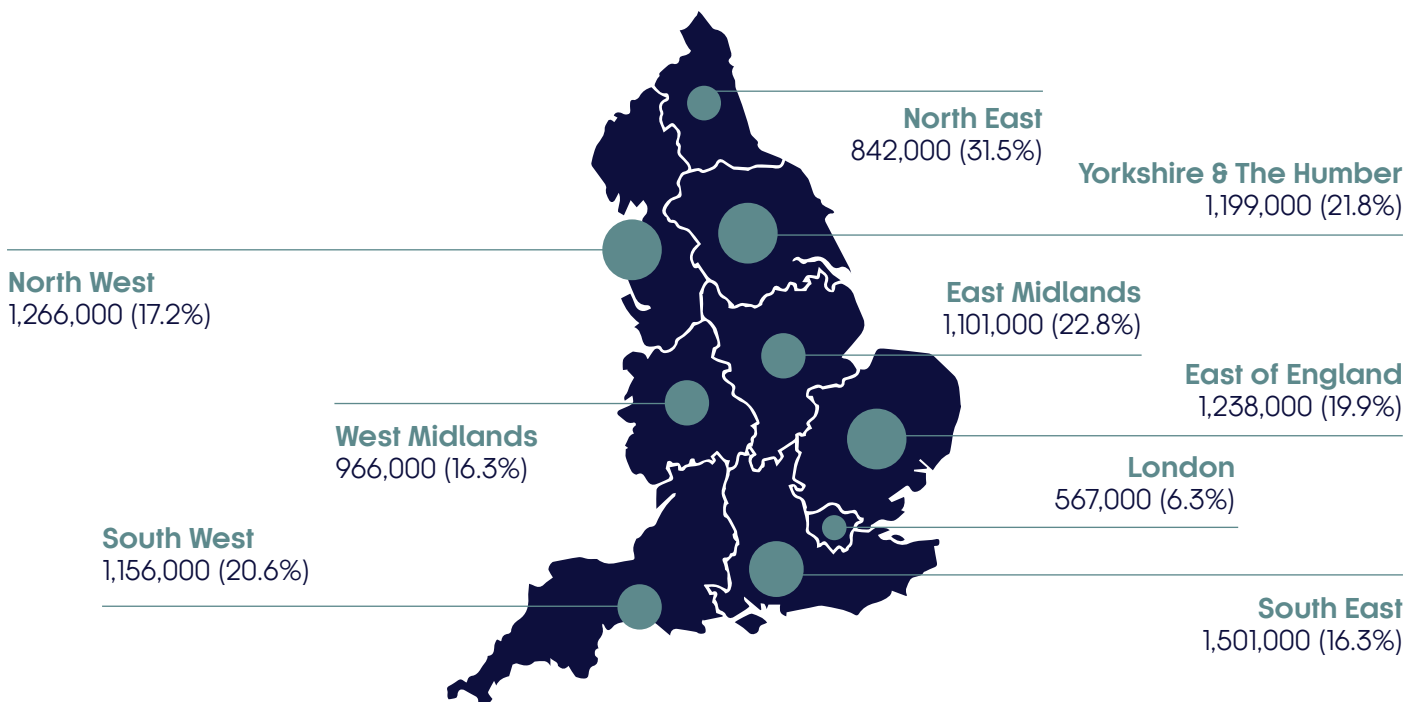
In general, these three population groups face a higher risk of TRSE than other residents because they face:

- Greater constraints on their transport choices, such as through cost, safety concerns, and inaccessible place design.
- Greater consequences when transport systems fail to work in the way they should, such as being unable to afford alternatives when a bus or rail service is cancelled, and therefore facing longer delays.
- Greater needs to travel in ways that are not well served by the transport options available, such as travelling outside of peak times for shift work, or for work on peripheral industrial sites.

The combination of these constraints, consequences, and needs means that transport issues do not just cause inconvenience, they have a fundamental impact on the ability to take a full and meaningful part in society. This could mean being stuck in poverty, facing social isolation and loneliness, or worsening physical and mental health. Transport issues may not be the only cause, but have a significant role in causing or exacerbating these elements of social exclusion.

Through our TRSE tool, we estimate that 21.3% of Northern residents live in neighbourhoods with a high risk of social exclusion because of transport issues. These neighbourhoods have poor access to key destinations with the transport options available, significant transport inequalities, and high levels of deprivation. Underlying this estimate are two datasets from 2019, which forms the baseline for the ambition set out in *Connecting Communities*,^{viii} TfN's regional strategy on TRSE. The map below shows the number and proportion of residents of each region of England living in neighbourhoods with a high risk of TRSE in 2019.

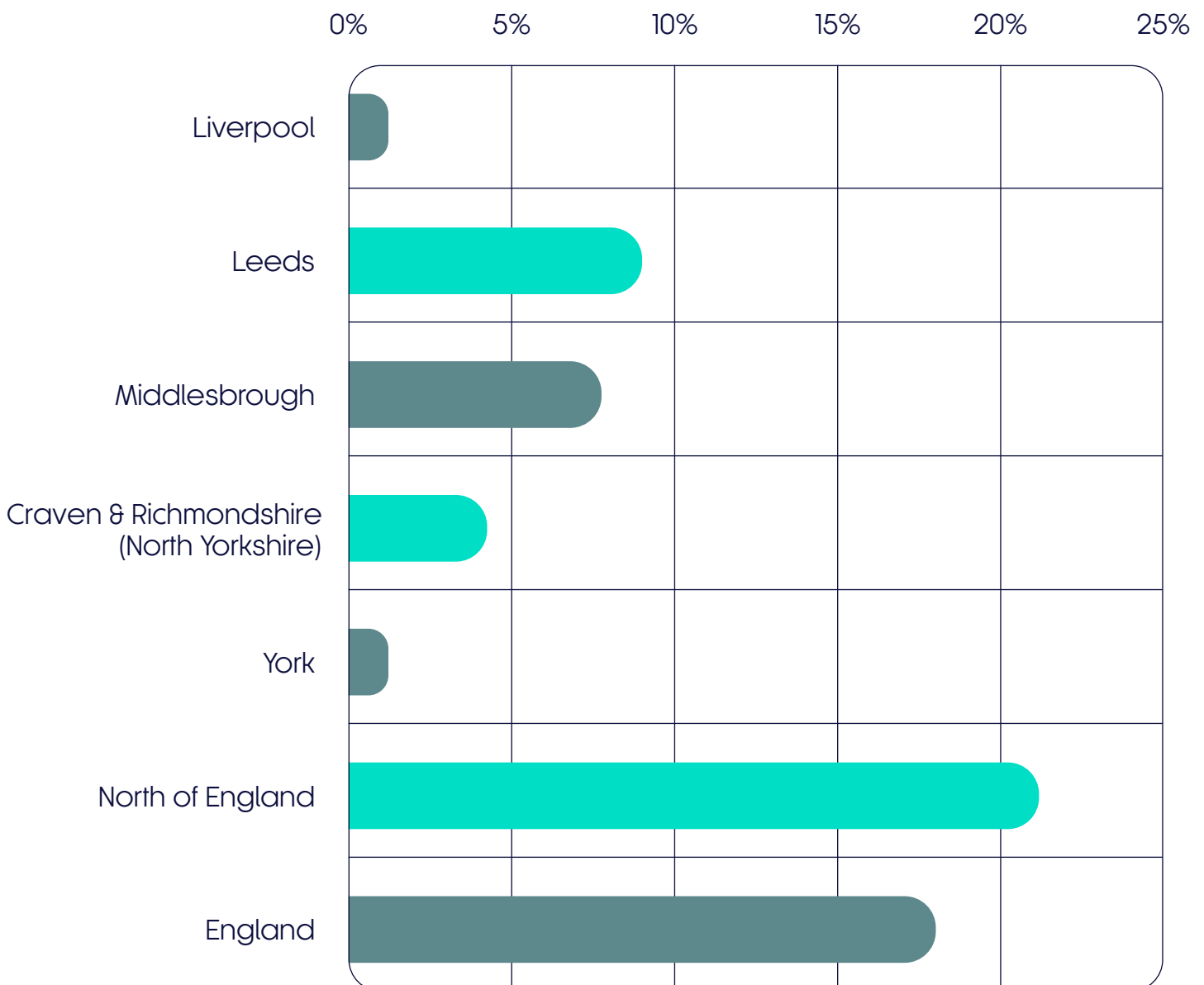
TRSE risk across the regions of England



At its most fundamental, TRSE reflects a combination of social and economic forces, and the transport systems that residents have available to them. The period since we first conducted research on this issue has been one of major change in both of these – with the recovery from the COVID-19 pandemic, rapid increases in the cost-of-living, and the turmoil evident in elements of the public transport system all having the potential to transform this issue. This combination was the starting point and logic for our 2023 survey.

To update our evidence base, this survey examines TRSE in neighbourhoods of five areas of the North where the overall level of risk is lower than the regional and national average. These are Liverpool, Leeds, Middlesbrough, York, and North Yorkshire.^{ix} Within North Yorkshire, we engaged with residents in three rural market towns within the former Districts of Craven and Richmondshire. These are Richmond, Leyburn, and Skipton. As shown below, our TRSE data tool estimates that a relatively low proportion of residents of these five areas live in neighbourhoods with a high risk of TRSE.

Proportion of residents living in neighbourhoods with a high risk of TRSE



Weighting and analytical approach

Our total sample includes 1,407 residents across the five survey areas. For the quantitative analysis, data were weighted to achieve:

- An equal number of respondents per area, so that all five areas exert an equal influence on the overall sample.
- An equal proportion of disabled respondents in each area.
- An equal proportion of respondents that describe themselves as 'struggling' financially in each area.

The responses were not weighted by the proportion of respondents with caring responsibilities in each area. This was necessary in part to avoid large weighting factors, but mainly reflects difficulties in classification caused by the differences in the type and extent of caring responsibilities between respondents. Because of this, there are differences in the proportion of the respondents with caring responsibilities between the five areas as shown:

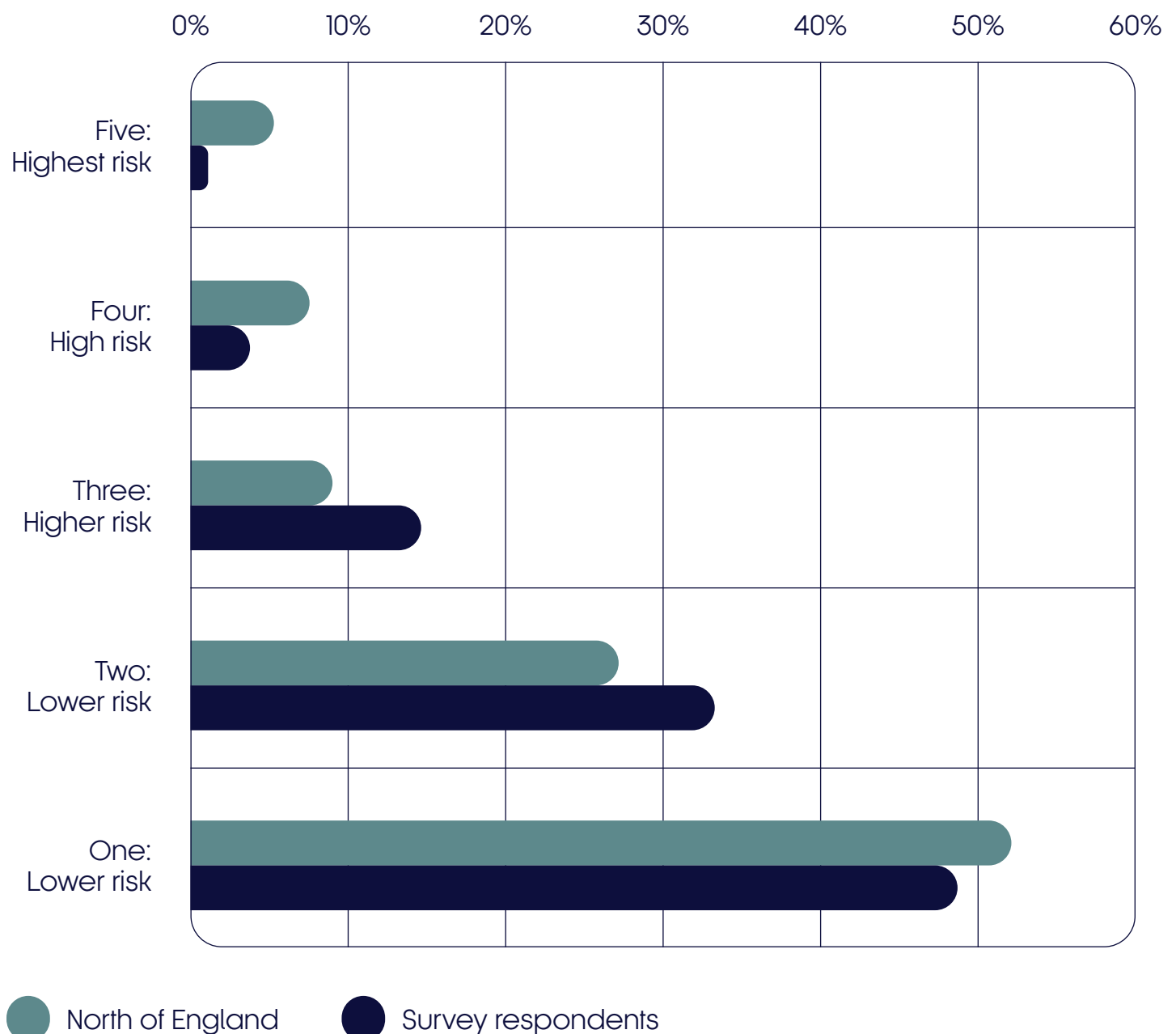
Proportion of respondents with caring responsibilities by survey area



Our sample is not representative of the overall population of the areas surveyed, but instead is a purposeful sample of specific population groups that generally face a higher risk of TRSE. Consequently, on average the respondents have lower household incomes, are more likely to be disabled, and are less likely to be in work when compared to all residents of these areas. However, most also live in neighbourhoods where the risk of TRSE is significantly below the average for the North as a whole. As such, this sample is not an extreme representation of TRSE in the North of England context, but rather reflects a contrasting set of circumstances to what were examined in our first assessment of this issue.

The chart below compares the proportion of respondents living in neighbourhoods with each level of TRSE risk to the overall level for the North:

Respondents and all residents of the North by TRSE risk category



Residents' experiences of TRSE

Our survey explored two broad elements of transport-related social exclusion:^x

- 1 Having limited or no access to one or more of the key destinations required for everyday life.
- 2 Facing significant knock-on consequences from having to use the transport system as part of everyday life – particularly through impacts on household finances, time, and wellbeing.

