

# Making the Journey

Travelling to adult learning for people experiencing  
mental health difficulties

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**Caroline Law & David Ewens**

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Working for more and different adult learners

***‘Travelling on a bus often leads to panic attacks if I have to travel for a significant length of time. At least once a month I travel from home to the city which is an hour’s journey and in the past six months I have had to get off the bus three times due to panic attacks and people do not seem to understand why it happens.’***

(Female, 26-50, White or White British)

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## List of acronyms and abbreviations

DDA	Disability Discrimination Act
DLA	Disability Living Allowance
DfT	Department for Transport
DH	Department of Health
DWP	Department for Work and Pensions
LSC	Learning and Skills Council
NIACE	National Institute of Adult Continuing Education
NMHDU	National Mental Health Development Unit
ODI	Office for Disability Issues
PSA	Public Service Agreement
SEU	Social Exclusion Unit

## Terminology used in this report

This report uses the phrase ‘people with mental health difficulties’. We recognise some readers may use other phrases such as people with mental health issues, problems or needs, or mental health service users. We use the phrase ‘people with mental health difficulties’ to encompass all these phrasings and to remain consistent with terminology currently used in the adult learning sector.

We use the phrase ‘disabled people’ as opposed to ‘people with disabilities’. This report is underpinned by the social model of disability, including people with sensory impairments, physical impairments, mental health difficulties, long-term health conditions, or learning disabilities, difficulties or differences who may be disabled by social, environmental and organisational barriers.

When referring to other research or documents we have retained original wording, even though this may not be consistent with our own preferred usage. For example, when referring to Learning and Skills Council (LSC) initiatives we have used the phrase ‘adults with learning difficulties and/or disabilities’ as this is consistent with current usage. Similarly, when referring to certain pieces of research relating to people with mental health difficulties, we retain the phrasing used within that specific research, e.g. ‘people with mental health support needs’.

This report uses the phrase ‘travel’ as opposed to ‘transport’ to encompass all different methods of getting from A to B including walking, cycling, driving, being a passenger, using a taxi, and using public transport.

When presenting quotes from research participants and respondents we have retained original wording.



## Chapter 1 Executive summary

1. This research was funded by the Learning and Skills Council (LSC) as part of the NIACE/LSC/ISCRI<sup>1</sup> Mental Health Partnership Programme in 2009/10.

### Literature review

2. There is a considerable body of research that highlights the extent to which insufficient access to travel opportunities contributes to social exclusion (Centre for Transport Studies Imperial College et al., undated; Lucas et al., 2001; Social Exclusion Unit, 2003; Smith et al., 2006). Being able to access travel affects quality of life and enables people to take part in activities including learning and working.
3. Some research has specifically explored the attitudinal and physical barriers faced by disabled people and highlighted for example issues of unaffordable travel, physically inaccessible vehicles, inaccessible travel information, poor attitudes and behaviours of travel staff, and infrequent services (Wilson, 2003; Smith et al., 2006).
4. More specifically, some literature and research has focused on barriers faced by people experiencing mental health difficulties. The Social Exclusion Unit, 2004, reported that access to transport for people experiencing mental health difficulties is vital to promote social inclusion, including education; that not having access to transport prevents people accessing mental health services; that many people with mental health difficulties are not aware of travel entitlements or not eligible; and that local transport planning systems do not take mental health into account.
5. In addition, Penfold et al., 2008, found that, with regard to people with mental health difficulties, confidence in routine and planning, safety and control and affordability were central people's ability to travel with ease. The report highlighted the fact that mental health rarely features in local transport planning systems.
6. The illumination of some issues and barriers to travel appears to have affected policy to some extent (for example, travel passes for disabled people and improving the physical accessibility of public transport vehicles) but more needs to be done, particularly with regard to addressing the barriers experienced by people with mental health difficulties.

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<sup>1</sup> NIACE is the National Institute of Adult Continuing Education. The LSC is the Learning and Skills Council. The LSC ceased to exist on 31 March 2010, with responsibilities transferring to the Young People's Learning Agency, Skills Funding Agency and local authorities from 1 April 2010. ISCRI is the International School for Communities, Rights and Inclusion at the University of Central Lancashire.

7. Overcoming the barriers people encounter in travelling to and from adult learning opportunities can help to combat social exclusion yet this is a relatively neglected area in policy and research. Some research has highlighted barriers faced by disabled adult learners including those relating to quality and accessibility of public transport and complexities of funding (Nightingale 2004). Subsequently guidelines have been produced to help learning providers and others address challenges relating to travel for disabled adult learners (Nightingale, 2006; Nightingale and Ewens, 2009). This work was however not specific to mental health. In addition, a review of travel training schemes found most are directed at people with learning difficulties (DfT, 2008a).
8. An investigation into standards and qualifications for transport staff was carried out as part of this research. Awareness of equality is woven into the relevant sector skills council's (GoSkills) framework and assessment units. Within that, reference to mental health is limited. However, it indicates attention is being paid to the needs of disabled travellers, at least at strategic level.
9. To summarise: while some research has focused on links between travel and social exclusion, specifically with regard to adult learning, it has largely focused on disabled adults more generally, rather than adults with mental health difficulties specifically. The research presented in this report is therefore timely.

## Methodology

10. Three research methods were employed to gather data: questionnaire research, focus group research and diary research.
11. The questionnaire was devised, piloted and revised. It was then distributed widely to NIACE's networks. 118 people responded and data were analysed using statistical software (SPSS) and manually. Because contact was made via the existing networks the questionnaire is likely to have reached those in contact with mental health services or learning providers and so may not be fully representative of all adults in England with mental health difficulties.
12. Four focus groups were set up in collaboration with a range of mental health services and learning providers. The sessions lasted for one and a half hours, and the groups were facilitated by two NIACE staff members. Twenty five participants attended in total and provided in depth personal accounts. Data were analysed manually. Again, participants may not have been representative of all people with mental health difficulties.
13. One person completed a research diary over a period of 3-4 weeks about her travel experiences. Because take up for this method was low, this strand of the research was combined with focus group data for analysis.

## Findings and themes

14. Walking and public transport were the most commonly used forms of travel, and many responses relate to these methods.
15. Respondents were asked multiple response questions about their positive and negative experiences of travel. They were presented with a range of positive and negative experiences and asked to select as many as were appropriate to them. The results show that travelling is experienced by many as both a positive and a negative experience. 89% of questionnaire respondents reported that travelling makes them experience positive things, such as feeling independent, confident, sociable and able to do things they wish to, and that they experienced friendly or helpful behaviour from travel staff or other travellers. This was echoed in focus groups. Travelling enables independence, access to services and activities to enhance life and promote mental wellbeing, social inclusion, and provides a sense of freedom and empowerment.
16. 87% of questionnaire respondents stated that travelling makes them experience negative issues, such as feeling anxious, feeling claustrophobic, experiencing panic attacks, worrying about safety, security or crime and experiencing bullying and harassment.
17. The themes of anxiety, panic and panic attacks recurred in many responses and discussions. For some people, these were symptoms of the mental health difficulties that made travel challenging or prevented travel; for others they were responses to finding travelling difficult, challenging or traumatic. Anxiety, panic and panic attacks were particularly associated with using public transport.
18. Issues to do with crowding, claustrophobia and social phobia featured in many responses. This was strongly associated with crowded public transport, leaving people feeling trapped, anxious, panicky, or wishing to avoid travel. The social aspect of travel and crowds of other passengers left some respondents anxious, stressed and distressed, because of fear or intimidation from groups, or (less frequently) because of past experiences of bullying or harassment.
19. Findings about travel services were largely to do with public transport. Many respondents reported that public transport services were infrequent, not available for the areas needed nor at the right times, or were late, unreliable or poor. Information was found to be inaccessible, and there were reports of poor attitudes and behaviours of bus drivers. Bus passes were seen as a 'lifeline' but restrictions on when they can be used caused difficulties, and there were serious concerns that the eligibility criteria would be restricted in the future. For some, these issues increased levels of anxiety and distress.
20. Travel costs were a barrier to travelling for some people: 51% of questionnaire respondents stated that travel costs stop them travelling. However, financial support, such as having a bus pass, was valued as a huge enabler to social

inclusion. 17% of questionnaire respondents had used direct payments or personal budgets to pay for travel.

21. For some respondents, though by no means all, issues to do with travel and/or limited access to travel had either restricted their options relating to learning and working, or had prevented them from taking up learning or work. 14% of respondents to the questionnaire stated that travel issues had stopped them taking up learning, and 18% reported they had stopped them working. Focus group participants reported similar experiences.
22. It was apparent how much travel issues, barriers and challenges can have an impact on people's ability to participate in social life. 21% of questionnaire respondents said travel challenges stop them from travelling often, and a further 42% said they stop them travelling sometimes. Respondents and participants were quite clear about how important travel is for social inclusion and positive mental health.
23. Respondents and participants felt things could be improved by offering people greater access to travel passes and support for travel costs, improving public transport services and information and providing designated, short term, discrete transport services.

## Discussion

24. The data have revealed three main messages:
  - a) If travel is accessible, in the widest sense of the word, this is a *major enabler* to social inclusion. If people are unable to travel, for whatever reason, this is a *major barrier* to social inclusion. Being able to travel with relative ease is a crucial condition to enable people to move from unemployment, inactivity and isolation into community and sociable activities, learning, volunteering and work, all of which can contribute significantly to the recovery process and a person's mental wellbeing.
  - b) There was a sense from respondents and participants that the barriers to travel they faced, based on their individual circumstances, were largely felt to be problems unique to themselves. Yet the commonality of responses suggest that individually-perceived barriers to travel are not unique problems at all, but are collective, widespread challenges that need to be addressed by travel companies, mental health services and learning providers, as well as by individuals themselves.
  - c) Challenges faced by people experiencing mental health difficulties have many similarities to challenges faced by disabled people and other disadvantaged social groups - including problems with travel services and costs - but they also experience distinct challenges. These distinct challenges relate to anxiety, panic, overcrowding, the anti-social behaviour of others and having non-apparent impairments.

These challenges have not received a great deal of research attention (exceptions are Penfold et al., 2008, and SEU, 2003) nor much policy attention.

25. Experiences of anxiety, panic, social phobia, and paranoia were common for many when travelling. On the one hand it could be argued that as these are often symptoms of mental health difficulties the solutions to overcoming them lie mainly in individual condition management, rather than in making any changes to travel services. In this sense they could be perceived as problems for the individual to overcome. This way of thinking would be in line with the medical model of disability. On the other hand, for many people these feelings and experiences are not just *symptoms* of mental health difficulties. They are also *responses* to genuine attitudinal, environmental and physical barriers associated with travel. From this viewpoint, underpinned by the social model of disability, the solution lies, at least in part, in removing the attitudinal, environmental and physical barriers that can cause distress. The emphasis on external societal solutions needs more attention than individual condition management.
26. Respondents reported a number of problems with travel services. The sector skills council responsible for training the transport workforce, GoSkills, and its partners including qualification-awarding bodies, have paid attention to the needs of disabled people, including those with mental health difficulties, but it seems clear that standards and qualifications have made little difference at an operational level. However, one solution to access to travel services has been free bus passes for disabled people and respondents indicated that having a bus pass is a huge enabler, although worryingly this agenda looks to be changing in many areas, with proposed moves to restrict the criteria for eligibility. A cost/savings analysis relating to mental health needs to be undertaken. Addressing costs through bus fares is only one part of the problem. The Equality Act (2010) and related legislation make discrimination against disabled people, including those with severe and long term mental health difficulties, unlawful. While travel services have made advances to improving the physical accessibility of services, the needs of people experiencing mental health difficulties do not seem to have received a similar degree of attention.
27. Many respondents and participants indicated that travel choices have affected and restricted their choices of learning, working and volunteering. Adult learning can play an important part in social inclusion for marginalised or disadvantaged groups and can have a positive impact on recovery for people with mental health difficulties. Paid work can have similar positive impacts (Perkins et al., 2009), but learning may be particularly significant as it is an ideal option for those who are not yet ready to enter or re-enter the workforce, and it can also be a route into the workforce. A number of cross-departmental government initiatives have been launched to increase the number of people experiencing mental health difficulties in learning and work, but commitment to this agenda will be considerably compromised if people cannot gain access to this learning or work, or if travel issues mitigate against retention. Furthermore,

when people experiencing mental health difficulties take up work, they may be able to access funding support to travel to work, such as through Access to Work. However there is no such support for people to travel to learning - which may well be a necessary precursor to people taking up work.

28. Personalisation has been a key government agenda to ensure citizens who are eligible to receive social care are empowered to have greater choice and control, and so that they can participate as active citizens and live independently. There is huge potential for this agenda to help combat barriers to social inclusion, including barriers to accessing learning or work. However, if people cannot actually access travel opportunities to enable them to participate in social activities and live independently then 'choice' is rendered meaningless. Direct payments and personal budgets offer a valuable opportunity for people to fund their own travel costs to enable them to take up activities including learning and work that promote mental wellbeing and social inclusion. Any programmes of travel training, or programmes that promote the personalisation agenda, for people experiencing mental health difficulties, arguably must take a coordinated and holistic approach. This approach should incorporate a mix of travel skills, life skills, and money skills, including the use of direct payments and personal budgets (where people are eligible to receive them) to fund travel costs. These factors should not be addressed in isolation; they interlink and need to be addressed jointly.

## Conclusion

29. This research has provided a rich and detailed picture of how people with mental health difficulties experience travel and the nature and impact of some of the challenges, issues and barriers they face. The extent to which insufficient access to travel opportunities has a negative impact on social inclusion cannot be ignored. Many of the findings and the main messages confirm and mirror the findings of other studies, which took place prior to 2009-10. That they persist in 2009-10 indicates that in some areas there has been little progress and that there is still much that needs to be achieved. The recommendations set out in [chapter 7](#) address the actions required to make a significant difference for a large, vulnerable, often neglected and widely excluded group of people – so that they both have access to learning and crucially, in view of current policy imperatives, so that they can where possible enhance their employability and access to work.

