||'₁|| National Centre ||'₁|| for Social Research

Inclusive Transport Strategy Evaluation Summary report: Learnings and lessons for future policy



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Prepared for: Department for Transport

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Executive summary

The <u>Inclusive Transport Strategy (ITS)</u>, published in July 2018, set out an ambitious programme of work to improve disabled people's access to the transport system. The intention was that disabled people should be able to **travel confidently**, **easily** and **without extra cost**. Despite significant progress in the years prior to the strategy, the ITS identified a broad range of changes that were required. Consisting of 96 separate actions, the ITS included all main modes of transport, and involved stakeholders from across the sector.

The evaluation of the ITS ran from 2020 to 2024 and involved extensive mixed-method fieldwork to assess the extent to which the ITS had achieved its objectives. It should be noted that the evaluation only took the policy commitments that were planned for the first four years of development into consideration. The DfT intends to achieve their overall ambitions for the ITS by 2030 and will therefore continue working towards these ambitions over a longer timeframe.

The findings were informed by a large-scale survey with two waves (in 2020 and 2023), qualitative interviews with disabled people, interviews with transport stakeholders, and secondary data analysis. <u>Several reports</u> are published alongside this one, each of which focusses on a different aspect of the evaluation. The present report brings together all the findings from the research, to make an overall assessment of the ITS, and highlight the key lessons that can be taken forward.

Understanding disabled people's travel

Although many disabled people already travel regularly and easily, the research highlighted substantial differences between disabled and non-disabled people in how often they travel, for which reasons, and by which modes. In 2021, disabled people took seven trips on average, by any mode, for every ten trips taken by non-disabled people. For those of working age, this gap was primarily related to the fact that disabled people were less likely to be in work and were therefore less likely to be commuters. Disabled people tended to use buses and taxis more often than non-disabled people but used trains much less often. The research shows clearly that many disabled people used taxis due to difficulties using other modes, despite the cost.

Disabled people were consistently less confident travellers than non-disabled people, across modes. A wide range of factors could negatively affect disabled people's confidence, including: unexpected changes to journeys; taking unfamiliar routes; travelling in busy periods; travelling with extra baggage; travelling alone; a lack of information about toilet availability; and a lack of information about accessibility adjustments. Some disabled people with very low travelling confidence nonetheless used public transport regularly, but were likely to experience anxiety and stress. Some disabled people with low confidence avoided public transport, and used private cars instead, whereas others largely avoided travelling altogether.

There is enormous variation in the needs and circumstances of disabled people. Most obviously, disabled people's health conditions and impairments vary, and include mobility impairments, sensory impairments, mental health conditions, and cognitive impairments.

Many disabled people have multiple impairments. An important factor was whether symptoms of a health condition or impairment were constant and predictable, or varied significantly or unpredictably. But other factors were also important, including differences in personal resources. As a result of these factors, disabled people's preferences for public transport also varied. For policymakers, there are few one-size-fits-all solutions. Instead, policymakers will need to continue to facilitate disabled people's ability to choose between a range of available options, including how and when to travel, purchase tickets, and get information about their journeys.

The evaluation of the ITS

It is important to understand the ITS, and its evaluation, within the context of the COVID-19 pandemic. The pandemic caused major disruption to the transport industry and led to enormous changes in travel behaviour. While the impact was most acute in the short term, there continue to be longer lasting effects.

The impact of the COVID-19 pandemic on disabled people's travel

The impact of the pandemic on transport use was more substantial for disabled people than non-disabled people. Even after all pandemic restrictions were lifted, disabled people were roughly twice as likely as non-disabled people to have avoided public transport, avoided travelling during busy times, or used different modes, as a result of concerns over COVID-19. Disabled people were three times as likely as non-disabled people to say their confidence travelling had been strongly affected by concerns about COVID-19.

There were also lasting impacts on the amount people travelled, in large part due to a widespread shift towards hybrid working. This shift affected non-disabled people more, on average, than disabled people, who were less likely to be in employment. Despite this, disabled people's travel reduced by the same amount, on average, as that of non-disabled people. Use of trains and active travel (walking, wheeling and cycling) reduced more for disabled people than non-disabled people, and use of buses and taxis reduced less.

The impact of the COVID-19 pandemic on the ITS, and the evaluation

A broad set of improvements were made to the transport network as part of the ITS, including:

- The online <u>National Rail Accessibility Map</u>, which tells passengers the accessibility features at train stations, was made live.
- Additional funding was made available to install audio-visual information on buses.
- The "it's everyone's journey" public information campaign ran several times and aimed to raise public awareness of disabled people's needs and entitlements.
- New legislation was introduced to require all bus and train operators to offer staff disability training.
- The DfT established an accreditation scheme for transport operators, to recognise good performance on accessibility, and published a cross-modal disability awareness training package for operators to use with their own staff.
- The Passenger Assist app was fully implemented, and disabled people can now book the service two hours in advance, rather than needing to book it a day in advance as they did before.

- Forty-nine additional Changing Places toilets were built at Motorway Service Areas, with construction planned for another ten.
- The Equality Act was amended in 2022 to require Local Licensing Authorities (LLAs) responsible for licensing local taxis and Private Hire Vehicles (PHVs)—to publish lists of Wheelchair Accessible Vehicles in operation.
- The DfT published best practice guidance for LLAs on handling complaints.
- A Rail Ombudsman was set up in 2018.

However, the pandemic had a significant impact on the capacity of all actors to engage with the ITS, and on the transport industry more broadly. Across organisations, staff were redeployed to work on the pandemic response. The efforts of transport operators were mainly focussed on matters of financial survival. As a result, some of the ITS actions were delivered late or not at all.

The impact of the pandemic on disabled people, and on the delivery of the ITS, therefore made it unlikely that the ITS would lead to measurable shifts in key outcomes by the time the evaluation concluded. And even if large shifts were detected, the impact of the pandemic made it extremely challenging to determine the role the ITS may have played.

What can be concluded about the impact the ITS has had for disabled people?

To assess whether key outcomes for disabled people improved over time, a repeat survey was conducted in 2020 and 2023. This was a large-scale, high-quality survey. It included enough disabled participants to make robust comparisons between disabled and non-disabled people, compare groups of disabled people with each other, and assess change over time.

Overall, the evaluation did not find that key outcomes for disabled people improved over this period. It should not, however, be concluded from this that the kinds of accessibility initiatives included in the ITS are not an effective means of improving outcomes for disabled people. There are a range of reasons why the evaluation may not have identified positive changes. Firstly, many ITS actions were delivered later than intended, and the 2023 survey fieldwork may have come too soon. Secondly, many of the actions may have had substantial impacts locally, or for specific groups of transport users, and these impacts may not be visible in a general population survey. Thirdly, positive impacts from the ITS may have been offset by the lasting changes to travel behaviour and experiences caused by the pandemic.

Key lessons for the future

As the impact of the pandemic on the ITS and the evaluation became clear, decisions were made to expand the scope of the evaluation to include more exploratory research, to generate insights for the next phase of accessibility policy development. This included:

- revisiting and reanalysing qualitative interviews with disabled people conducted in 2020, to provide a richer insight into the lived experience of disabled people;
- conducting additional advanced analysis of survey data collected in 2023, to identify patterns in the factors that most strongly affect disabled people's confidence; and,
- interviewing a broader range of transport stakeholders in 2023, to understand more about how the ITS was delivered and generate learnings for future strategy development.