TRSE means facing one or both of these issues to the extent that they limit full and meaningful participation in society, whatever that means to an individual. This could mean:

- Being stuck in poor quality and insecure work, with no access to alternative opportunities or training.
- Being unable to travel to visit friends and family because the household travel budget is entirely spent on commuting.
- Facing mental ill health or poor wellbeing because of the stress and anxiety associated with travelling for everyday journeys.



Our survey assessed these issues by examining travel behaviours to a range of key destinations, and the impacts of transport issues on everyday life. This covered all aspects of transport, including active travel, public transport, driving, and use of taxis and community transport services where applicable.

The survey examined four elements of TRSE:

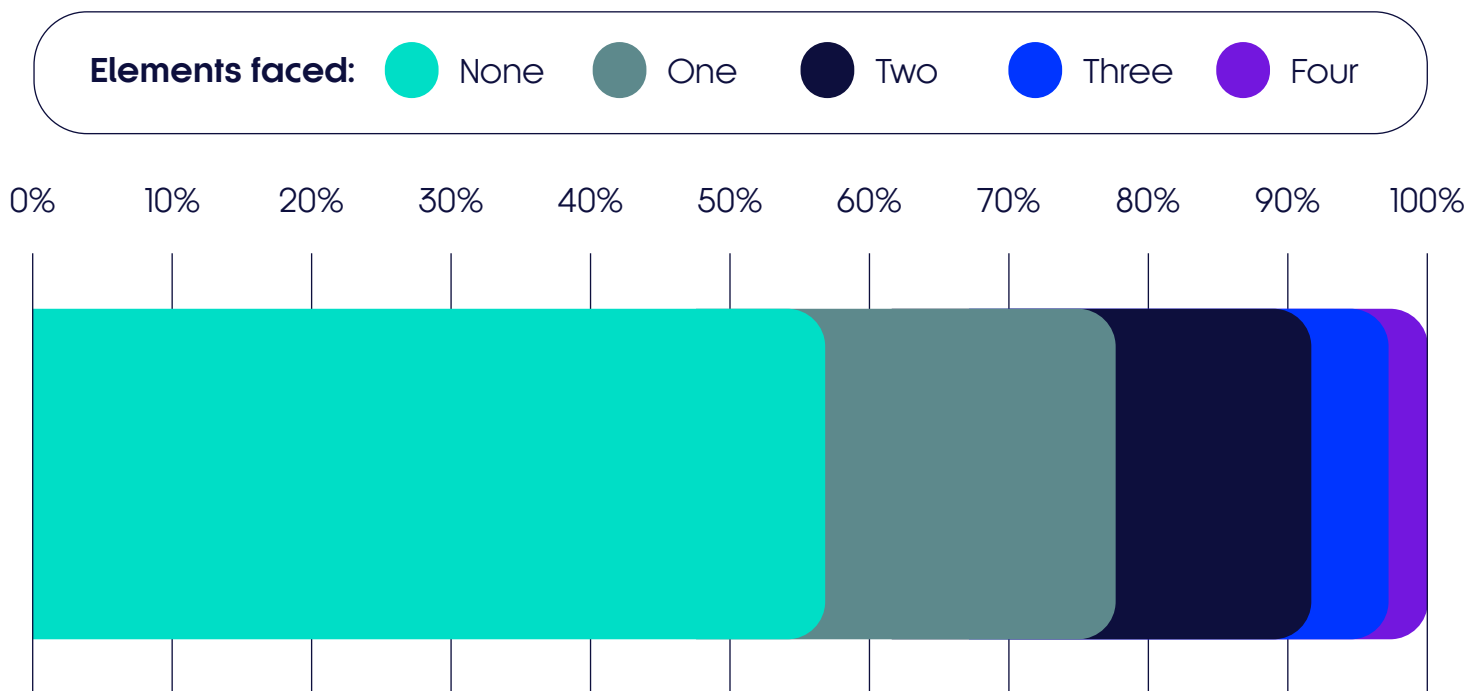
- 1 **Cost:** The costs of travel for day-to-day journeys making it difficult to afford other essentials.
- 2 **Time:** The time spent on day-to-day journeys making it difficult to see friends and family.
- 3 **Wellbeing:** Day-to-day journeys causing significant stress and anxiety.
- 4 **Access:** Being unable to access one or more key destinations with the transport options available.



○ All respondents

TRSE in the North in 2023/24

44% of respondents identified with at least one element of TRSE. Of these, cost impacts are the most common, identified by 26% of respondents, followed by wellbeing impacts at 23%. More than one in five respondents (21%) face multiple elements of TRSE. The proportion of respondents identifying with each number of elements of TRSE is shown below.



Cost impacts

This element of TRSE occurs where spending on transport has a significant detrimental impact on household finances, making it difficult to afford other basic essentials like housing and energy costs. This is closely linked to the concept of transport poverty, whereby transport costs push households below a minimum level of access to basic essentials.

Overall, 26% of respondents agreed that the money they spent on transport made it difficult to afford other essentials. The survey explored these impacts in two areas: (1) spending on car travel and (2) spending on public transport. Across both types of spending, we see clear evidence of transport poverty, cutting back on essential spending, and severe financial hardship.



Spending on car travel:

27% of those who had access to a car at home agreed that the cost associated with it made it difficult to afford other essentials. Of those who agreed, 60% also said that they had cut back on social or leisure activities because of these costs, 25% had borrowed money from friends or family, and 14% had borrowed on a credit card or loan to cope with these costs. This indicates that, while cutting back on more discretionary forms of travel is the most common response to rising transport costs, the costs associated with the running and maintenance of vehicles has a potential to result in and reinforce cycles of debt.

Respondents told us:

"I have to cut back in other areas so I can afford petrol. Having to go without food and reduce heating so I can afford to run [my] car."

"All my money goes on petrol, insurance, repairs."

"Often I have to borrow money for car repairs etc."

As in our 2022 report, we see clear evidence of forced car ownership among the respondents. Forced car ownership occurs where households have little alternative to owning and running a car in order to fulfil their basic transport needs, but where the cost of doing so causes major financial hardship. This typically reflects the combination of a lack of viable public transport and active travel options for work, childcare, and other everyday trips, and the relatively high and unpredictable costs of owning and maintaining a car. Given that many of the respondents are in or on the edge of poverty, unexpected repair costs can have a particularly significant impact on their household finances, and force them to sacrifice basic essentials.

Forced car ownership exists to some extent across all respondent groups, and the differences between respondent groups are discussed further later in this report. However, it is particularly evident among those who need a car to commute to work, or to fulfil caring responsibilities. Many of these respondents describe having largely cut out discretionary trips for leisure, recreation, and social life, but nonetheless spending most or all their disposable income on fuel and car maintenance. For some, this leaves them no better off as a result of working.

Respondents told us

“It’s my car. I need it, it’s essential to my getting around, but it costs a fortune to keep.”

“It’s expensive to run my car ... [but] if I didn’t have a car and had to use buses I couldn’t cope.”

“It’s expensive to maintain a car. A big hole in our family’s finances. I cut back on everything.”



Spending on public transport:

25% of respondents who used public transport said the money they spent on this made it difficult to afford other essentials. Of those who agreed, 73% said that they had cut back on social or leisure activities, 42% had borrowed money from friends or family, and 18% borrowed on a credit card or loan in order to cope with public transport costs for essential everyday journeys. This includes journeys for medical appointments, childcare, and other caring responsibilities, as well as for work.

Comparing to the responses for spending on car use suggests that there is a greater magnitude of impact from spending on public transport than from car use. However, this is largely explained by differences in income between regular car users and regular public transport users in the sample. Once this difference is controlled for, the magnitude of impacts on borrowing and financial stress is closely comparable between car and public transport users.

Respondents told us

“The money I pay on public transport is ridiculous and impacts on my shopping bill because that's the only outgoing I have control over.”

“I hate to [borrow] money, but every month I have to, and I am behind with bills.”

“It's a lot every week. I only earn minimum wage, so I don't have a lot of money after rent, food, etc. It worries me as I can't save any money. I'm actually going into debt.”



Spending on other forms of transport:

As well as the cost impacts of car use and public transport, respondents also highlighted the impacts of spending on taxis. The respondents describe how using taxis is a common response to the lack of other transport options for important but relatively infrequent trips – such as those for medical appointments. However, alongside this, the respondents also describe that taxis also have a significant role in coping with failures in the public transport system, particularly when services are cancelled or significantly delayed. Spending on taxis in this way is often last minute or unplanned, and as such can have significant consequences for household finances, debt, and poverty.

Respondents told us

“[I] have to pay for a taxi. No money then for food.”

“I can't get my gas and electric when I have to use a taxi.”

“It makes me have to spend more than I would like, [the] delays with the bus. Limited buses so I have to use a taxi.”

The impacts of spending on car travel, public transport, and taxi use among the respondents must be seen in the broader context of poverty and rising cost of living pressures. While significant for many, transport costs are only one part of this wider situation, with spending on gas and electricity, as well as on housing and food, often being more significant than transport spending. Despite this, for many respondents the impacts of transport spending – particularly unexpected transport spending – can be the tipping point which pushes them from struggling financially into poverty and debt.

Respondents told us:

“Costs about £100 a month to run [my car]. I cut back gas, and food. I cut back electric, and don't go out.”

“With the cost of living I'm struggling to afford the basics we need, and it gets me down.”

Time impacts

This element of TRSE occurs where the time spent travelling for key journeys – particularly journeys for work, caring, and family responsibilities – makes it difficult or impossible to lead an active social, community, and family life. This can be due to long travel times alone, but is particularly likely to occur where delays and poor reliability force people to build more time into journeys, and where uncertainty over travel times for these journeys makes it difficult to make plans.

Among the respondents, 12% agreed that the time spent on day-to-day journeys made it difficult to see friends and family as much as they would like. This is significantly smaller than the extent of financial or wellbeing impacts among the respondents. Of those who agreed, the majority (57%) said this impacted their relationships and family life, their leisure time and leisure travel (62%) and their health and wellbeing (63%). This indicates that, while a relatively small proportion of respondents face these impacts, particularly when compared with cost impacts, the consequences for those affected are significant.

In part, the smaller proportion of respondents affected by this aspect of TRSE reflects the relatively low proportion that are in full time work. As discussed further below, this element of TRSE is also more concentrated among those with caring responsibilities, with respondents widely describing leaving far earlier for work and caring trips than would otherwise be necessary. This is exacerbated by the impacts of delays and unreliability in local public transport – forcing many to travel much earlier and for longer periods than they would otherwise have to.

Respondents told us

“I’m late for work almost every day, without it being my fault. I even set off earlier - at 6am - and I’m still late for work at 9am. It impacts my mental health.”

“[I’m] late getting home and getting to work at times. It can make things very awkward with work when you are late, so I come out extra early which makes my day longer.”

However, the single largest influence on the relatively low presence of this aspect of TRSE among the respondents is the fact that many respondents have extensively cut back on discretionary travel, particularly for social and leisure purposes. This is as a result of the rising cost of living pressures and transport poverty widely experienced among the respondents, even in areas where the overall risk of TRSE is relatively low. As such, it is cost rather than the time available that provides the key barrier to seeing friends and family, and with this has wider impacts on mental health, social isolation, and wellbeing

Respondents told us

“I arrive to work late and that makes me anxious and stressed. It affects all of my life with feeling stressed and anxious. Social events are the only thing it doesn't affect because I can't afford to do them.”



Wellbeing impacts

This element of TRSE occurs where travel for key everyday journeys leads to stress, anxiety, and poor mental health. This can be a further knock-on consequence of cost and time impacts, or as a result of conditions experienced while travelling. This includes exposure to crime and anti-social behaviour, dangerous driving, poor conditions for active travel, and a lack of appropriate support and adaptation for those with disabilities to travel.

23% of respondents said their everyday journeys caused them significant stress or anxiety. Of those who agreed, 59% linked this to delays, disruption, and congestion, 43% to access issues linked to disability and health, and 19% linked this to crime and anti-social behaviour. While this is present across users of all transport modes, these negative impacts on wellbeing particularly common among those who rely on local public transport for everyday journeys.

Underlying these impacts on wellbeing, respondents describe how their local bus services have become increasingly fragmented and unreliable. The effect of delays, last minute cancellations, and a lack of live information about these issues has clear and significant impacts on the respondents' wellbeing. This occurs both as a direct consequence of journeys being disrupted, but also through the impacts of the adaptations that people are forced to make as a result of these issues. This includes the stress and anxiety associated with unplanned additional spending on taxis, having to hastily arrange lifts, and having to walk long distances.

The low frequency and fragmentation of many of the local bus services used by the respondents has a particularly significant role in this element of TRSE. Many report using services that have a half hourly frequency or less, and undertaking journeys which require them to take two or more connecting services. This is often a service into a central hub from their neighbourhood, and then a connecting service out to their destination. For the many respondents relying on this type of service, a single cancellation not only means a significant wait for the next, but also causes them to miss a connecting service.

Respondents told us

"It makes me feel stressed and anxious ... get me where I need to be when your timetable says it will."

"They can be very delayed and because they're infrequent it means a long wait. Makes me tired and late and playing catch up to get everything done."

The lack of live information and the unreliability of printed timetables at bus stops also exacerbates these wellbeing impacts. It does so through uncertainty over arrival times, but also contributes to a broader sense of helplessness when faced with delays and cancellations. This is particularly the case where financial constraints and a broader lack of choice over transport mode means that no alternative options are possible – and the only choice is to wait until the next service arrives with little or no accurate information available.

Respondents told us

“[Its] not knowing if the bus will even turn up ... Not knowing if I'm stood waiting for an hour or half hour ... I have to get there really early just in case.”

“[The] information on the app doesn't get updated when the bus is cancelled.”

“No information provided when the bus is cancelled. A lot of time I don't know what's happening.”

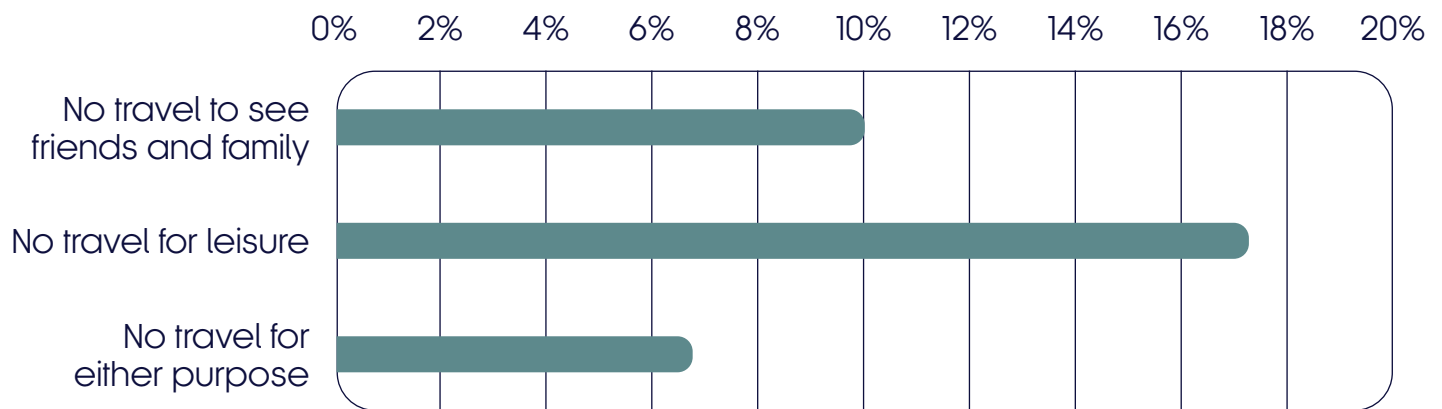
Limited access to key destinations

Cost, time, and wellbeing impacts are the key knock-on consequences of transport use examined in the survey. However, at its most basic, TRSE means being unable to reach basic key destinations required for everyday life with the transport options available. This could be through a complete lack of appropriate transport options for a particular journey, through being unable to afford the transport options available, or through feeling sufficiently unsafe or unsupported when travelling on, to and from parts of the transport network.