## Chapter 2 Introduction

30. This report sets out findings from a piece of research into the travel experiences of people experiencing mental health difficulties - both in general and specifically in relation to adult learning. Running through this report are the themes that access to travel is inextricably linked to social inclusion, quality of life and access to services and activities that promote recovery and mental wellbeing. This is especially pertinent for socially excluded and disadvantaged groups - including people experiencing mental health difficulties.
31. The research was conducted to address the following research questions: -
- What, if any, travel challenges do adults with mental health difficulties experience?
  - How do these challenges have an impact on adults taking up (or not taking up) formal or informal learning?
  - How do these challenges have an impact on their experiences of learning?
  - How do these challenges have an impact on adults taking up (or not taking up) work?
  - How do these differ from the experiences of disabled adults more generally?
  - What could improve travel experiences for adults with mental health difficulties?
  - What could improve travel experiences for adults with mental health difficulties specifically in relation to taking up and attending learning?
32. It was conducted against a backdrop of research into travel, the links between travel and social exclusion, and travel experiences of disabled people. [Chapter 3](#) describes this in more detail through a literature review. [Chapter 4](#) sets out the methodological approach, and [Chapter 5](#) sets out findings from questionnaire, focus group and diary research with adults experiencing mental health difficulties in England. [Chapter 6](#) provides a further discussion on these findings and explores them within a wider context. In [Chapter 7](#) we set out a series of recommendations for change.
33. The report provides a rich and detailed picture of travel experiences of people with mental health difficulties. It describes the nature and impact of some of the challenges, issues and barriers people can face. Our findings confirm and mirror many findings from previous research. This increases the validity of our findings - but paints a poor picture and suggests that that sufficient change has not necessarily occurred over recent years. The report sets out a series of recommendations to advance change - including bringing issues of travel to the forefront of planning within adult learning. (By 'adult learning' we mean learning that engages people age 16 and older.)

## Chapter 3 Literature review

### Introduction

34. The Department for Transport's (DfT) central aim is to provide:

'...transport which works for everyone. This means a transport system that balances the needs of the **economy**, the **environment** and **society**.'

(DfT, undated)

35. Within the complex and well-researched context of travel policy related to this overarching aim, this literature review concentrates on these more specialised areas:

- travel issues and their relationship with social exclusion;
- travel and disabled people;
- travel and people with mental health support needs;
- travel, social exclusion and learning;
- travel and adult learning in general;
- travel and learners with learning difficulties and/or disabilities;
- learning for travel; and
- community transport and standards and qualifications for transport staff.

There are overlaps in these various categories within the review but set against them all the findings of this project will be illuminated.

### Travel and social exclusion

36. The social exclusion aspects of transport are not just of concern in the United Kingdom. In the European Union, with recognition of Europe's aging population and the accompanying prevalence of acquired impairment, Mediate (MEthodology for Describing the Accessibility of Transport in Europe) is a two year project to undertake the following work to allay the effects of exclusion:

- identify a set of common European indicators for describing accessibility;
- develop a self-assessment tool for measuring accessibility of urban transport;
- establish a 'portal' on accessibility in public transport to act as a window to good practice, relevant legislation and related projects and research;
- publish a Good Practice Guide;
- create an End User Platform; and
- represent a broad range of passenger groups.

(Mediate, 2009)

37. In this pan-European approach, preliminary indicators of accessibility include those connected with service operation and standards, policy and investment, vehicles and 'the built environment', and information and training. The project appears to have made a promising beginning.
38. In the UK, travel, or the inability to travel, has long been identified as one of the components of social exclusion. *Social Inclusion: transport aspects* (Centre for Transport Studies Imperial College et al., undated), a complex technical paper, examined transport accessibility and inclusion, arguing that transport modelling techniques used by British local authorities do not deal well with this issue. It showed that accessibility focuses on public stops and interchanges rather than complete door-to-door movement; that 'spatial and topological considerations' (geographical issues) dominate rather than 'temporal and financial aspects' (time and money).
39. Another study by Lucas et al. (2001) examined the role of transport in the lives of economically and socially disadvantaged groups and communities. They found that transport can be an 'enabler' of greater social inclusion and mobility, to 'stimulate a virtuous circle of enhanced accessibility and social and economic engagement' but that transport policy has undeniable negative impacts, especially in relation to car ownership and its effect on other types of transport.
40. In 2003, the Social Exclusion Unit (SEU) produced a landmark report on transport disadvantage, *Making the Connections: Transport and Social Exclusion* (SEU, 2003). According to Smith et al. this:
 

'highlighted the importance of an effective transport system as a gateway to accessing jobs, education, health services, food shopping and social activities... [and]... how poor transport or access to services impacts on individuals' opportunities and quality of life, community cohesion, and affluence and commerce.'

(Smith et al., 2006, p.3)
41. The work by Smith et al. (2006) constituted an 'evidence based review' of recent research to inform an overall understanding of what mobility choices and barriers different social groups face. The *Making the Connections* report itself identified that disadvantaged people may not be able to access services as a result of social exclusion and that transport problems and location of services can reinforce this exclusion. It highlights that road traffic in particular has a disproportionately bad impact on socially excluded areas through accidents, air pollution and noise. It identifies accessibility as being about people getting to key services at reasonable cost, in reasonable time and with reasonable ease (SEU, 2003, p.1).
42. According to the report, problems arise because for some people there may be no public transport at all. If there is public transport, it doesn't go to the right places at the right times, it is not frequent, or it is not reliable enough. Vehicles themselves may not be accessible to disabled people. Costs are high and

services are located in inaccessible places, for example out of town shopping centres. Fear of crime, anti-social behaviour and accidents deter people from travelling. The travel horizons of disadvantaged people are much closer than those of people who are not disadvantaged (SEU, 2003, p.3); that is, travel opportunities are restricted to local areas for disadvantaged people.

43. The SEU identified underlying causes of exclusion as absence of responsibility for accessibility, ignoring the social costs of poor travel, fragmentation of public spending on transport, deregulation of bus services and rising bus fares (compared to stable motoring costs). It also referred to land-use planning policies that allowed more dispersed patterns of development that for example encouraged out of town shopping centres, and potential solutions that have been 'held back'.

44. Focussing in particular on the notion of fragmentation, the report notes that

'£1 billion is spent each year on revenue support for buses, and a further £900 million is spent on school, patient and social services transport. These resources have not been sufficiently joined-up to improve accessibility.'

(SEU, 2006, p.3)

45. Government solutions to the problem include free bus fares in England for pensioners and disabled people, innovative bus services and accessible buses, better travel information and measures to guide and compel organisations to pay full attention to access. In particular, five-year Local Transport Plans contribute to funding stability. The government's longer term strategy has been to establish a framework of 'accessibility planning' to:

'...ensure that there is clear responsibility and accountability for identifying accessibility problems and deciding how to tackle them'

and

'... national policy changes to enable public transport, better land-use planning, safer streets, and improved specialist support to help people get to work, learning, healthcare and food shops'

(SEU, 2003, p.5)

In 2005 it issued guidance about how to establish frameworks for accessibility planning.

### **Travel and disabled people**

46. Moving from general transport and social exclusion and government responses to travel and a specific group, disabled people, Wilson (2003), on behalf of the Disability Rights Commission, produced a comprehensive literature review on 'disability and transport'. The review covered all types of transport, its importance for health and inclusion, use of transport by different groups of

disabled people, the impact of inaccessible transport, transport needs and costs, and the 'transport chain'. It included a survey of the relevant disability legislation and comparisons with policy and progress in other countries. It looked at public transport, including accessibility, barriers and concessionary fares. It also considered private transport, noting that most disabled people do not drive themselves but are driven by someone else. Finally, the review examined the 'pedestrian environment' and 'transport interchanges', where people change modes of travel.

47. The review made a number of important recommendations, among them the following.

- Those involved in developing policy and research on transport disability should place transport in the bigger picture of disabled people's participation in society.
- There should be recognition of the transport needs and particular barriers faced by different impairment groups and disabled people of different ages - in urban and rural areas, and in England, Scotland and Wales. (The needs of people with mental health difficulties were highlighted in particular.)
- The 'transport' chain is a key issue, and transport needs to be considered as an interlinked system, each element of which - including information, the pedestrian environment and transport interchanges - should be user-friendly and accessible.

(Adapted from Wilson, 2003, p.46)

48. In later research, Smith et al. (2006) presented the following key findings.

- Fewer disabled than non-disabled people have access to cars, and many disabled people are dependent on public transport.
- Escorted travel by car is the most common mode of transport for disabled people, with various other modes and means of transport less used (including 43% who travel by local bus).
- Disabled people are positive about community transport, use of which is determined by factors such as availability, cost, physical accessibility and route flexibility.
- The cost of public and taxi transport is a barrier, particularly taxi cost.
- The SEU (2003) found that only 10% of trains and 29% of buses met Disability Discrimination Act (DDA) standards.
- Many disabled people turn down job offers or interviews because of a lack of accessible transport.
- Disabled people have more difficulty in accessing health care than non-disabled people.
- 21% of respondents to a survey by Campion et al. 'felt that inaccessible transport had limited the range of adult education and training courses available to them' (cited in Smith et al., 2006, p.14).

49. There has been further research on *Travel Behaviour, Experiences and Aspirations of Disabled People* by Penfold et al. (2008). They note:

‘Evidence presented by the Disability Rights Commission (DRC) indicates that disabled people experience considerable disadvantage in terms of transport and travel... Similarly, findings from the National Travel Survey... show that disabled people make fewer journeys, and are more reliant on public transport for making these journeys, than the general population.’

50. The research, qualitative in nature and using ‘purposive sampling’ that concentrated in detail on forty five interviewees, looked at travel behaviour, experiences and aspirations of disabled people with:

- physical impairments and chronic health conditions;
- sensory impairments;
- mental health support needs; and
- learning disabilities.

#### **Travel and people with mental health support needs**

51. Wilson (2003) made the point that studies of disabled people and transport had at that point neglected consideration of mental health service users (among other ‘impairment groups’) and recommended further research. Of specific interest to this current research is Chapter 4 of the Penfold report - on disabled people with mental health support needs - which addresses Wilson’s point. People interviewed in this group travelled to a range of destinations for a range of reasons, including for voluntary work, education, domestic responsibilities, healthcare and social and leisure activities. Public transport and walking were the main means of travel, with taxis used for specific purposes and hospital transport for hospital appointments. Interviewees described the ability to travel for learning and voluntary work or to support centres as vital to their personal well-being.

52. The research identified confidence as a key factor in participants’ travel, including three important components:

- routine and planning;
- safety and control; and
- affordability and finance.

53. Respondents reported that familiarity with bus numbers, routes and times, and even a specific seat on a bus, helped establish the best (often non-peak) time to travel in order for it to be free of stress and disruption. Planning reduces anxiety about connections and new journeys, and for internet users travel planning websites (for example <http://www.nationalrail.co.uk/> and <http://www.traveline.info/index.htm>) were considered useful, especially for ‘modal preferences’ (i.e. which type of travel to use, searching for routes using

postcodes and being able to view updates, planned engineering works or diversions).

54. Concerns about safety and control when travelling included being able to choose transport mode, travelling with someone and the attitudes of transport staff. Travel could induce panic or anxiety attacks, especially at busy times or when space was confined, for example on the underground. Travel staff could be awkward: failing to accept travel passes; challenging users; and being unhelpful when asked to give information. Mental health difficulties constitute a 'non-apparent' impairment that contributes to lack of understanding and associated inappropriate actions from some transport staff. People with mental health support needs can lose confidence in their ability to travel as a result.
55. Being able to afford travel is very important, and concessionary travel for people with mental health needs is considered particularly important. Longer journeys need advanced planning, both in terms of mental preparation and affordability. Often, people with mental health support needs felt that transport schemes were for people with other types of impairment.
56. Some of the aspirations of the sample of people interviewed who had mental health support needs might be described as ambitious. There were for example suggestions of a specific bus service for disabled people, with trained travel staff to support them. Better connections between services were advocated, and more buses put on at times of overcrowding. Information on websites should be improved, to include more advice and guidance for people with mental health needs. There were aspirations for free national travel for all disabled people, and financial assistance for taxi use where necessary. More achievable aspirations include transport staff receiving training to facilitate better awareness of the range of impairments, including mental health support needs, with education extended to other groups, for example young people in schools.
57. Penfold et al.'s research concentrated on a sample of people with a range of impairments. Issues varied for different groups, but there was also 'commonality' in terms of key barriers against and enablers for travel. Penfold et al. state that:

'Overall, findings from this research support the findings of the Department for Transport's evidence base review on mobility (Smith et al. 2006), which highlighted the importance of access to transport for disabled people in overcoming barriers to social exclusion.'

(Penfold et al., 2006)

58. The research reports of both Wilson (2003) and Penfold et al. (2006) emphasise the fundamental importance of access, and highlight attitudinal as well as physical barriers. The Penfold et al. report makes particular reference to the government's *Independent Living Strategy* (Office for Disability Issues

(ODI) 2008), launched in March 2008, a cross-departmental initiative which includes some reference to travel in terms of key areas of commitment (some already addressed in paragraphs above):

- evidence-based strategies for enhancing personal mobility options and transport for disabled people;
- training of transport providers;
- information and confidence training for disabled people (beyond adults with learning difficulties and disabilities to include those with mental health support needs); and
- local transport plans and accessibility planning.

59. Chapter 4 of the Penfold (2008) report follows on from the findings of SEU 2004. The SEU report *Mental Health and Social Exclusion* (2004) reported that access to transport is vital to promote social inclusion, including education; not having access to transport prevents people accessing mental health services; many people with mental health difficulties are not aware of travel entitlements or not eligible; and mental health rarely features within local transport planning systems.
60. As this review has shown up to this point, there is a considerable amount of research on social exclusion and the role of travel and transport in that. As part of that research, and exploring a little more deeply, there is research on travel for disabled people who have a range of impairments. Going more deeply still, there are some findings about social exclusion, transport and adults with mental health support needs.

