Getting out and about: Investigating the impact of concessionary fares on older people’s lives

A study by the Transport Action Group – Manchester

Authors: Emily Hirst and Bill Harrop
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Preface

The Transport Action Group

This study was initiated through the Transport Action Group – Manchester (TAG). TAG was a collection of voluntary and community group members with an interest in, or an issue relating to, transport in the City of Manchester. Covering all modes of transport, TAG aimed to work with local authorities and transport providers to try and address transport related issues and provide a channel for the public to contribute to transport related planning, provision and policy issues.

The Transport Action Group provided a strategic engagement function for the Community Network for Manchester (CN4M), which is the voluntary and community sector partner in the Manchester (Local Strategic) Partnership. Following recent changes in funding allocation, the TAG post was made redundant in April 2011.

Origins of study

A selection of individuals and organisations independently approached TAG in autumn 2010 with concerns about potential withdrawal of the National Concessionary Travel Scheme for older people. The 2011 Local Transport White Paper confirms the Government’s commitment to retaining the national scheme for at least until the end of the current spending review period to 2014-15. However, given that concerns had been raised, both now and in previous years, TAG considered it an appropriate time to conduct a study to investigate the benefits of concessionary travel in the Manchester area.

This research project was initiated before funding cuts were confirmed. It has been continued by the former TAG strategic engagement worker Bill Harrop, with assistance from Emily Hirst on a voluntary basis, with support from the organisation that hosted the project; MERCi, the Manchester Environmental Resource Centre initiative.

Acknowledgements

The authors would like to thank the following people for their support and encouragement, feedback and contributions to this study: Caroline Downey and colleagues at MERCi; Kevin Healey and users of the Heathfield Community Centre; Tracey Emmett, Rebecca Bromley and other members of the VOP team at Manchester City Council; David Campbell, Transport Resource Unit at Greater Manchester Centre for Voluntary Organisation (GMCVO); Mary Duncan, Manchester Alliance for Community Care (MACC); Pia Feig, Manchester Mental Health and Social Care Trust; Beverley Gallier and Stuart Murray, Transport for Greater Manchester (TfGM); Viv Gee, 5050 Vision.
Abstract

This study uses questionnaire responses to find out how older people in Manchester are participating in the national concessionary travel scheme and how this impacts on their quality of life. Responses indicate that the ‘bus pass’ is a key tool for enabling older people to engage in a wide range of pursuits, demonstrating that concessionary travel supports transport and health policies of promoting active travel and improving well-being. Further study could examine how pass use could be increased, given the benefits, and its potential to meet policy objectives.

1 Introduction

1.1 Study Aims

1.1.1 This study has been conducted to identify the positive impact that concessionary travel has on older people’s lives, and illustrate how these benefits contribute to meeting local, regional and national health and transport policy objectives, in addition to supporting Manchester’s ambition to become a great place to grow older (Valuing Older People Partnership, 2009).

1.1.2 This study aims to canvass the views and opinions of concessionary pass holders through informal meetings, consultation, and responses to a questionnaire, to find out how older people are using their passes, their reasons for travelling, and how this has affected their lives.

1.1.3 The findings of this study are based on qualitative data. Qualitative research is effective when exploring complex issues such as experiences and opinions; it cannot provide statistical evidence that is representative of all older people holding passes. However, the opinions expressed are no less valid and yield an indication of the range of views held. The results provide an insight into some of the key issues regarding concessionary travel for older people, and are a starting point for conducting further research in the future.

1.2 Geographical scope of study

1.2.1 This study is focussed on the metropolitan district of Manchester, since this is the area within which TAG worked. Some questionnaire responses were also received from other metropolitan districts within Greater Manchester and these have also been included in the analysis.