17% of respondents agreed that they could not always get to the important places they needed to with the transport options available. Of those who agreed, limited access to GP and hospital appointments was by far the most common element, with 64% of respondents citing destination. Supermarkets and key services were the next most common, with 33% of those agreeing citing this destination as particularly difficult to reach. This is relatively more common among those without access to their own car, but does exist among those with car access.

As well as statements on access as a whole, the survey also examined travel behaviours of the respondents over the last four weeks. This found that one in ten respondents (10%) did not travel to see friends and family in the last four weeks, and more than one in six (17%) did not travel for leisure and recreation in this period. This indicates significant unmet travel needs among the respondents, and is consistent with the fact that cutting back on leisure and social life was the single most common response to financial stress from public transport and car costs.

Travel for social and family life in the last four weeks



Respondents told us

"[It] takes a chunk out of my money. Can't do a lot of things I would like ... just don't go out unless I can walk there, and it costs nowt."

"I don't see my grandkids - can't afford the fares."

"I don't visit friends and family like I should because of fuel prices."

While only a minority of respondents could not access one or more everyday destinations with the transport options available, this does not necessarily imply a good level of access with the transport options available. As well as the cost, time, and wellbeing impacts discussed previously, among these respondents in the areas studied we commonly see coping behaviours. This includes respondents that are dependent on lifts from others to fulfil everyday transport needs. While effective some of the time, these lifts can be precarious and unreliable, as well as reducing travel independence. As discussed under cost impacts, last minute taxi use is also a common response to issues elsewhere in the transport system.

Respondents told us

"Nothing I can do about it. No other way of getting out so I need taxis."

"[My] bus pass ran out, so paying for buses which is expensive ... [I] have to rely on lifts because of the cost."

"I try to limit my use of taxis by relying on family and friends ... Makes me reliant on other people. Just stressful."

The fall in bus service levels across areas

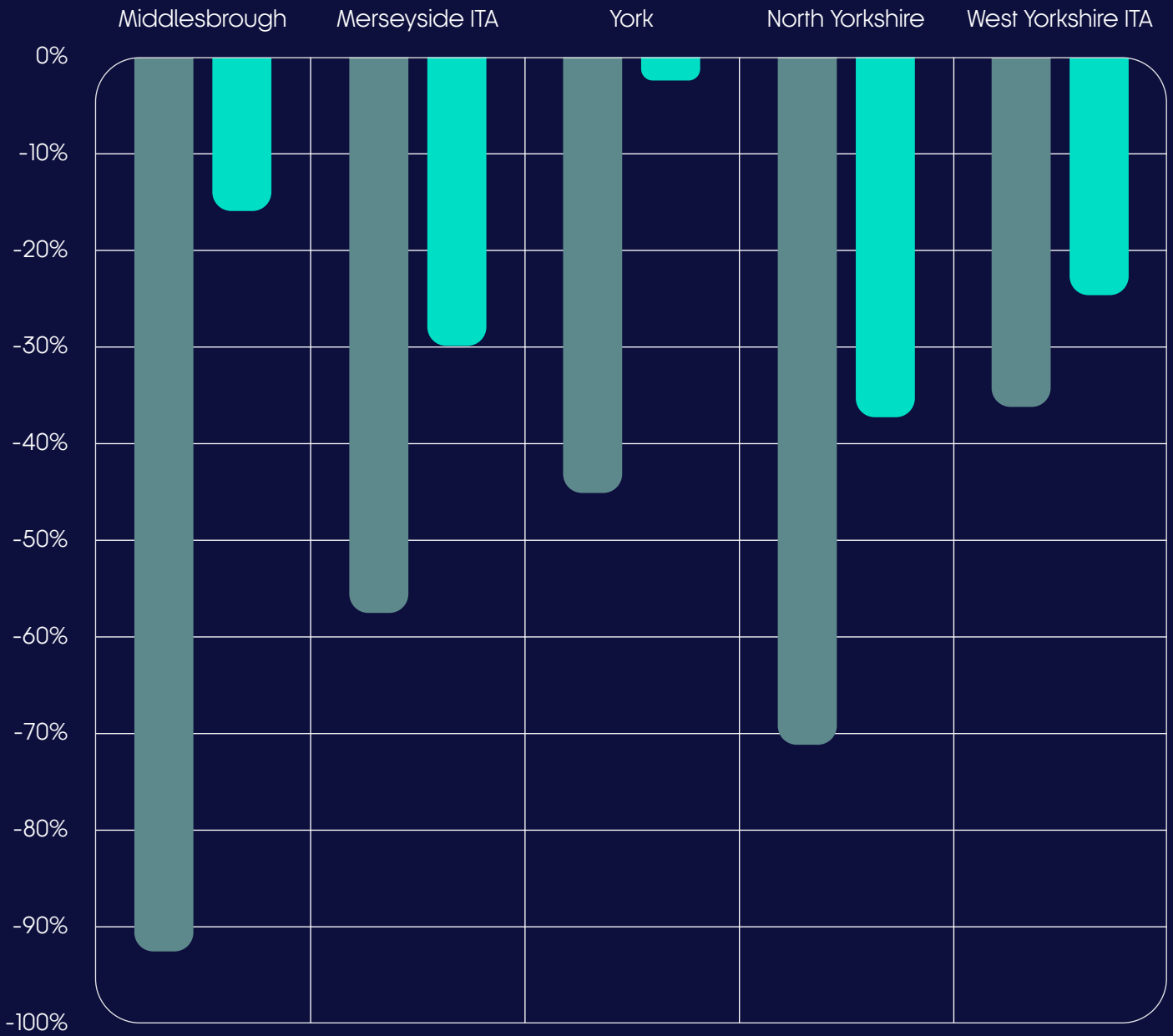
Relying on declining and fragmented bus services is central to our respondents' experiences of transport-related social exclusion, and to the differences between population groups set out in the next section. As well as being consistent across respondents from a range of areas and with a range of travel needs, these experiences are consistent with Department for Transport statistics. The graphs below show large overall declines in bus service mileage across areas,^{xi} with particularly large declines in Local Authority supported bus service mileage.

Change in total bus service mileage, 2010 to 2023



Source Source: DfT Annual Bus Statistics^{xii}

Change in bus service mileage by type, 2010 to 2023



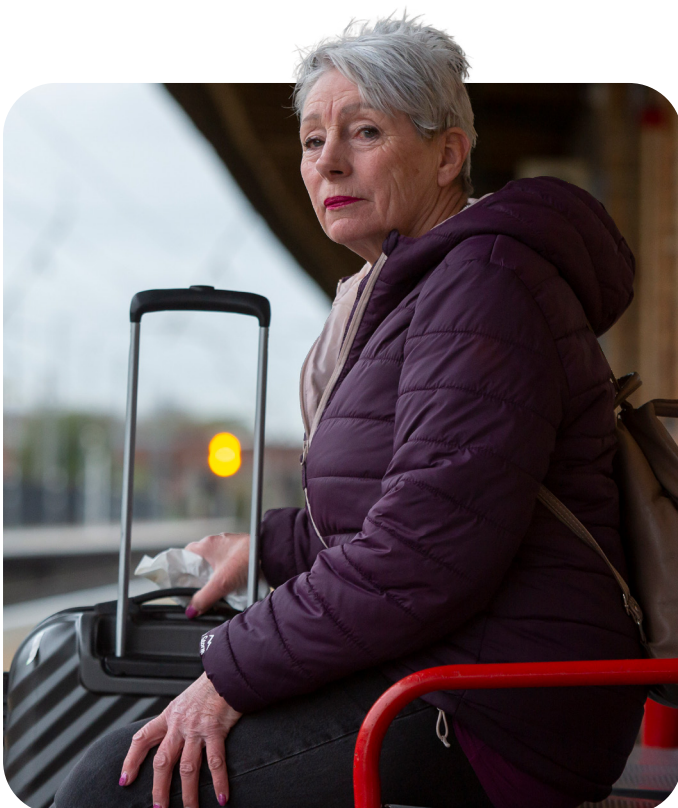
● Local Authority Supported
 ● Commercial

Source Source: DfT Annual Bus Statistics^{xiii}



Comparing TRSE between population groups

The previous section demonstrated how transport issues cause social exclusion across a diverse respondent group in five areas of the North. Here, we build on this by examining how the cause, consequences, and experience of TRSE varies across three respondent groups: Those with disabilities and long-term health conditions, those with unpaid caring responsibilities, and those with a low household income.



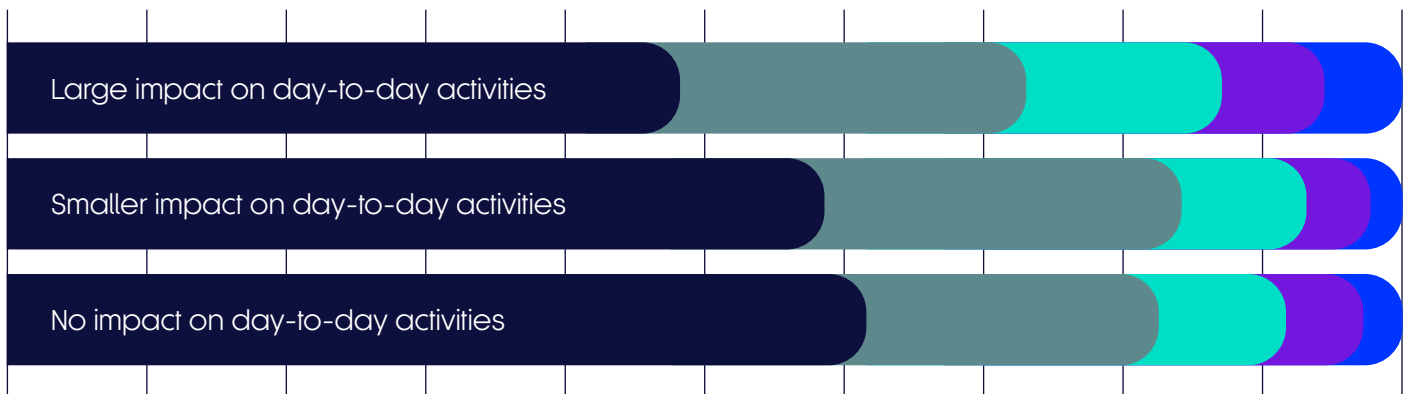
Disability and poor health

To examine this, we asked respondents about the impacts that disabilities and long-term health conditions have on day-to-day activities, and compared this by those who had larger, smaller, and no impact from this. Within this, those without a disability or health condition are grouped in with those who do but say that this has no impact on their day-to-day activities.



○ Large impact ○ Smaller impact ○ No impact

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%



Elements faced: ● None ● One ● Two ● Three ● Four

Overall impact: Those with disabilities or long-term health conditions that have a large impact on their day-to-day activities are more likely to face TRSE in general, and are more likely to face multiple elements of TRSE. There is no statistically significant differences between those whose conditions have a smaller impact on everyday life and those whose day to day activities are not impacted by disabilities or long-term health conditions.

Cost impacts: A greater proportion of respondents with conditions that have large impact on their day-to-day activities face cost impacts from the transport system, however this difference is not statistically significant. The lack of statistical difference here is likely to in part in reflect the relatively low levels of travel among the respondent group as a whole, and the fact that the majority are on low incomes. However, within the qualitative data, there are a number of ways in which disability has a clear impact on transport costs:

- There is heavy reliance on taxis to access a range of key destinations among those with disabilities and health conditions, despite the additional costs compared with public transport. Poorly designed infrastructure, a lack of staff, and difficulties in accessing support are key to this.
- The pressure created by the need to attend GP and hospital appointments, particularly in the context of long waiting lists in NHS services and poor reliability in public transport networks, results in additional spending on taxis.
- The costs of transport led some respondents purposefully spreading out their appointments beyond that requested by their healthcare providers, so they can afford to pay for transport to get them there.
- The benefits of subsidised bus travel for some disabled people is substantially reduced by the low frequency and poor reliability of services, by poorly designed infrastructure, and by a lack of appropriate support and adaptation. These conditions force disabled people into more expensive forms of transport.

Respondents with disabilities and health conditions told us that:

“I have to spread it out if I have a few appointments in one month. It's £20-30 for one trip.”

“I'm losing my sight and rely on taxis for everything. Leaves me little money. I have to limit what I spend on household items. I don't go out.”

“I have mental health issues. Sometimes I'm not well enough to use the bus, so I get a taxi. These are expensive and sometimes unreliable.”

Time impacts: A greater proportion of those with conditions that have large impact on their day-to-day activities face TRSE through time impacts, but like cost impacts this difference is not statistically significant. This again is likely to reflect the relatively low levels of transport among the respondent group as a whole, particularly for commuting and caring purposes, meaning that time spent travelling is less likely to crowd out social and family life. However, the qualitative data clearly indicates that some of these populations do face greater impacts:

- The relatively greater need to travel for medical appointments – particularly to hospital sites outside the respondent’s neighbourhood – creates additional travel time burdens that are less common among other respondents.
- For those using mobility aids, particularly wheelchairs, being unable to board busy public transport services is a common experience. Staff and other passengers are described as not enabling them to board when services are busy, even where designated space technically exists.
- Some of those using mobility aids and with mental health conditions report feeling unable to travel on public transport at peak times, to avoid travelling in crowds. This means they’re more likely to travel at times when public transport services are less frequent and more fragmented.
- Those using mobility scooters are unable to board many public transport services, and struggle with poor pavement and road conditions, both of which result in longer journey times and greater knock-on time impacts.

Respondents with disabilities and health conditions told us that:

“The buses only come once a week, and mobility scoopers aren’t allowed on the bus.”

“[Its] getting my chair on to buses - some bus drivers ignore me deliberately and just drive past me at the bus stop.”

“I can’t get on a bus with my wheelchair.”