The key learnings from this additional work are set out below.

Improved reliability and regularity of services would benefit disabled people even more than non-disabled people

The research consistently found that measures to improve the reliability and regularity of transport services, whilst benefiting all transport users, would benefit disabled travellers to an even greater extent. Knowing that a journey will go to plan and that key services will be available was crucial. This included having accurate information about the features of stations, stops and vehicles, such as lifts, ramps, handrails and toilets. The consequences of journeys going wrong were generally much more severe for disabled people.

Overcrowding, in particular, was a major barrier to disabled people on public transport. A nondisabled passenger may experience a degree of anxiety or fatigue when taking an overcrowded journey, but the stakes can be higher for a disabled passenger: being unable to sit may lead to lasting pain; being in close proximity to others can cause substantial psychological distress; reduced audibility or visibility of information can mean connections are missed. Overcrowding is one of the primary reasons many disabled people sometimes choose to use more expensive modes, such as taxis and PHVs.

Using advanced analysis of survey data, around one in six disabled people were identified as belonging to a group that generally preferred to use private cars to get around, and had low confidence using public transport. More general improvements to the overall reliability and regularity of public transport services may be necessary to encourage this group to use public transport more often.

We should consider overlaps with other inequalities and protected characteristics

Unequal access to transport cannot be considered in isolation from wider factors such as employment, income, health and public attitudes. Some disabled people travel by modes that they find less accessible because they cannot afford those that are, and others find it hard to access employment because the available modes are inaccessible to them. Social stigma and discrimination impact disabled people's confidence to travel; in particular, younger disabled people and those with less outwardly visible health conditions—such as mental health conditions—can internalise societal preconceptions about what disability looks like and feel undeserving of extra help and adjustments. It will be hard to give disabled people equal access to the transport system without going some way towards tackling these wider inequalities.

There are also opportunities here. Seeing inaccessibility as part of a wider set of inequalities means we can identify policies that benefit multiple groups, including those with other protected characteristics. For example, the research consistently found that many of the factors that are most important for disabled people to travel confidently are also important to women, such as the behaviour of other passengers and the availability of toilets. Considering these overlaps and connections can help to identify possible "win-win" policy interventions.

Advance information is important, but must be accessible

Many disabled people require certainty before they can travel. Providing information in advance can help to alleviate the generalised anxiety that can accompany travel for many, including both disabled and non-disabled people. The research identified a large group—one in four disabled people—who are regular public transport users but nonetheless lack confidence when travelling. This group tended to be younger than others, and were more likely to have mental health conditions. Finding new and improved ways of providing information digitally may work well for this group.

However, the research found that digital solutions will not work for everyone. There was low engagement with online and app-based services amongst older disabled people, who tended to have mobility impairments, and who could gain substantially from advance information about physical accessibility adjustments. It will be important to find different ways of providing advance information to disabled people who are less digitally capable.

We should consider alternatives to the main public transport modes where necessary

The focus of transport policy can often be on the most frequently used modes—trains, buses, and, to a lesser extent, aviation. However, attention should also be given to alternatives. Making the bus and train network fully accessible to all groups of disabled people may not be realistically possible. The research identified a group of disabled people—around one in eight—who used public transport rarely if at all, but also tended to have lower incomes and no access to a personal vehicle. This group are unlikely to want to commute daily, but would nonetheless benefit from increased access to transport. This could involve concessionary or subsidised use of taxis/PHVs, or expanded community transport services (which includes a range of local services including minibuses, carsharing, hospital transport, and others). However, the research found that community transport was generally not considered or planned for by policymakers to the same extent as other parts of the transport network. It will therefore be necessary to consider the transport network more holistically going forward.

Future strategies need robust theory, structure, governance and accountability

Although all ITS actions were intended to contribute collectively to the same goal, there was a lack of clarity around how they would fit together, across modes, to achieve this, according to those involved in the delivery of the ITS. Future strategy could benefit from a fully articulated programme theory, which sets out how every commitment is expected to deliver individually and collectively on the long-term ambition. This should inform the structure of the programme, with separate teams responsible for discrete sections of the programme theory, all reporting into a central, overarching team. For governance to be effective, there is a need for more senior engagement than was consistently achieved on ITS. Lastly, to ensure accountability, it must be made clear where the lines of responsibility are drawn for each action, and how progress is reported up the chain.

Policy commitments should be ambitious, deliverable and measurable

The individual policy commitments—or 'actions', in the terminology of the ITS—of future strategies should be better designed. For example, DfT staff who took part in the research suggested that commitments should be defined narrowly enough to make clear what is required and enable accountability, while being open-ended enough to stimulate continued

improvements, even after the initial actions are delivered. Each commitment should be accompanied by a measurable set of outcomes, including a series of interim milestones to track whether and how the action taken is expected to result in the desired outcome. Commitments must also be realistic: those with limited funding attached should not necessarily be expected to produce transformational outcomes.

Where possible, policymakers should balance communication, funding, regulation and enforcement

Many of the ITS actions involved encouraging wider stakeholders in the transport industry to undertake accessibility initiatives. However, the DfT's ability to influence these stakeholders varies. The research found that DfT's encouragement alone was not always effective, and that more substantial change was achieved when communication could be accompanied by funding, or by regulation and enforcement, recognising that this was not always feasible

The availability of and ability to use these different policy levers will vary by context, including across modes. In the rail sector, for example, the relatively centralised structure means the DfT has more direct lines of communication with operators via industry bodies such as the Rail Delivery Group. This can make it easier to communicate and enforce regulatory requirements. The taxi and PHV sector, by contrast, is deeply decentralised, with a large number of Local Licensing Authorities responsible for regulating and enforcing many thousands of operators. Future strategies should reflect on how best to balance the policy levers available.

1. Understanding disabled people's travel

While the main aim of the evaluation was to assess the extent to which the ITS met its initial objectives, it also generated a large volume of evidence on how and why disabled people travel, their experiences of doing so, and the factors that affect their confidence. This chapter summarises these findings.

1.1 Disabled people's transport use

Although many disabled people use the public transport system regularly and easily, there are substantial differences between disabled and non-disabled people in how often they travel, for which reasons, and by which modes.

In 2021, disabled people took seven trips on average, by any mode, for every ten trips taken by non-disabled people. This gap was unchanged from prior to the COVID-19 pandemic, and prior to the ITS (<u>National Travel Survey</u>). The gap is larger amongst older people (aged 60+)—closer to six trips taken by disabled people for every ten taken by non-disabled people. Amongst those who are working age (16 to 59) it is smaller—closer to eight trips taken by disabled people for every ten taken by non-disabled people—and is largely a result of differences in employment levels. When commuting, travelling for business, and travelling for education are excluded, the gap between working age disabled people and working age nondisabled people almost entirely disappears.

Figure 1 below shows that the main difference in travel behaviour between disabled and nondisabled people of working age was in the number of work- or education-related journeys. By contrast, older disabled people also travelled less than older non-disabled people for both shopping and 'other' purposes. This latter category is broad, including visiting friends and family, entertainment, participating in sport, holidays, day trips, and just going for a walk, amongst other activities.

