

Disabled people's Transport Behaviour: Secondary analysis of NTS 2024

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Contents

1. Executive Summary	3
2. Introduction	10
2.1 Objectives of the analysis	10
2.2 Research questions	10
2.3 Data	11
2.4 Methods	12
2.5 Report structure	13
3. Identifying disability	15
3.1 Disability	15
3.2 Reported transport-related mobility difficulties	17
3.3 Visual impairment	18
3.4 Disability language	19
3.5 Comparison with the 2018 report	20
4. Transport use among disabled people	22
4.1 Transport accessibility gap	22
4.2 Travel by public transport	24
4.3 Travel by personal transport	29
4.4 Travel by shared transport	33
4.5 Travel by private transport	35
5. Transport patterns and barriers	42
5.1 Demographic differences in travel by public and shared transport	42
5.2 Demographic differences in travel by car	50
5.3 Difficulties travelling to work	59
5.4 Difficulties making other journeys	62
5.5 Multivariable analysis	65
6. Experience of people with a visual impairment without a driving licence	75
6.1 Frequency of use of different transport modes	75
6.2 Experience travelling to work	77
6.3 Experience travelling to places other than work	78
7. Use of technology for travel	79
7.1 Use of online tools/apps for information and journey planning	81
7.2 Demographic differences in the use of technology among disabled people	82
8. Discussion and conclusion	86
8.1 Summary of findings across transport modes and travel experiences	86
8.2 Implications for policy and practice	88
8.3 Limitations of the analysis	89
8.4 Conclusions	89

1. Executive Summary

This report presents a secondary analysis of the 2024 National Travel Survey (NTS), commissioned by the Motability Foundation (the Foundation) and the Royal National Institute of Blind People (RNIB). It updates and extends NatCen's earlier analysis of the 2018 NTS for the Foundation, providing a current standalone picture of **disabled people's transport use, travel barriers, and use of digital travel tools**. The findings presented in this report provide a descriptive snapshot of disabled people's experience of transport in 2024 rather than providing evidence of change over time. The study examines travel across **public, private, shared and personal transport**, with particular attention to **visual impairment, demographic inequalities, travel to work, non-work journeys, and the role of technology in enabling travel**. Throughout the report references to disabled people are in line with the Equality Act 2010 definition of disability (a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities). The analysis draws on data from the 2024 NTS¹, an Accredited Official Statistics series collected annually by the Department for Transport using a stratified, clustered random sample of private households in England. Running continuously since 1988, the NTS provides the primary source of data on personal travel patterns in England, offering a comprehensive picture of how people travel and helping to inform transport policy decisions and planning.

Overall, the findings show that **disabled people continue to face substantial inequalities in transport access, use and experience represented by inequalities in the number of trips, reported frequency of using transport and difficulties experienced using transport for different journeys**. The transport accessibility gap (the difference in the average number of trips between disabled and non-disabled people) for 2024 is 29%, a similar level to previous years of data. Across most transport modes, disabled people travelled less often than non-disabled people and were more likely to report barriers and difficulties when travelling. These inequalities in transport access were shaped not only by impairment type, but also often by **age, employment status, income, deprivation and place**. The findings suggest that transport disadvantage is **cumulative**. It is not confined to one mode, one setting or one group.

Main findings

Transport use across modes

Disabled people used most public transport modes less frequently than non-disabled people, with the clearest gap for **train travel**^{2,3}. **Nearly two thirds of disabled people (62%)** reported using trains less than once a year or never, compared with **one third of non-disabled people (33%)**. Bus use was also lower overall among disabled people, although this difference was driven more by **higher levels of very infrequent use** (less than once a year or never) with disabled people having similar levels of weekly bus use to non-disabled people.