Wellbeing impacts: A far higher proportion of respondents with a condition that has a large impact on their day-to-day activities face wellbeing impacts from using the transport system. Evidence of everyday journeys causing stress and anxiety for those with a range of disabilities and long-term health conditions is widespread in the qualitative responses, and demonstrates a range of effects:

- The greater levels of uncertainty that those with disabilities and long-term health conditions face when using public transport, owing to often poor and highly variable levels of adaptation and accommodation for these populations.
- Finding lengthy waits or journeys uncomfortable due to the nature of their health condition, which exacerbates the impacts of delays, poor reliability, and congestion when travelling.
- Reliance on lifts from friends and family members to fulfil basic travel needs, and therefore having limited independence over travel, is a significant source of anxiety and poor wellbeing for many.
- Isolation, including limited or no travel to see friends and family or take part in recreation or community life, is a commonly discussed. This partly reflects access and cost constraints, but is also a consequence of wanting to avoid accumulating stress and anxiety from further travel.
- The impacts of anti-social behaviour, crime, and discriminatory behaviour from others, particularly when travelling on public transport.

Respondents with disabilities and health conditions told us that:

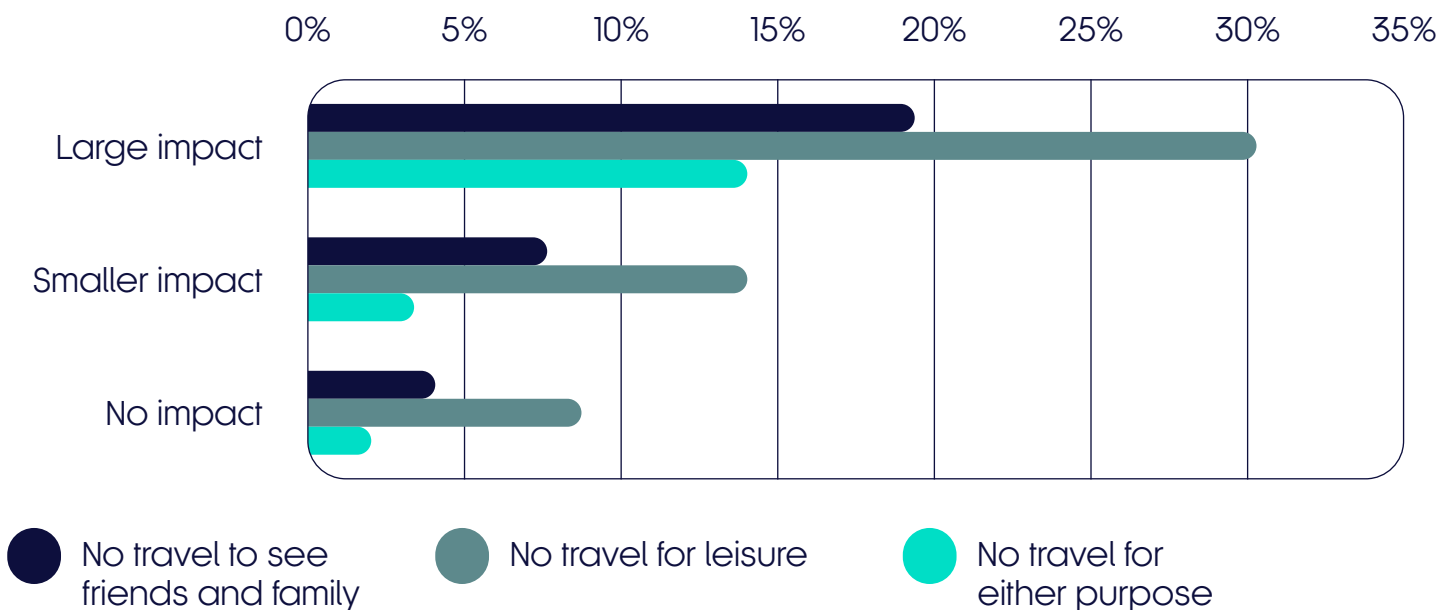
“I have to rely on family and friends ... [I] don't get out as much as I would like and don't like relying on other people. I don't like depending on other people's time, [I] feel isolated.”

“[It's] because of my poor health and I feel I'm being judged because of my disabilities.”

“I can't stand long, so if the buses are late affects my health.”

Limited access: There is a small but statistically significant difference in the proportion of respondents unable to access key destinations with the transport options available, with those with larger impacts from disabilities and health conditions more likely to face these access challenges. Alongside this, there is a large statistically significant difference in the proportion of respondents that did not travel to see friends and family or travel for leisure at any point in the previous four weeks. 14% of those with a larger impact from their condition did not travel for either purpose in this period, compared with 3% of those with no impact or no condition. The difference is particularly large for leisure travel, as shown.

Travel for social and family life in the last four weeks



The qualitative responses make it clear that these differences in access are not a reflection of different preferences, but rather from the greater constraints faced by those with conditions that have an impact on day-to-day life:

- High levels of reliance on taxi travel, owing to a combination of issues in the public transport network and significantly lower levels car access, the costs of which can be prohibitive for all but the most essential trips.
- High levels of reliance on lifts from friends and family with vehicles, owing to the same set of factors as a above, and a lack of travel independence because of this – particularly constraining leisure travel.
- Particular challenges in accessing hospital appointments via public transport, with clear evidence of respondents turning down or missing out on healthcare because of transport difficulties linked to disability.
- Poor conditions for active travel, such as drivers parking on pavements, a lack of safe crossings, and broken pavement services, which create particular difficulties for those using mobility aids and those who are partially sighted.

Respondents with disabilities and health conditions told us that:

“I can't afford to do much. Can't travel much on the bus due to health, and can't afford taxis.”

“Not enough room on the pavements for [my] scooter and on the road I don't feel safe. I can't get the scooter anywhere without people complaining and people parking on a dropped curb.”

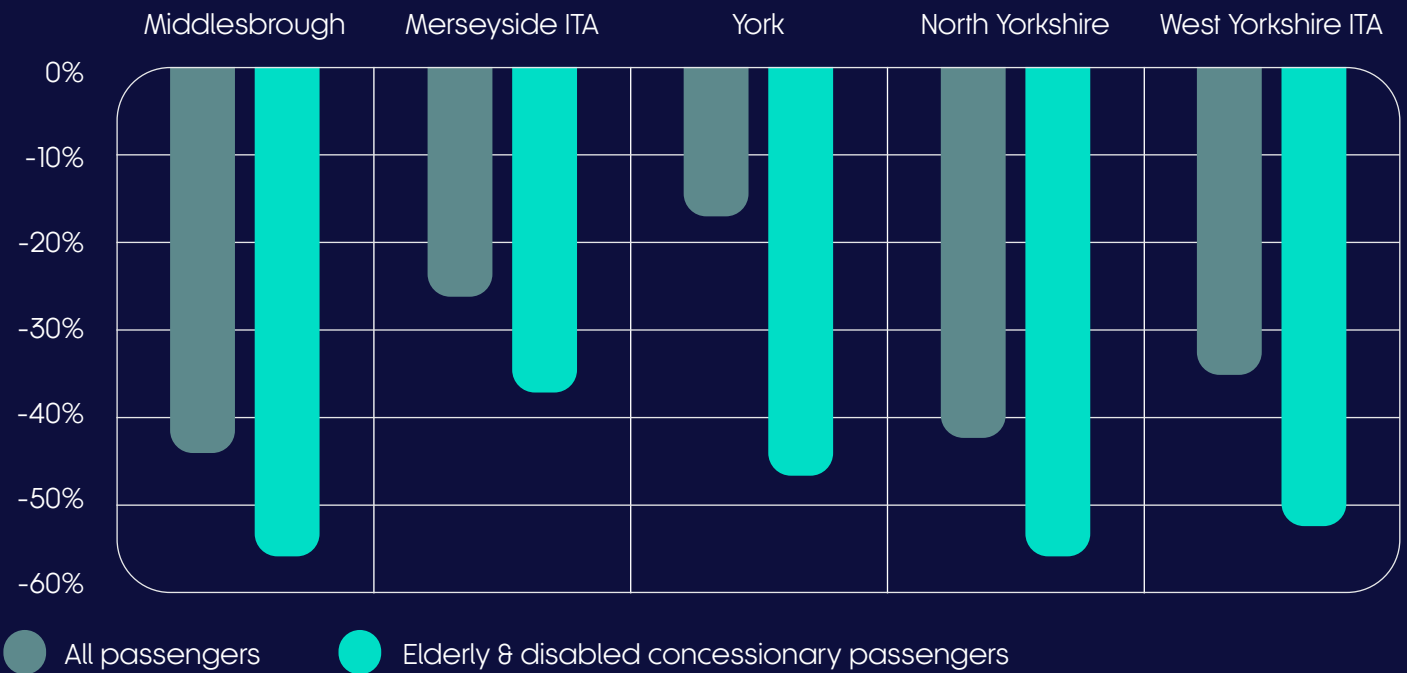
“The cost of a taxi to hospital appointments is £15 each way – its unaffordable.”



The fall in bus journeys taken by elderly & disabled passengers

Respondents with disabilities and long-term health conditions experience significant additional constraints when using local public transport, and have been disproportionately impacted by bus service cuts. The respondents' experiences align with DfT bus passenger statistics, which show particularly large falls in elderly and disabled bus passenger journeys between 2010 and 2023. These falls pre-date the COVID-19 pandemic, but have grown further in this period.

Change in bus passenger journeys, 2010 to 2023



Source: DfT Annual Bus Statistics^{xiv}

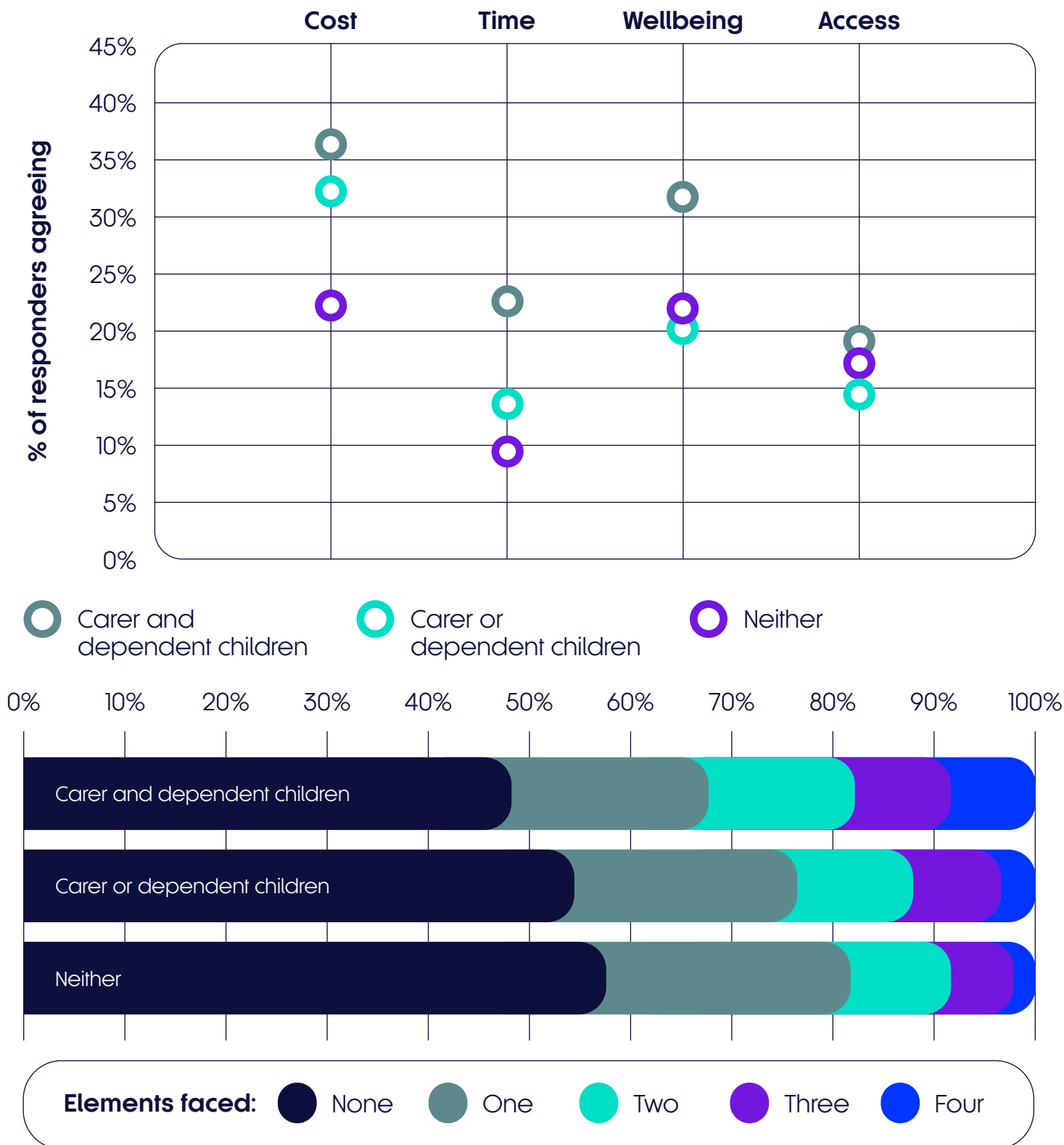
Average change in bus passenger journeys across the five study areas by period, 2010 to 2023



Source: DfT Annual Bus Statistics^{xv}

Caring responsibilities

To examine this, we asked respondents if they had dependent children living with them, and if they had caring responsibilities for other adults or children. This excluded paid care work. We then compared the data by those with neither of these responsibilities, those with one type, and those with both.



Overall impact: Caring responsibilities lead to greater exposure to TRSE through cost, time, and wellbeing. This is particularly the case for those with both childcare and other caring roles. Those with both types of responsibilities are also more likely to face multiple elements of TRSE.

Cost impacts: Those with one type of caring responsibility experienced greater cost impacts than those with none, and there is an even large difference to those both types of caring responsibility. These differences are statistically significant and are consistent when controlling for differences in income between these three groups. The qualitative responses explain this as follows:

- Greater levels of travel need as a result of caring responsibilities, including the need to pay fares for children travelling to school, and travelling to accompany others. Regularly having to pay for taxis when buses for school failed to arrive on time is also reported by some respondents.
- Higher levels of forced car ownership, as a consequence of being unable to fulfil caring and other responsibilities with the public transport and active travel options available. For some, this leads to additional unexpected expenditure for maintenance and repairs, adding to wider financial pressures.
- Greater reliance on taxis at the last minute, owing the combination of issues in the public transport system and the time pressed nature of many trips for caring responsibilities.
- Employment concerns were raised by many carers, ranging from being limited to part-time employment so they can fulfil caring duties, or being unable to undertake work at all – leading to greater levels of poverty.