### **Travel, social exclusion and learning**

61. Access to education is one of the elements that help to combat social exclusion, and education and learning have been alluded to briefly in some of the above paragraphs. Wilson noted that 'education and business are the greatest reasons for using public transport in the UK (quoting Bellerby, 2000), and if disabled people are to access employment, education and services they need access to transport' (Wilson, 2003, p.4). She repeats the point in other parts of her review. However, transport for adults to education and learning, and specifically transport for adults with mental health support needs to education and learning are relatively neglected areas of policy and research. The SEU report *Making the Connections* (2003) includes travel to learning as one of the factors that will mitigate the effects of social exclusion. It covers:

- accessibility planning;
- access to child care;
- access to school;
- access to further education for 16-19 year olds; and
- access to education for adult learners.

62. The section on adults is relatively brief. The report itself says:

‘Less is known about the difficulties experienced by adult learners in accessing education. However, it is likely that they will have individual and complicated circumstances around which they must organise their travel. For example, they are more likely than 16–19-year-old students to have family and work commitments and may need to combine journeys to learning with trips to employment, shopping or childcare facilities. Adult learners are more likely to engage in part-time or evening courses and therefore may not travel at peak times, when transport provision is best.’

(SEU, 2003, p.109)

63. It notes that Learner Support Funds for adults are split into Access Fund (including for transport) and Childcare Support Funds, and that there are additional individual schemes to combat travel-related barriers to learning. In relation to accessibility planning, it advocates that locations for adult learning and, where relevant, locations where there is child care, should be easy to get to, and that learning should take place at times when public transport is available.

#### **Travel and adult learning in general**

64. In terms of travel and adult learning in general - without particular attention to social inclusion or exclusion - research and reports appear to have concentrated on travel for younger adults to the neglect of other adults. A short report by Fletcher and Kirk (2000) pointed out discrepancies in different localities across the country, highlighting the differences between travel in urban and rural areas. The LSC had much more recently been active with guidance for local authorities and their partners so that they address travel issues for 16-19 learners (LSC 2009a, LSC 2009b, LSC 2009c) – but also for learners with learning difficulties and/or disabilities over the age of 19 and up to (and sometimes beyond) the age of 25, who have experienced considerable inconsistency in access to travel arrangements from one local authority to another.

#### **Travel and learners with learning difficulties and/or disabilities**

65. This group has generally been less neglected compared with adults in general and adults with mental health support needs. *Transport to Learning* (Nightingale, 2004) was written in the context of general challenges and disadvantages facing adult learners with learning difficulties and/or disabilities in terms of access to education, achievement and qualifications and economic activity. By almost every measure, this group of people is worse off than its non-disabled counterparts – less likely to stay in education, less likely to have qualifications, and less likely to be economically active. *Transport to Learning* identified eight transport-related barriers to learning, from the quality and accessibility of public transport to the complexities of funding.

66. It made nine recommendations to the then Department for Education and Skills (DfES) to improve transport to learning for adult learners with learning difficulties and/or disabilities and thereby increase their learning opportunities. It also suggested a number of wider solutions including ‘quick fixes’ and longer term actions. The publication concluded that: learners should be at the centre of transport assessment, training and funding; older disabled learners should not be disadvantaged because of age; transport assessment should promote adult learning rather than merely facilitate it; and funders and policy makers should be aware that disabled learners face the challenge of low self-esteem and confidence.
67. The Getting There and Getting Back Again guidelines (Nightingale, 2006) built on the findings of Transport to Learning. They identified the main issues to do with transport and adult learners with learning difficulties and/or disabilities – related to practical difficulties with travel, travel in urban and rural areas, social exclusion, costs and the potential disruption to teaching and learning of transport problems. They include a clear overview of the legislative position relating to adult learners with learning difficulties and/or disabilities and the barriers to service delivery, consisting of central and local barriers, difficult procedures and funding issues. The guidelines put forward solutions covering transport assessment for learners, funding and concessionary schemes. Other, sometimes less obvious (but no less potentially important) solutions include independent training for travel schemes, taking learning to the learner (rather than vice versa) and community and voluntary travel support.
68. Equity Road (Nightingale and Ewens 2009) represents a more systematic guidance approach to the challenges of transport for adult learners with learning difficulties and/or disabilities, with a particular emphasis on funding, following on from Getting There and Back Again and developed in the context of inclusive learning, personalisation and ‘fairness’ agendas. The approach is to achieve equity and fair treatment in a complex area. It identifies critical themes and then applies them to different stages in choosing courses and securing the transport to get to them. Table 1 below outlines the framework.

**Table 1**

<b>Stages</b>	<b>Stage 1</b> The right course	<b>Stage 2</b> Assessing travel needs and potential	<b>Stage 3</b> Using public transport	<b>Stage 4</b> Other means of transport	<b>Stage 5</b> Benefits and other payments
<b>Critical themes</b>					
Involve disabled people, their carers and advocates					
Know the <b>funding</b> and					

<b>Stages</b>	Stage 1 The right course	Stage 2 Assessing travel needs and potential	Stage 3 Using public transport	Stage 4 Other means of transport	Stage 5 Benefits and other payments
<b>Critical themes</b>					
travel resources					
Secure your partners					
Be consistent					
Be fair and transparent					

### Learning for travel

69. Travel to learning for all learners is important, but attention has also been paid to learning for travel. The DfT (2008a, p.1) identified four categories of travel training schemes: general transport awareness raising and events; face to face transport advice, information and guidance; journey support and assistance; and vocational or academic training programmes on all aspects of undertaking a journey. The Department's review (2008a, p.1) notes:

'The majority of current Travel Training schemes are directed at people with learning difficulties to help them access education or work. However, there are (sic) an emerging range of initiatives aimed at other demographic groups, including job seekers, black and minority ethnic groups, asylum seekers, physically disabled people and people with mental health difficulties.'

70. The review reports that

'[N]o accreditation for trainers and learners, specifically for Travel Training, that is eligible for support from LSC funds, has been identified. However, there is LSC support for training for learning support workers and life skills that includes a Travel Training module' (DfT 2008a, p. 2).

Further on (DfT 2008a, p.5-6) it refers to a Travel Training scheme run by New Horizons Partnership that does have National Open College Network (NOCN) accreditation at Entry level and level 1 – and 'Training the Trainers' at level 2 – presumably but perhaps surprisingly not LSC-funded in the light of the quote immediately above. A later *Travel Training Discussion Document and Strategy Outline* (DfT, 2008b) links transport policy to other strands of the *Independent Living Strategy* (ODI, 2008) (see paragraphs above).

## Other issues relevant to travel to learning for adults with mental health difficulties

### **Community transport**

71. There has been some important small scale research about community transport services and their impact on the health of their users that has some relevance to this current research. *Going the Extra Mile* (Martikke and Jeffs) refers to how travel is integral to people's lives and that losing mobility dramatically changes the pattern of movement, with repercussions in every area of life, including work and education. The research explored the 'added value' that 'demand-responsive' transport, community transport and volunteer drivers provide; what distinguishes community transport from commercial demand-responsive transport (e.g. taxis); the impact of transport issues on the work of third sector health providers; the impact itself of health on people's travel choices; and whether transport provision can be considered a health intervention in its own right.
72. *Going the Extra Mile* found that community transport offers more than simply getting people from door to door. 'Added value' included the accessibility and responsiveness of the service; its potential to provide greater independence and social interaction (including the formation and sustaining of friendships); and the crucial role of community transport drivers in contributing to the 'added value' – to everyone's benefit. Travel and health are inextricably linked. Poor quality transport, or poor access to transport, can damage health. Good transport can maintain health or assist recovery to health.
73. Although the research found many positive aspects to community transport, it did also present some findings from a focus group of people who could be described as younger and experiencing a lesser degree of impairment than more 'typical' community transport users. This group saw using community transport as a loss of independence and wanted to make their own travel arrangements, in contrast to community transport users who saw it as maintaining their independence. So community transport can be perceived as a lifeline for its mainly elderly and disabled users, but to be avoided by those who still have other options. Yet even those who have other options and could not see themselves using community transport 'criticised other transport for the absence of the very features that characterises community transport: reliability, safety, sympathetic drivers, cost-effectiveness' (Martikke and Jeffs, p.32).

### **National occupational standards and qualifications for transport professionals**

74. This current study focuses on travel to learning for people with mental health difficulties. Since one key emerging finding was the often poor attitudes of bus drivers towards people with mental health difficulties, we investigated standards and qualifications for this group of workers to establish how the needs of travellers with mental health difficulties are accommodated. GoSkills is the Sector Skills Council responsible for transport standards. It refers on its

website to the Disabled Persons Transport Advisory Committee for a *Disability Equality and Awareness Training Framework for Transport Staff* (CEDS 2008). This research-based framework has five units including performance outcomes and indicators, and knowledge and understanding requirements. They are:

- recognise disabled passengers and assess their needs;
- provide appropriate information;
- select, utilise and adapt resources to meet passenger needs;
- establish and maintain passenger comfort; and
- liaise with others.

Although the framework is designed for disabled people in general, there are specific references to mental health, travellers with ‘mental health problems’ and ‘hidden disabilities’ (sic).

75. In relation to qualifications (which are based on national standards), the City and Guilds *Level 2 NVQ in Passenger Carrying Vehicles (PCV) Driving - Bus and Coach 3994* units and assessment requirements for example include:

- Unit 5 - ‘help passengers who have special needs’ and
- Unit 14 - ‘provide a transport service for passengers who have special needs’.

Unit 5 focuses on recognising and helping disabled passengers. ‘These particular passengers will include: those who use wheelchairs; people who are partially sighted or blind; people who have hearing difficulties or are deaf; people who have difficulty walking; people who have learning difficulties and; people who have physical disabilities or speech difficulties.’ (City and Guilds, 2006, p.39). No mention is made of mental health difficulties. Unit 14 includes four elements relating to passengers who have special needs. It requires people to know and understand ‘the relevant parts of the Disability Discrimination Act and how the act applies to the role of the driver in transporting passengers’ (City and Guilds, 2006, p.93)

76. This brief overview of standards and qualifications indicate that attention has been and is being paid to the needs of disabled travellers, including those with mental health difficulties – at least at strategic level.

## Conclusion

77. This review overall reveals a considerable amount of research on travel and social exclusion, with some attention to adult education as part of that policy agenda. There have been some significant studies with a focus on travel, social exclusion and disabled people, and within them some attention to people with mental health difficulties. There has been less research with a specific focus on travel and adult learning – with the exception of travel for adult learners with learning difficulties and/or disabilities. This current research – on travel to learning (and work) for people with mental health difficulties - is therefore timely.

## Chapter 4 Methodology

78. Three research methods were employed to gather data:

- questionnaire research;
- focus group research; and
- diary research.

We hoped that by offering people different ways in which to contribute we would reach a wide and varied audience with different preferences.

### Questionnaire research

#### Overview

79. A questionnaire was devised to find out about respondents': methods of travel; reasons for travel; positive and negative experiences of travel; experiences of travel services and information; and experiences of learning and work in relation to travel. It included a mixture of open and closed questions. This methodology was selected to allow us to gather data from a large number of respondents. The target group for the questionnaire were people in England aged 16 or over who had experienced mental health difficulties within the last six months.
80. The initial questionnaire was piloted with eight individuals who completed the questionnaire itself and then responded to specific questions about the process. The questionnaire was revised as a result. For example, the piloting stage highlighted the problems people have paying for travel, so questions about travel cost were added. Research colleagues external to the project were also consulted during the drafting stage to provide quality assurance.
81. A project briefing sheet and copies of the final questionnaire (see [appendix three](#)) were distributed to:
- members of the National Institute of Adult Continuing Education (NIACE)/ LSC/Inclusion Institute at International School for Communities Rights and Inclusion (ISRCI) (previously NIACE/National Institute of Mental Health in England (NIMHE)/LSC) Partnership Programme network of approximately 1700 people;
  - nine NIACE/LSC/Inclusion Institute Regional Project Officers to distribute at events and to their contacts;
  - NIACE's network of practitioners working with disabled learners; and the
  - Local Education Authority Forum for the Education of Adults (LEAFEA) network of approximately 200-250 organisations.

82. Those who received details were asked to pass the information on to service users, learners, clients and other organisations. Details of the research and the questionnaire were also made available on NIACE's website and were advertised on the NIACE homepage. The deadline date for responses was set approximately three and a half weeks after the initial dissemination of information, and then extended by a week because of postal strikes.
83. Respondents were not asked to provide names and contact details so all responses were anonymous. When all responses were received, quantitative data were analysed using Statistical Package for the Social Sciences (SPSS) and qualitative data were analysed manually.

### ***Limitations of the data***

84. The sample of respondents is unlikely to be representative of the wider population of people experiencing mental health difficulties in England. The questionnaire is primarily likely to have reached people who are receiving some sort of mental health support, that is, people with longer-term and more severe mental health difficulties rather than those with common and short-term mental health difficulties not accessing support. It is unlikely to have reached many people who are not engaged in any health or learning services, including people who have withdrawn from many aspects of social life, which of course may include those with the greatest difficulties in regard to travel.
85. The questionnaire research did not contain a comparative element. That is, data were not gathered from people who do *not* experience mental health difficulties to allow for a comparison with those who do.

## **Focus group research**

### ***Overview***

86. A briefing sheet providing information about the research was distributed widely. It included a call for expressions of interest from practitioners and managers who might be willing to host a focus group by recruiting participants and providing a room. Six responses were received. Two respondents dropped out so a total of four focus groups were held. One was held with learners at a college, one with learners from a private training provider, one with clients from a voluntary sector mental health service and one with learners from a local authority learning service.
87. Practitioners and managers were asked to recruit approximately 8 people experiencing mental health difficulties and to book a room for the focus group. The focus groups lasted between one and one and a half hours. They were facilitated by two NIACE staff members. A note taker was present and in three of the four focus groups a digital recorder was used (one participant did not consent to this in one group, hence it was not used).