Within the disabled population, patterns of bus and train use varied by impairment type, but these differences should be interpreted cautiously. **Weekly bus use was less common among disabled people with impairments affecting mobility and other**

¹ Department for Transport. (2026). *National Travel Survey, 2002-2024: Special Licence Access. 14th Edition*. UK Data Service. SN: 7553, DOI: <http://doi.org/10.5255/UKDA-SN-7553-14>

² The question on train travel does not include travel on the underground, tram or light rail.

³ Throughout the report using a transport mode at least once a week is referred to as 'frequent' or 'regular' use. Using a transport mode less than once a week or never is referred to as 'very infrequent use'.

physical impairments, while there was some evidence to suggest **disabled people with a visual impairment and those with mental health conditions may be more likely to report weekly bus use** than disabled people without these impairments (although this finding was around the threshold for statistical significance so should be interpreted cautiously). However, indications of higher use of some modes does not necessarily indicate better access. **Disabled people with impairments affecting vision, communication and mobility were more likely to report very infrequent train use** (less than once a year or never), suggesting continued exclusion from rail travel. For disabled people with a visual impairment in particular, this indicates that **higher average use of some transport modes may coexist with high levels of infrequent use of other modes**, and this may reflect constrained choice, differences in journey exposure, or persistent barriers to access, reliability and independent travel, rather than lower need or preference.

Patterns for personal transport were also uneven. Cycling was uncommon across all groups, but **walking (or wheeling) showed one of the sharpest divides in the report. Forty-three per cent of disabled people** reported walking or wheeling at least once a week, compared with **83% of non-disabled people**. Walking and wheeling patterns varied by impairment type. Disabled people with mobility or visual impairments were less likely to walk or wheel regularly (at least once a week) and more likely to do so very infrequently than disabled people without these types of impairment. In contrast, those with impairments affecting mental health or other impairments were more likely to walk weekly and less likely to report very infrequent walking than disabled people without these types of impairments. These findings highlight the importance of **mobility-related barriers and physical accessibility** in shaping personal transport options.

Shared transport, particularly taxis, showed a more mixed pattern. Disabled people were more likely than non-disabled people to report both **frequent** (at least once a week) and **very infrequent** (less than once a year or never) taxi use. This suggests that taxis may act as an important substitute where other forms of transport are inaccessible or unreliable, but that access to taxis is itself uneven. Among disabled people, those with **visual impairments** and **mental health impairments** were **more likely** to use taxis frequently (at least once a week) than disabled people who did not have these impairments. Disabled people with **mobility impairments** were more likely to use taxis very infrequently compared to disabled people without mobility impairments, although the numbers using taxis frequently was similar for those with and without mobility impairments. Disabled people living in urban areas, and disabled people with lower household incomes were also more likely to use taxis frequently than disabled people in rural areas or those on middle and high incomes.

Disabled people also reported lower levels of private transport access. They were less likely than non-disabled people to **hold a driving licence (69% compared to 89%), be the main driver of a household car (42% compared to 59%), or to travel by car at least once a week (74% compared with 85%)**. These differences were especially pronounced for disabled people with a visual impairment, cognitive impairment or people with an impairment relating to mental health. Those who lived in **lower-income or more deprived households** were more likely to report lower levels of private transport access.

As disabled people made fewer trips on average across modes, the proportion of trips made by specific modes, notably buses, highlights particular use of a narrower set of transport modes. Furthermore, frequency of use does not necessarily directly indicate accessibility, and these patterns may also represent effects of other related factors, such

as increased use due to reduced choice in transport mode and lack of other available options.⁴ For example, disabled people with visual impairment may use public or shared transport more, not due to having better access, but rather due to exclusion from other modes, such as driving.

Barriers and travel difficulties

Beyond frequency of use, disabled people consistently reported **greater difficulty when travelling**, particularly for **public transport** and for **everyday non-work journeys**. Reported barriers included **personal health or illness, unreliability of public transport, journey length, and physical accessibility**. These patterns were not evenly distributed and were often intensified where disability overlapped with age, low income, economic inactivity or place. Difficulties were more commonly reported by **older disabled people, those who were economically inactive, people on lower incomes, and those living in more deprived or rural areas**. In addition, it is possible that reported difficulties underestimate the extent of transport barriers faced by disabled people, where they are excluded from travel altogether.

