

To What Extent is the lack of Accessible Transport Impacting on Loneliness and Mental Health for those with Physical and Hidden Disabilities?

“The proportion of disabled people (13.9%) aged 16 years and over in England, who reported feeling lonely “often or always” was almost four times that of non-disabled people (3.8%) (year ending March 2019)”. National Disability Strategy July 2021

Current research has suggested that better access to transport, and wider travel does improve mental health outcomes. by, improving social engagement, confidence and independence.

It might also benefit those who experience an accident or sudden illness travel to access services and support networks if they do not have family or friends to drive them?

The use of a taxi may limit travel due to cost.

Data on modes of travel used is currently not being captured in by those with physical disability or hidden disability such as MS or FM.

These travel modes are likely to include community transport, mobility scooters, powered wheelchairs, taxi and non-emergency patient transport service (NEPTS).

These modes of travel are able to collect and return people from their home and place people where they need to visit which cannot be replicated by public transport.

I have been informed by the NTS that they are surprisingly not specifically capturing the transport needs of disabled people through 'personal attributes' in their 'sampling methodology'.

The NTS informed me that Community Transport and NEPTS are being grouped under 'private bus.'

This grouping would dilute the data as it includes a larger cohort of coach passengers who would be less likely to experience physical disabilities.

Data relating to mobility scooter and powered wheelchairs is currently being grouped under 'other private hires' and wheelchair

users are grouped under 'walking' This would again dilute reliable data and overlook existing transport barriers people may currently experience.

The lack of reliable data could be important in developing future policy and transport planning from a public health and social value perspective.

I have been informed by the DFT that the issue of spaces on buses will be reviewed in 2023 under PSVAR regulations. This may provide an opportunity to examine the feasibility of transporting mobility scooters that might help mitigate barriers.

I am however not optimistic more spaces to transport more mobility scooters will materialize given the current absence of clear data and research underpinning.

Mobility scooter transportation would ameliorate the difficulties people face walking to and from a bus stop or waiting for a bus. It would provide cheaper, more frequent travel and wider travel to visit more places and see family and friends

I welcome the ambition within the executive summary for all areas to be served with community transport in recognition of the importance of enhancing connectivity and part this plays in reducing social isolation. .

It is recognised that those with a physical disability who are able to drive or driven by their carer may be more dependent on using the car if it represents their main or only mode of travel.

Both drivers and non-drivers may be unable to independently use public transport but might be encouraged to do so if they could be transported with a mobility scooter.

This could be more environmentally friendly whilst creating independence by not feeling reliant on requiring someone else to drive them

There are however a significant number of people with a physical disability who do not have access to a car or mobility scooter that are effectively confined to their home.

In this respect it may be useful to identify those unable to access public and establish whether reasonable adjustments, such as those suggested, might enable this.

The Bus Act makes limited reference on how people with physical disabilities might reach a bus which could be mitigated by mobility scooter carriage.

The issues raised may have relevance to equality issues for those with protected characteristics facing barriers to travel as widely as the rest of us.

I have provided some data below that you may be familiar with in an attempt to establish the likely numbers of registered disabled people who may benefit from more accessible travel

” Rural populations are expected to age faster than urban populations by 2028 the over 85 age group is set to increase by 186% compared to just 149% in the UK as a whole”. Future of Transport in an ageing Society June 2015

“33% of people aged 60-69 and 67% of people aged 70 and over cannot access services due to poor health” Centre for aging better analysis 2018

“Amongst those aged 80 and over, the greatest barrier to using public transport is poor health, with 18% of people saying their health limits their use and 16% citing difficulties with mobility.” Reinhard et al, J epi & Commun Health 2018

Age UK’s Painful Journeys 2018 report found that of 26% of people aged 65+ would not be able to get to their hospital appointments if family and friends weren’t able to drive them there

21% of people have a disability
of this number
48% have mobility difficulties
36% experience stamina/breathing/fatigue difficulties
27% experience mental health difficulties
Family Resources Survey (UK) 2018-2019

“Regardless of the nature of a person’s impairment, however, they should have the same opportunity: to access services that most of us take for granted”. DFT Inclusive Transport Strategy 3rd Nov 2020

it is estimated in 2019 there were 67% or (5.8 million people) aged 70+ in England held a full driving licence. (18 percentage points lower than drivers aged between 60-69).
NTS Table NTS0201 Oct 2020

It is unclear to what extent this reduction in those driving would be due to ill health.

'Older non-drivers, (the majority of whom do not have a driving licence), can be very dependent on the car for their daily activities, in which case they are often dependent on others to gain access to services' (Mattioli, 2014)

Approximately 38% of all people with mobility difficulties are main drivers, while approximately 40% have no access to a private vehicle (*DFT National Travel Survey 2017*)

Musslewaite and Haddad 2010 identified how reliant older people were on their car and the emotional impact on people who were no longer able to drive.

The inability to continue driving appears to be profound for some people with disabilities as it reduces their ability to undertake essential tasks and meet with others thus creating social isolation and loss of independence.