88. Participants completed a consent form and a data form providing details of their gender, age and ethnicity. They were asked a series of questions focusing on good things about travel, bad things about travel and the reasons for and consequences of their responses, and the impact of travel issues on decisions and experiences relating to learning and work. We intended to draw out people's personal stories to collect rich data.
89. Participants were given £20 as a thank you for taking part. Following the focus groups, data were analysed manually.

### ***Limitation of the data***

90. Again, it is unlikely the sample is entirely representative of people experiencing mental health difficulties. Those recruited were people already engaged with learning or mental health services and who wanted to talk about travel issues. It is possible that those who were especially confident and articulate were recruited. As with all focus groups, there is a risk that participants agreed with one another in order to be accepted or because they were anxious about expressing opinions that ran counter to the majority view.

## **Diary research**

### ***Overview***

91. The briefing sheet which was distributed widely included a call for expressions of interest from people who might be willing to complete a diary over a 3-4 week period about their experiences of travel. Only one person responded to this. A telephone conversation was carried out with this person and a diary, with instructions for completion, was sent out. On receipt the respondent was sent a £40 voucher as a thank you.

### ***Limitations of the data***

92. Because of low take up for this method of research, this strand of research did not form a major part of the data collection and analysis. It cannot be considered representative or typical. However, the data was combined with that gathered at focus groups to add to the data about the personal experiences, thoughts and feelings of participants.

## Chapter 5 Findings from the research

93. This chapter sets out the main findings from the research. Some areas of discussion were directed only at questionnaire respondents or only at focus group participants, so will only relate to these samples. Percentages from the questionnaire research have been rounded up to the nearest whole number; therefore some percentage totals may exceed 100.

### Overview of questionnaire respondents and focus group participants

#### *Questionnaire respondents*

94. One hundred and eighteen people responded to the questionnaire. 46% were male and 54% female. Half of the sample was aged 26-50 and a further 39% were aged 51-75. The vast majority (93%) were White or White British. 95% had accessed mental health services within the last 6 months: 60% from their GP/doctor, 54% from secondary mental health services, and 38% from other services. The majority (72%) had experienced mental health difficulties for 10 years or longer. 54% had an additional impairment or condition. Further details can be found in [appendix 2](#)

#### *Focus group participants and diary authors*

95. 25 participants attended focus groups. Of these 12 were male, ten female, one transgender and two did not state. The majority were aged 26-50 (16 participants). Six were aged 51-75 and three did not state. The majority were White British (19 participants). One was Asian or Asian British Bangladeshi, one was Asian or Asian British Indian, one was Asian or Asian British Other and one was of Mixed or Dual Heritage. One person completed a diary, but personal data were not gathered from the author. The diary research data were combined with focus group data.

### Methods and reasons for travel

96. These data were only gathered systematically from questionnaire respondents (that is, they were only undertaken in the questionnaire element of the research). Walking and public transport were the most commonly used forms of travel. Going shopping, medical and mental health appointments, visiting family and/or friends and getting out and about were the most common reasons for travel.

Methods of travel respondents use once a month or more frequently  
(Total sample =118)

	Number of respondents	Percentage of respondents
Walk	84	71%
Public transport	80	68%
Passenger in a car, motorbike, scooter or moped	60	51%
Taxi	38	32%
Drive a car, motorbike, scooter or moped	25	21%
Bicycle	13	11%
Other <sup>2</sup>	4	3%

NB: Respondents could select multiple responses

<sup>2</sup> including boat, mobility scooter, tank, and hospital transport ranging from car to ambulance

### Reasons respondents travel (total sample = 118)

	Number of respondents	Percentage of respondents
Shopping	94	80%
Medical/health appointments, including mental health	90	76%
Visiting family and/or friends	75	64%
To get out and about	71	60%
Getting to learning	70	59%
Leisure destinations	49	42%
Paid or voluntary work	42	36%
Sport/fitness	27	23%
Transporting children or other dependants	15	13%
Other <sup>3</sup>	11	9%

NB: Respondents could select multiple responses

### Positive things about travel

97. Questionnaire respondents were asked if travelling often makes them experience any of the following:

- feeling independent;
- feeling confident;
- feeling able to do the things they want to do;
- feeling sociable; or

<sup>3</sup> Including walking dogs, therapeutic reasons, to get to respite care, to pursue photography interest, choir, church, to access support, to a service user forum and holidays

- experiencing friendly or helpful behaviour from travel staff or other travellers.<sup>4</sup>

89% stated that travelling does make them experience one or more of these of these positive things.

**Number of respondents who often experience positive things when travelling (Total sample=118)**

	Number of respondents	Percentage of respondents
Feeling independent	72	61%
Feeling confident	69	58%
Feeling able to do the things they want to do	64	54%
Feeling sociable	56	47%
Experiencing friendly or helpful behaviour from travel staff or other travellers.	55	47%

NB: Respondents could select multiple responses

98. Qualitative data from the questionnaire and focus group research enhanced these findings. For some people travelling enabled them to be independent and to access services and activities to enhance their life and promote mental wellbeing; in short it enabled social inclusion. This was particularly the case for people with their own car. It can enhance sociability and provide a sense of freedom and empowerment. Being able to travel helped some people to grow in confidence. Walking and cycling were also seen by some as therapeutic activities, enhancing physical and mental wellbeing. Overcoming travel difficulties also gave people a sense of achievement.

<sup>4</sup> Respondents were asked multiple response questions about their positive and negative experiences of travel. They were presented with a range of positive and negative experiences and asked to select as many as were appropriate to them.

*'I like to use public transport as it gives me a feeling of independence, even though I sometimes feel anxious.'* (Male, 19-25, White or White British)

*'I am so grateful I have a car as I can [go out] even when I feel I can't face anyone... there have been times when I wouldn't have been able to go out if I hadn't had a car. Being able to drive and doing so raises my confidence which is much needed often.'* (Female, 26-50, White or White British)

*'Travelling enables me to be more flexible and have more opportunity to do what I want.'* (Male, 51-75, White or White British)

*'[I travel] to combat negative feelings of distress, by providing another focus for my mind.'* (Female, 51-75, White or White British)

*'After leaving the bus to get to college I have to cross five roads. This has continued to make me feel anxious but on arrival at college I feel a sense of both relief and achievement.'* (Female, 51-75, White or White British)

*'We complain that we don't like people on the bus, but we can see our neighbours and talk to them at the stop or on the bus. If I meet a neighbour and I travel with them I get 15 minutes chat. I live on my own and only watch television.'* (Focus Group Participant)

*'I didn't realise how much I isolated myself in the past. Others saw it more than I did, when I wasn't using transport. Now I use transport and I am less isolated.'* (Focus Group Participant)

### **Negative things about travel**

99. Questionnaire respondents were asked if travelling often makes them experience any of the following:

- feeling anxious;
- feeling claustrophobic;
- panic attacks;
- worrying about safety, security or crime; or
- bullying and harassment.

87% stated that travelling does make them experience one or more of these of these negative issues.

**Number of respondents who often experience negative issues when travelling (n=118)**

	Number of respondents	Percentage of respondents
Feeling anxious	95	81%
Worrying about safety, security or crime	66	60%
Experiencing panic attacks	50	42%
Feeling claustrophobic	42	36%
Experiencing bullying and harassment	20	17%

100. Walking and using public transport appear to make people experience negative issues more frequently than other methods of travel. However, it is worth noting that people *use* these methods of travel much more than other modes. For example, few respondents reported bad things about cycling, but only 11% cycle frequently.

101. Respondents and participants elaborated further on their negative experiences. Four main themes clearly emerged:

- anxiety, panic and panic attacks;
- crowding, claustrophobia and social phobia;
- being around other people; and
- travel services.

These are described in detail below.

102. People's experiences vary enormously, and often this depends on whether they live in rural or urban areas; whether they are having a good or bad day; whether they are travelling during the day or at night; whether they have another impairment or not; and how many other people are around when travelling.

### **Anxiety, panic and panic attacks**

103. Many respondents reported feelings of anxiety and panic, and panic attacks, in association with travel. For some, these were symptoms of their mental health difficulties that made travel challenging or prevented travel; for others they were responses to finding travelling difficult, challenging or traumatic. The themes of anxiety, panic and panic attacks ran through many responses.
104. Anxiety, panic and panic attacks were particularly associated with using public transport. They were also associated with driving - and prevented some people from driving. Others found walking, or being a passenger in a car, resulted in high levels of panic and anxiety.

*'Travelling on a bus often leads to panic attacks if I have to travel for a significant length of time. At least once a month I travel from home to the city which is an hour's journey and in the past six months I have had to get off the bus three times due to panic attacks and people do not seem to understand why it happens.'* (Female, 26-50, White or White British)

*'I have to take an expensive taxi across London as the tube in rush hour still brings on a panic attack to the extent that I can't think straight or function well.'* (Female, 51-75, White or White British)

*'I get lost very easily when I'm walking by myself (because I'm scared and can't read). This makes me anxious and experience panic attacks.'* (Female, 26-50, White or White British)

### **Charlie's story**

I come here twice a week now. I surprised myself as in the last 2 years I haven't gone out. I wouldn't even venture out of my flat to go round the corner shop. It's less than 50 yards away. I couldn't get out of the flat... because of just seeing people, being around people. That was when my depression was really bad. Also I hurt my knee and had to use crutches and I thought people were laughing at me. With the depression and anxiety on top of it, it made it 10 times worse. So I locked myself in my flat and stayed there.

I have anxiety. I can't stand being around crowds and buses. I nearly cancelled today but I thought 'no, come on, you can do it, you've got to come tomorrow, you've got to come Wednesday so it's only one more day'...I kept telling myself, 'come on you can do it, you've done it now for 10 weeks, you can do one more day'. It's anxiety; I just can't stand being around a lot of people.... Now I'm here I'm all right, it is the initial getting here and getting back. I try to blank it out think it is a small thing and the most important thing is coming here to do a course and hopefully get something at the end of it and better yourself. But some days it's harder than others. I have had therapy in the past and keep trying to remember the things we discussed and different patterns of thinking rather than thinking negatively all the time.

Now if I have to go anywhere I try to walk 'cos I can't stand buses. But I do have to get a bus from out of town to here. It's only a quick journey so I can just about stand that. But I won't get a bus back after I've finished here 'cos it's half three and getting packed. I'd rather walk home, which is a long way, over 2 miles from here. But I'd rather walk.

Just coming here twice a week helps me get out and get my life back. You can't lock yourself away forever. Even though it's difficult sometimes I would still rather do it than be in the situation I was in. It has improved my mental health, going out two days a week.

### ***Crowding, claustrophobia and social phobia***

105. Again, issues to do with crowding, claustrophobia and social phobia featured in many responses. This was strongly associated with crowded public transport, leaving people feeling trapped, anxious, panicky, or avoiding travel.

*'I worry when I'm out as I feel quite vulnerable especially in large crowds of people. My anxiety is quite high...Public transport can make me feel very trapped and confined.'* (Female, 26-50, White or White British)

*'Trains are worse [than buses]... it's difficult being crushed in close confinement with so many other people, [it] feels very claustrophobic and I just want to get there and get off. [I] will avoid travelling if [it is] too busy.'* (Female, 51-75, White or White British)

*'[I am] unable to cope with crowds.'* (Male, 26-50, White-Belgian)

### **Being around other people**

106. Very much related to the theme above, the social aspect of travel and crowds of other passengers left some respondents anxious, stressed and distressed. This was the case especially with using public transport or walking. In many instances, it was because of (unsubstantiated) fear of other people and feeling intimidated simply by their presence. For other people some groups appeared to be loud, antisocial or threatening - especially groups of young people and school children. A small number reported incidents of bullying, harassment or crime which had affected their feeling when travelling. Others reported incidents of conflict with others.

*'I become very paranoid when I am out and about, afraid that everyone is looking at me and thinking I am stupid and inadequate, awkward and clumsy. I cannot use buses at all because they feel too public.'* (Female, 51-75, White or White British)

*'I travel mainly by bus and have had a number of negative experiences resulting from other passengers' behaviour. This has led to anxiety and fear. Loud students on the way to college cause me to feel intimidated and afraid and I'm often late due to catching later buses to avoid them.'* (Female, 26-50, White or White British)

*'I feel very anxious/panicky when walking in the dark. This is because I've had 2 experiences of being followed; one where I was grabbed and touched in a sexual way.'* (Female, 26-50, White or White British)

*'[I was] attacked on [the] bus.'* (Female, 26-50, White or White British)

*'One man pushed me as I got on [the bus]...He did the same to another women.'* (Diary author)

*'I frequently jaywalk<sup>5</sup> to avoid real and imagined dangers from people standing in shadows or waiting to ambush me.'* (Female, 26-50, White or White British)

*'I won't get on the buses when the kids come out, from 3 till 4.30...As the years have gone on I have got older and you feel threatened with all this behaviour - bumping into you. A lot of people instead of moving down the bus, they stand near the driver and you have to shove past people and I have had loads of arguments.'* (Focus Group Participant)

*'If people know you have a mental health problem...people take the mickey.'* (Focus Group Participant)

*'The bus was packed to a dangerous level...I asked her [another passenger] to move...One bloke piped up with 'where is she supposed to go?'... [He] said that there was 'an attitude there' about me...He was the one with attitude interfering in other people's affairs and creating a problem when there wasn't one'. (Diary author)*

### **Mandy's story**

I was attacked last year, twice. Once was quite badly by a group of people. That was verbal. A few months later I was attacked at a bus stop by some of the same people. The people on that bus did absolutely nothing, and neither did the bus driver. The police did nothing. It took them 4 days to come. So I don't use the bus at all unless I'm with other people.