Multivariable analysis confirms that these patterns are not explained solely by differences in age, income, employment or location. After accounting for demographic and socioeconomic factors, disability itself remained independently associated with poorer transport outcomes. **Disabled people** were significantly **less likely** than **non-disabled** people to have access to a household car and had substantially higher odds of experiencing travel difficulties, particularly for non-work journeys and for commuting by public transport. Differences within the disabled population were also evident, with visual impairment, mobility impairment, and cognitive impairment each associated with higher likelihoods of specific transport difficulties. **Analysis of travel frequency** further showed that, even after adjusting for demographics, area-level characteristics and socio-economic factors, **disabled people were less likely to use private cars and trains regularly and more likely to use buses and trains very infrequently**. Taken together, these findings indicate that observed gaps in travel behaviour reflect additional barriers linked to disability and impairment type, alongside wider socioeconomic disadvantage.

Healthcare-related journeys stood out as a particular pressure point. Disabled people were substantially more likely than non-disabled people to report difficulties travelling to **GP and hospital appointments**. This is one of the most policy-relevant findings in the report because it links transport disadvantage directly to **access to specific essential services**, rather than simply to travel preference or convenience. The findings suggest that transport barriers may contribute to **unmet need in healthcare access** and could increase the risk of delayed or missed care for disabled people, particularly for people with multiple impairments. Disabled people were also more likely to report difficulties making other non-work journeys, particularly **visiting friends or relatives and travelling to social activities**. These types of journeys can be considered central to an individual's social connection and wellbeing. Higher levels of difficulty suggest that transport barriers may limit disabled people's ability to maintain social relationships and participate in everyday life. While loneliness is not explored directly within this report, these patterns align with wider evidence that disabled people are more susceptible to loneliness, indicating that **restricted mobility and transport barriers may contribute to social isolation**.

⁴ Department for Work and Pensions. (2013). Fulfilling Potential. Available from: [building-understanding-main-report.pdf](#) [Accessed on 18th May 2026]

For commuting to work, disabled and non-disabled people reported similar main modes of travel, with **car or van use the most common for both groups**. However, disabled people were more likely to report difficulties when travelling to work, when using public transport. **Unreliable services, personal health, and physical barriers** were key factors. This suggests that transport disadvantage affects not only day-to-day mobility, but also the practical conditions for **labour market participation**.

Driving and visual impairment

The report also explored whether people with a visual impairment, with and without a driving licence, differed in their travel behaviour. This analysis is necessarily cautious because the survey does not measure **clinical visual acuity** directly, and holding a driving licence is only an **indicative proxy** for severity of vision loss. Even so, the findings are useful. **People with a visual impairment without a driving licence tended to use trains and private cars less often** than both drivers with a visual impairment and people without a visual impairment. **Taxi use was higher in this group**, suggesting that taxis may provide an important alternative where driving is not possible and where other modes are difficult to use.

For journeys other than work, **both visually impaired groups were more likely than people without a visual impairment to report difficulties**, particularly difficulties linked to **personal health or illness**. By contrast, some barriers such as journey length or unreliable public transport were reported more often by people without a visual impairment, likely reflecting differences in the journeys attempted and the travel options available rather than fewer barriers for people with a visual impairment. These findings should be interpreted cautiously, but they reinforce the broader message that **the experience of people with a visual impairment is not uniform** and that visual impairment often interacts with other aspects of transport access in complex ways.

Use of technology for travel

Use of online tools and apps for travel was widespread but unevenly distributed. **Disabled people were less likely than non-disabled people to use digital tools for travel information, journey planning and related services. Two thirds of disabled people (66%)** had used online travel services in the last 12 months, compared with **nearly nine in ten non-disabled people (88%)**. Disabled people were also more likely to have used **no online travel services at all**, and less likely to have used a broader range of services.