Respondents with caring responsibilities told us:

“Paying for bus fare for my daughter and maintaining the car is very difficult at this time.”

“I don't use the buses myself but pay for my son to go to college on a public bus and it is very expensive for me as I am disabled and a single parent.”

“My daughter is autistic and can't tolerate noise or strangers, so taxi is only alternative, and expensive.”

Time impacts: There is a relatively small difference in the level of exposure to TRSE through time impacts for those with one type of caring responsibility, and a larger difference for those with both types of caring responsibilities. Over double the proportion of respondents with both types of caring responsibilities identified this impact compared to those with none. Within the qualitative responses, the respondents highlight that:

- Access to a car or other vehicle is a key differentiating factor, with those reliant on public transport and active travel to fulfil these responsibilities facing much greater time impacts as a result of caring trips.
- Some of the issues highlighted by those with disabilities and long-term health conditions for their own travel – particularly the high level of reliance on lifts from friends and family members – are also described by those with caring responsibilities. This creates additional pressure on maintaining car access, even where this creates significant financial hardship.
- Time pressures are particularly likely for those taking caring trips by public transport between neighbourhoods, which requires travel into and out of a central hub. This leads to greater exposure to delays and poor reliability, as well as increasing costs to complete each trip.
- Those travelling with children using pushchairs report additional delays and reliability issues when using public transport. This is caused by crowding and a lack of dedicated space making it difficult or impossible to board services.
- Caring responsibilities constrain when other unrelated journeys can take place, and can mean that those with these responsibilities have to travel at times when public transport is less reliable and more fragmented.

Respondents with caring responsibilities told us:

“My daughter has missed appointments ... Sometimes [there’s] no room to get my daughter’s wheelchair on the bus.”

“It’s a long bus journey to work ... I don’t get chance to look after my grandkids.”

“It takes over hour to get anywhere ... I could be [on the] bus standing over an hour with my child.”

Wellbeing impacts: Exposure to TRSE through impacts on wellbeing are closely comparable between those with one type of caring responsibility and those with none, however this is significantly greater among those with both types of responsibility. Indeed, this is comparable to the level experienced by those with disabilities and long-term health conditions. The qualitative responses describe that this is mostly as a consequence of the additional time and cost constraints discussed previously, but in addition to this they describe:

- Additional stress, anxiety, and impacts on wellbeing because of concerns about the impacts of delayed journeys of any kind, where the carer is returning to those they provide care for.
- Facing challenges at work due to reoccurring lateness caused by transport issues. With this comes stress and worry that their job will become untenable which is necessary for their own support, but to support those they care for.

Respondents with caring responsibilities told us:

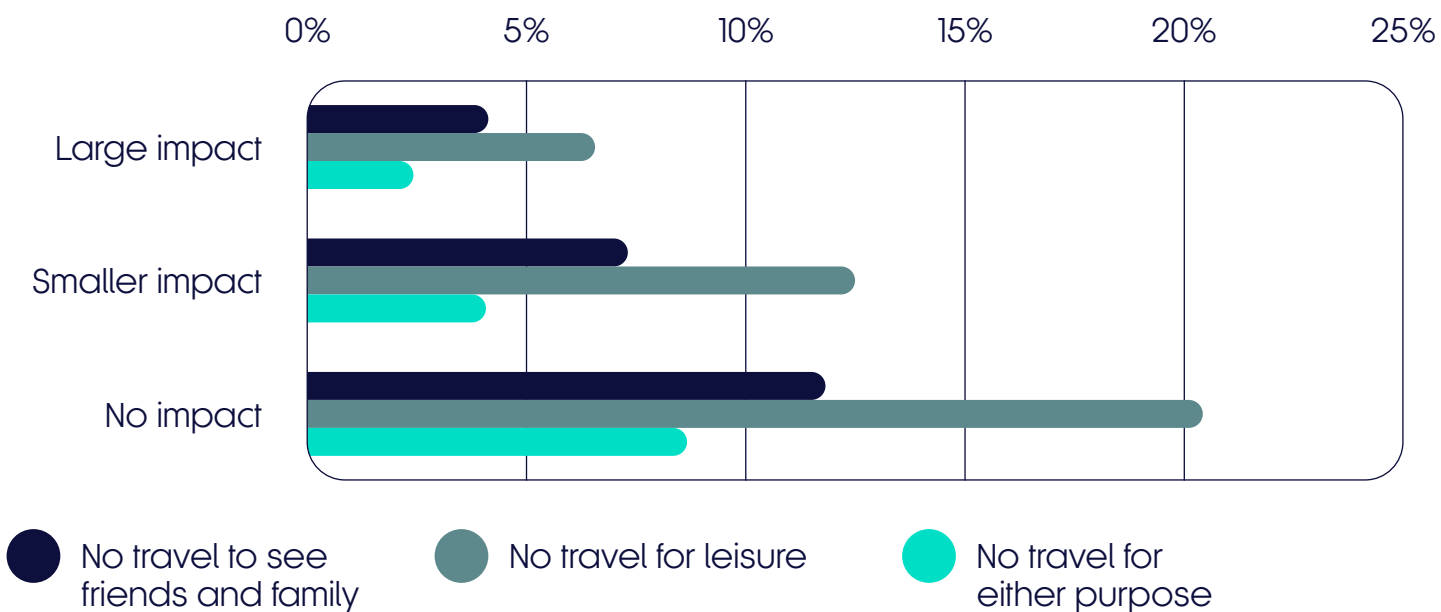
“If my wife isn't well, I can't get back quick enough.”

“[It] makes my life harder. I look after my sister and can't leave.”

Limited access: There is no statistically significant difference in TRSE linked to limited access between those with different levels of caring responsibilities. Alongside this, those with caring responsibilities were more likely to have travelled to see friends and family and for leisure in the last four weeks. This indicates that TRSE for this group is shaped more by the knock-on consequences of having to travel than through limited access to key destinations. Forced car ownership, reliance on taxis, and complex and fragmented public transport journeys all contribute to this.

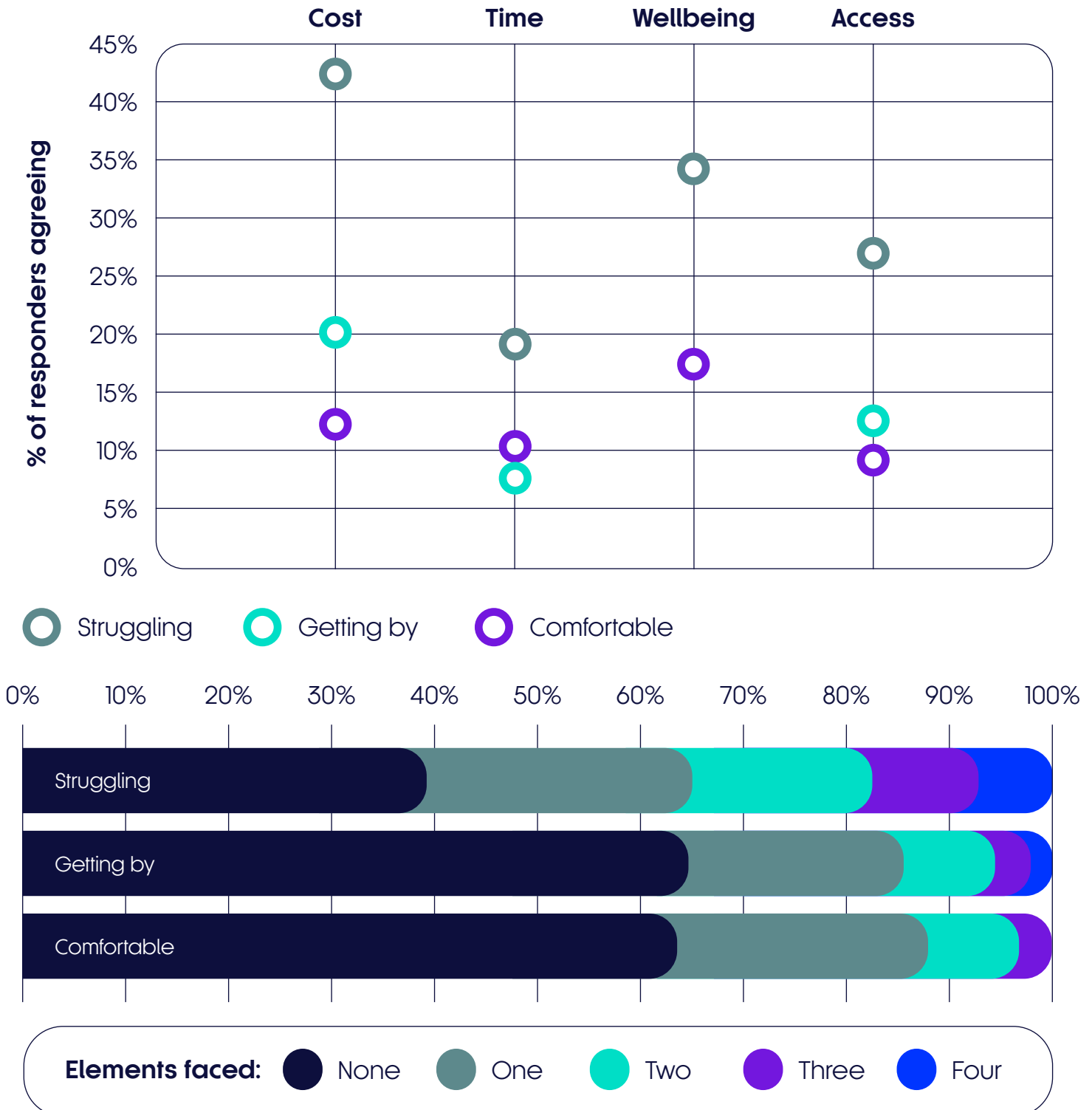
As with wellbeing impacts, some respondents did comment on their reluctance to travel as they did not like to leave the person they care for alone for too long. This may lead some to have limited access to other key destinations, not linked to their caring responsibilities, however the extent of this is not clear from the quantitative or qualitative evidence.

Travel for social and family life in the last four weeks



Low household income

We approached this question in two ways. First, we examined an objective household income threshold, but found that we were unable to reliably establish levels of income per person. Second, we asked respondents if they were struggling, getting by, or comfortable financially. This subjective assessment of household finances highlights large differences between the respondent groups across all the elements of TRSE we examined. We use this as the means of comparison here.



Overall impact: Household income is the largest differentiator across the four elements of TRSE examined in the survey – with statistically significant differences evident in all four elements. The largest of these differences is in the cost domain, with over 40% of those who identified as ‘struggling’ agreeing that the cost of travel made it difficult to afford other essentials. Significant differences are also observed in wellbeing and access, and in the proportion of respondents exposed to more than one element of TRSE.

Cost impacts: A large difference in the level of TRSE linked to cost is unsurprising given the focus of this comparison, even given the fact that those who are struggling financially travel much less than those ‘getting by’ or ‘comfortable’. However, while a difference is expected, the qualitative responses make clear the depth of impact that transport spending can have, including:

- The need to cut back on basic essential items and needing to borrow because of transport costs. This ranged from money for food and groceries, falling behind on utility bills, and needing help from others to run a car.
- Being locked into a vicious borrowing cycle where, as soon as they receive their salary or benefits, they were needing to repay those they had borrowed from to cover their transport costs earlier in the month.
- Turning down hospital appointments as a result of being unable to afford to travel to access them, despite having a significant need for care. This is particularly the case for those on low incomes with disabilities.
- Sacrificing use of basic essentials in order to be able to afford to travel to work, in response to an unexpected car repair or maintenance cost, or in response to having to use a taxi because of failures in the public transport system. This is particularly the case for those on low incomes with caring responsibilities.

Respondents who were struggling financially told us:

“[I] have to cut back on everything so I can afford to get to work on the bus.”

“[I’m] having to go without food and reduce heating so I can afford to run the car.”

“I’ve never got any money left over on pay day, I owe it all out.”

Time impacts: While significantly less widespread than the other elements of TRSE, TRSE through time impacts are much more common among those struggling financially. This is despite this group being much more likely to have cut back on travelling as a result of the cost pressures they face. The reasons underlying this described by the respondents are:

- Greater levels of shift work and part time work, and with this greater needs to travel at times when public transport services are less frequent and more prone to disruptions. This is particularly the case for those travelling to peripheral areas for work, which are not well-served by public transport systems.
- The need to take on additional hours at work in order to afford basic essentials, and to cope with poverty and financial stress.
- Greater levels of informal caring responsibilities, which as discussed previously leads to constraints in when respondents are able to travel, and leads to greater levels of time constraints in general.

Respondents who were struggling financially told us:

“It’s stressful, sick of being caught in traffic the ring road is a nightmare at peaks times. Using more petrol than I need to and it’s costing me more money. I’m having to work extra hours and don’t get much free time.”

“You’ve no money after you have paid for the bus. Can’t get done what you want to get done if you have to walk. I’m always late.”

“Buses often late or don’t come. Makes me late for work. I work in care home so need to relieve last shift on.”



Wellbeing impacts: Experiencing poverty and financial stress has a direct impact on wellbeing, and on mental health. As discussed previously, the often-unpredictable nature of this spending means that it can be a key factor in poverty and financial stress. This is particularly the case where those on low incomes are forced into unexpected spending on taxis to cope with failures in the public transport system, or where the lack of viable public transport options forces these households to run and maintain cars. But alongside this, there are other ways that being on a low income exacerbates these wellbeing impacts:

- Many of those on low incomes are also in deeply insecure jobs, meaning that delays and disruption in journeys have greater consequences, and are therefore a greater cause of anxiety and stress.
- Being unable to spend time with friends and family or engage in leisure, recreational, or social activities because of transport costs. This contributes to and exacerbates poor wellbeing and poor mental health.
- Greater reliance on getting lifts from others in order to fulfil basic transport needs, and through this devoting considerable time and effort to convincing others, and having a lack of independent transport choices.
- Lower levels of car access and car ownership, meaning that taxis are often the only alternative when public transport services are delayed and disrupted, even where the cost means giving up other basic essentials.

Respondents who were struggling financially told us:

“I’m late to work, stressed because of lateness, [and] tired as I’m running for an alternative bus. Too much time spent trying to get back, to, and from work.”

“My limited income doesn’t cover the cost of taxis which I have to use. It’s stressful. The cost of taxis is prohibitive.”

“My daughter is autistic and can’t tolerate noise or strangers, so a taxi is the only alternative and [its] expensive. I’m always anxious because of cost. Family help with lifts when they can but not always available so sometimes, I have to borrow.”