1.3 Structure of report

1.3.1 Following this opening introductory section, the report is structured as follows;

- **Section 2** provides some background on demography, national and local concessionary fare policy, and characteristics of older people which may impact upon their travel behaviour;
- **Section 3** provides a brief description of the methodological approach to the study;
- **Section 4** presents the study findings, and discusses them in context of relevant national, regional and local policies relating to health and transport;
- **Section 5** presents the key conclusions to this study and **Section 6** suggests avenues for further research.
2 Background context

2.1 An ageing population

2.1.1 The UK’s population is ageing: life expectancy at birth in the UK has reached its highest level on record, at 77.7 years for males and 81.9 years for females (ONS, 2010) and by 2024, it is predicted that 50% of the population will be over the age of 50 (Department of Health, 2010). This demographic trend is set to put increasing pressure on the quality and delivery of certain services such as those related to health and transport. There has been widespread debate in both mainstream and transport industry media about the costs associated with providing concessionary travel (Forster, 2010).

2.1.2 Most age-specific research tends to focus on older people as welfare and benefit recipients, or health and social care users (Hayden et al, 1999), rather than socially, physically and politically active participants in society: 75% of those aged 65 years and above voted in the 2005 parliamentary elections, compared to only 48% of 25-34 year olds (Institute for Democracy and Electoral Assistance, 2006). To date, there has been very little research into the benefits that concessionary travel brings to the older population (Last, 2010) and how this might, in turn, benefit society.

2.2 National and Local Concessionary Fare Policy and Uptake

2.2.1 Over 65’s have been entitled to free off-peak travel on local buses since 2006. This was extended to those aged 60 and over in 2008. Within Greater Manchester, pass-holders are also entitled to free off-peak travel on the Metrolink and heavy rail services. Prior to 3rd April 2011, concessionary pass-holders were able to travel on all public transport modes before 9.30 am on weekdays, for a flat fare of 80p. Full fare is now payable before 9.30 am, on all modes.

2.2.2 Based on data provided by Transport for Greater Manchester (TfGM), there are currently 54,740 over 60’s concessionary passes described as ‘active’ in the metropolitan district of Manchester. According to 2010 mid-year population estimates from the ONS, the population of Manchester aged 60 and above is 68,000. 80% of over 60’s within Manchester are making use of their passes, although this will also include infrequent pass-users.

2.3 Characteristics of Older Travellers

2.3.1 Organisations advocating for the older population warn against the risk of stereotyping older people into one homogenous group (5050 Vision, 2009); pass-holders will typically span at least two generations, with differing characteristics. Some academics have used these characteristics to divide older people into ‘younger’ old, aged around 65-75, and ‘older’ old, aged over 75 (Alsnih and Hensher, 2003). The two tables below illustrate how age may impact upon travel behaviour and therefore provide a context in which concessionary passes might be used.
### Table 2.1: Characteristics and travel behaviour of ‘Younger Old’

<table>
<thead>
<tr>
<th>Characteristic / Experience (Source: Audit Commission 2008)</th>
<th>Impact on Travel Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leaving paid employment</td>
<td>More potential to travel off-peak. Reduced income impacting ability to run a car, or pay fares.</td>
</tr>
<tr>
<td>More leisure time</td>
<td>Greater demand for travel for leisure and social activities</td>
</tr>
<tr>
<td>Grandchildren / childcare responsibilities / caring for frail parents.</td>
<td>Responsibilities to get children to school / childcare / accompany on outings. Supporting and meeting the travel needs of frailer, more dependent parents or friends.</td>
</tr>
<tr>
<td>Voluntary work</td>
<td>A continued demand for travel to get to place of work.</td>
</tr>
<tr>
<td>Moving to a smaller house</td>
<td>Relocation providing an opportunity and impetus to review and change existing travel habits.</td>
</tr>
<tr>
<td>Renewed interest in learning</td>
<td>Demand for travel to reach place of learning.</td>
</tr>
</tbody>
</table>