Use of online tools or services varied only modestly within the disabled population by impairment type. Disabled people with an impairment affecting mental health were the most likely to have used online travel services, compared to those without a mental health condition. Disabled people with an impairment affecting communication and/or mobility were the least likely to use online travel services, compared to those without these impairments. There were no significant differences in use of online travel tools between those with cognitive impairments, visual impairments, other physical health impairments and other impairments and those without.

Within the disabled population, use of digital travel tools was lowest among **those who were economically inactive, and those living on lower incomes**. Income and deprivation showed a clear gradient overall, with use increasing as income rose and deprivation fell. One important exception was the interaction between **visual impairment and place**: disabled people with a visual impairment living in rural areas were much less likely than their urban counterparts to use online travel services. This suggests that **digital**

exclusion may be shaped not only by impairment and income, but also by local context.

Taken together, these findings suggest that **digital access is now part of transport access itself**. Online tools are no longer a marginal or optional part of the travel system. They are increasingly part of how people **find information, plan journeys and navigate services**. Where disabled people are excluded from these tools, they may face an additional layer of transport disadvantage. Lower levels of use among disabled people may therefore reflect barriers in the design and usability of these tools. It is also important to consider that differences in use may partly reflect differences in journey frequency: disabled people may be less likely to use online planning tools if they are making fewer journeys overall due to other barriers to travel. Where disabled people are excluded from digital tools, whether due to accessibility barriers or reduced opportunity to use them, they may face an additional layer of transport disadvantage.

What this means for accessible transport policy

The findings reinforce the need for **accessible transport across the whole system**, rather than reliance on any single solution. Disabled people **used public transport less often than non-disabled people**, and this gap was not offset by higher levels of private transport use overall, although a small minority were more likely to report regular taxi use. Despite lower overall use of public transport, disabled people who did use it were **more likely to report difficulties travelling to work** by public transport, particularly linked to service reliability, physical accessibility and personal health or impairment. This shows that transport disadvantage affects access to employment and economic participation, and intersects with the affordability of available travel options, including reliance on taxis or other paid alternatives. **Taken together, this supports the need for a system-wide approach to accessibility, reliability and affordability, rather than focusing on any single mode in isolation.**

The report also underlines the importance of **different non-work journeys**, especially healthcare travel. Difficulties getting to GP and hospital appointments were among the clearest and most consistent barriers reported by disabled people. This positions transport disadvantage not just as an inconvenience, but as a factor affecting **health, independence and participation**. It strengthens the case for targeted work on **health journey accessibility** and for better coordination between **transport and health services**. Disabled people were also significantly more likely to report experiencing difficulties visiting friends or relatives and travelling to social activities than non-disabled people.

The analysis also highlights the importance of **local context**. Disabled people in rural areas **reported lower use of public transport** and often lower use of digital travel tools, while disabled people in urban areas were more likely to use taxis. These findings highlight potential **different mobility ecosystems**, and they imply different intervention needs depending on the area. For the Foundation, this supports the case for **locally tailored solutions to improve transport access** dependent on the local context.

What this means for sight loss and inclusive design

The findings show that **visual impairment is an important factor shaping transport experiences but is best understood in the context of other impairment types**. In many cases, the most severe barriers were reported by **disabled people with visual impairments alongside other impairments**, rather than by people with visual impairment only. This highlights the importance of understanding sight loss in the context of wider

impairment profiles, particularly where visual impairment co-occurs with mobility, cognitive and communication conditions. This suggests that policy and service design should reflect the **intersecting needs** of disabled people with a visual impairment.

The report also shows that **driving status matters**, but in complex ways. People with a visual impairment without a driving licence often relied less on trains and private cars and more on taxis, but this did not translate into one simple transport profile. The implication is that accessible mobility for people with sight loss must be understood as a **network of options**, not as a single mode substitution problem.