Before that I used to use buses and trains all the time. I can't even use a train now cos I'd have to get a bus from my house to the train station. I can't even go and see my friend. I hardly use my bus pass anymore and I used to use it twenty-four seven. I used to be able to go into town on my own and do the shopping and then get the bus home on my own. That's stopped. I can't and I won't get buses on my own. But I would like to again.

Now, I walk to and from my college placement. I purposely picked that placement so that I could walk there. I get a taxi to and from college so that I don't have to get a bus.

Travelling used to be good for me before the attacks. I always used to use buses so I could get myself to and from places. It allowed me to go to courses and karate. I don't do karate anymore because I can't take the bus. Karate was a very positive thing for me. It opened up lots of opportunities.

<sup>5</sup> Illegal or reckless road crossing

### Travel services

107. Findings about travel services were largely to do with public transport. Many respondents reported that public transport services were infrequent, not available for the areas needed nor at the right times, or were late, unreliable or poor. For some, this increased levels of anxiety and distress, especially if it meant they would risk missing health appointments.

*'My main frustration is that public transport...is unreliable, so I can wait over an hour for a bus in some towns and over 2 hours for a train to get home and then sometimes it's cancelled...Sometimes the last bus doesn't run and I have to get a taxi home which costs a fortune. Also many parts of [the county] have hardly any buses or trains on Sundays and evenings which limits what I can do socially...'* (Female, 51-75, White or White British)

*'There are no frequent buses to the local mental health centre so it is difficult to get there unless I drive and sometimes I am not well enough to drive.'*  
(Female, 26-50, White or White British)

### Information

108. 35% of questionnaire respondents stated that travel services, such as information and times, prevent them from travelling (n=115; 3 did not state). 38% stated they find it difficult to read travel information (n=114; 4 did not state).

109. Some respondents gave extra details and it was clear that there were a number of problems that meant travel services and information could sometimes hinder rather than help people to travel. Problems included:

- Print information being too small and printed in a way that was not dyslexia/dyscalculia friendly;
- Information being confusing and complicated;
- Information using a 24 hour clock being difficult to access;
- A lack of information when services are cancelled;
- Information being out of date;
- Difficulty accessing information and posing queries at stations that are not staffed; and
- Difficulty accessing hard copies of timetables to take away.

Some respondents also indicated that they found it difficult to concentrate on information or retain information.

*'I have dyslexia and find it especially difficult to read overhead platform indicators at railway stations.'* (Female, 26-50, White or White British)

*'Dyslexia makes reading timetables difficult.'* (Male, 26-50, White or White British)

*'[Information is] often [in] very tiny print. [It is] on posts too high. Information [is] often out of date or inaccurate.'* (Female, 51-75, White or White British)

### **Bus passes**

110. The use of bus passes featured heavily in discussions in focus groups. People were extremely positive about how much bus passes enabled them to get out and about.

*'Before the pass I was very reclusive and without my pass I would be stuck indoors.'* (Focus Group Participant)

*'If I didn't have a bus pass I wouldn't go anywhere.'* (Focus Group Participant)

*'I'd be lost without my bus pass.'* (Focus Group Participant)

111. However, there were also significant concerns and difficulties relating to bus passes. There were two main issues. Firstly, bus passes often have restrictions, such as that they cannot be used before 9:30 am. This was a major barrier to learning, working, volunteering and other activities for some people. Many courses start between 9:00 and 10:00, which can make travelling to them difficult.

*'I get a lift to the course. If I did get the bus I can't use my pass until 9.30 and this starts at 10.00. By the time I wait for the bus and walk here I would arrive at 10.20. If this started at 10.30 it would help.'* (Focus Group Participant)

*'I got my own bus pass. I use the buses. But I can't get here [training centre] on time because it's before 9:30.'* (Focus Group Participant)

112. Secondly, some local authorities appear to have plans to change the eligibility criteria for bus passes in the near future, meaning that some participants would no longer be entitled to bus passes. This caused significant distress for some.

*'People are talking about [taking the bus passes away]. It is a rumour. But the bus pass encourages you to go out of doors. So if you've not got your bus pass you just sit in the house all the time and you don't try to learn to use the bus. So with the pass you try to learn.'* (Focus Group Participant)

*'If they cut the passes it will hurt people. And what the Government saves on the bus pass they will pay on the health programmes.'* (Focus Group Participant)

*'People with mental health problems are a group of people that rely more than most people on public transport. Having those bus passes taken away, for some people, is their lifeline gone. If they can't get onto a bus and they can't drive, it's awful.'* (Focus Group Participant)

### **Bus drivers**

113. In particular a number of respondents highlighted the poor attitudes and behaviours of some bus drivers who allow buses to become overcrowded, are not 'disability aware', drive off before people are seated, don't wait for people to get up and off once they have stopped and don't manage where people stand and sit on buses (see Lucy's story below). Others suggested that if you don't appear to be disabled but you have a pass, bus drivers question this.

*'Someone on the course was put down last week and he was upset. The bus driver asked him why he has a bus pass because he is only 20 years or so. He was quite upset. I told him to tell the driver it's nothing to do with him. But if you look all right and are younger they question you.'* (Focus Group Participant)

*'The driver drove too fast and I got tossed into another person.'* (Focus Group Participant)

*'I won't or don't like getting on a bus if I am feeling ill because on the whole drivers do not wait for us to sit down before setting off and they go round the streets so fast the people do nearly fall off their seats. People also do stand at the front blocking the ways for easy access even though bus can be empty.'* (Female, 26-50, White or White British)

*'Bus drivers are not all friendly to anyone with a disability... they should all take training and an exam which [has] a certificate in access to disability, understanding one's disability. I say 'exam' as then you know that the training has sunk in.'* (Female, 51-75, White or White British)

*'The buses...are much busier than before and the drivers really pack them in. There does not seem to be a limit on the number of passengers standing. In a crash things could be disastrous.'* (Diary author)

### Lucy's story

I use the bus to come here, but I have to take a taxi to go back because I'm physically disabled. I have to use crutches and it's very very difficult. It's very difficult to get on the bus because some of them don't stop and they start again before I've sat down. That is what stopped me from coming here. My physical condition has worsened because of accidents on the bus.

Some of the men or women driving the buses can be really rude. I have had two accidents on the bus. I have to get off when it has stopped and sometimes the driver will go when I have only just stood up. They tell you to stay seated until the bus has stopped, but they don't [stop, wait for you to stand up and then let you get off]. I just went flying.

Also, I think that most drivers don't say enough. When people are getting on, there are seats clearly at the back but they stand at the front. I'm extremely claustrophobic so I start panicking. There are always seats at the back though. The drivers don't do anything. I literally go into a panic attack. I have had to get off the bus before half way through my journey just to get away from it. It's up to the bus drivers to tell them to go to the back and sit down. I get angry because there are so many seats but they always just stand at the front. I've got to get off with crutches and I just can't get off. There's never enough space. When I try to get off, I panic and I start to shake. It's horrendous.

### Paying for travel

114. It was apparent that travel costs were, for some, a barrier to travelling, especially the high costs of taxis, which were seen as the only option sometimes, when people felt too unwell to use other methods of travel. 51% of questionnaire respondents stated that travel costs stop them from travelling (n=113; 5 did not state). A strong theme was that costs of public transport and taxis prevented some people from accessing mental health services and from accessing other activities, such as leisure, seeing friends and family.

*'I have not been able to travel sometimes from not having enough money to afford travel fees.'* (Female, 19-25, White or White British)

*'[The] cost to see [the] mental health specialist and access activity based therapy is £3.80 return per session – [I] can only afford to go once per week.'* (Male, 26-50, White or White British)

115. Some respondents stated they did not qualify for a free pass and others referred to threats within their area to stop free travel passes for people experiencing mental health difficulties (see above). One respondent pointed out the lack of consistency in arrangements across the UK.

*'Because I don't drive I have to use public transport and I don't qualify for a free bus pass which restricts what I do to walking places usually. For example it costs me £7 to get to counselling.'* (Female, 26-50, White or White British)

*(Do travel costs stop you from travelling?) 'They did until I got a bus pass and a '1/3 off' rail card...but there are threats to stop this for people with mental health problems.'* (Female, 51-75, White or White British)

*'Regional lack of coordinated policy means there is not a standard billing arrangement throughout the UK.'* (Male, 51-75, White or White British)

*'I have not been able to travel sometimes from not having enough, money to afford travel fees i.e. my bus fares.'* (Female, 19-25, White or White British)

*'I can't afford to travel just for social things.'* (Male, 26-50, White or White British)

116. However, others highlighted how much having a free bus pass or other financial support helped them be more socially active. 58% of questionnaire respondents have a free bus pass or subsidised travel rail card (n=118). Responses illustrated the extent to which having financial support with travel can act as an enabler.

*'Having just discovered that I qualify for a disabled bus pass on physical health grounds is allowing me to go out more for leisure...'* (Female, 51-75, White or White British)

*'I have a free bus pass that's a great help.'* (Female, 51-75, White or White British)

*'I feel at home in my own car, but I am also lucky to be able to afford to run one. If it weren't for the mileage I claim from Poole mental health forum I would not be able to run one.'* (Female, 51-75, White or White British)

*'Before [now] I did not have a concessionary pass. I was virtually immobile.'* (Male, 51-75, White or White British)

- 17% have used direct payments or individualised budgets to pay travel costs (n=112; 6 did not state).

## Learning and working

117. 65% of questionnaire respondents were involved in learning at the moment and 35% were not (n= 102; 16 did not state). 37% of respondents were working and 63% were not (n=104; 14 did not state). For some though by no means all questionnaire respondents and focus group participants, issues to do with travel and/or limited access to travel had either restricted their options relating to learning and working, or prevented them from taking up learning or work. Some respondents cannot take up learning or working they would like to do, or can only take up learning or work that is near to where they live. A lack of public transport opportunities in certain areas or times of the day (e.g. evenings) appeared to be partially responsible. Not having a car was seen as severely restricting access.

## Learning

118. Of the 36 questionnaire respondents who were not involved in learning, 10 said travel issues have stopped them taking up learning. A further seven who were involved in learning or did not state, reported that travel issues have stopped them taking up learning (presumably, taking up different learning opportunities). So 14% of the total sample stated that travel issues had stopped them taking up learning. Some focus group participants experienced similar problems.

*'Sometimes I can't go on a course because I can't get there by public transport or the course ends after the buses stop running.'* (Female, 51-75, White or White British)

*'I do not like driving at night as I find it harder to concentrate with all the lights. This prevents me going to a night class which I would like to do as I work in the day.'* (Female, 26-50, White or White British)

*'[There is] no bus service to [the] local college.'* (Female, 26-50, White or White British)

*'I had to opt for distance learning because of anxiety/lack of travel facility issues. I wanted to do a counselling course at college – this cannot be done by distance learning.'* (Female, 26-50, White or White British)

*'Travel stopped me taking a European Computer Driving Licence course because I couldn't get there.'* (Focus Group Participant)

*'I used to go to evening classes but they took the buses off and I can't get to the colleges...I went to cookery lessons, yoga, all sorts of things.'* (Focus Group Participant)

*'I know that for people who have time off college, it is not that going to college is a problem, it's that in between - getting there and getting back, and that is what tires them out... I sometimes didn't attend... Mainly it was the fear ...'*

*being mentally exhausted before I get out the door because of the thought of travelling.'* (Focus Group Participant)

*'I would love to go to college to learn sign language. I can't do a sign language course. I'd have to travel far and that's what stops me from doing it. It's something that I'd really love to do.'* (Focus Group Participant)

### **Working**

119. Of the 66 respondents who were not working, 15 said travel issues had stopped them working. A further six who were working or did not state reported that travel issues have stopped them working (presumably, taking up different work opportunities). So 18% of the total sample stated that travel issues had stopped them working. Some focus group participants experienced similar problems.

*'I've often had to turn down work that I couldn't reach due to lack of public transport.'* (Female, 51-75, White or White British)

*'I wanted to do voluntary work at a rescue centre but there were no buses that went near there and I couldn't drive at the time as I was too unwell.'* (Female, 26-50, White or White British)

*'I was thinking about voluntary work but I am limited as I don't like travelling on buses.'* (Focus Group Participant)

*'I wanted to do kennel work and the place was too far out for the buses. So I haven't been able to do the work that I'd like to do.'* (Focus Group Participant)

### **Support**

120. 16% of questionnaire respondents have received support to travel such as from a travel buddy or through a travel training scheme (n=114; 4 did not state). Those who had received this support gave some information about who had provided it (including occupational therapists, key workers, support workers and friends) but generally little information on the impact of it.

*'My key worker gives me encouragement and makes me feel less anxious and tense when travelling into the city.'* (Male, 51-75, White or White British)

*'[I get support from my] support worker. It's company for me and I look forward to travel.'* (Male, 51-75, White or White British)

*'A health authority member from the mental health services used to travel with me and gave me confidence to do this on my own.'*  
(Male, 51-75, White or White British)

### Josh's story

I was housebound and isolated before I started here. I wouldn't talk. You wouldn't believe it now! I went on a personal development course. Before that I couldn't go on buses, I was thinking people are looking at me. But the course brings you out so you can actually do stuff. When we went out and about we went out on the bus in the group so it was like a protective bubble. So it's brought me out to think, 'yeah, I can use the bus'. And when I start getting stressed now I have breathing techniques which help me.

#### How life could be different

121. Focus group participants were asked what new or different things they would be doing if they didn't experience challenges, issues and barriers in travelling. The responses they gave were all activities that can promote mental well-being and social inclusion:

- volunteering;
- working;
- ice skating;
- a sign language course;
- spending more time with family;
- going to the seaside;
- a game design course;
- an art course;
- an IT course;
- going on UK holidays; and
- getting to know the local area.

#### How things could be better

122. Respondents had numerous suggestions and ideas as to how travelling could be better for them, but three main over-arching themes emerged:

- travel passes and travel costs;
- public transport services and information; and
- provision of designated, short term discrete transport services.

These are described below, and other responses and ideas are summarised too.