In my experience it is not uncommon for those living in urban areas to obtain and use a mobility scooter as their only mode of transport once they cease driving.

This option may not be available to those living in rural areas due to lack of pavement, distances involved or concern of using on busy roads.

Reinhard et al 2018 evidenced the health benefits identified in older people derived from travel and social engagement since the introduction of the bus pass.

'Travelling - can reduce isolation and increase opportunities for interaction'. Green, J. et al. 2014. More than A to B: The role of free bus travel for the mobility and wellbeing of older citizens in London. *Ageing and Society*

It would not seem unreasonable to conclude that the above health benefits of wider travel identified above could be replicated if wider access and travel were more accessible and inclusive for those with a physical disability.

I nevertheless welcome the ambition for additional buses to serve more rural communities as a means of reducing social isolation and depression for those able to access a bus independently.

'There were 2.44 million or 4.3%) Blue Badges held in England as at 31 March 2020' -Blue Badge Scheme Statistics England 2020

It is likely that the majority of blue badge holders will experience a mobility problem and this figure may be higher if people do not apply for one.

'1% of adults aged 16+ in England reported use of a wheelchair'
Transport: Disability and Accessibility Statistics 2019/20

Data from Motability in 2017 indicated there were 1,266,523 disabled drivers in receipt of a disability benefit in the UK. It is likely the majority of disabled drivers would be using a mobility scooter as an alternative mode of transport.

A FOI request made to the DVLA identified that there were 204,650 registered class 3 mobility scooter users in the UK in August 2021. These can be used on roads but in my experience few choose to do so

The number of the smaller class 2 mobility scooter users is unknown as DVLA registration is not required but is likely to be much higher as they can often be transported by car.

I have estimated that the combined number of mobility scooter users might easily exceed 500,000 and continue to increase as the population ages.

The conservative estimate of 500,000 mobility scooter users would only represent less than half 1,266,523 disabled drivers - Motability 2017 and around one fifth of the 2.44 million blue badge holders (Blue Badge Scheme 2020)

The 500,000 estimate does not include those who might wish to use a mobility scooter but are unable to do so for reasons previously alluded to.

'One third of older people report unmet travel needs in relation to pursuing leisure activities or visiting friends and family' Luijck et al 2016 'The unmet travel needs of the older population'.

"- carefully designed policy interventions are needed to ensure that the current inequalities in mobility and accessibility do not deepen and widen.

However, there are several tensions in the current governance of the transport system that run counter to the equitable delivery of a fair and inclusive future mobility landscape.

These issues will need to be directly addressed if a more inclusive approach to mobility is to be achieved:" (Inequalities in Mobility and Access in the UK Transport System (Government Office for Science March 2019)

“Since mobility is central to determining whether older adults can independently meet their basic life-maintenance and such as shopping and social needs availability and use of alternative mobility resources is likely to be associated with lower depressive symptoms among non-driving older adults”. (Webber et al 2010),

“It has been suggested that transportation policies may serve as a public health instrument to improve mental health and social engagement of older people”. Reinhard et al, 2018 Public transport policy, social engagement and mental health in older age.

I believe the above statement is particularly relevant as it makes a correlation between transportation policies and how it plays an important part in health and wellbeing.

. “Depression figures double in the presence of physical illness”. Ryan 2008.

Social isolation and impact on mental health that has arisen due to recent lockdown restrictions have been well documented.

Social isolation caused by a physical disability and lack of accessible transport has been less documented in relation to the impact on mental health.

Those with a disability may face isolation lasting many years as opposed to months of isolation experienced from lockdown.

“ 32% of people aged 50+ with mobility problems experienced depression compared to 9% of those without mobility problems”.

“ 33% of people aged 50+ who rarely or never met up with friends reported feeling depressed compared to 16% who met up regularly in the week with friends.”

Data: English Longitudinal Study of Ageing in Adults aged 50+ in England 2018-19

Both sets of the above data may have a correlation as the depression reported may relate to social isolation caused by the inaccessibility, unavailability or unaffordability of transport.

I entirely endorse the vision statement below by The Disabled Persons Transport Advisory Committee (DPTAC) which represents a potential equality issue

“ -disabled people should have the same access to transport as everybody else, to be able to go where everyone else goes and to do so easily, confidently and without extra cost”.

Active travel, transport planning and the 5 ways to wellbeing appears to focus on those who are able to walk, cycle, use a e-scooter or access public transport independently.

Whilst I recognise the health and environmental benefits of encouraging these modes of travels, it does not fully address the travel needs of people with physical disabilities

This arguable form of ableism appears to be excluding people whose modes of travel are limited or not available to them.

It is unclear what interdepartmental research and collaboration is being undertaken to address the barriers to transport and travel and the impact this is likely to be having on mental health due to social isolation and loneliness.

It would be useful to establish what current research may exist on issues raised

I hope my short report may be of some relevance

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Oct 2021