Finally, the findings on digital travel tools are directly relevant to both the Foundation and RNIB's interest in the future of accessible mobility. If online travel information and journey planning are becoming embedded in ordinary travel behaviour, then **digital accessibility is part of transport accessibility**. This supports continued attention to **inclusive design, app and platform usability, and the risk that digital-first travel systems may widen inequalities in transport access unless accessibility is built in from the start**.

What this means for future evidence priorities

The findings suggest several priorities for future evidence development. First, there is a strong case for **continued work on specific types of journeys**, especially healthcare travel, where the evidence points to high levels of difficulty and clear risks of unmet need. Second, the report shows the value of looking at **intersections between impairment, place and socioeconomic disadvantage**, since many of the strongest barriers emerged where these factors overlapped. Third, the analysis highlights the need for better evidence on **digital accessibility and transport technology**, including the usability of digital travel tools for people with different impairment profiles. As travel systems become more digital, the risk of a new layer of exclusion becomes more significant.

Limitations

The findings should be interpreted in light of some limitations with the NTS itself. Disability and visual impairment were identified using **self-reported measures** rather than clinical assessment. Visual impairment could not be measured directly and often **co-occurred with other impairments**. The NTS changes the questions that are asked in the survey year-on-year with some questions being asked every alternate year. In particular, questions on **mobility aids, community and special transport**, and related topics were not available in 2024 because they are collected only in odd-numbered years. Small sample sizes also limited some subgroup analyses, especially for disabled people with a visual impairment only. Finally, changes in how disability was measured mean that findings from 2024 cannot be directly compared statistically with those from the 2018 analysis. The two studies should therefore be treated as **standalone snapshots rather than direct measures of change over time**.

Conclusion

The analysis shows that **disabled people continue to face significant inequalities in transport access, use and experience**. These inequalities are visible across transport modes and journey purposes, and are shaped by **impairment type, socioeconomic circumstances and place**. People with a visual impairment only often reported higher use than other disabled groups, but those with multiple impairments faced the greatest barriers. Access to a car or driving licence remained important but did not remove wider transport difficulties. **Digital travel support was widespread, but not equally shared, adding a further dimension to transport disadvantage**. Overall, the findings point to the

need for **integrated, inclusive transport policy** that improves accessibility, reliability and affordability across modes and recognises the diversity of disabled people's everyday mobility needs.

2. Introduction

This report presents a secondary analysis of the 2024 National Travel Survey (NTS)⁵, commissioned by the Motability Foundation (the Foundation) and the Royal National Institute of Blind People (RNIB). NatCen carried out the analysis to update and extend the evidence base on disabled people's travel behaviour. The findings support the Foundation's programme of evidence generation, which informs its policy, public affairs and innovation work, and helps deliver its five-year organisational strategy from 2025. The Foundation and RNIB share a commitment to improving accessibility for disabled people. The RNIB has a charitable object to protect the interests of blind and partially sighted people, whilst the Foundation seeks to facilitate the relief and assistance of disabled people in connection with the provision of personal and other transportation. Together, both are collaborating to strengthen the evidence base for more inclusive transport systems and technologies.

This research builds directly on NatCen's previous secondary analysis of the 2018 NTS for the Foundation. That earlier work provided a robust and influential evidence base on the barriers and facilitators to accessible transport for disabled people. The current analysis updates this evidence using the most recent comparable data and extends it to reflect changes in travel behaviour, technology use and wider social context since 2018.

2.1 Objectives of the analysis

The analysis of the 2024 NTS focused on three key objectives. **First, it examined current patterns and trends in transport use among disabled people across all modes of travel.** This included personal mobility, such as active travel, as well as public (e.g. buses and trains), private and shared (e.g. taxis and e-scooter hire) transport and the use of **journey-planning** technology.⁶

Second, the analysis explored how transport use varied by sociodemographic characteristics. It examined differences by gender, ethnicity, region, employment status and deprivation, and how these characteristics interacted with disability to shape access to transport and mobility behaviour.