### Table 2.2: Characteristics and travel behaviour of ‘Older Old’

<table>
<thead>
<tr>
<th>Characteristic / Experience (Source: Audit Commission 2008)</th>
<th>Impact on Travel Behaviour</th>
</tr>
</thead>
<tbody>
<tr>
<td>Falling income, benefit entitlements</td>
<td>Running a car or fares for public transport become less affordable: food, fuel and housing become spending priorities.</td>
</tr>
<tr>
<td>Lack of car ownership</td>
<td>Increasing dependence on public transport / walking / cycling, or other people, for lifts.</td>
</tr>
<tr>
<td>Bereavement / living alone</td>
<td>Travel mode of choice restricted, if previously dependent on deceased partner for access to car, or support during public transport journeys.</td>
</tr>
<tr>
<td>Mental health and social care needs</td>
<td>Increasing need to attend healthcare appointments; unable to drive due to health reasons, physical or other health barriers to conventional public transport use.</td>
</tr>
<tr>
<td>Chronic health conditions</td>
<td></td>
</tr>
</tbody>
</table>
3 Methodology

3.1 The findings presented in this study are based on the results of a short questionnaire, completed by existing pass-holders, focusing on the use of passes on local buses.

3.2 The questionnaire was compiled based on informal discussions held with two groups of older people, with different characteristics:
- an older person’s walking group: active, mobile older people, making use of their passes for leisure pursuits, at the beginning and end of each outing;
- residents at a sheltered housing development – including some infrequent and less confident pass-users, and those experiencing physical barriers to public transport use.

Some quotations from these groups are also used in the discussion of results.

3.3 The questionnaire was piloted by the user’s committee at a community centre in North Manchester and adjusted based on their feedback. Opportunities to complete the questionnaire were provided at:
- a community centre in North Manchester;
- Manchester City Council’s ‘Valuing Older People’ (VOP) monthly forum;
- an informal drop-in session at the Friends Meeting House, Manchester;
- the ‘Herbie’ van (a mobile greengrocer, serving communities in north and east Manchester);
- online, over a period of a month, advertised via the Manchester VOP newsletter, MACC, MERCi, CN4M, and other member organisation distribution lists.

3.4 The questionnaire was designed to provide as much opportunity as possible for respondents to express their views and share their experiences, avoiding constraints posed by tick-boxes. Some quantitative data was also collected, relating to access to and use of cars, journey purpose, and potential fares. Respondents also had the opportunity to suggest ways in which the bus journey could be improved; this will be fed back directly to operators, and is not discussed here.
4 Results and discussion

4.1 The questionnaire was completed by 152 respondents. Given that the remit of TAG, and hence the focus of the study, was limited to the metropolitan district of Manchester, 84% of respondents were residents within Manchester. 11% of respondents were from Oldham, with smaller proportions of responses from Salford, Rochdale, Stockport, and Bolton.

4.2 Access to car

1. Do you have access to a car, either as a driver or passenger?

2. If yes, do you use your car less often, now that you have a pass?

Figure 4.1: Chart showing what proportion of respondents have access to a car.

Figure 4.2: Chart showing proportion of respondents using their cars less, of those with car access.

4.2.1 Slightly over half of all respondents said they did not have access to a car, highlighting the important role that public transport plays for maintaining the mobility of these respondents, and contributing to equality of opportunity, in terms of accessing goods, services and amenities outside their localities.

4.2.2 Out of 71 respondents with access to a car, 62 respondents claimed to use their cars less, now they have a pass. Reasons for doing so were mainly when there was a convenient local bus service available as an alternative, and also the costs and stresses associated with parking, and running the car.

4.2.3 In the Local Transport White Paper ‘Creating Growth, Cutting Carbon’ (DfT, January 2011), the Government sets down its commitment to enabling and encouraging healthy and sustainable travel choices, providing an alternative to car, when walking and cycling may not be viable. The White Paper draws on what is known as the ‘Nudge’ effect; a term used to describe an incentive that doesn’t forbid choice. The national concessionary travel scheme is an example of this, providing an incentive for older people to make the more sustainable travel choice of switching from car to public transport, as shown by the responses to the second question above. It also contributes towards Government’s goals of reducing carbon emissions.