Limited access: There is a large and statistically significant difference in the access constraints faced by those who are financially struggling – influenced by the combination of cost, time, and wellbeing impacts. This is despite this population reducing their level of travel for family, social and leisure purposes, and in many cases not regularly travelling for work or education. Describing the access constraints they face, those on low incomes set out:

- Significantly lower levels of car access among those on the lowest incomes, and significant constraints on using cars even if they are technically available, due to the costs of fuel, insurance, and repairs. Consequently, car access is not automatically a route to greater transport independence and greater access.
- Greater levels of reliance on walking longer distances and arranging lifts from others to fulfil basic transport needs, the inconsistency and limitations of which often translates into limited access to key destinations like hospitals.
- Being unable to afford the relatively higher costs of accessible transport options, particularly taxi journeys, reflecting the links between disability, poor health, and low incomes.
- It is not just those who are struggling financially who face significant access constraints on travel for social and family life – for those ‘getting by’, cutting down on these trips is a key coping mechanism.

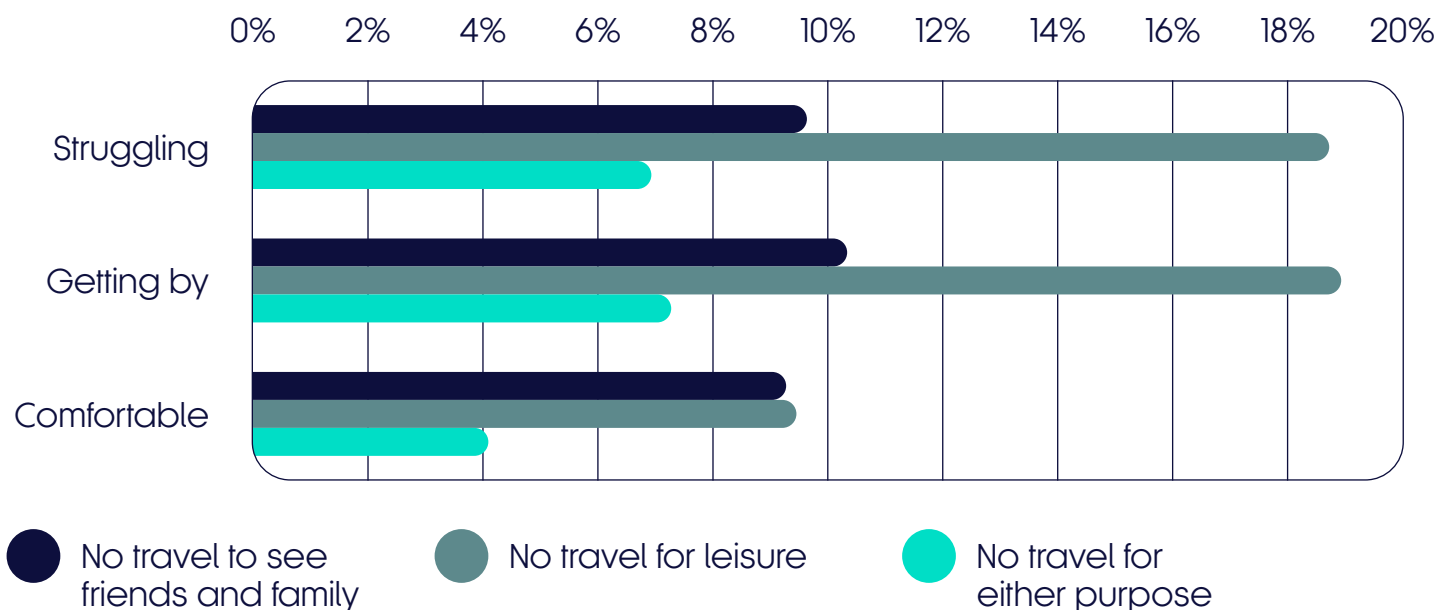
Respondents who were struggling financially told us:

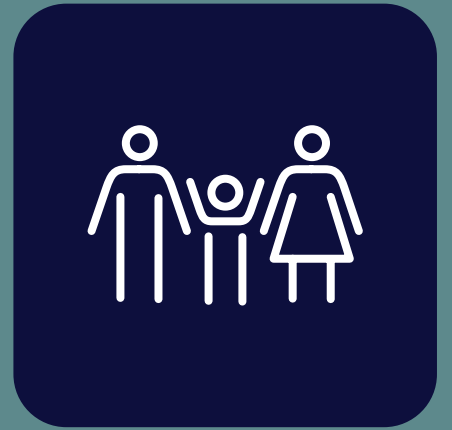
“It takes more time to walk and cycle. I have to allow extra time. It's hard when you don't have enough money and have to walk everywhere.”

“I cant walk far I need a taxi or a lift ... I can't really afford to use taxis all the time, it cuts into my budget.”

“I'm an asylum seeker on very limited means so cannot afford public transport.”
“[I'm] always skint. Never any spare money. Never can afford to take the missus and kids on holidays or days out.”

Travel for social and family life in the last four weeks



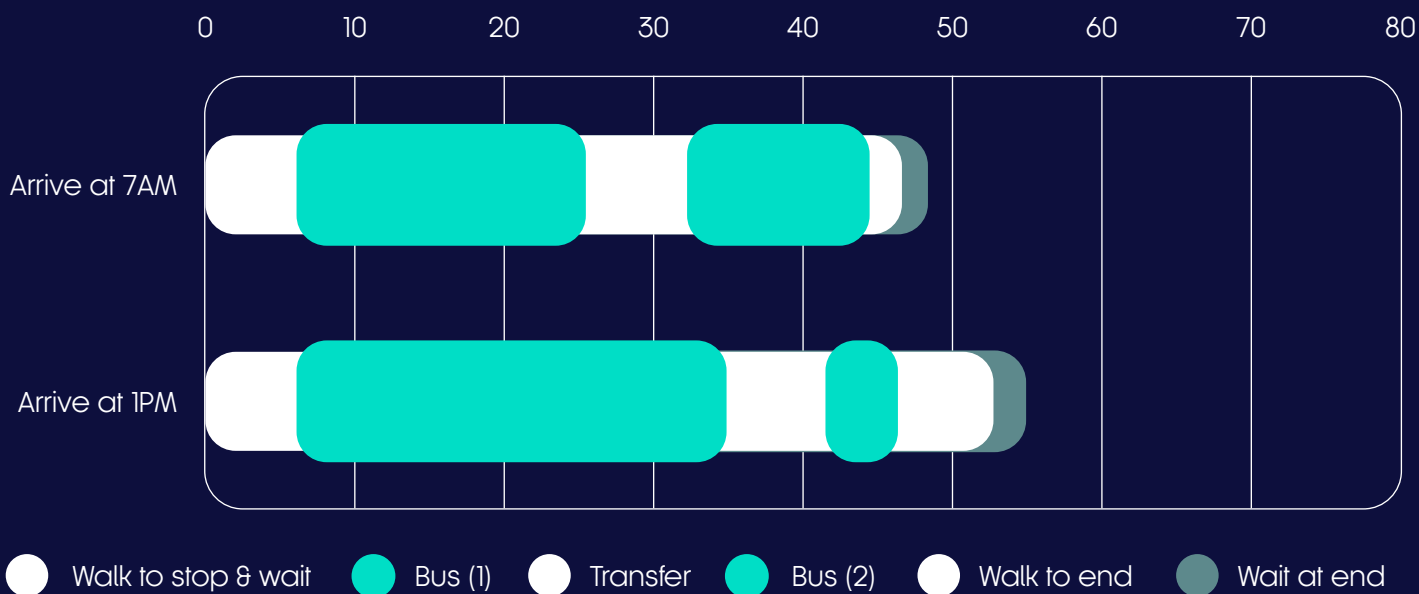


Journeys to NHS hospitals in the five areas

Difficulty in travelling to NHS hospitals is a common experience across the five survey areas, particularly for respondents on low incomes. As well as being a priority for our respondents, access to hospitals is important for TRSE because hospitals are major employers, including for large numbers of shift workers receiving below-average incomes.^{xvi} Further, those on low incomes are more likely to be in poor health, and therefore have greater need to access hospital services.

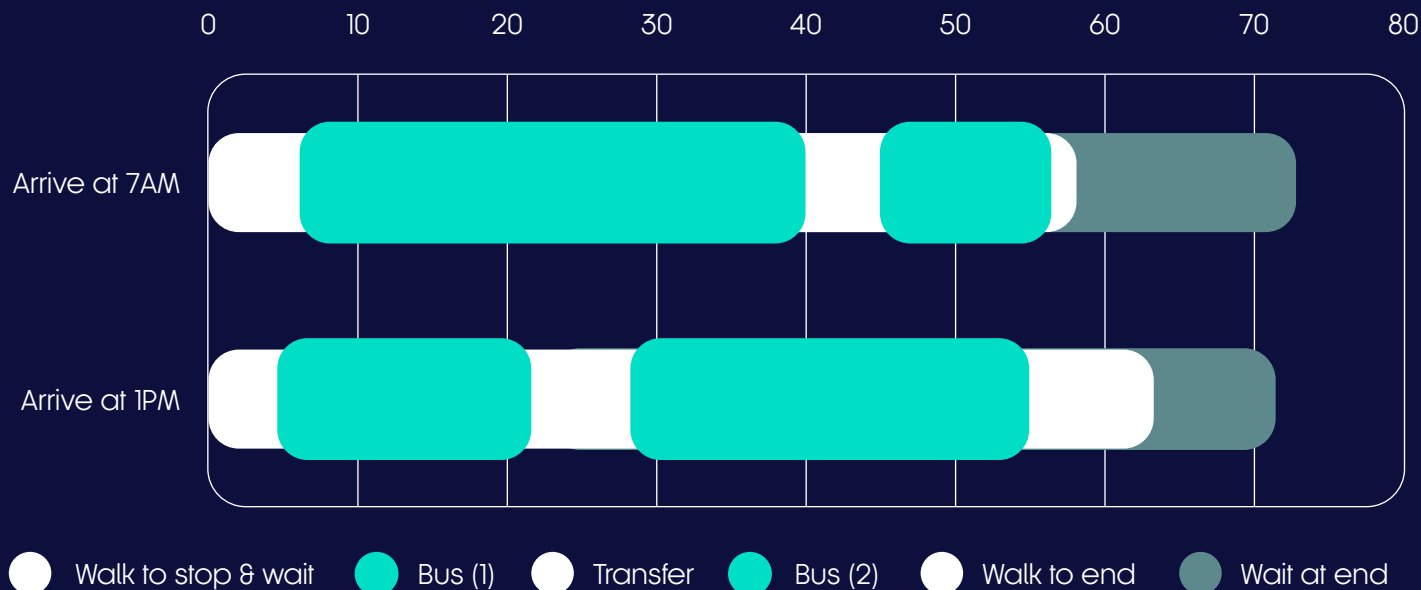
The charts below show the fastest public transport journey times possible for two set arrival times: 7AM and 1PM.^{xvii} These times have been chosen to reflect a plausible arrival time for a shift worker and for an outpatient appointment respectively. The chosen start point is the middle of the largest cluster of respondents in one neighbourhood of each area. The destination is the nearest 24-hour general hospital that offers a wide range of outpatient services.^{xviii} Equivalent car or taxi journey times are also given for comparison.^{xix}

Leeds: Belle Isle to Leeds General Infirmary



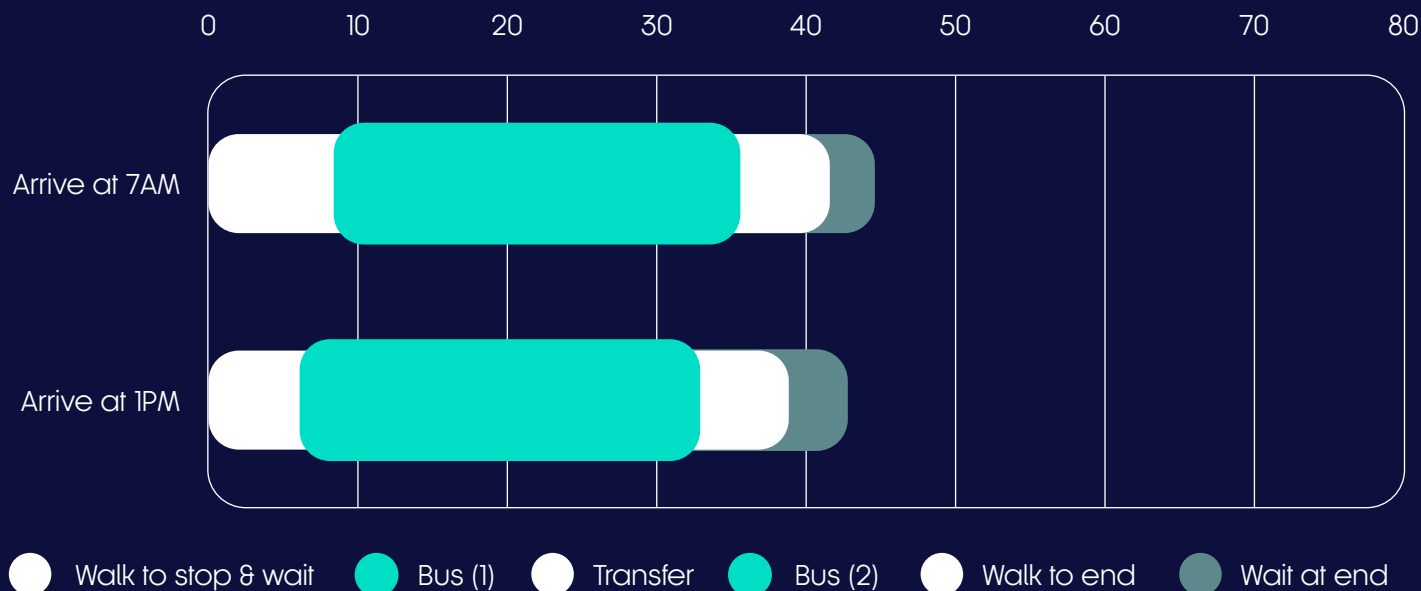
Equivalent car or taxi journey, including congestion and parking: 23 minutes.
 Additional public transport journey time: 26 to 31 minutes each way.
 Straight-line distance from start to end: 3.2 miles.