Third, the analysis assessed differences between disabled people, people with a visual impairment, and non-disabled people. It considered variation in travel patterns, barriers and enablers, providing a structured basis for understanding inequalities in transport access and use.

2.2 Research questions

The analysis sought to answer the following research questions, grouped around transport use, barriers, driving and technology:

⁵ Department for Transport. (2026). *National Travel Survey, 2002-2024: Special Licence Access*. [data collection]. 14th Edition. UK Data Service. SN: 7553, DOI: <http://doi.org/10.5255/UKDA-SN-7553-14>

⁶ For this report, transport modes are grouped into four broad categories in line with Motability Foundation's themes. This helps supports clear comparison across modes. Public transport includes mass transit services such as buses and trains. Shared transport includes vehicles used by people, either at the same time, such as taxis, or by different people at different times, such as e-scooters. Private transport refers to vehicles which a household or individual has private access to, such as a car or a van. Personal transport refers to active travel powered by the individual, including walking, cycling and use of manual wheelchairs.

1. What is the existing use of transport (personal, private, public, and shared transport) among disabled people, including those with visual impairments?
 - a. What are the differences between transport modes in terms of how often disabled people use each mode and for what purpose?
 - b. Are there differences in how people with different types of disabilities, including visual impairment, and varying levels of severity and complexity, use and experience different modes of transport and for different journey purposes?
 - c. How does transport use differ between disabled and non-disabled people (e.g. frequency of use and total number of journeys)?
2. What are the barriers and facilitators for each mode of transport (personal, private, public, and shared transport) for disabled people, including those with a visual impairment?
 - a. What is the relationship (if any) between demographic characteristics (e.g., sex, deprivation, ethnicity, housing, geographical area, employed/non-employed) and use and experience of transport among disabled and non-disabled people, including those with visual impairments?
 - b. What social, environmental and infrastructure factors relate to transport use by disabled people? What difficulties do disabled people face when making specific journeys (for example, to work or to see friends and family)
3. What difference does driving a car or van make to the travel experiences of the visually impaired cohort?
 - a. How do disabled people with a visual impairment who hold a driving licence differ from those with a visual impairment who do not in terms of prevalence, demographic characteristics and use of transport?
4. What is the level of use of technology to support travel for disabled people, including those with a visual impairment?
 - a. How much, and in what ways, do disabled people use digital and online tools/platforms to plan journeys, reserve and purchase public transport services and access real-time journey information while travelling?
 - b. How does technology use relates to demographic characteristics and modes of transport?

In answering these questions, the report builds an evidence base to help identify areas where disabled people face disadvantages in transport use. It describes differences in access to and use of transport between people with and without disabilities, across a range of transport modes and journey types.

The report also examines how these differences vary by demographic characteristics, helping to identify whether some groups face more severe barriers than others. In doing so, it provides evidence on the scale and nature of unmet transport need, and highlights groups who may be particularly in need of support.

2.3 Data

The analysis presented in this report draws on data from the 2024 NTS, a continuous, nationally representative household survey collected by the Department for Transport (DfT). The NTS collects detailed information on the personal travel of residents of England,

travelling in Great Britain, and is designed to monitor trends in travel behaviour over time. The survey is conducted annually using a stratified, clustered random sample of private households in England.

The NTS collects information on respondents' demographic characteristics, travel behaviour and experiences, and disability and health conditions. Participants are also asked to complete a seven-day travel diary, which records all journeys made during the survey week. Survey weights are applied to account for the sampling design and non-response and to ensure the data are representative of the adult population in England. Further details on survey weights can be found in the technical appendix.

The 2024 NTS collected data from a stratified, clustered random sample of 25,608 households in England, of which 7,530 households participated fully in the survey. This provides a robust basis for analysing transport use and accessibility across different population groups, including disabled people.