### **Travel passes and travel costs**

123. Many respondents, when asked what would make travel better, simply replied 'a bus pass' or 'a travel pass' (e.g. including for trains). There was a feeling these should be available to all people experiencing mental health difficulties and/or to all people on incapacity benefit. Others suggested they should be available to all people engaged in adult learning. It was pointed out that having time restrictions on passes (such as not being able to use them before 9:30 am) was extremely limiting and there were calls to remove time restrictions.
124. Cheaper travel - such as cheaper fuel, parking and travel fees - would also, some respondents suggested, make a big difference. If learning providers, mental health providers, and other services had the funds to enable learners/service users to claim money back for travel costs, this would help. Some suggested dial a ride or similar low-cost schemes would be a huge help.
125. The inconsistencies in travel pass policies in different geographical areas and across different local authorities were pointed out by some respondents. It was unclear whether criteria for travel passes relating to mental health were the same everywhere. Some also suggested a review of the Disability Living Allowance (DLA) mobility criteria needed to be undertaken.
126. Overall, many people experiencing mental health difficulties, especially severe and enduring difficulties, are not in paid work and so are on limited incomes. Travel costs seem to be a significant challenge and barrier to social inclusion.

*'If our bus passes are taken away from us it will be hard to get to my day centre as often as I need to, which would certainly affect my mental health detrimentally.'* (Female, 51-75, White or White British)

*'[There should be a] change/relax [of] policy to enable those on incapacity benefit (people that need help) to receive hospital transport and a bus pass.'* (Male, 26-50, White or White British)

*'Because I have only been able to receive the low rate mobility component of DLA, I do not get any help with travel costs... certainly not enough to attend college / go shopping / other.'* (Female, 26-50, White or White British)

### **Public transport services and information**

127. There were a number of suggestions as to how public transport services could be improved to make travel better for people experiencing mental health difficulties:

- more services, such as more buses and trains;
- more direct services;
- more frequent services;
- better reliability;

- better and more accessible service information; and
- drivers with better disability and mental health awareness and in accordance better practices.

Many respondents also suggested that fewer people on transport would help. Presumably this could be achieved by having more services running.

*'I find waiting, especially standing and waiting, very hard at the moment - very anxiety inducing. Knowing when the bus will arrive by texting for times and live bus information helps reassure me the bus is coming and has not been cancelled. It makes waiting easier.'* (Female, 26-50, White or White British)

*(What would make travelling better for you?) 'Speaking timetables in 12 hour clocks.... nicer, supportive drivers. Drivers should get training in mental health.'* (Female, 26-50, White or White British)

*(What would make travelling better for you?) 'Drivers to wait till we are sat down. Drivers to drive more slowly so we don't fall or feel like we are falling from our seats. Drivers to stop at the next stop when we ring the bell!'* (Female, 26-50, White or White British)

*(What would make travelling better for you?) 'Buses turning up on time to stop me having panic attacks and getting anxious. More buses so they are not too crowded. More buses running during the busy times when everyone is trying to get into town before 9 o'clock in the morning.'* (Female, 26-50, White or White British)

*'Drivers should be more patient and understanding to all as you cannot see mental health [difficulties]. And wait for all to sit down.'* (Female, 26-50, White or White British)

### **Providing designated, short term discrete transport services**

128. Many participants wanted to be able to use public transport as opposed to using 'sheltered' transport schemes. There was recognition that this was an important part of social life. However, some did suggest that having designated mini buses, volunteer drivers or other 'sheltered' arrangements in place, in the short term, would help people ease into new activities. For example, some participants discussed how when you are starting a course you have two distinct areas to worry about: starting the course, getting used to the learning centre, meeting new people, keeping up with the work, *as well as* travelling there – and all the individual difficulties and distress this can bring. So it was felt that having short-term arrangements in place to support learners for the first couple of weeks of a learning course would be a great help.

*'The first time I went to college something like a mini bus service would have helped for those people in real need. It's different where I am now, I can manage the bus and taxi and find transport for myself. But there are people*

*who are just getting in to the system and at that point it is so overwhelming and maybe it would help them in the first couple of weeks, getting used to going to college. If you haven't been out of the house for 5 years, to say it's the first time for you to start college and the first time for you to use public transport, it's hard. But it should only be short term because you need to learn to use the bus service because one day when we finish college we will be using buses.'* (Focus Group Participant)

### Other solutions

129. Other solutions to improve travel included the following:

- Many people believed that having their own vehicle would improve the situation greatly.
- Many suggested that travelling with others is a huge help, and called for more travel training and travel buddy arrangements.
- Some simply indicated that they needed their mental health and confidence to improve to enable them to travel without difficulty.
- Those who drive themselves suggested a need for more 'disabled' parking spaces and fewer dangerous drivers on the roads.
- Some respondents said that more volunteer drivers were needed to help people access services.
- Access to learning would be better if learning providers offered courses in the daytime (as travel at night could be problematic) and if courses/classes started and ended at a times that meant people would not be travelling in 'rush hour' and would be able to use their pass (i.e. not having to travel before 9:30). Others suggested that more courses closer to where they live or to venues that were on travel routes would help.

### Travel and social inclusion

130. It was apparent how much travel issues, barriers and challenges can have an impact on people's ability to participate in social life. 21% of questionnaire respondents said travel challenges stop them from travelling often, and a further 42% said they stop them travelling sometimes. Some elaborated on how this can mean they can't participate in activities.

*'Often I cannot make it to medical and other appointments because of panic attacks. Sometimes I then get the service withdrawn e.g. dentist, support worker, Community Psychiatric Nurse.'* (Male, 26-50, White or White British)

*'I do not drive when I am ill as I would not feel safe and would never forgive myself if I caused an accident... [I experience] difficulty in accessing transport when I am unable to drive so I have to stay at home. It makes me more isolated and depressed.'* (Female, 51-75, White or White British)

131. Finally, some respondents were quite clear about how important travel is for social inclusion and positive mental health.

*'Don't underestimate how big a problem travel can be. I only got back to work because of a service user run training course that had factored in the needs people had around travel and had door to door transport. They helped me build to the level of confidence that to do what I wanted I had to be able to use trains so I pushed myself. It was a slow, painful process...'* (Female, 51-75, White or White British)

*'Being able to travel is extremely important, because it opens up opportunities and adds to reducing isolation.'* (Female, 26-50, White or White British)

*'If I was to get some transport arranged, it would enable me to get out and meet people, obtain training to hopefully gain employment.'* (Male, 26-50, Asian or Asian British)

*'I think a lot of people would recover better if they had access to a vehicle. Often it is very hard to go out and use public transport or walk if you have mental health issues. This can go on for years and be very life limited. A vehicle can help you get back out there - it has really helped me to have a car.'* (Female, 26-50, White or White British)

## Chapter 6 Discussion

### Introduction

132. This research has been underpinned by the knowledge that people with mental health difficulties are of course not a homogenous group. All will have different circumstances and different challenges, and some will have physical or sensory issues that may impact on their experiences in travelling. Mental health difficulties can be mild, moderate or severe. They can fluctuate greatly. In our approach to the data we did not gloss over these important differences or assume that people experiencing mental health difficulties will experience these in the same way over long periods of time.
133. That point made, the enthusiastic response to this small scale research from learners, service users and practitioners, and the findings themselves, have revealed three main messages:
- i. If travel is accessible, in the widest sense of the word, this is a *major enabler* to social inclusion. If people are unable to travel, for whatever reason, this is a *major barrier* to social inclusion. Being able to travel with relative ease is a crucial condition to enable people to move from unemployment, inactivity and isolation into community and sociable activities, learning, volunteering and work, all of which can contribute significantly to the recovery process and a person's mental wellbeing.
  - ii. There was a sense from respondents and participants that the barriers to travel they faced, based on their individual circumstances, were largely felt to be problems unique to themselves. Yet the commonality of responses suggest that individually-perceived barriers to travel are not unique problems at all, but are collective, widespread challenges that need to be addressed by travel companies, mental health services and learning providers, as well as by individuals themselves.
  - iii. Challenges faced by people experiencing mental health difficulties have many similarities to challenges faced by disabled people and other disadvantaged social groups - including problems with travel services and costs - but in many ways they are distinct. Distinct challenges relating to anxiety, panic, overcrowding, the anti-social behaviour of others and having non-apparent impairments have not received a great deal of research attention (but see Penfold et al., 2008, and SEU, 2003) nor much policy attention.

The rest of this chapter discusses the findings in the broad context of these messages.

### Travel methods

134. Walking and using public transport were the most frequent modes of transport used. This echoes previous research that found that public transport and walking were the main methods of travel for people with mental health support needs (Penfold et al., 2008). Most of the respondents to our questionnaire were not working and it is reasonable to assume many were on limited incomes. They are therefore less likely to have their own vehicles or be able to access taxis. Indeed 51% of questionnaire respondents stated that travel costs stop them from travelling. Given that many respondents with cars highlighted how much easier and more manageable this made travelling and accessing activities and services, it is unfortunate (from a personal rather than environmental perspective) that many people who would be likely to benefit greatly from having their own vehicle do not. It was clear from the research that having a car greatly increases people's options when they need to undertake journeys: a car owner who is feeling unwell and thus unable to use public transport has the option of driving; someone who doesn't own a vehicle does not and may choose to stay at home instead.
135. Notably, very few respondents cycled regularly (11%). Cycling can offer a cheap, healthy, flexible and independent means of travelling, and it deserves more attention.

### Positive things about travel

136. Encouragingly, travel was most certainly considered a positive thing in many ways, largely because it was seen as a means to an end. It enabled people to access activities and services which promote social inclusion and mental wellbeing. Travel in itself also offered positive benefits of independence, freedom and achievement. The value of being able to travel was appreciated.
137. Just as people can and do recover from mental health difficulties, it was clear from this research that people can and do overcome significant challenges with travel. Manoeuvring a difficult journey can become something of a personal challenge and overcoming it can enhance confidence in one's abilities. It was clear that many people have well developed strategies in place to support them in overcoming journey challenges - including good route planning, drawing on therapeutic knowledge and techniques and getting support from others.

### Anxiety, panic, crowds and other people

138. That travel can cause such anxiety and panic was apparent within the responses. Being around other people, including anti-social groups, and overcrowding caused significant distress. The SEU also found that fear of anti-social behaviour can deter socially excluded groups from travelling (2004).
139. These issues are inextricably linked to symptoms of some mental health difficulties such as anxiety, panic, social phobia, and paranoia. On the one hand it could be argued that as these are symptoms of mental health difficulties

the solution to overcoming them lies mainly in individual condition management, not in making any changes to travel services. In this sense they could be perceived as problems for the individual to overcome. This way of thinking would be in line with the medical model of disability. This viewpoint also raises important questions: whose responsibility is it to support people with mental health difficulties who are service users to overcome such difficulties? Is it the responsibility of the learning provider so they can support the learner to access learning, or the mental health service so they can support social inclusion?

140. On the other hand, for many people these feelings and experiences are not just *symptoms* of mental health difficulties. They are also *responses* to genuine attitudinal, environmental and physical barriers associated with travel. From this viewpoint, underpinned by the social model of disability, the solution lies, at least in part, in removing the attitudinal, environmental and physical barriers that can cause mental distress. The emphasis on external societal solutions needs more attention than individual condition management.
141. Furthermore, they are inextricably linked to problems relating to stigma surrounding mental illness and the behaviour of anti social groups in society. These are not personal problems but collective problems that need addressing.
142. Previous research into and policies on travel, and travel issues for disabled people, seem to have focused largely on issues of physical accessibility, travel services and staff. There has been some attention, but not enough, on the way in which symptoms of mental health difficulties can have a severe impact on experiences of travel, and on how challenges with travel can cause significant mental distress.

### Travel services

143. Respondents made clear that a number of problems with travel services - including infrequent services, poor information, the attitudes and behaviours of some bus drivers, fares, restrictions on bus passes - made an enormous difference to their experiences of travel.
144. Travel services have been the focus of many previous pieces of research. The SEU found that problems arise because public services often don't go to the right places at the right times, are infrequent, are unreliable, are inaccessible or are too costly (SEU, 2003). Smith et al. (2006) found high costs of travel to be a barrier to travel for disabled people. Penfold et al. (2008) found that for people experiencing mental health difficulties travel staff were perceived as awkward, challenging and unhelpful. Concessionary travel for people with mental health needs was seen as especially important. The SEU report, *Mental Health and Social Exclusion* (2004), highlighted the problems on buses regarding driver prejudice when people have passes and non-apparent impairments. The literature review showed that the sector skills council responsible for the transport workforce, GoSkills, and its partners including

qualification-awarding bodies, have paid attention to the needs of disabled people, including those with mental health difficulties, but it seems clear that standards and qualifications have made little difference at operational level.

145. There have been a number of other solutions to the problems. One solution has been free bus passes for disabled people. The SEU describe how 'A small number of people with mental health problems are automatically eligible for reduced travel cost via schemes such as concessionary fares on buses....Local authorities have the discretion to offer concessionary fares more widely than the statutory minimum, although transport providers are not obliged to participate in such discretionary schemes' (SEU, 2004, p.92). Respondents indicated that having a bus pass is a huge enabler. The evident value of these passes is indisputable. However, this agenda worryingly looks to be changing in many areas, with proposed moves to restrict the criteria for eligibility. As one participant comments, 'what the government saves on the bus they will pay on health programmes'. A cost/savings analysis relating to mental health needs undertaking (see [recommendations](#)).
146. Addressing costs through bus fares is only one part of the problem. The DDA makes discrimination against disabled people, including those with serious and long term mental health difficulties, unlawful. It also specifies that public services are required to make reasonable adjustments to meet the needs of disabled people – in terms of both of accessing travel services and information about them. Land-based transport services are covered by part 3 of the DDA. Following the introduction of the DDA regulations have been introduced to improve the accessibility of buses, coaches and trains. However, while travel services have made advances to improving the physical accessibility of services, the needs of people experiencing mental health difficulties do not seem to have received a similar degree of attention.