4.2.4 The Local Transport White Paper also emphasises the public health benefits of active travel. The bus pass serves as an incentive to engage in more active forms of travel, as most end-to-end...
journeys that include a bus trip are likely to include an element of walking, as highlighted by participants of informal discussions on bus pass use;

“If you go in the car, you don’t walk at all. At least you walk to the bus stop, if you take the bus.” (Walking group member)

“I walk to the shops, then I get the bus back.” (Sheltered housing resident)

4.2.5 Active travel can also impact on the development of cognitive conditions such as dementia, the prevalence of which increases with age (Luengo-Fernandez et al, 2010). According to the 2010 Department of Health White Paper ‘Healthy lives, healthy people’, half of dementias have a vascular component (caused by problems with the supply of blood to the brain). Improving lifestyle, including encouraging exercise through more active forms of travel could reduce the impact of such dementias (DH, 2010).

4.3 Frequency of pass use on local buses

4.3.1 Out of 148 responses to this question, 82% of respondents used their passes on the bus three or more times per week. 43% claimed to use their passes on the bus daily, or more than five days per week. The high level of pass-use is unsurprising given that the survey was most likely to have been completed by those who feel most strongly about the concessionary travel scheme, and who get most use out of their passes. Frequency of pass use will also depend on the level of service provision in that respondent’s locality.

4.4 Trip purpose

![Figure 4.3: Chart showing proportion of respondents using their bus passes for specific trip purposes](image)

4.4.1 Respondents were asked what kind of journeys they used their passes for, and could select as many reasons for travelling as applied. ‘Shopping’ was selected by 91% of respondents with ‘Leisure and recreation’ selected by 87% of respondents. ‘Medical appointment’ and ‘Visiting friends and family’ was selected by 77% and 74% of respondents respectively.

4.4.2 We asked respondents to provide more details on the types of places they visited using their passes. Although shopping is considered an essential need by some, there was clearly a prevalent
view that the pass had widened retail choice by increasing the options for shopping destinations and presenting opportunities for hunting out bargains further afield. Some responses indicated that the demise of local shops and services within walking distance necessitated longer journeys:

“There’s no longer a Halifax in Droylsden. To get my old age pension, I have to get a bus either in to town or to Ashton, just so that I can get my money” (Walking group member)

4.4.3 In addition to the health benefits of engaging in active travel (see paragraphs 4.2.4 to 4.2.5 above), respondents reported use of their bus passes to attend a wide range of physical health-oriented leisure and recreation pursuits, including swimming, aqua-fit, Nordic walking, organised walks, and line dancing. Social, cultural and educational activities included visits to the theatre, cinema, concerts, museums, art galleries and libraries:

“...it is excellent for us pensioners, otherwise we would be...unable to get to our exercise / meeting points, which helps to keep us healthy.” (Questionnaire respondent)

“We can afford treats to concerts and theatre if we haven’t had to pay for parking in town”. (Walking group member)

“I visit City Library for their computers and other activities” (Questionnaire respondent)

4.4.4 The National Service Framework for Older People, published by the Department of Health in 2001 stresses that mobility is key to improving quality of life:

‘Any form of social, physical and mental activity is good for health and well-being. The adoption of a more physically active lifestyle can add years to life for previously inactive older people, but perhaps more importantly, physical activity can significantly enhance mobility and independence and improve quality of life’. (DH, 2001, p110).

4.4.5 Responses also demonstrate that the pass is a key tool for delivering the Government’s public health objectives set out in their 2010 Public Health White Paper, one of which is ‘ageing well’:

‘Maintaining social networks, being part of a community and staying active all benefit health and well-being in later life’ (DH 2010, paragraph 1.41).

4.4.6 The ‘Big Society’ has become a key catch-phrase associated with the coalition Government. The term can be applied to structures and systems that (will) enable, support and empower people to give more to society and their communities through donating their time and expertise. A number of questionnaire respondents reported using their passes for volunteering work; free travel to the point of work clearly incentivised these respondents to give their time and energy for free, in order to support the community:
4.4.7 Respondents listed over sixty different destinations visited using their passes, including destinations in Derbyshire, West Yorkshire, Cheshire and Lancashire. Manchester city centre was cited most frequently, followed by Bury, Oldham and Ashton.