Disabled people, on average, used some modes more and some less than non-disabled people. Buses and taxis, in particular, were used more often by disabled people than non-disabled people, whereas trains were used much less often by disabled people (Table 1). The evaluation provides strong evidence that disabled people often used taxis due to difficulties using other modes, despite the typically higher cost. The low rates of train use may be related to the differences in work and education-related travel described above, in addition to accessibility-related issues.



Figure 1: Average number of trips taken in 2021 by journey purpose, for disabled and non-disabled people, aged 16-59 and 60+ (NTS)

Table 1: Average number of trips taken in 2021 by main mode, for disabled and nondisabled people, aged 16-59 and 60+ (NTS)

	Age 16-59		Age 60+	
Main mode	Disabled	Non-disabled	Disabled	Non-disabled
Active travel (walking, wheeling and cycling)	213	265	139	267
Private vehicle (as driver or passenger)	406	483	341	531
Bus	67	53	61	54
Train (incl. London Underground)	9	32	2	6
Taxi / minicab	9	7	12	4

Bases for Figure 1 and Table 1: 16-59 disabled (573) non-disabled (4620); 60+ disabled (893), non-disabled (2,110).

1.2 Disabled people's confidence to travel

Although most disabled people were reasonably confident travelling, confidence levels were consistently lower, on average, than among non-disabled people. The ITS evaluation found that when asked how confident they were travelling in the last 12months, 64% of disabled people were at least moderately confident travelling, compared to 85% of non-disabled people (in general, rather than using any specific mode). This difference in confidence was broadly consistent across modes.

A wide range of factors were disproportionately likely to affect disabled people's confidence when travelling. Figure 2 shows the proportion of disabled and non-disabled people whose confidence was strongly affected by each of a range of factors. Two factors that strongly affected a large proportion of disabled people also strongly affected a relatively large, albeit smaller, proportion of non-disabled people: unexpected changes to journeys, and taking unfamiliar journeys. Travelling in busy periods also strongly affected a large proportion of disabled people. These findings support the view that improvements to the reliability and regularity of services would benefit all transport users, but would benefit disabled people to an even greater extent.



Figure 2: Factors affecting the travelling confidence of disabled and non-disabled people

Question: Thinking about the last year, how much did [X] affect your confidence when you travelled on public transport?

Bases: Adults 18+ in GB, including both public transport users and non-users, with a disability (1874), and without a disability (1981).

Other factors tended to strongly affect the confidence of a much smaller proportion of disabled people, such as a lack of information about accessibility adjustments or toilet

facilities. However, the qualitative research also shows that for some disabled people, these factors can prevent them from travelling entirely.

Confidence profiles

The research gained additional insight into which factors were important to which groups using an analytical approach called Latent Class Analysis (LCA). This approach sorted the population—both disabled and non-disabled people—into seven distinct groups, each with a different 'confidence profile'. The groups differed in which factors affected their confidence travelling the most. Three of these groups contained high proportions of disabled people:

- **Public transport users who nonetheless had very low confidence in most situations**. Though members of this group travelled by public transport frequently, they had very low confidence travelling, and many of the above factors strongly affected their confidence. This group were younger on average, had lower incomes, and were less likely to have access to a car. They were more likely to have a mental health condition than other groups, although the group contained a broad range of other types of conditions or impairments as well.
- Non-public transport users who had low confidence in some situations. Members of this group used public transport infrequently, if at all. They had relatively low confidence to travel and a range of factors affected their confidence, though they tended not to require advance information about accessibility adjustments to travel confidently. Instead of taking public transport, this group were more likely to be frequent car users. This group had a broad range of health conditions or impairments.
- Non-public transport users who only travelled in very specific circumstances. Members of this group tended to use public transport infrequently, if at all. They only travelled under very specific conditions: they tended to require advance information about accessibility adjustments to travel confidently, and to avoid difficult journeys such as journeys at busy times and journeys involving unfamiliar routes, mode changes or unexpected changes. This group was much more likely to have a mobility impairment and to use a mobility aid than other groups. On average, they were older than other groups, had lower incomes, and were less likely to have access to a car.

All three of these groups were more confident using taxis than they were using buses or trains, which was not the case for other groups. This is a consistent finding across all strands of the ITS evaluation: that disabled people often rely on taxis, despite the higher cost, due to barriers they experience to using other modes.

The identification of these distinct 'confidence profiles' can help to target policy interventions more effectively. This is discussed in more detail in Section 5.2.

1.3 Disabled people's lived experience of travelling

Disabled people's lower travelling confidence is strongly related to their lived experience of trying to navigate and use the public transport network. The ITS evaluation involved detailed qualitative research with disabled people to understand their lived experiences in rich detail and in their own words. This section summarises the findings from that research, and reflects on the relationship between the qualitative and quantitative strands of the evaluation.

Managing health conditions and impairments

Disabled people's health conditions and impairments vary hugely, including mobility impairments, sensory impairments, mental health conditions, cognitive impairments, and many others. Unsurprisingly, the exact nature of someone's health condition or impairment was a crucial factor in their experience of the transport network, and the decisions they made when travelling. Both the quantitative and qualitative research consistently found differences in experiences: for example, for those with mobility impairments, the physical (in)accessibility of the transport network was central to their experience, whereas those with cognitive impairments often emphasised the importance of empathetic and patient staff, as well as clear audio-visual information.

Beyond this, the qualitative research found that a key factor was whether the symptoms associated with a condition or impairment were constant and predictable, or whether they varied significantly or were unpredictable. Periods in which symptoms were worse or more difficult to manage often led to the decision not to travel at all, to travel by different modes (such as by taxi), or to travel under very narrow conditions (for example, when the network was not busy). This distinction cuts across other ways of grouping disabled people, such as the type of health condition or impairment, or the outward visibility of a condition or impairment. This was not a distinction that was captured in the quantitative research, but with good questionnaire design, could be in future. It is likely that important new insights could be gained by exploring this quantitatively.

The need for certainty

A strikingly consistent finding in the research was that many disabled people needed a high level of certainty about their journeys. As shown above, unexpected changes to journeys strongly affected the confidence of almost a third of disabled people—more than any other factor that was asked about. There was also a group of disabled people, identified in the LCA, who simply did not travel unless they had advance information about accessibility adjustments, and who tended to avoid difficult journeys, such as journeys at busy times or involving unfamiliar routes or mode changes.

The qualitative research uncovered more detail about what having certainty meant for disabled people. It could mean being sure that they would be on time for their bus, train or flight, that their journey would not be delayed or cancelled, that they would be able to get a seat, that the expected accessibility adjustments would be available and functioning, that they would have the facilities required to manage their symptoms, or that staff assistance would be provided and meet their needs. The qualitative research also clarified the consequences of lack of certainty. If journeys took longer than planned, disabled people could be left in significant pain, or the effects of medication could wear off. If toilet facilities were out of order, disabled people could face highly embarrassing and traumatic situations. If live journey information was unavailable, disabled people could miss their stops and be left stranded. All kinds of unplanned changes to journeys could cause high levels of anxiety and psychological distress for disabled people.

Experiences of stigma and feelings of deservingness

There are societal preconceptions about what disability 'looks like'. Some disabled people felt that their health conditions or impairments were clearly visible to others, whereas others did not. In particular, the quantitative research shows that older disabled people, and those with

mobility impairments, were much more likely to feel their conditions or impairments were clearly visible, whereas younger disabled people, and those with mental health conditions, were much less likely to feel this way.