Liverpool: Speke to Royal Liverpool University Hospital



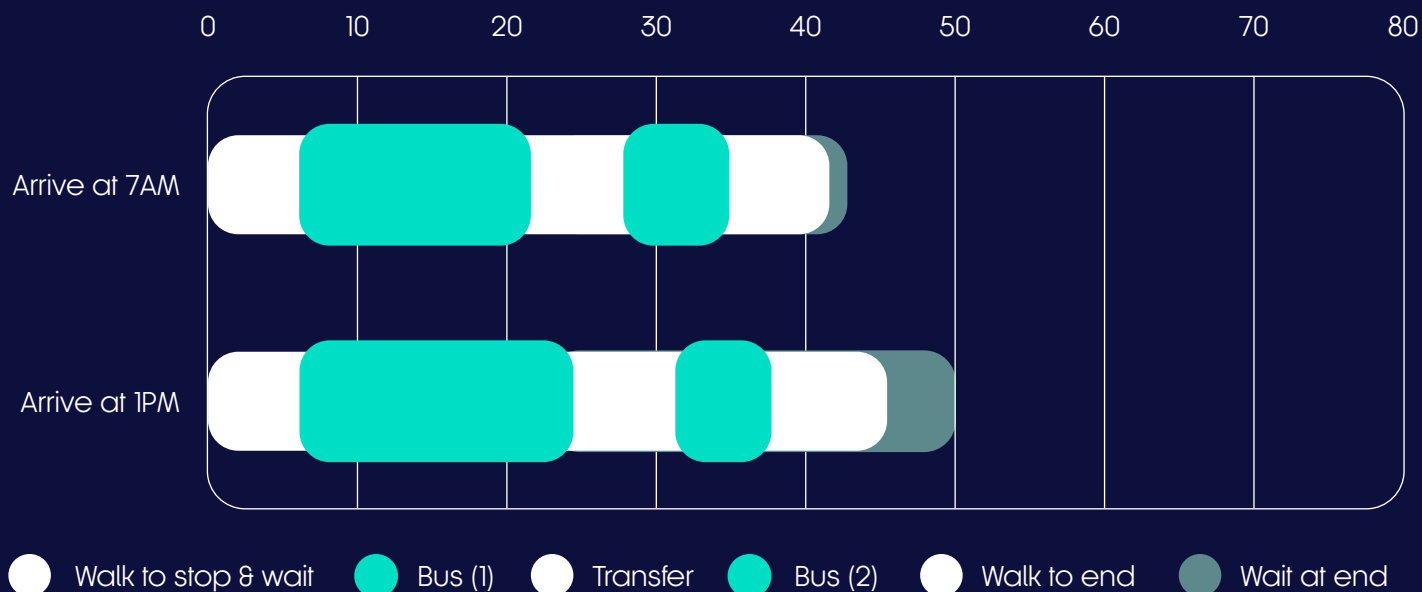
Equivalent car or taxi journey, including congestion and parking: 29 to 35 minutes
 Additional public transport journey time: 36 to 43 minutes each way.
 Straight-line distance from start to end: 6.9 miles.

York: Chapelfields to York Hospital



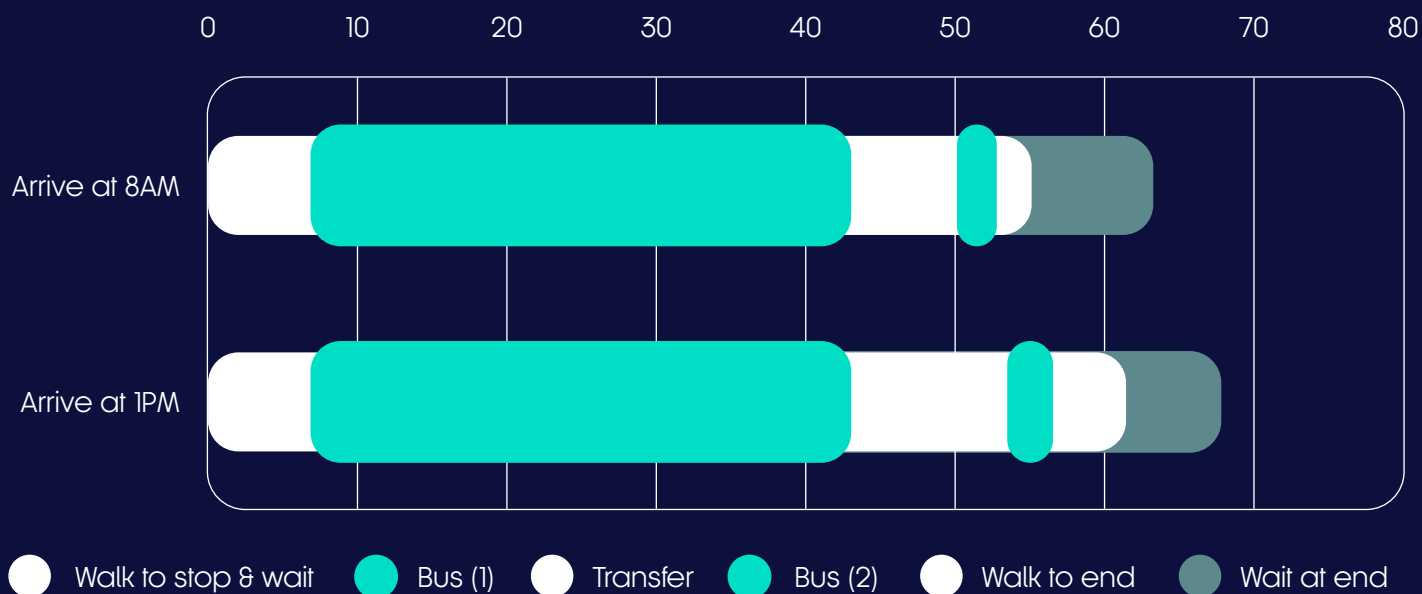
Equivalent car or taxi journey, including congestion and parking: 19 to 23 minutes
 Additional public transport travel time: 20 to 26 minutes each way.
 Straight-line distance from start to end: 2.6 miles.

Middlesbrough: Hemlington to James Cook University Hospital



Equivalent car or taxi journey, including congestion and parking: 17 minutes
 Additional public transport travel time: 25 to 33 minutes each way.
 Straight-line distance from start to end: 2.1 miles.

North Yorkshire: Richmond to Darlington Memorial Hospital



Equivalent car or taxi journey, including congestion and parking: 31 to 33 minutes
 Additional public transport travel time: 32 to 35 minutes each way.
 Straight-line distance from start to end: 11.2 miles.

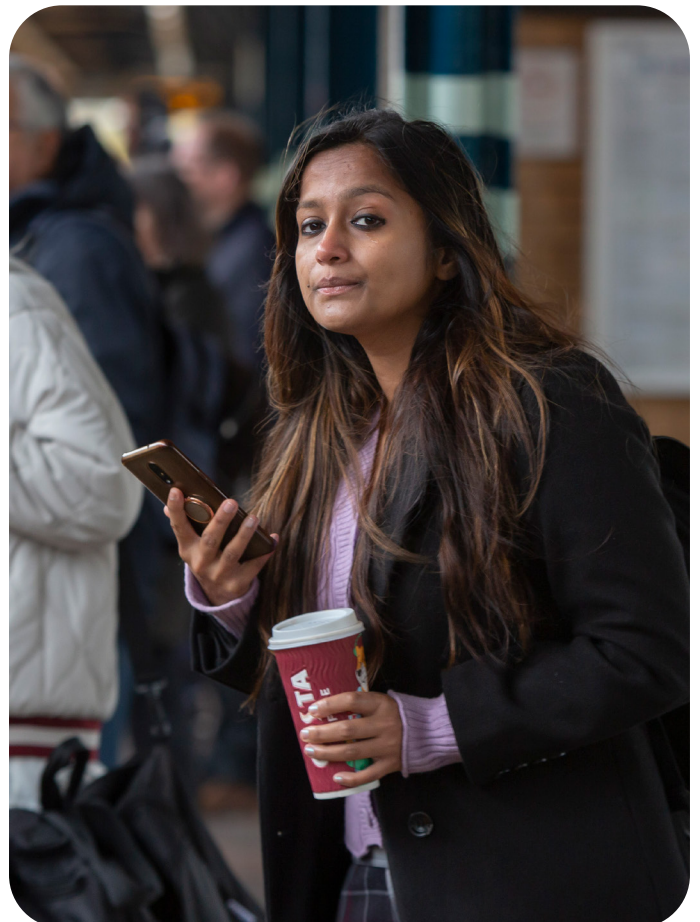
* Note: A 7AM arrival time is not possible via public transport for this journey. An 8AM arrival time has been used instead in this comparison.



Our respondents' transport priorities

Our survey ended by asking respondents for their top three priorities for addressing the transport issues they faced in their everyday lives. These responses were open and unprompted, allowing respondents to highlight any reforms, investments, or improvements they thought were required.

While often short in nature, these responses provide a clear set of themes and priorities for reducing transport-related social exclusion in the areas studied. Reflecting the respondents' priorities, the key themes evident within this focus on local public transport services:



The need for wide-ranging and transformational improvements in the availability, frequency, coverage, and reliability local bus services:

- Reinstating the cancelled services that respondents had previously relied on to access healthcare, work, and basic services.
- Increasing service coverage outside of peak commute times, and through this increasing the transport options available for shift workers, those travelling to fulfil caring responsibilities, and for key services.
- Providing viable and reliable bus options to access hospital and GP services, reflecting the particular importance of punctuality in these journeys.
- Direct rather than multi-stage local bus options, particularly where these serve key employment and healthcare locations.

The need to go further on public transport affordability across different networks, and to reduce the imbalance of costs between different public transport journeys:

- Greater access to concessionary bus passes for those with disabilities and health conditions who are not currently eligible.
- Fares that reflect the severe affordability and financial challenges that many respondents face, and which remain stable over time.
- Retaining the £2 single bus fare cap, and addressing the gap between these bus fares and fares in other parts of the public transport network.

The need for greater information and transparency about public transport services, to reduce and anxiety and uncertainty associated with delays and cancellations:

- Ensuring that public transport mobile apps accurately and clearly reflect delays and cancellations to services.
- Providing live information at bus stops, so that those with limited or no access to the internet can access clear and reliable information.
- Greater transparency and publicity on service cancellations and diversions, in advance of their implementation, and through print as well as digital media.
- Greater accountability and support from operators when services are cancelled or severely delayed, particularly where services are infrequent.

The need to adapt existing services and infrastructure to better meet the needs of those with disabilities:

- Improving training to public transport staff on providing appropriate and compassionate support to those with disabilities and limited mobility.
- Improving pavement conditions, road crossings, and active travel routes so that they are more accessible, particularly in areas with high volumes and speeds of road traffic.
- Addressing conflicts between those using mobility aids and those with prams and pushchairs on public transport by providing more dedicated space for both user groups, and by addressing crowding in general.
- Greater presence and visibility of staff on and around public transport services, so that support is rapidly accessible.

The respondents transport priorities are heavily focused on improving local public transport services, particularly local bus services. However, alongside these priorities are a small number of wider transport themes:

- Greater certainty and information on roadworks and temporary road closures, so that journeys can be planned around the impacts of these.
- Improving road surfaces and repairing potholes, in order to reduce damage to vehicles and to reduce discomfort experienced by some when travelling by car, taxi, and public transport.
- Improving pavement surfaces and repairing broken surfaces so that they offer a safer and more comfortable environment for those using mobility aids and those travelling with children in pushchairs.
- Reducing the volume of traffic on key neighbourhood routes and local roads, so that they offer more reliable travel for residents, and provide a safer environment for active travel.
- Reducing traffic congestion was a concern for many respondents, and a common theme among those travelling by car, public transport, and active travel. However, there were only a very small number of respondents who called for additional road building or expansion of existing roads in their area.
- Greater enforcement action against speeding and anti-social driving, and preventative measures such as speed bumps, particularly in residential areas.
- Improving the cleanliness of local public transport services, so that they offer a more appealing experience to users.



Conclusions: Rising pressure and social exclusion

Our 2023 survey examined the experiences of three population groups who are at a higher risk of transport-related social exclusion: those on low incomes or in insecure work, those with disabilities or long-term health conditions, and those with caring responsibilities. It did so in five Local Authority areas in the North where TfN's national data model indicates that the overall risk of TRSE was relatively low in 2019: Liverpool, Leeds, North Yorkshire, Middlesbrough, and York. By examining this updated primary evidence base, gathered in areas where TRSE challenges can be expected to be less severe, we have found that:

TRSE is still prevalent in neighbourhoods and local authority areas where the overall risk is relatively low, particularly among those in low-income households, and those with disabilities and long-term health conditions. Those with childcare and other caring responsibilities are also more likely to be socially excluded because of transport issues. This confirms the need for transport planners and policymakers in all areas of the North to consider transport inequalities and TRSE alongside other strategic priorities, even where the overall level of risk is low.

While the five areas studied in our 2023 survey are diverse, and have very different local public transport offers, the large cuts evident in local bus services over the decade leading up to the pandemic, and the continued decline in the time since, is a key driver of TRSE. Our survey results confirm that cuts to bus services – particularly to local authority subsidised services – has had a disproportionate impact on populations that were already vulnerable to TRSE. The scale of the cuts in services described by respondents in the five areas studied are consistent with DfT bus service statistics datasets.

The lack of viable local public transport options does not just mean poor access to key destinations, it also leads to increased spending on other types of transport. This in turn is a key source of financial distress, stress, and anxiety. Reliance on taxis to fulfil basic transport needs and high levels of car dependency are common. Compared with local bus travel in particular, these options are often relatively more expensive, and in the case of driving, create the potential for large unforeseen costs for maintenance and repairs. Among the population groups engaged in this survey, this reinforces the risk of poverty and debt.

While levels of car ownership are significantly lower among the populations engaged for this study, forced car ownership is evident among the population groups studied. This occurs where households have little alternative to car use to access key destinations, but where the costs of car use cause significant financial hardship. This includes the cost of car use making it difficult for households to afford other basic essentials, such as food and utility bills, and reinforcing poverty and financial hardship caused by other factors. Those with caring responsibilities, making regular multi-stage trips, are particularly likely to be forced car owners.

Alongside increased costs, the lack of viable public transport for key everyday journeys widely experienced by the population groups engaged leads to a lack of transport choices. For many, there is a heavy reliance on lifts from others in order to fulfil basic transport needs. As well as reducing transport independence, the uncertainty associated with this, and the need to arrange and barter lifts with friends and family members, is significant further source of stress and anxiety.

As well as affecting travel for work, education, and key services, the combination of rapid increases in the cost-of-living and cuts in local bus services has resulted in increased social isolation. For many, reductions in leisure and social travel were a necessary response to financial stress. Residents reduce spending on this type of travel predominantly because it is seen as more discretionary than travel for other purposes, particularly for work and caring responsibilities. However, sacrificing travel for these purposes has clear consequences through isolation, poor mental health, and poor wellbeing.

As a whole, these findings make clear that the combination of a cost-of-living crisis, the recovery from the COVID-19 pandemic, and deep cuts to local bus services are likely to have significantly increased the number of residents facing TRSE – even if areas of the North where the overall level of risk was low in 2019.