4.5 New activities and destinations

4.5.1 We asked respondents if their passes had enabled them to participate in any new activities or visit new places. 111 (74%) people answered ‘yes’ and / or told us about new destinations or activities. More than 35% of these ‘new’ trips were for leisure and social reasons including visits to friends and family. This demonstrates that for these respondents, the pass is a key tool for maintaining family and social contacts, as well as providing the impetus for pass holders to experience the stimulation of new pursuits and places.

4.5.2 Of those responding ‘no’, two respondents expressed intentions to take up new activities in the future but hadn’t done so yet, and three said they were able to participate in their current activities more often, even though they were not new.

4.6 Promoting and improving health and well-being

4.6.1 The Marmot Review (2010) examined health inequalities in England and highlighted the relationship between socio-economic status and health, well-being and life chances. These inequalities are evident in Manchester, where the respective life-expectancies for males and females are 3.7 and 2.8 years lower than the national average. Improving well-being is identified as key to reducing inequalities, and the 2010 Public Health White Paper calls for a shift in focus towards well-being as a positive physical, social and mental state, not just the absence of mental or physical illness.

4.6.2 NHS North West’s response to the Marmot Review calls on public, private, voluntary and social sector organisations to engage with the public and promote the following five ways to well-being:

‘Connect..., Be active..., Take notice..., Keep learning..., Give...’ (NHS North West, 2011, p3).

4.6.3 Well-being can be measured using a range of indicators, including the proportion of people engaging in the recommended level of exercise, or the frequency of meeting other people outside their own homes (NHS North West, 2011). Questionnaire respondents are clearly already using their...
passes to assist in the delivery of regional policy objectives, through enabling participation in health and fitness activities, voluntary work, maintaining social connections, visiting new places and engaging in new pursuits.

4.6.4 The 2009 North West Mental Wellbeing Survey (Deacon et al, 2009) highlighted that positive well-being is central to an individual’s resilience; their ability to function well, stay healthy and cope with adversity and change. However, people in the region aged 65+ were found to have the second lowest mean score for positive well-being, after 40-54 age group. Section 4.4 demonstrates that respondents used their passes to reinforce factors that contribute to positive well-being, such as good physical health, financial security, good relationships with family and friends, and feelings such as having a sense of control and purpose in life.

4.6.5 Further research by Hussey and Stansfield (2011) in the North West also found that people with high levels of well-being are much more likely to make sustainable life-style changes, be in good health, manage and recover from illness sooner and use health services better than those with poor levels of well-being. Better and more efficient use of health services clearly benefits all members of society.

4.6.6 ‘Manchester: a great place to grow older’ sets out the City’s strategy for achieving an ‘age-friendly’ city. The document acknowledges that, in most areas, the concentration of services and amenities combined with good, frequent public transport services to access those further afield, the city already has much to offer the older population. Five key objectives for delivering the Strategy, to 2020, are set out in the table below, with illustrations on how the bus pass supports them.

**Table 4.1: Aims and objectives of Manchester’s strategy for ageing**

<table>
<thead>
<tr>
<th>Five Key Objectives (Source: VOP, 2009)</th>
<th>How objective is supported by concessionary travel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Create neighbourhoods for older people</td>
<td>Access to concessionary travel reduces isolation, which may impair feelings of pride in local neighbourhood.</td>
</tr>
<tr>
<td>Increase income and employment for older people</td>
<td>Concessionary travel removes anxieties over travel costs, and provides an incentive to continue in paid or unpaid work.</td>
</tr>
<tr>
<td>Increase older people’s participation in cultural and learning activities</td>
<td>Concessionary travel improves access to, and an incentive to participate in, such activities.</td>
</tr>
<tr>
<td>Improve the health of older people</td>
<td>The bus pass acts as an incentive to engage in active travel, as well as attend other physical and other leisure pursuits beneficial to health.</td>
</tr>
<tr>
<td>Improve care and support for older people</td>
<td>Importance of pass use on local bus services for accessing health care facilities, and for pass holders acting as carers for frailer relatives and friends.</td>
</tr>
</tbody>
</table>
4.7 Potential payments for concessionary travel