### Learning and working

147. 14% of questionnaire respondents (total sample = 118) stated that travel issues had stopped them taking up learning, and 18% stated they had stopped them taking up working. While these are relatively low figures, they are both significant and worrying. Many more respondents and participants indicated that travel choices have affected and restricted their choices of learning, working and volunteering.
148. Previous research has identified similar findings. Smith et al. (2006) found that many disabled people turn down job offers because of a lack of accessible transport, and Campion et al. found that many disabled people identify that inaccessible transport has limited the range of adult education and training courses available to them (cited in Smith et al., 2006).
149. Adult learning can increase skills, confidence and employability. It can provide focus and direction. It can be the trigger that enables people to take control of their lives and move forward in a positive way. It can play a prominent role in

social inclusion for marginalized or disadvantaged groups. Adult learning is has a positive impact on health and well being (James, 2005; Aldridge and Lavender, 1999; Penfold et al., 2008; SEU, 2004). Paid work can have similar positive impacts on mental wellbeing, social inclusion and recovery (SEU, 2004). However, learning is particularly significant as it is an ideal option for those who are not yet ready to enter or re-enter the workforce, and it can also be a route into the workforce. Many colleges and learning providers have excellent provision for learners experiencing mental health difficulties - but for those people who cannot get to the provision it is of no use.

150. In 2007 the government introduced Public Service Agreement (PSA) 16 with the aim to increase the proportion of socially excluded adults in settled accommodation and employment, education or training. PSA 16 focused on four groups, including adults receiving secondary mental health services. The government's commitment to this agenda will be considerably compromised if people cannot access learning or work, or if travel issues affect retention.
151. More recently the government has launched a number of cross-departmental initiatives to increase employment retention and taken up of people experiencing mental health difficulties and to improve support to enable people to take up work, including *Realising ambitions: Better employment support for people with a mental health condition* (Perkins et al., 2009), which reports on a review of mental health and employment and sets out a vision for the future; *Work, Recovery and Inclusion: Employment support for people in contact with secondary mental health services* (HM Government, 2009a), a cross-government paper which focuses on growing support services' capabilities to increase the number of people, who are in contact with secondary mental health services, in employment by 2025; and *New Horizons: A shared vision for mental health* (HM Government, 2009b) which sets out a programme of action for improving the mental well-being of the population and mental health services, and stresses the association between good mental health and employment. The 2009 *Working Our Way to Better Mental Health* is the first ever national strategy on mental health and employment (Department for Work and Pensions (DWP) and Department of Health (DoH), 2009). It sets out a framework for action to improve wellbeing at work for all people, and to help people experiencing mental health difficulties to take up or return to, and stay in, work. Employment rates are low for people experiencing mental health difficulties but many people want to and can work, providing they have support and travel access to work. These recent government initiatives have paid scant attention to travel issues; this research highlights the importance of addressing travel issues to remove what are, for some, significant barriers to taking up work.

### **Social inclusion and personalisation**

152. One of the most powerful messages coming from participants and respondents was the extent to which travel barriers are a component of social exclusion. A strong theme was that factors, including costs of public transport and taxis,

prevented some people from accessing mental health services and from accessing other activities, such as learning and work, leisure, seeing friends and family. These findings reinforce findings from previous research (SEU, 2004, p.9) which identified that alongside housing and financial stability, accessible and decent travel is an absolute basic requisite for social inclusion and positive mental health. It suggests that one in four people have been unable to access mental health services because they could not afford travel costs. This is a worryingly high proportion.

153. Given the range of significant and distressing challenges some people face in travelling, a greater number of segregated, sheltered transport arrangements might be proposed, such as private mini-buses, dial-a-ride schemes and volunteer drivers. Certainly, for some people these are an excellent and useful solution to problems. However, having such schemes on offer on a long term and large scale is at odds with the agenda of social inclusion. Many people experiencing mental health difficulties are socially excluded and such segregated services would do little to break down stigma or promote inclusion and integration. Indeed, some respondents and participants did state that people do need to get used to public transport to aid recovery and to help people integrate with social life.
154. Personalisation is a key policy agenda. The personalisation agenda proposes a 'fundamental rethink of the relationship between citizens and public services' to ensure citizens are empowered to have greater choice and control, and to participate as active citizens and live independently (National mental Health Development Unit (NMHDU), 2010, p.7). NMHDU has recently published *Paths to Personalisation in Mental Health: A whole system, whole life framework* (NMHDU, 2010). This sets out what needs to be in place to make personalisation a reality for people with mental health difficulties, including helpful person centred systems and approaches, information and advice, and support for managing personal budgets. There is huge potential for the personalisation agenda to help combat barriers to social inclusion, including barriers to accessing learning or work. However, if people cannot actually access travel opportunities to enable them to participate in social activities and live independently then 'choice' is rendered meaningless.
155. This agenda underpins plans to transform social care by allowing individuals who are eligible for social care to have greater choice and control on how this support money is spent. 'Individual budgets mean that individuals can exercise greater choice, flexibility and control by choosing to access directly some or all of the money in their individual budget through a personal budget and/or direct payments' (LSC, 2009d, p.24). Direct payments and personal budgets offer a brilliant opportunity for people to fund their own travel costs to enable them to take up activities including learning and work that promote mental wellbeing and social inclusion.
156. However, research suggests that widespread and effective use of direct payments and personal budgets for people with mental health difficulties

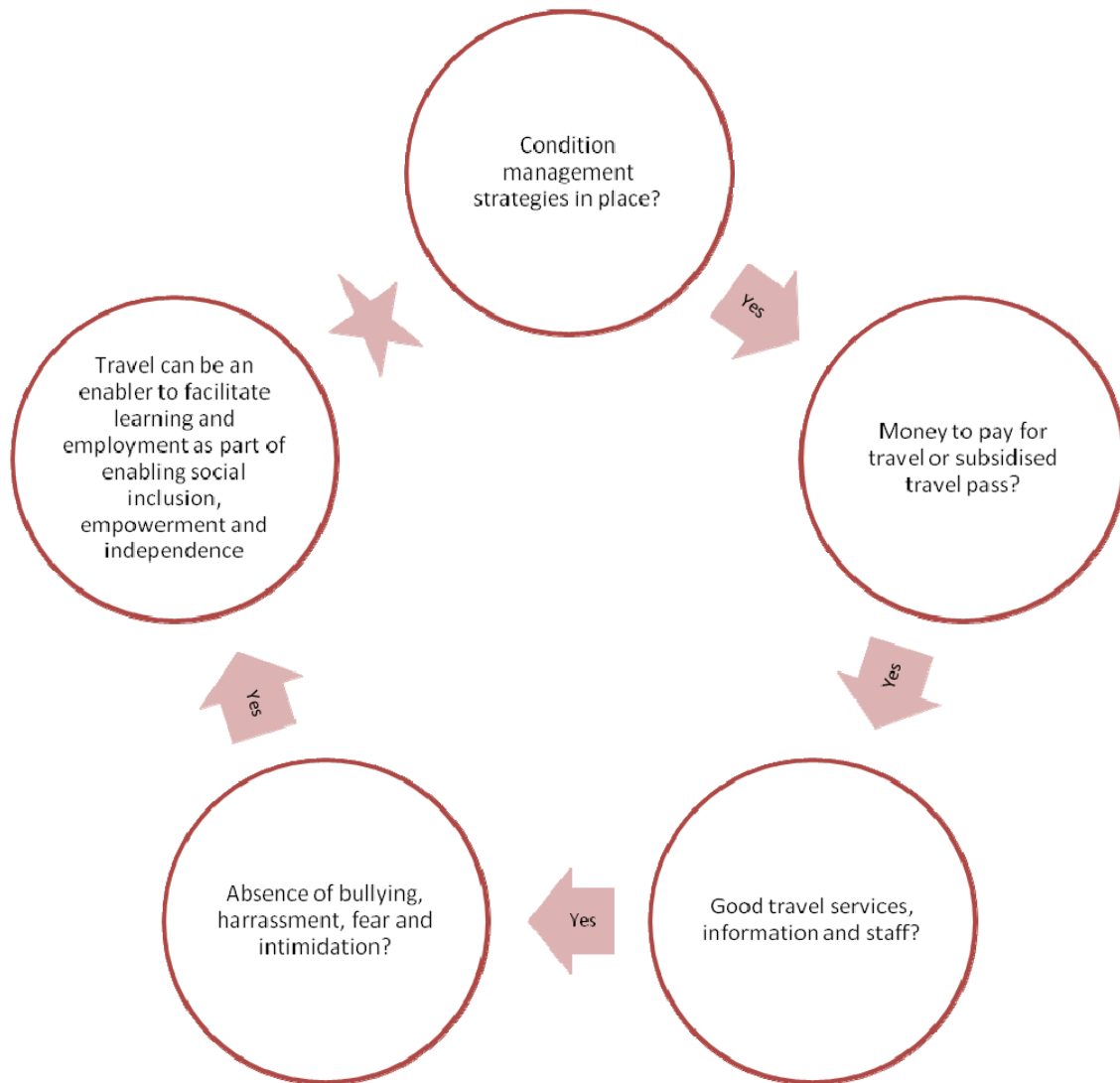
remains the exception, not the rule (Davey et al., 2007, cited in NMH DU, 2010). Indeed our research found that only 17% of questionnaire respondents had used direct payments or individualised budgets to pay travel costs. Whether this is because people are not accessing direct payments or are not considering that they can be used for travel is unclear, but it is clearly a missed opportunity.

157. The issue of travel needs rethinking in light of: the evidence that people with mental health difficulties can experience significant and varied barriers to travelling and that this may prevent people accessing services and activities and achieving independence; and the growing momentum of the personalisation agenda. Any programmes of travel training, or programmes that promote the personalisation agenda, for people experiencing mental health difficulties, must take a coordinated and holistic approach. This approach should incorporate a mix of travel skills, life skills, and money skills, including the use of direct payments and personal budgets to fund travel costs. These factors should not be addressed in isolation; they interlink and need to be addressed jointly.

#### The need to have access to travel

158. People experiencing mental health difficulties need to have access to learning and, if possible, work. They need to be able to engage socially with friends, family and communities. They need safe, accessible and affordable transport and the support to access it. These needs are underpinned by a range of government policies that promote equality for disabled people, human rights, social inclusion and support for excluded groups into work and learning. However, they are less underpinned by travel policies: 'mental health rarely features within local transport planning systems' (SEU, 2004, p.92).
159. In order for people with mental health difficulties to have access to travel with relative ease, a number of conditions need to be fulfilled (see [chart 1](#)). Ensuring that they are is not a personal, individual challenge - it is one for policy makers, travel companies, learning providers and mental health services as well as individual travellers themselves.

Chart 1 the virtuous circle of travel for learning



## Chapter 7 Recommendations

160. The following recommendations are based directly and indirectly on the findings of and discussion emerging from our research and elements of other research.

### For all agencies and organisations with a remit for travel

- i. Review progress towards equality in and access to travel for people with mental health difficulties in terms of responsibilities set out in organisational strategic policies, schemes and action plans.

### For the Cabinet Office, Department for Transport and/or local authorities

- ii. Investigate proposals to restrict eligibility criteria for bus pass eligibility and carry out a cost/savings analysis regarding potential increased costs of increasing isolation, mental health difficulties, and missed appointments. Following this, review the case for widening the criteria.
- iii. Review time restrictions on travel passes and consider lifting these.
- iv. Promote the use of direct payments and personal budgets to pay for travel, and promote the importance of considering travel issues when using direct payments and personal budgets to access services.
- v. Continue to review progress towards action 22 of the SEU report: 'Access to transport to enable adults with mental health problems to travel to the services they need will be improved by: reflecting the specific needs of adults with mental health problems within Local Transport Plan and Accessibility Planning guidance; and considering the case for revisions to the statutory guidance to local authorities on giving concessionary travel to this group, in consultation with the Disabled Person's Transport Advisory Committee and other user groups' (SEU, 2004, p.108).

### For GoSkills and its partners

- vi. Review the progress and current adequacy of travel companies (particularly bus companies) in delivering and assessing the impact of disability equality and awareness training based on national occupational standards and the Disabled Person's Transport Advisory Committee training framework – especially in relation to people with mental health difficulties.

## **For the NIACE/Inclusion Institute/LSC (and successor organisations) Partnership Programme**

- vii. Have a targeted approach to investigating and showcasing/disseminating good practice examples of travel to learning for people with mental health difficulties, which anecdotally we know exist. Such examples could include learning provider/community transport partnerships, scheduling of classes to enable free travel, special training for bus drivers and other activities.
- viii. Develop a good practice guide for people with mental health difficulties, learning providers and travel organisations to facilitate successful travel to learning and learning for travel.
- ix. Develop a cognitive behavioural therapy-based travel training module within a forthcoming course for practitioners on facilitating personalisation.

## **For research and development organisations**

- x. Explore development work opportunities with partners such as Sustrans to engage more adults with mental health difficulties in walking and cycling to learning, training and work.
- xi. Research travel companies' commitments to disability equality and specifically towards mental health.
- xii. Research criteria for bus passes and geographical inequalities, and Disability Living Allowance and mobility.
- xiii. Promote the use of direct payments and personal budgets to pay for travel and promote the importance of considering travel issues when using direct payments and personal budgets to access services.
- xiv. Research existing travel training, travel buddy and travel support activities specifically for people experiencing mental health difficulties, especially those which incorporate the personalisation agenda and the use of direct payments and personal budgets, in order to produce guidance on innovative and effective activity.
- xv. Investigate the possibility of holding a high level seminar to further explore these issues and put them clearly into the public agenda.