How Transport for the North will act on these findings:

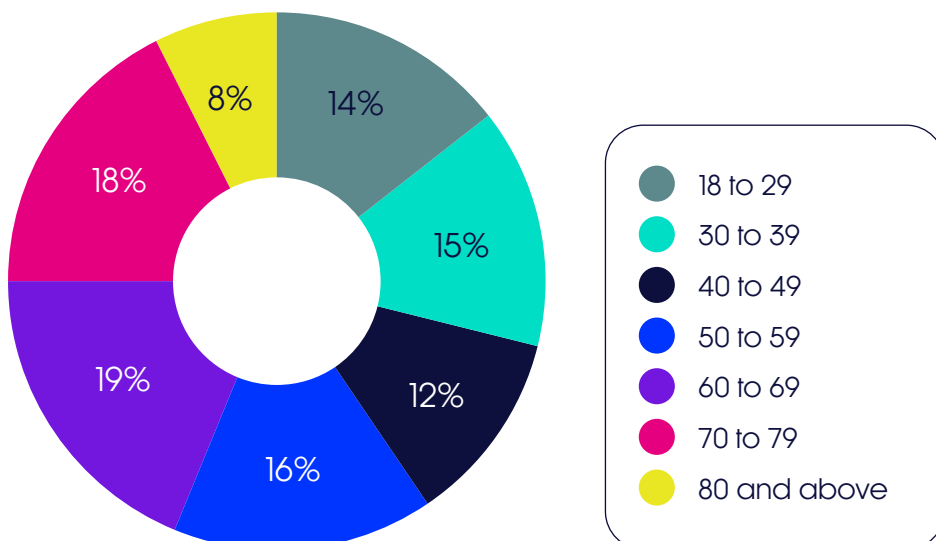
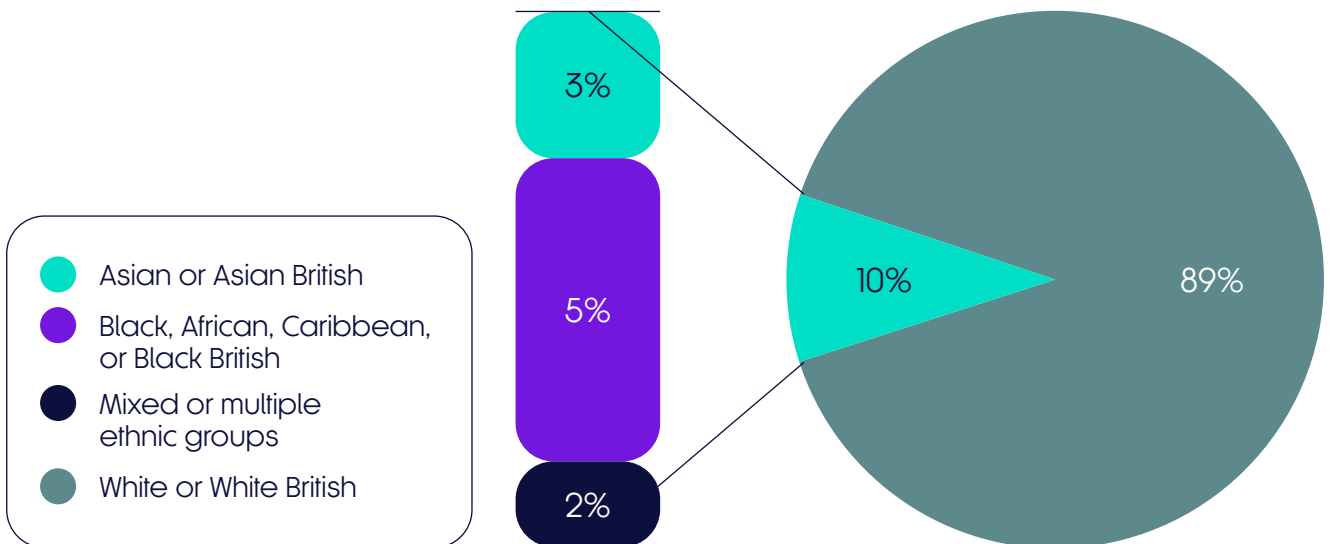
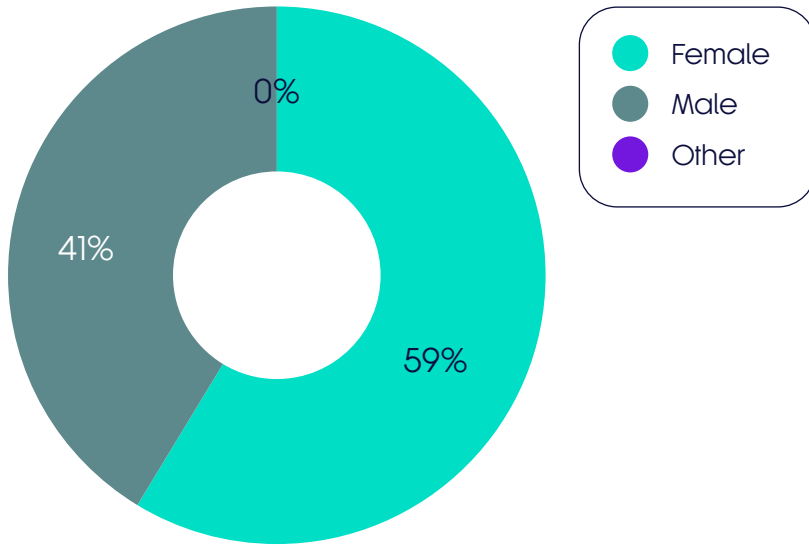
TfN is the strategic sub-national transport body for the North of England. Our role is to understand the transport needs and aspirations of residents and businesses across our region, and work with local authorities and our other partners to set a regional vision for the North's transport network. We provide research, analysis, and insight to make the case for transformational investments in the North's transport system and, through our Strategic Transport Plan, provide statutory advice to the Secretary of State on the North's transport priorities.

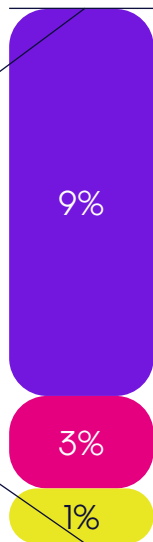
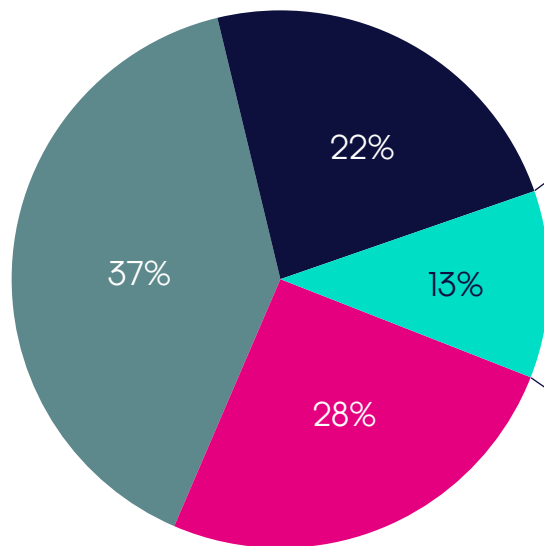
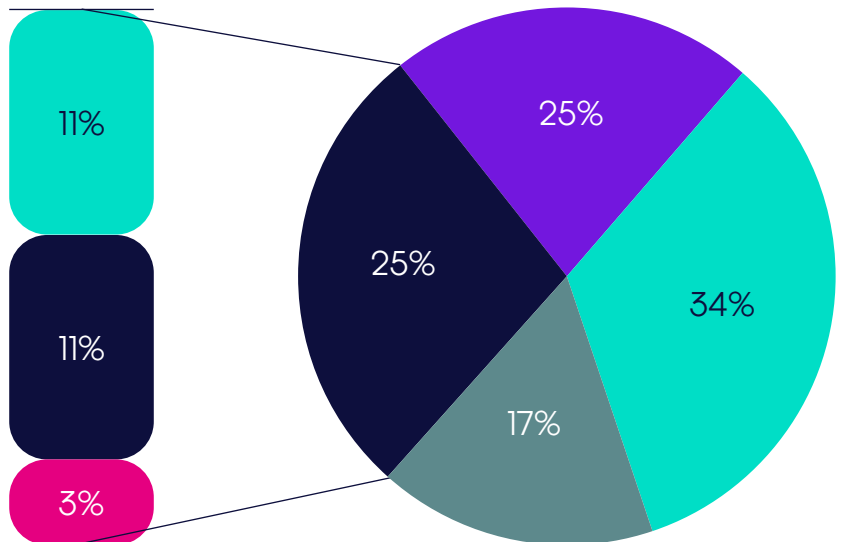
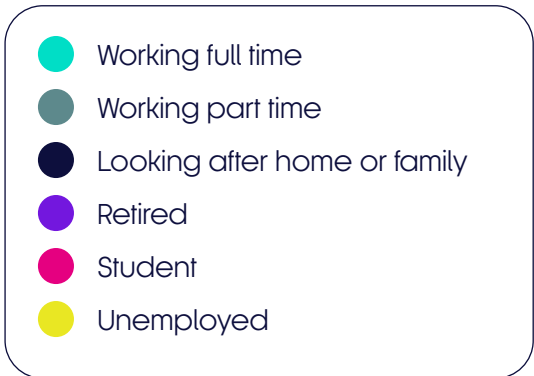
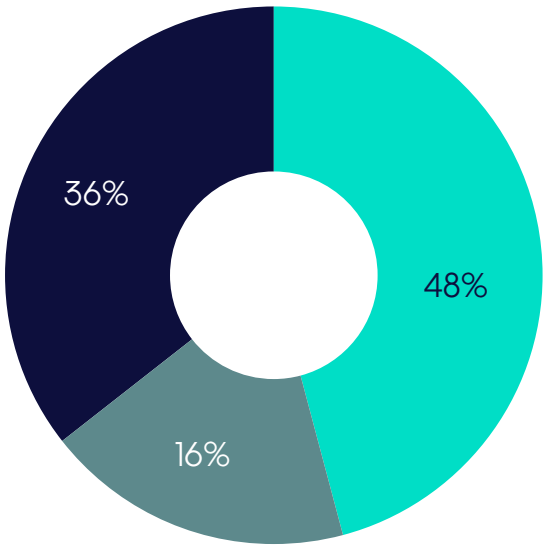
Through our 2022 Connecting Communities strategy, we have already set the first regional ambition for reducing the number of residents facing a high risk of TRSE by 1 million by 2050, from a baseline of 3.3 million in 2019. This strategy, reflected in our 2024 Strategic Transport Plan, represents the first time our region has agreed ambitious targets for a more equal and inclusive transport system. The research set out in this report is part of our commitment to updating the evidence base on TRSE, and tracking the region's progress towards our 2050 ambition.

Based on the outcomes of this study, in 2024/25, we will:

- 1 Update our national TRSE data model so that it reflects the impacts of rapid increases in the cost-of-living, the recovery from the COVID-19 pandemic, and changes in the level of local public transport services since 2019. This tool is publicly available and provides a nationally-consistent measure of how the risk of transport-related social exclusion varies between neighbourhoods.
- 2 Conduct qualitative research with communities affected by TRSE in order to further expand our evidence on the lasting impacts of the COVID-19 pandemic, and increases in the cost-of-living.
- 3 Continue to work with our partners to implement our regional strategy in local transport planning, and to integrate data and other evidence on TRSE as part of transport business cases, local transport plans, and other strategies. This includes develop a new set of analytical tools to enable partners to assess the impacts of investment on TRSE more rapidly and easily.
- 4 Develop a costed, evidence-based pathway of investments to achieve our ambition for significantly reducing TRSE in the North by 2050. Reflecting the set of factors set out in this study, this will include a particular focus on the levels of local public transport services required.
- 5 Refresh our regional Transport Decarbonisation strategy, so that it reflects the intrinsic link between how the region approaches transport decarbonisation and our ability to significantly reduce TRSE by 2050.

Appendix: Survey sample demographics





References and Notes

- ⁱ As determined by TfN's national TRSE data tool, which analyses access to key destinations and the vulnerability of the population to social exclusion. For more information, see [Transport-related social exclusion in England \(transportforthenorth.com\)](https://transportforthenorth.com)
- ⁱⁱ [£2 bus fare cap across England to save passengers money - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- ⁱⁱⁱ Data compiled by the RAC Foundation found that between December 2013 and November 2023, average bus and coach fares increased by 60.2%. This is above the increase in the overall cost of living as measured by the retail price index (48.9%) and average wages (41.2%) over the same period. Bus and coach fares have also increased by a significantly greater proportion than the cost of driving (47%) and rail fares (35.5%) over the same period. Source: [Cost of motoring against costs of public transport \(racfoundation.org\)](https://racfoundation.org)
- ^{iv} [Connecting communities | The socially inclusive transport strategy for the North of England - Transport for the North](#)
- ^v [Strategic Transport Plan | Transport for the North - Transport for the North](#)
- ^{vi} [Transport-related social exclusion in the North of England - Transport for the North](#)
- ^{vii} [Transport-related social exclusion in England \(transportforthenorth.com\)](https://transportforthenorth.com)
- ^{viii} [Connecting communities | The socially inclusive transport strategy for the North of England - Transport for the North](#)
- ^{ix} [Transport-related social exclusion in England \(transportforthenorth.com\)](https://transportforthenorth.com)
- ^x [Transport-related social exclusion in the North of England - Transport for the North](#)
- ^{xi} Bus service mileage estimates are produced by the Department for Transport, published annually. The date refers to the end of the financial year – for example, 2023 is the year to March 2023. Service mileage reflects the combination of the length, frequency, and time coverage of services. It is not possible with the data published by DfT to determine the relative influence of changes in length, frequency, and timing in the changes observed.
- ^{xii} Department for Transport Annual Bus Statistics: Year ending March 2023. Table BUS02_mi. [Annual bus statistics: year ending March 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- ^{xiii} Department for Transport Annual Bus Statistics: Year ending March 2023. Table BUS02_mi. [Annual bus statistics: year ending March 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- ^{xiv} Department for Transport Annual Bus Statistics: Year ending March 2023. Table BUS01. [Annual bus statistics: year ending March 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- ^{xv} This is based on the mean average of the five study areas or closest matching area in the DfT datasets. Source: Department for Transport Annual Bus Statistics: Year ending March 2023. Table BUS01. [Annual bus statistics: year ending March 2023 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)
- ^{xvi} The average full time equivalent pay for a number of NHS staff groups is significantly below the regional average. [NHS Staff Earnings Estimates, June 2023, Provisional Statistics \(including supplementary analysis on pay by ethnicity\) - NHS Digital](#)

^{xvii} Journey times were calculated using Google Maps, with a defined arrival time on Thursday 14th December 2023. In all cases, public transport journey times are shown for the fastest possible journey by any combination of public transport modes, with a cap of 20 minutes of walking time. It is assumed that the passenger will arrive at the first stop 2 minutes before the arrival of the scheduled service.

^{xviii} As indicated by NHS.UK. **[Find a hospital - NHS \(www.nhs.uk\)](https://www.nhs.uk)**

^{xix} Journey times were calculated using Google Maps, with a defined arrival time on Thursday 14th December 2023. This uses the mid-point congestion estimate for the driving journey time, with 5 minutes added to allow for parking and walking time at the end of the journey.

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