The research found that this can have profound consequences for disabled people's confidence and their experiences of the transport network. The qualitative research found that some disabled people were highly confident making their needs known to transport staff or other passengers, such as asking for assistance, asking for a priority seat, or using accessibility infrastructure. These disabled people tended to be older and to have lived with their health condition or impairment for longer. But other disabled people could be much less confident and could feel embarrassment or shame, or that they did not deserve assistance because they were not 'disabled enough'.

The LCA identified a relatively large group—around one in four disabled people—who used public transport regularly but were nonetheless very low in confidence. This group were younger than others, on average, were more likely to have a mental health condition, had lower incomes, and were more likely to be women. Their low confidence may be related to the feelings of embarrassment, shame and stigma identified in the qualitative research.

The uniqueness of individual circumstances

A central finding from the qualitative research was that the needs and resources of disabled people were highly varied and often unique to each individual. No two disabled people had the same combination of health needs, travel needs, and personal resources. This variety meant that there were an enormously wide range of priorities among disabled people. Some disabled people prioritised space to stand or move, whereas others prioritised seating. Some disabled people preferred to interact with staff, whereas others preferred to use self-service machines or apps.

This creates a challenge for policymaking. There are few one-size-fits-all solutions. Instead, policymakers will need to continue to facilitate disabled people's ability to choose between a range of available options, including how and when to travel, purchasing tickets, and getting information about their journeys.

In some ways, this also creates a challenge for conducting quantitative research into disabled people's experiences of transport. All quantitative research necessarily involves some degree of simplification. Although this is essential to generate estimates of how common an experience is, or to understand which groups are most affected by a phenomenon, the ITS evaluation highlights the particular importance of mixed-method research in this context. The lived experience of disabled people on public transport is, to some degree, irreducibly complex, and requires qualitative research for this to be fully surfaced.

The challenge of overcrowding

Perhaps the most consistent finding across the research was the challenges posed by overcrowding. The LCA found that one group of disabled people—who are older, travel rarely, and tend to have mobility impairments—almost entirely avoid travelling during busy periods. But overcrowding was an important barrier for a wide range of disabled people. As shown in Figure 2 above, more than any other factor, overcrowding disproportionately affected the confidence of disabled people when travelling. It was common for disabled people to use more expensive modes, such as taxis, when other modes were too busy.

The qualitative research uncovered the ways in which overcrowding impacted disabled people:

- difficulty reaching or accessing seating, which was needed to avoid pain or fatigue;
- an increased likelihood of bumps and falls for those with impaired strength or balance;
- difficulty seeing or hearing live journey information;
- severe social anxiety associated with being in close proximity to other people;
- difficulty reaching wheelchair spaces;
- risk of injury for assistance dogs; and,
- difficulty accessing staff for information or assistance.

2. The impact of the COVID-19 pandemic

The COVID-19 pandemic caused enormous disruption to the transport network in the short term, and significant changes in the amount and nature of people's travel in the longer term. This chapter summarises the impact of the pandemic on disabled people's travel behaviour and experiences, on the delivery of the ITS, and the ability of the evaluation to draw conclusions.

2.1 The impact on disabled people

For both disabled and non-disabled people, there was a substantial decline in the number of trips made during the pandemic. From 2018 to 2021, the average number of trips taken in a year fell from 1,061 to 821 for non-disabled people (a 23% fall), and from 743 to 594 for disabled people (a 20% fall). In 2018, disabled people took roughly seven trips for every ten taken by non-disabled people, and by 2021 this had not changed significantly.

Within these overall changes, there were differences between modes. For both disabled and non-disabled people, use of buses, trains and taxis declined more than use of private vehicles or active travel (cycling, wheeling, and walking). Use of trains declined more amongst disabled people than non-disabled people, whereas use of buses and taxis declined less amongst disabled people.

The pandemic-related changes to travel behaviour are strongly connected to changing working practices: in particular, the shift to hybrid working. From 2018 to 2021, the average number of commuting, business or education-related trips fell by double the amount that other types of trips did, for both disabled and non-disabled people. Since non-disabled people were much more likely to be in employment, this means that 38% of the decline in their travel was attributable to a decline in commuting, business, or education related trips, compared to 19% for disabled people. So, although travel reduced by a similar amount overall for disabled and non-disabled people, this obscures substantial differences in the types of changes that disabled and non-disabled people experienced.

Disabled people were much more likely to report that their travel behaviour and confidence had been affected by the pandemic, even after restrictions ended. Disabled people were roughly twice as likely as non-disabled people to agree that they had avoided public transport, avoided travelling during busy times, or used different modes due to concerns about COVID-19. Disabled people were three times as likely as non-disabled people to say that concerns about COVID-19 strongly affected their confidence travelling. Overall, the evidence shows that between 2020 and 2023, 37% of disabled people had become less confident travelling in general, compared to 26% of non-disabled people.

The effect of the pandemic on travel behaviour also varied between different groups of disabled people. The evidence suggests that those groups of disabled people that were already infrequent public transport users prior to the pandemic reduced the amount they travelled by more than those who were more frequent transport users prior to the pandemic.

This includes two groups in particular: a group of disabled people who tended to have relatively severe mobility impairments, who travelled rarely and avoided difficult journeys, such as travelling in busy periods; and a group who had a range of conditions and impairments, and who tended to travel by car. These findings show that the pandemic widened the gaps in travel behaviour between groups.

2.2 The impact on the ITS

The COVID-19 pandemic significantly disrupted the delivery of the ITS by reducing the resources available—both human and capital—and by shifting the immediate priorities of key actors. Although many ITS actions were delivered, a large proportion of these were delivered later than intended, or differently than intended, and several were not delivered at all.

Within the DfT and transport operators, staff working on accessibility were often deployed to work on the pandemic response. As a strategy that depended on coordination between a wide range of stakeholders across the transport sector, delivery of the ITS struggled to maintain the pace and engagement with which it began.

The pandemic created unprecedented financial strains across the transport industry, particularly for aviation, rail and bus. There was a sustained period in which little or no revenue was coming in. Train operating companies operated on full revenue cost risk, meaning they were entirely reliant on DfT subsidy. Companies were focussed entirely on matters of financial survival and deprioritised accessibility improvements as a result.

Overall, whilst it is clear that progress has been made, we can be confident in concluding that the ITS would have made substantially more progress had the pandemic not occurred.

2.3 The impact on the evaluation

The primary aim of the evaluation was to understand the extent to which the ITS improved the travel experiences of disabled people—namely, their ability to travel with confidence, ease and at no extra cost. Part of this assessment was whether the gaps between disabled and non-disabled people narrowed.

Given that the ITS was not delivered to the full extent intended within the timeframe of the evaluation, and given that the COVID-19 pandemic affected disabled people more and differently than non-disabled people, it is very challenging to assess what impact the ITS may have had. As a result, significant caution has been taken when interpreting evidence of change, or a lack of change. In the new post-COVID-19 landscape, it is more valuable to see the second wave of data collected as part of this evaluation as providing a new baseline for future policy development. To that end, the DfT chose to commission more in-depth analysis of this data, to provide a stronger foundation going forward. The insights from this additional analysis are drawn on through this report, and are covered in more detail in two 'deep dive' reports:

3. The impact of the ITS

The ITS involved 96 separate actions. The evaluation assessed a subset of high-profile actions within these by examining the extent to which they were delivered, and using surveys to measure key outcomes association with each. Detailed examination of the causal pathways associated with each action was beyond the scope of the evaluation.