4.7.1 Popular media has focused on the growth of the ageing population and the consequent increase in people claiming subsidised travel. Transport authorities are also committed to provide measures which make public transport more accessible and easier to use for older travellers (5050 Vision, 2009), and funding constraints may even impact upon their ability to provide a service altogether. Due to limited resources, difficult decisions need to be made on how to prioritise funding. With these issues in mind, TAG asked respondents the maximum amount they would be prepared to pay per day, to travel.

4.7.2 In general, answers to this question indicated considerable discomfort amongst respondents about the concept of introducing a fare. Out of 123 quantifiable responses, 11% said they would not pay anything. 46% said they would be able to pay 50p - £1 per journey and 12% said they could pay half fare or £1-£2 per day.

4.7.3 The issue of fare payment is more complex than could be explored within the scope of this short questionnaire. The amount people would be prepared to pay is not only dependent on their personal financial means, but also on journey purpose; some journeys are likely to be valued more highly or viewed as more essential than others. On asking how respondents would change their travel behaviour if a charge were to be introduced, the types of trips most likely to be sacrificed were social visits to friends and family, leisure and recreational trips and shopping trips. Fears of increased isolation and reduced independence were predominant:

“[...]depend on relatives [for lifts] - which I would hate - all about independence.” (Questionnaire respondent)

“Life would be very hard. I would only travel when it was essential. Very few pleasure trips. I would be housebound more.” (Questionnaire respondent)

4.7.4 Some respondents suggested alternative scenarios to fare payment, such as a monthly card with a fixed amount of stored value, which might be considered more equitable for those living in areas with poorer service provision. Two respondents even suggested sacrificing the winter fuel allowance in order to retain access to free travel, representing the value that some pass-users attach to their passes. On the other hand, fuel is a basic need, and in light of rising energy prices, decisions between travel and fuel are not matters of choice for those surviving on very low incomes. These responses possibly reflect the lack of income segregation amongst questionnaire respondents.

4.7.5 There was a prevalent feeling of entitlement to concessionary travel, having paid taxes during working life:

“Being a senior citizen we have paid taxes and dues for years so this should be one of the perks we are entitled to.” (Questionnaire respondent)
4.7.6 Pass-holders welcome the reassurance of free travel versus the uncertainties of fares and potential increases. Advocates for the free fares policy also place a strong emphasis on the importance of keeping travel free: the current arrangement promotes the use of public transport and the introduction of a fare at any level acts as a deterrent to travelling, removing the benefits that travel brings.

4.8 Travel before 9.30 a.m.

4.8.1 Respondents were asked how they would be affected by the recent introduction of full-fare before 9.30 a.m. 36% of respondents said they wouldn’t be affected. 23% reported an impact upon attendance at health appointments. This is important given trends to centralise some health services, thereby increasing the need to travel further afield for appointments.

4.9 General comments: financial matters and staying positive

4.9.1 Respondents were invited make general comments about their passes. Numerous respondents acknowledged how valuable their passes were to them, expressing relief that they were not confined to their homes due to the financial constraints of paying to travel:

“I've got less money now than when I was first retired. It's really important that I can still do things without having to spend much money.” (Walking group member)

“The free pass has helped me to get out more, to travel to places we could not afford if we had to pay out of our pension; it also helps you not to get depressed, and helps you meet more people, which is a good thing.” (Questionnaire respondent)

4.9.2 Respondents emphasised the importance of the pass in supporting their mental well-being, staving off depression and reducing feelings of isolation:

“You meet people on the bus. You chat to them at the bus stop and then you chat to someone on the bus. You get to hear people's life stories.” (Sheltered housing resident)

“Being positive in life and being able to get about cheaply keeps us fit and positive minded. This is all we have to look forward to, each day of our retired life.” (Questionnaire respondent)

“...[it] gets me out and about. Stops me feeling so depressed, talking to people and babies...” (Questionnaire respondent)

4.9.3 Poor levels of mental health and well-being is highlighted to be a particular issue amongst the older population, as noted in the 2010 Public Health White Paper:
A total of 1 in 4 older people have symptoms of depression requiring professional intervention... Estimates suggest that 1 in 10 older people experience chronic loneliness, with people living in deprived areas experiencing much higher rates’ (DH, 2010, paragraph 1.43).

4.9.4 To tackle this, the White Paper calls on local government to take a more active role in public health, to take responsibility for meeting the challenge of preventing and managing long-term physical and mental conditions in later life, promoting active aging and tackling inequalities. The new role and responsibility of local government will ensure that:

‘Public health will be better integrated with areas such as social care, transport, leisure, planning and housing, keeping people active and in their own homes. ...[M]aintaining benefits such as...free bus travel...keep people active and reduce isolation’ (DH, 2010, paragraph 3.59).

4.9.5 The connection between health and well-being and the quality of neighbourhoods and services such as transport and leisure echoes themes that were introduced by the National Service Framework over ten years ago. Questionnaire responses indicate that concessionary pass use in Manchester plays a key role in meeting these policy goals.
5 Conclusions

5.1 This study used a questionnaire to investigate how older people in Manchester use their bus passes, and its impact on their quality of life. Passes were used for essential trips such as ‘shopping’ and ‘medical appointment’ by 91% and 77% of respondents, respectively. 87% of respondents used their passes for leisure and recreation and 74% for visiting friends and family. The pass provided the opportunity for 74% of respondents to engage in new pursuits and visit different places.

5.2 The variety of pursuits for which bus passes are used demonstrates that it is a key tool for supporting national, regional and local policy objectives of promoting active and sustainable travel; it also improves levels of mental and physical health and well-being through keeping pass-holders mobile and socially connected and hence, improving quality of life. Continued support for the current arrangements should therefore be considered a high priority, when allocating funding.

5.3 Introducing fares for concessionary travel is a complex issue and not adequately explored within the scope of this study. Proponents of the free fares policy assert that any fare would act as a deterrent to travelling, thereby removing the benefits of travel. If a charge was introduced, respondents indicated that the journeys sacrificed would be social visits to friends and family, leisure and recreational trips and shopping trips. Fears of increased isolation and dependency were prevalent, although aversions to making a contribution to the cost of travel were not unanimous.

5.4 Card-readers are in place and in use on some buses within Greater Manchester, with the objective of it being rolled out across all buses and other modes of public transport in future. It will become possible to determine the frequency of pass use amongst Manchester’s older population. Reasons for lack of uptake or infrequent use could then be identified and tackled. Private, public, social and community organisations must work in partnership to promote health and well-being, and encourage increased uptake of concessionary travel, due to its functionality to meet local, regional and national policy goals of improving health and well-being.

6 Further research

6.1 This study has provided a useful insight into the benefits of concessionary travel within Manchester. However, given TAG’s limited resources, this study serves only as a starting point for further research. Areas demanding more detailed consideration are suggested below.

6.2 Numerous factors will impact upon how bus passes are used. Future questionnaire-based studies should employ sampling techniques that capture opinions of groups from a range of demographic variables, such as income, gender, ethnicity, health status and living arrangements, as well as areas with varying levels of public transport service provision.

6.3 The geographical scope of this study was restricted to Manchester. Further studies may choose to focus on the wider area of Greater Manchester, in order that conclusions and policy decisions could be made on a more regional basis.

6.4 In future, smartcard data can be used to identify which pass holders are infrequent users, and why. Measures can then be devised to increase uptake and use, given the benefits of doing so.
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