## **For learning providers, employment agencies and mental health services**

- xvi. Investigate the policies of local authorities where learners and service users live regarding support schemes, bus pass eligibility and factor this into decisions about times of courses and activities. Consider flexible timings of activity where possible.
- xvii. Investigate whether centres are on bus routes and factor this into decisions about where to hold activities.
- xviii. Investigate volunteer driver schemes/'dial a ride' services/bus passes and make sure service users and learners are informed of travel issues.
- xix. Investigate and implement schemes to support learners and service users to cycle or walk to activities they attend.
- xx. Work creatively and in partnership with one another to develop short term mini bus/taxi/volunteer driver arrangements and travel training arrangements based on a cognitive behavioural therapy approach.
- xxi. Build reimbursement of travel into bids and funding allocations.
- xxii. Using Foundation Learning as a curriculum and/or funding source, develop travel training, travel buddying and other travel support arrangements which have a coordinated and holistic approach, incorporating a mix of travel skills, life skills, and money skills, including the use of direct payments and personal budgets to fund travel costs.
- xxiii. Investigate partnerships with community transport providers to provide travel to learning where appropriate, in particular at the beginning of the learning process and avoiding a segregated approach.

## Chapter 8 Conclusion

161. This research has provided a rich and detailed picture of how people with mental health difficulties experience travel and the nature and impact of some of the challenges, issues and barriers they face. The extent to which insufficient access to travel opportunities has an impact on social inclusion cannot be ignored. Many of the findings and the main messages confirm and mirror the findings of other studies, which took place prior to 2009-10. That they persist in 2009-10 indicates that in some areas there has been little progress and that there is still much that needs to be achieved. The recommendations address the actions required to make a significant difference for a large, vulnerable, often neglected and widely excluded group of people – so that they both have access to learning and crucially, in view of current policy imperatives, so that they can where possible enhance their employability and access to work.

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## Appendix one

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## Appendix two

### The sample of questionnaire respondents

#### Respondents' genders

	Number of respondents (111)	Percentage of respondents
Male	51	46%
Female	60	54%

(missing cases = 7 (did not state or prefer not to say))

#### Respondents' ages

	Number of respondents (114)	Percentage of respondents
19-25	11	10%
26-50	57	50%
51-75	45	39%
76+	1	1%

(missing cases = 4 (did not state or prefer not to say))

#### Respondents' ethnicities

	Number of respondents (113)	Percentage of respondents
Asian or Asian British	5	4%
Black or Black British	1	1%
Mixed ethnicity	0	0%
White or White British	105	93%
Other	2	2%

(missing cases = 5 (did not state or prefer not to say))

**Numbers of respondents who accessed mental health services accessed within the last six months**

	Number of respondents (118)	Percentage of respondents
GP or doctor, including Improved Access to Psychological Therapies (IAPT)	71	60%
Community Mental Health Team (CHMT), Early Intervention In Psychosis Team (EIP), Child and Adolescent Mental Health Services (CAMHS) or Forensic Services	64	54%
Other mental health services	45	38%
None	6	5%

**Length of time respondents had experienced mental health difficulties**

	Number of respondents (110)	Percentage of respondents
For less than a year	1	1%
For 1-5 years	15	14%
For 6-10 years	15	14%
For longer than 10 years	79	72%

(missing cases = 8 (did not state))

**Respondents' additional impairments and conditions**

	Number of respondents (118)	Percentage of respondents
physical impairment (such as difficulty using arms or mobility issues)	21	18%
sensory impairment (such as being visually impaired or hearing impaired)	21	18%
long-term health condition (such as cancer, HIV, epilepsy, heart condition)	24	20%
learning disability	12	10%
Learning difficulty or difference (such as dyslexia or dyspraxia)	19	16%

## Appendix three

### Copy of the questionnaire

#### **Making the Journey Getting to learning and work for people with mental health difficulties**

#### **Questionnaire about your travel experiences**

NIACE (National Institute of Adult Continuing Education) is doing some research into how people experiencing mental health difficulties travel around in their everyday life (such as walking, driving, using public transport) and any good things or challenges they experience in travelling. We are especially interested in travel to learning - but not just that.

If you are aged 16 or over and have experienced mental health difficulties within the last six months we would like to hear from you. We are keen to hear from people from all age groups, and from people experiencing mild, moderate or severe mental health difficulties. **Please complete the following questionnaire to tell us about your experiences and views.**

This should take about 10-15 minutes. Many of the questions are very quick to answer. You can:

- write your answers on a hard copy or
- complete it electronically using a computer. You can find it at <http://www.niace.org.uk/development-research/making-the-journey>

If you want us to post you a hard copy, or if you require a different format, please contact [bhupinder.nijjar@niace.org.uk](mailto:bhupinder.nijjar@niace.org.uk) or 0116 2044282. If it would be useful, please complete this with a care worker, support worker, or friend.

Your response will help us better understand travel experiences, and the good things and challenges people experience. We can then write a report and then develop recommendations about how travel services and arrangements can be improved.

We do not ask for your name or any personal information in the questionnaire. We may use the things you tell us in our report but all the information will be anonymous.

Please return your completed questionnaire to the person who gave it to you or to [bhupinder.nijjar@niace.org.uk](mailto:bhupinder.nijjar@niace.org.uk) or Bhupinder Nijjar, NIACE, Freepost LE3 O66, Leicester, LE1 7ZR by **Friday 23 October**. You do not need to use a stamp.

If you have any questions about the research please contact Caroline Law, NIACE Research Assistant at [caroline.law@niace.org.uk](mailto:caroline.law@niace.org.uk) or on 0116 2044249. Thank you for your time.

**Questionnaire about your travel experiences**

Please complete the questionnaire by ticking the boxes and writing or typing your answers. If you are completing this electronically and cannot use a tick, you can use an 'x' instead.

**Section 1 - How and why you travel**

1. **What methods of travel do you use frequently (once a month or more)?**  
(Please tick all that apply)

- Walk
- Bicycle
- Drive a car, motorbike, scooter, moped
- Passenger in a car, motorbike, scooter, moped
- Public transport - train, bus, tram, etc.
- Taxi
- Other - please specify:.....

2. **What do you travel for?** (Please tick all that apply)

- Paid or voluntary work
- Getting to learning (e.g. college, library, school, university)
- Shopping
- Medical/health appointments, including mental health
- Visiting family and/or friends
- Sport/fitness
- Leisure destinations (pub, cinema/theatre, days out, watching sport)
- Transporting children or other dependants
- To get out and about
- Other - please specify:.....

## Section 2 - Good and bad things about travel

This section is about travel in general. We are interested to find what, if any, **good and bad things** you experience when using different methods of travel. Please think about the last six months especially. You can tick as many boxes as you need to. If you don't travel in a particular way frequently (once a month or more), leave that question blank.

3. When I am **walking** this often makes me:

- feel anxious
- feel independent
- feel claustrophobic
- feel confident
- experience panic attacks
- feel able to do things I want to do
- worry about safety, security or crime
- feel sociable
- experience bullying and harassment
- experience friendly or helpful attitudes or behaviour from travel staff or other travellers

4. When I am **cycling** this often makes me:

- feel anxious
- feel independent
- feel claustrophobic
- feel confident
- experience panic attacks
- feel able to do things I want to do
- worry about safety, security or crime
- feel sociable
- experience bullying and harassment
- experience friendly or helpful attitudes or behaviour from travel staff or other travellers

5. When I am **driving** a car, motorbike, scooter, moped this often makes me:

- feel anxious
- feel independent
- feel claustrophobic
- feel confident
- experience panic attacks
- feel able to do things I want to do
- worry about safety, security or crime
- feel sociable
- experience bullying and harassment
- experience friendly or helpful attitudes or behaviour from travel staff or other travellers

6. When I am **a passenger** in a car, motorbike, scooter, moped this often makes me:

- feel anxious
- feel independent
- feel claustrophobic
- feel confident
- experience panic attacks
- feel able to do things I want to do
- worry about safety, security or crime
- feel sociable
- experience bullying and harassment
- experience friendly or helpful attitudes or behaviour from travel staff or other travellers

7. When I am using **public transport** (train, bus, tram, etc.) this often makes me:

- feel anxious
- feel independent
- feel claustrophobic
- feel confident
- experience panic attacks
- feel able to do things I want to do
- worry about safety, security or crime
- feel sociable
- experience bullying and harassment
- experience friendly or helpful attitudes or behaviour from travel staff or other travellers

8. When I am using a **taxi** this often makes me:

- feel anxious
- feel independent
- feel claustrophobic
- feel confident
- experience panic attacks
- feel able to do things I want to do
- worry about safety, security or crime
- feel sociable
- experience bullying and harassment
- experience friendly or helpful attitudes or behaviour from travel staff or other travellers

**9. Please look at the boxes you ticked in questions 3-8. If any of these experiences are especially significant to you and your circumstances, please tell us a bit more. If possible give us examples of your experiences.**

**10. Have you experienced any other challenges with travel in the last six months? Please describe:**

**11. Do any of the travel challenges you identified in questions 3-10 stop you from travelling?** (Please tick one box only)

- Yes, often
- Yes, sometimes
- No, never

**12. Do travel costs stop you from travelling?**

- Yes
- No

If yes, please describe:

**13. Do you have a free bus pass or subsidised travel rail card?**

- Yes
- No

**14. Have you ever used direct payments or individualised budgets to pay travel costs?**

- Yes
- No

**15. Do travel services, such as information and times, prevent you from travelling?**

- Yes
- No

If yes, please describe:

**16. Do you find it difficult to read travel information?**

- Yes
- No

If yes, please describe:

**17. Have you ever received support to travel such as from a travel buddy or through a travel training scheme?**

- Yes
- No

If yes, please describe. Please tell us about who helped you (e.g. a learning provider, employment support, health services, etc.), how they helped you and what impact this had on you:

**18. What would make travelling better for you? Please describe:**

**Section 3 - Travel and learning**

This section is about travel and learning. By 'learning' we mean any formal learning like going to a class or course, as well as informal learning such as learning at a library or going to a book club.

**19. Are you doing any learning at the moment?**

- Yes (now go to question 21)
- No (now go to question 20)



**20. If you are not doing any learning, have travel issues stopped you taking up learning?**

Yes

No

If yes, please describe:

**21. If you are doing learning at the moment, how do you travel to your learning? (Please tick all that apply)**

- Walk
- Bicycle
- Drive a car, motorbike, scooter, moped
- Passenger in a car, motorbike, scooter, moped
- Public transport - train, bus, tram, etc.
- Taxi
- None (e.g. it is distance learning)
- Other - please specify:.....

**22. Please complete the sentence below:**  
 I chose this/these method(s) of travel because...

**23. Have travel options ever affected your choice of adult learning? If so, please describe:**

**24. In question 18 we asked you about what would make travel better. We are especially interested in what would improve travel in relation to learning. What would make it easier or better for you to travel to learning?**

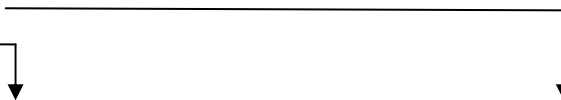
**Section 4 Travel and working**

This section is about travel and working. By 'working' we mean any paid work or voluntary (unpaid) work.

**25. Are you working at the moment?**

Yes (now go to question 27)

No (now go to question 26)



**26. If you are not working, have travel issues stopped you working?**

Yes

No

If yes, please describe:

**27. If you are working at the moment, how do you travel to your work?**  
(Please tick all that apply)

Walk

Bicycle

Drive a car, motorbike, scooter, moped

Passenger in a car, motorbike, scooter, moped

Public transport - train, bus, tram, etc.

Taxi

None (e.g. work from home)

Other - please specify:.....

**28. Please complete the sentence below:**

I chose this/these method(s) of travel because...

**29. Have travel options ever affected your choice of work? If so, please describe:**

**Section 5 Other**

**30. Do you have any other comments you would like to make about travel, especially in relation to mental health?**

**31. What mental health services have you accessed within the last six months?**

- My GP or doctor, including Improved Access to Psychological Therapies (IAPT)
- Community Mental Health Team (CHMT), Early Intervention In Psychosis Team (EIP), Child and Adolescent Mental Health Services (CAMHS) or Forensic Services
- Other mental health services, please describe:.....
- None

**32. For how long have you experienced mental health difficulties?**

- For less than a year
- For 1-5 years
- For 6-10 years
- For longer than 10 years

**33. Please let us know if you have any of the following additional impairments or conditions:**

- physical impairment (such as difficulty using your arms or mobility issues)
- sensory impairment (such as being visually impaired or hearing impaired)
- long-term health condition (such as cancer, HIV, epilepsy, heart condition)
- learning disability
- Learning difficulty or difference (such as dyslexia or dyspraxia)

**34. What is your age?**

- 16-18
- 19-25
- 26-50
- 51-75
- 76+
- Prefer not to say

**35. What gender are you?**

- Male
- Female
- Prefer not to say

**36. What is your ethnicity?**

- Asian or Asian British
- Black or Black British
- Mixed ethnicity
- White or White British
- Other - please specify:.....
- Prefer not to say

**37. If you prefer to describe your ethnicity in more detail, please do:**

**Thank you!**

Please return to  
[bhupinder.nijjar@niace.org.uk](mailto:bhupinder.nijjar@niace.org.uk)  
or Bhupinder Nijjar, NIACE, Freepost LE3 O66, Leicester, LE1 7ZR.

**While it is widely accepted that travel aids social inclusion and that travel systems for disabled people must be accessible, relatively little attention has been paid, in policy or practice, to travel for people experiencing mental health difficulties.**

**This report sets out findings from questionnaire and focus group research with people experiencing mental health difficulties, about their experiences of travelling - particularly in relation to learning and working. The findings reveal the distinct challenges people experiencing mental health difficulties can face in travelling. The report argues that these are not individual challenges but collective, widespread challenges that need to be addressed in order to advance government employability and personalisation agendas.**

**At a time of reduced public spending it is vital that we promote the necessity of accessible and appropriate travel systems to enable social inclusion, and that we protect travel funding that enables this. This report makes recommendations for policy and practice, aimed at travel agencies and organisations, the Cabinet Office, the Department for Transport, local authorities, GoSkills, research and development organisations, learning providers, employment agencies and mental health services.**

**Working for more and different adult learners**