Overall, the evaluation did not find that key outcomes for disabled people improved between 2020 and 2023. However, it should not be concluded that the kinds of accessibility initiatives included in the ITS are not an effective means of improving outcomes for disabled people.

There are a range of reasons why the evaluation may not have identified positive changes. Firstly, many ITS actions were delivered later than intended, which meant that some of the impacts may not have come into full effect when the 2023 survey fieldwork was conducted. Secondly, many of the actions may have had substantial impacts locally, or for specific groups of transport users, and may not be visible in a general population survey. Thirdly, as discussed in Chapter 2, any positive impacts from the ITS may have been offset by the lasting changes to travel behaviour and experiences caused by the COVID-19 pandemic.

The high-profile ITS actions were arranged in a Logic Model which was used to guide the evaluation. The Logic Model grouped the actions into five separate pathways. This chapter presents the key findings from the Evaluation Report for each of these pathways.

3.1 Planning and information

The primary aim of this pathway was to enable disabled people to plan their journeys more easily. All of the actions under this theme had been completed or partially progressed. The online <u>National Rail Accessibility Map</u>, which tells passengers the accessibility features at train stations, was made live. Additional funding allocations were announced, to support the installation of audio-visual (AV) information on buses.

Despite this, the evaluation did not find that disabled people could plan their journeys more easily. In part, this may be because some actions had not been fully delivered: for example, online models of train station layouts had not been completed and the AV information funding had not yet been delivered to bus operators. However, it is also likely related to the low levels of take-up of online and app-based services. Older disabled people, who are more likely to have mobility impairments and require physical accessibility adjustments, were much less likely to have used online and app-based services.

3.2 Interactions with staff and passengers

This pathway aimed to improve disabled people's interactions with staff and other passengers. Substantial progress had been made on the actions under this pathway. The "<u>it's everyone's journey</u>" campaign ran several times and aimed to raise public awareness of disabled people's needs and entitlements. New legislation was introduced to require all bus

and train operators to offer staff disability training. The DfT established an accreditation scheme for transport operators, to recognise good performance on accessibility, and published a cross-modal disability awareness training package for operators to use with their own staff.

However, the evaluation identified limited awareness and engagement with these DfT initiatives among operators who participated in the research, and financial barriers to fully rolling out new training packages. The evaluation did not find that disabled people's interactions with staff and passengers improved. This may be because several of the initiatives were delivered later than planned, due to the pandemic. It may also be because disability-related negative experiences are a small proportion of overall negative experiences with staff and passengers, so changes are hard to detect in national surveys.

3.3 Assistance and facilities

This pathway aimed to improve the assistance and facilities available to disabled people, to improve awareness of these services, and to help disabled people to access them more easily. Most of the actions under this pathway had been largely delivered. The rail Passenger Assist app is now fully implemented, and disabled people can book the service two hours in advance, rather than needing to book it a day in advance as they did before the ITS was published. Funding was made available for additional Changing Places toilets at Motorway Service Areas. At the time of fieldwork, 49 additional Changing Places toilets had been installed, with 10 more planned.

The ITS also intended to increase awareness of journey assistance tools, such as the Sunflower Lanyard. The ITS Panel survey showed an increase in awareness of these tools, and the DfT observed an increase, particularly in the use of the Hidden Disabilities Sunflower Lanyard, largely as a result of the pandemic, with disabled people using the tools as a way of communicating their needs in relation to the newly introduced public health measures.

The evaluation did not find that awareness or use of Passenger Assist increased, nor did the use of an app to book it, or overall satisfaction with the service. Use of trains is generally much lower amongst disabled people than non-disabled people, so these findings may suggest a need for greater awareness raising outside of rail settings, to reach disabled people who don't currently travel by rail. The findings also suggest the key driver of satisfaction may not be challenges associated with booking the service. Other factors may be more significant, such as the behaviour of transport staff, or experiences of failed assists where booked assistance is not provided. More research would be necessary to understand this in more detail.

3.4 Accessible vehicles

The primary aim of this pathway was to increase the number of wheelchair accessible vehicles (WAVs) provided by taxi and PHV operators. In accordance with section 167 of the Equality Act 2010, all LLAs are required to maintain and publish a list of the designated wheelchair accessible taxis and PHVs licensed within their jurisdiction. At the time the ITS was published, the main function this served was to provide information about vehicle accessibility, to aid disabled passengers in identifying vehicles which may meet their needs.

DfT encouraged LLAs to publish lists of WAVs, but compliance was initially low. As a result, the Equality Act was amended in 2022 to make publishing such lists a statutory requirement. The evidence indicates that although more LLAs have published lists, this has not resulted in an increase in the number of WAVs in operation (as assumed in the ITS evaluation logic model). LLAs who participated in the research suggested a key reason for this was insufficient financial incentives for taxi and PHV operators to purchase WAVs.

3.5 Complaints

The aim of this pathway was to improve disabled people's awareness of their rights, and to make it easier to raise complaints, with a view to increasing the number of accessibility-related complaints made. Progress was made against most of the intended actions. The Rail Ombudsman was set up in 2018. DfT published best practice guidance for LLAs for consultation in 2022, which included guidance on handling complaints about taxis and PHVs, although later than intended, due to the pandemic. A key action—to develop an online tool for disabled bus passengers to report issues—was not delivered.

The evaluation did not find that disabled people became more aware of their rights, found it easier to complain, or complained more often about accessibility issues between 2020 and 2023. There was some evidence that for disabled bus passengers it became more difficult to report issues, and that satisfaction with the outcomes of complaints on buses fell. This reiterates the importance of completing the remaining ITS actions.

4. Lessons learnt for future policymaking

The evaluation aimed to assess what learning could be applied from the ITS to the development and delivery of future transport accessibility policy. Several lessons were identified, and are discussed in this chapter.

4.1 Engagement with the accessibility agenda

The findings indicated that engaging with the accessibility agenda in a more holistic and comprehensive way has the potential to ensure that disabled people's needs are considered fully. Three key lessons emerged from the research, which are discussed in this section.

Transport inaccessibility should not be considered in isolation from other inequalities

Transport needs and experiences depend on complex interactions between transport itself and other factors such as employment, income, health, and wider societal preconceptions and biases. These complexities were apparent in the qualitative research conducted with disabled people. The research included participants who chose to travel by modes that were less accessible to them, because they could not afford those that were. Disabled people for whom certain modes are inaccessible may find it harder to access employment as a result (see, for example, <u>Access to Transport and Life Opportunities, DfT (2019)</u>. The qualitative research also spoke to participants whose confidence travelling had been affected by social stigma and discrimination. In particular, younger disabled people and those with less outwardly visible health conditions could internalise societal preconceptions about what disability looks like, and feel undeserving of extra help or adjustments. It will be challenging to ensure that disabled people can travel confidently, easily and at no extra cost without going some way towards tackling these wider inequalities.

Understanding the relationship between disability and other demographic and socio-economic factors can also provide opportunities for policies that benefit a wider group of travellers, including non-disabled passengers with other protected characteristics. The research found that many of the factors most important for disabled people were also important for women. Most notably, both disabled people and women were more likely to want advance information about the availability of toilets. Considering these overlaps can help to identify possible "win-win" policy interventions.

Engagement with disabled people should be at the forefront of policymaking

The evaluation found that both the DfT and transport operators who participated in the research had made significant progress towards involving disabled people in transport decision-making since the ITS was published. Some of the train and bus operators who participated in the research, for example, felt that better customer engagement and feedback mechanisms (such as accessibility panels, customer groups and complaints channels) had enabled them to implement accessibility initiatives and improvements that were more closely aligned with disabled people's needs and preferences. However, the research found more could be done to ensure the full range and complexity of disabled people's day-to-day needs

are reflected in policymaking. Ways of engaging with disabled people could be more diverse, including social media, and co-design initiatives.

There was also a view that the DfT could engage more fully with the Disabled Person's Transport Advisory Committee (DPTAC). DPTAC is an independent body that advises the government on the transport needs of disabled people. While DPTAC were extensively involved in the ITS, there is potentially scope for improved awareness of, and engagement with, DPTAC more generally across the DfT, not just within teams that are focussed on accessibility issues.

There is a need to ensure that all aspects of the transport network are considered appropriately

Transport policymaking is enormously broad, covering a wide range of modes, with vastly different scales and budgets. The research identified a risk that certain aspects of the transport network are prioritised at the expense of others. In particular, rail and bus can often appear to be prioritised over less frequently used modes that are nonetheless crucial for certain segments of the population. A clear example is community transport. This includes a wide variety of local services—minibuses, carsharing services, hospital transport, and many others—that are intended to fill unmet local needs, particularly for vulnerable or isolated people, including older and disabled people. The research found that community transport was generally not considered or planned for to the same extent as other sections of the transport network. It could be described more explicitly in transport strategy documents and more appropriately distinguished from the bus sector.

4.2 Designing policy

The research identified potential improvements to the way accessibility policies are designed and managed, which are outlined in this section.

Programme theory

Stakeholders interviewed for the research felt it is crucial that any programme is underpinned by a comprehensive programme theory. Though all of the ITS actions were intended to contribute collectively towards the same goal, there was a lack of clarity on how they would piece together, across modes, to achieve this. Future policy can be strengthened with a fully developed programme theory. This can be complemented with a comprehensive logic model or theory of change that articulates how every commitment and element of the programme theory (i.e. every input, activity, output, outcome and impact) is expected to deliver individually and collectively on the long-term ambition.

Programme structures

Translating this programme theory into practice requires fully developed programme and governance structures. The ITS was effective in its ambition to rally policymakers around a single cause and contributed to a lasting, cross-modal commitment to the accessibility agenda. ITS programme board meetings were also invaluable in fostering collaboration between programme staff and in providing a forum to freely discuss factors affecting delivery. However, the research found that more could have been done to translate this into effective programme delivery, and to ensure effective governance.

In terms of delivery, there was a view among stakeholders that it may not be sufficient to have a single programme to account for a very large number of policy commitments. Commitments that cut across different modes and operating contexts may require different delivery approaches. Rather than simply having one overarching delivery structure for large programmes, the overall programme could be underpinned by a series of sub-programmes that cover each set of closely related policy commitments. Each sub-programme would have a dedicated framework and structure for its governance and delivery. Structuring an overall programme in this way could help to ensure that all policy commitments receive the attention they deserve whilst also feeding consistently into the overarching programme theory.

In terms of governance, future policy could be strengthened with a more integrated governance model and closer ongoing involvement from senior, strategic staff. The research found that the ITS received a lack of regular engagement from senior staff within the DfT, who had delegated engagement with the programme board to those leading on day-to-day accessibility work. Ensuring that future programmes receive adequate oversight would help ensure every policy commitment receives a consistent level of attention, that all policy commitments are designed and delivered in a way that commits the DfT to the delivery of measurable improvements in outcomes for disabled people, that decision making is joined up with adjacent governance processes (such as mode specific programme boards), and that the accessibility agenda is embedded into the wider work of each team.

Relatedly, it is important to establish direct accountability for the full range of improvements to be delivered under a programme. The ITS aimed to deliver a comprehensive and cross-modal set of improvements, which required a joined-up approach, adequately considering all modes as well as the links between them. However, the lines of responsibility across the transport sector are hugely complex, with different public and private sector organisations responsible for different components. This makes it difficult to establish clear accountability mechanisms. The research found more could be done to build accountability mechanisms into future transport policy, especially for improvements that fall outside the DfT's direct control. In part, this may involve building the kind of more detailed programme theory discussed above.

Policy commitments

Although these structures are essential for effective policymaking, it is also crucial that the policy commitments themselves are well-designed. In particular, full accountability requires that policy commitments are unambiguous and attached to measurable deliverables. The research identified three ways that individual policy commitments could be better designed.

Firstly, policy commitments should be narrow enough to make clear what is actually required, but open ended enough to encourage ongoing progress once a specific action has been completed. Several of the ITS actions did not manage to strike this balance. There were ITS actions that did not commit the DfT to undertaking anything new, but to simply continue an existing line of work, generally defined, such as "continue to encourage LLAs to publish lists of designated wheelchair accessible vehicles". Actions such as this were potentially too open ended. Conversely, there were ITS actions that consisted of single, standalone activities and simply represented the first step towards achieving an outcome, such as "announce our actions in response to the recent Blue Badge consultation by the end of this year". Actions such as this were potentially insufficiently ambitious.

Secondly, every action should be accompanied by a set of measurable targets, milestones and outcomes. At delivery stage, this can provide a clearer way of assessing whether policy

commitments are on track towards achieving their intended outcomes, rather than just assessing whether they have been delivered or not.

Thirdly, policy commitments must balance ambition with capacity to deliver. The ITS laid out an ambitious and significant improvement agenda, but had limited funding attached. Stakeholders felt that delivering major improvements to the accessibility of the transport system often requires significant and long-term funding. In which case, it will be important to demonstrate that the potential benefits of delivering policy outweigh the potential costs. This could involve more robust and extensive modelling and evaluation.

Related to this, delivering policy in a consistent way also requires continuity in staffing and governance arrangements within the DfT. Adequate staffing of teams and strong knowledge transfer processes are important for building resilience against turnover. There was a view among stakeholders that the redeployment of staff, exacerbated by the COVID-19 pandemic, had disrupted the progress of the ITS.

4.3 Delivering policy

The research also identified lessons about how the DfT can use various policy levers to ensure that future policy, once designed, actually delivers consistent sector- and industry-wide change. The research showed that simply *encouraging* the industry to introduce new accessibility measures is not always effective. Prompting significant and consistent change from the transport industry was perceived to require government to effectively balance the use of industry-wide communication with funding, regulation and enforcement.

The exact balance between these policy levers will need to vary to suit the diverse operating contexts faced by different transport modes. The transport industry is incredibly diverse— support needs and capacity to deliver varies greatly from one sector or organisation to the next, as does devolution and the lines of responsibility from the DfT all the way down to individual organisations and their customer-facing staff. For a sector like rail, for example, the DfT generally has direct lines of communication with operators via industry bodies such as the Rail Delivery Group, which can make it relatively straightforward to communicate and enforce regulatory requirements. In fact, the COVID-19 pandemic led to an increase in DfT's control over the sector, with the end of rail franchising. In contrast, a different combination of policy levers will be required for highly privatised sectors like aviation, or deeply decentralised sectors, such as taxis and PHVs.

Communication

Clear government messaging is essential for embedding knowledge and awareness of future policies. Government communication should make it clear how policies apply to actors at all levels, regardless of variation in size or geography. Transport operators who took part in the research felt that previous industry guidance has often come with a large degree of interpretation, and that achieving consistent change may require the DfT to be more prescriptive and specific about what they would like the industry to do. Finally, to sustain engagement throughout the lifetime of the policy, it is important that communication is sustained over time.

Funding

The policy commitments the ITS called for generally did not have funding attached to them, with a few exceptions such as Access for All (to fund improvements at railway platforms), audio-visual funding for small bus operators (to fund the retrofitting of audible and visible technology) and funding for the installation of Changing Places toilets at Motorway Service Areas. Without funding, it could be difficult for the industry to deliver the changes called for by the DfT. The research identified lack of funding to be a perceived barrier to carrying out the following improvements:

- delivering disability training courses (for smaller transport operators);
- carrying out AV retrofitting (for bus operators who did not qualify);
- carrying out the full extent of station accessibility improvements (not just at the platform);
- subsidising the cost of ownership of wheelchair accessible taxis and private hire vehicles (for LLAs); and,
- replacing older vehicles (for community transport organisations, who are not allowed to receive capital funding for this purpose).

A first step to securing funding is demonstrating the value of interventions. Whilst the social value attached to accessibility improvements is widely recognised, such improvements often come with significant upfront costs, generate lower revenue, and the economic benefits they deliver can be less tangible or easy to quantify. To generate a strong case for the use of funding, it will be important for future policymakers to:

- Draw on evidence about what jointly delivers maximum economic and social value. To support this, there may be a need for greater evaluation of previous accessibility projects, with a focus not just on whether a project was delivered but also how it was delivered, and what learning can be applied to projects elsewhere.
- Consider non-users of public transport upfront. When specific disabled customer groups are infrequent or non-users of public transport, there can be a tendency to assume that this reflects a lack of demand for public transport within that group, and to prioritise spending on other customer groups that currently dominate instead. This can obscure the potential uptake in transport services that could result from addressing the barriers that currently make public transport inaccessible for such groups.

Regulation and enforcement

The research found new legislation had been an effective way of bringing about consistent changes. For example, it was not until the Taxis and Private Hire Vehicles (Disabled Persons) Act 2022 was introduced that DfT was able to significantly progress their commitment to increasing the proportion of LLAs who published lists of designated wheelchair accessible vehicles, despite having previously encouraged LLAs to do so.

The research also heard suggestions from stakeholders for potential cases for greater use of national minimum standards. This included both the introduction of new standards (for example, a national standard for the minimum provision of wheelchair accessible vehicles by LLAs) and the further application of existing standards (for example, greater enforcement of laws surrounding disabled consumer rights when things go wrong).

However, the research also identified that any regulation must be underpinned by a strong enforcement approach to be effective. The DfT has very little direct engagement with taxi and PHV drivers and so are wholly dependent on LLAs to enforce regulations. However, the research suggested that LLAs have limited funding or enforcement power, and without greater industry standardisation the is a risk that taxi and PHV operators will simply move their business to other LLAs with less effective enforcement.

5. Next steps

The primary aim of the evaluation was to assess the extent to which the ITS brought about its intended outcomes. However, in light of the substantial disruption caused by the COVID-19 pandemic, this assessment is very difficult to make. A decision was therefore taken to collect extra data, and conduct additional analysis of the data already collected, to maximise the learnings for future policy development and identify ongoing and emerging research needs. This chapter discusses these learnings. It begins by identifying a range of opportunities for "win-win" interventions that have the potential to benefit a large number of disabled people, in addition to non-disabled people. It then identifies a range of more targeted interventions that have the potential to specific groups of disabled people. Lastly, it identifies possible research gaps and opportunities.

5.1 General policy interventions

Despite the diversity of needs and preferences amongst disabled people, there are opportunities for "win-win" interventions that deliver on the needs of most or all groups of disabled people, while also catering to the needs of other groups of transport users. Some such interventions would require large-scale action across the whole of the transport network, but others are more modest in scope. Two groups of general policy interventions are presented below: firstly, interventions intended to benefit both disabled and non-disabled travellers; and secondly, interventions intended to benefit disabled people specifically.

5.1.1. Interventions to improve everyone's experiences

Most obviously, improving the reliability and regularity of transport services and journey information would benefit all transport users. However, the research consistently found that these improvements would benefit disabled people to even greater extent. Knowing that a journey will go to plan, and having consistent access to journey information—both in advance and in real-time—was crucial for many disabled people to travel confidently. The research found that the consequences of journeys going wrong were generally much more severe for disabled people.

Closely related to this, interventions that aim to reduce overcrowding would benefit disabled people even more than they would benefit non-disabled people. Overcrowding makes it more difficult for everyone to travel with ease and confidence: for example, it can create difficulty manoeuvring on transport; seeing or hearing announcements; and accessing staff for information or assistance. The impacts on disabled users are usually much more profound and wide ranging than for non-disabled users. A non-disabled person may experience a degree of anxiety or fatigue when taking an overcrowded journey, but a disabled person who is unable to sit may experience lasting pain, and being in close proximity to other passengers could lead to substantial psychological distress. Furthermore, overcrowding pushes some disabled people to use alternative and more expensive modes such as taxis.

As previously discussed, there may be significant potential for improving the travel experiences of women and the experiences of disabled people simultaneously. The research

sorted the public into seven groups based on the factors that were most important to their confidence when travelling, and found that those groups in which disabled people were most overrepresented also contained a disproportionate share of women. This suggests that policy interventions targeted at women and those aimed at disabled people may be mutually beneficial, at least for some groups of women, and some groups of disabled people.

There was also a group of regular public transport users who had very low confidence travelling, in most situations. This group contained a large number of disabled people, but was also younger on average than other groups, with lower incomes and less access to private cars. This suggests that policy interventions targeted at younger people and those aims at disabled people may also be mutually beneficial, at least for some groups of young people and some groups of disabled people.

5.1.2. Interventions to improve disabled people's experiences

Advance information about toilet facilities

Improving the provision of advance information about the availability of toilet facilities has the potential to benefit a large number of disabled people. Disabled people were four times as likely as non-disabled people to say that a lack of advance information about toilet facilities affected their confidence when travelling, and twice as likely to simply not travel if this information was lacking. When sorting the public into groups based on the factors that most affected their confidence travelling, there was one group in which over half of members simply would not travel without this information. This group was much more likely than others to have relatively severe mobility impairments, to travel rarely, and avoid difficult or unfamiliar journeys. Women were also more likely than men to want advance information about toilet facilities, again supporting the finding that is potential for policies that benefit both disabled people and women.

The ITS contained a range of actions that involved making information available to travellers in advance, such as digital station maps. These actions tended to take advantage of digital technologies, such as websites, or apps. However, the research found that these technologies were used relatively rarely, and were, unsurprisingly, used least by older disabled people. These findings therefore suggest that attempts to make information about toilet facilities available to travellers in advance will need to be accessible to both the digitally capable and the digitally excluded. <u>ONS data</u> shows that disabled people are much more likely to be digitally excluded than non-disabled people.

Promoting public awareness

For those who require assistance, travelling experiences can be improved by ensuring that transport staff are aware of, and appropriately respond to, disabled people's needs. However, more broadly, it is important to ensure that the public at large are aware of disabled people's needs. The research found that the behaviour of other passengers can have a substantial effect on disabled people's confidence and experiences, including rudeness, loudness, or not giving up priority seats.

The flagship ITS "<u>it's everyone's journey"</u> campaign featured activity to raise awareness of specific, occasionally unconscious, passenger behaviour that can negatively affect disabled people's travel. Future interventions could aim to further improve understandings of non-

visible health conditions, and to tackle misconceptions about what disability looks like and who is deserving of accommodations when travelling.

Awareness campaigns could also target improvements to the awareness and uptake, amongst disabled people, of services and facilities available to them. The research findings showed, consistently, that disabled people had relatively low awareness of the services and facilities in place to improve their travelling experience. This included a consistent lack of awareness and/or uptake of channels for making complaints and booking assistance, and also of journey assistance tools and concessionary travel schemes. Interventions could also promote greater understanding of the eligibility criteria for such services and facilities.

Emphasising the social model of disability

Finally, a key component of providing equal access may be to offer interventions that are, as far as possible, in line with the social model of disability. Specifically, accessibility interventions should ideally remove additional measures that are not required of non-disabled people, rather than introduce them. The research identified that disabled people are sometimes reluctant to take up accessibility adjustments as they feel that doing so would make them look or feel different to non-disabled passengers. Two specific examples of where it may be useful to consider the social model of disability are:

- The transition to offering Turn Up and Go as the default option for offering rail assistance. Unlike pre-booking, this offers disabled people the same level of flexibility as non-disabled people.
- The rules and eligibility criteria governing concessionary travel schemes. There is a need to widen such rules and criteria, to ensure that a disabled passenger is never required to pay more than a non-disabled passenger for the same journey, regardless of their disability or needs. Under such an approach, concessions would not, for example, be offered based on type of disability alone, as is the case with D50 and D34 rail concessions (which offer additional discounts to wheelchair users and visually impaired passengers). Any passenger who travels with a companion, because they rely on them for assistance, would also not be required to pay more than the cost of a ticket for one person.

5.2 Targeted policy interventions

Disabled people have a wide range of needs and preferences. As such, there is a need for targeted policy interventions that address the needs of specific groups, in addition to the more general policy interventions discussed above. This section draws on the results of a Latent Class Analysis (LCA), an advanced technique that was used to analyse the survey data. The LCA sorted the public into seven groups based on the factors that affect their confidence travelling. There were three groups that contained a large proportion of disabled people, which are described above in section 1.2. Each of these groups could potentially benefit from a different set of policy interventions.

The first group were frequent public transport users, who nonetheless had very low confidence, with most factors strongly affecting their confidence to travel. For this group, the main policy priority may be to help these public transport users feel more confident on the journeys they are already taking. This may primarily involve interventions that help to relieve the anxiety that can be associated with travelling on public transport for many people,

including non-disabled people, such as providing advance information that can help remove uncertainties.

The second group were infrequent or non-users of public transport, who had relatively low confidence, with a range of factors affecting their confidence to travel. For these disabled people, the main priority may be to ensure that they have access to the full range of transport choices, including both public transport and cars. The main factors that affected this group's confidence using public transport were travelling in busy periods, taking unfamiliar journeys, travelling alone, unexpected changes to journeys, and concerns around COVID-19. This suggests that a key factor in encouraging this group onto public transport will be simply improving the frequency and reliability of public transport, to make it a more appealing alternative to travelling by car.

The third group were infrequent or non-users of public transport, who tended to not take any difficult journeys, including travelling at busy times, or unfamiliar routes, or having to make unexpected changes. For these disabled people, the main priority may be ensuring the physical accessibility of transport infrastructure, or providing alternatives to the main public transport modes, for example by strengthening community transport services. Given the substantial challenges this group face using public transport, and their lower-than-average incomes, there may be scope to offer travel concessions for taxis and private hire vehicles. This would help to ensure that this group are able to travel at no extra cost, as compared to non-disabled people.

5.3 Future research

The ITS evaluation has created a rich source of data on the travel needs and preferences of disabled people, but has also identified a range of gaps in the evidence base. There is scope for future research to take a wider perspective and look at the interactions between disability, employment, personal circumstances, and financial resources, and uncover how these interactions are important for travel needs and preferences. But there is also scope for future research to focus on narrower questions, such as the needs of specific groups of disabled people, or how digital exclusion affects access to transport.

Understanding the shifting nature of travel

Future research could explore the recent changes to travel behaviour more fully. As a result of the COVID-19 pandemic, there have been extensive and complex changes to travel behaviour. These changes have played out in many different ways, such as the shift to home working, the increase in online grocery shopping and increased awareness of public health, among others. Disabled and non-disabled people's travel behaviours have changed, but in different ways. Even after pandemic restrictions lifted, concerns about COVID-19 continued to affect the confidence and travel behaviour of disabled people much more than non-disabled people. Further research is needed to more fully understand and account for these trends, and to understand the extent to which these changes are lasting.

Related to this, future research could reflect more extensively on the range of factors that influence individual travel decisions. Research could explore the interactions between disability and employment, financial resources, and the need for travel. To some extent, the relationships between these factors have been altered by the pandemic, and this may

continue to evolve over time. The implication is that it will not be possible to assess whether the transport network is fully accessible using simple metrics, such as the ratio between the number of trips taken by disabled and non-disabled people, since this can obscure important underlying factors.

Understanding which policy interventions work best for which groups

As discussed above, the evidence suggests that different interventions have the potential to benefit different groups of disabled people. Some disabled people may benefit from increased certainty and information, others from increased regularity and reliability, and others from concessions on the use of non-public transport modes. However, further research could provide more specificity here, and could also help strengthen the case for additional funding. Possible research questions include:

- For those with mental health conditions and/or cognitive impairments, what are the best ways of alleviating anxieties and providing certainty around travel?
- For those disabled people who rely on private cars, what would be most effective at encouraging them to use public transport instead?
- For those disabled people who are least able to travel, what kinds of journeys would they be making if they could?
- For those disabled people who are most isolated with relatively severe mobility impairments, low incomes, and no private car what kinds of transport services would be most beneficial?
- What is the best way to provide advance information about journeys to those who are digitally excluded? What methods is this group already using?

Widening the scope of the evidence

It is possible to broaden and deepen the evidence on disabled people's experience of public transport, in several ways. Firstly, it would be beneficial to hear from a wider range of disabled people. People with certain cognitive impairments and/or communication difficulties were not able to take part in this research. Furthermore, some groups were not eligible to be interviewed such as children and young people, and carers of disabled people, and some people were very unlikely to have been included in the sample, such as those living in institutions.

Secondly, it would be beneficial to collect a wider range of evidence by exploring lived experiences using ethnographic or observational evidence. It would be valuable to accompany disabled people on their journeys to directly observe their experiences. This would enable researchers to build a fuller picture of the barriers and enablers to achieving equal access across the transport system. It should be noted that some such work is already underway.

Thirdly, it would be beneficial to cover a wider range of modes. This research was necessarily limited in the number of modes that could be considered in depth. There may be value in dedicating future research to exploration of people's experiences using lesser evidenced modes such as aviation, maritime, community transport, active travel (walking, wheeling and cycling), and micromobility (e-scooters and e-bikes).