2.4 Methods

This report used a combination of descriptive and inferential statistical methods to answer the research questions set out in **Section 2.2**. All analyses were conducted in SPSS and used NTS survey weights to ensure the results reflect the adult population in England. We tested differences between groups using standard significance tests, including chi-square tests (χ^2) for categorical outcomes and t-tests for mean comparisons.^{7,8} Unless otherwise stated, differences described as statistically significant met the 95% confidence level. This means we tested whether the differences we observed are likely to reflect real differences in the population, rather than being due to chance, and we report results as statistically significant where there is strong evidence of a real difference.

Descriptive analysis and cross-tabulations

We first described how disabled people used different types of transport and what difficulties they experienced. This descriptive analysis covered personal, private, public and shared transport, as well as measures of barriers and facilitators where these were available in the 2024 NTS. A number of variables were recoded for the purpose of this report, details can be found in the technical appendix. We then used cross-tabulations to compare outcomes between disabled and non-disabled people. We also used this approach to explore how travel outcomes varied by key sociodemographic characteristics, including age, gender, ethnicity, employment status, region and area-level deprivation.

Multivariable modelling

To understand whether differences in travel outcomes were associated with disability once other factors were taken into account, we fitted multivariable regression models. We used logistic regression where the outcome was binary and multinomial regression where

⁷ Significance tests (Wald test) show whether differences between groups are likely to reflect real differences in the population, rather than chance variation in the survey data. They do not show which specific groups differ from each other, or how large those differences are. The test calculates the statistical significance of parameters in a logistic regression model to establish whether characteristics such as disability or age (for example) were significantly associated with travel outcomes. We applied these tests to simple tables with one outcome and one grouping variable.

⁸ Chi-square tests assess whether there is an association between categorical variables, such as disability status and frequency of travel. A statistically significant result indicates that the relationship observed is unlikely to be due to chance, but it does not show the size or practical importance of the differences between groups. In this report, we used Pearson's chi-square tests for nested tables that compared outcomes across more than one grouping variable.

outcomes had more than two categories. Models included disability characteristics and relevant sociodemographic predictors, allowing us to assess the association between disability and travel outcomes while holding other variables constant. This helped distinguish patterns associated with disability from those more closely related to demographic or socioeconomic factors.

Comparative subgroup analysis

Finally, we carried out subgroup analyses to explore whether patterns differed within the disabled population and, where relevant, within the visually impaired population. This included comparing outcomes across sociodemographic groups among disabled people and presenting equivalent comparisons for non-disabled people to provide context. We also examined differences between people with a visual impairment who hold a driving licence and those who did not, to understand how holding a driving licence is related to travel behaviour and experiences within that cohort.

2.5 Report structure

This report is structured around the four research questions set out in **Section 2.2**, with each subsequent section focusing on a specific aspect of transport use and travel experience among disabled people.

Section 3 sets out how disabilities, such as visual impairment, are identified in the 2024 NTS. It describes the measures used to define disability in line with the Equality Act 2010, presents the prevalence of disability in the survey sample, and explains how these compare with population estimates. This section also outlines key differences between the 2018 and 2024 datasets and analysis and discusses the implications for comparability over time.

Section 4 addresses Research Question 1, which examines the existing use of transport among disabled people. It describes patterns of travel across different modes, including public, personal, shared and private transport. For each mode, transport use among disabled people is presented alongside that of non-disabled people, and differences by the severity of disability are explored where possible.

Section 5 addresses Research Question 2 by examining the barriers and facilitators to transport use experienced by disabled people. This section explores how transport experiences vary by key sociodemographic characteristics, including demographic differences in the use of public, shared and private transport. It also examines difficulties encountered when travelling for specific purposes, such as travelling to work or making other everyday journeys. The final subsection presents multivariable analysis of non-work travel difficulties to assess whether key associations remain once demographic and socioeconomic factors are controlled for.

Section 6 addresses Research Question 3, which focuses on the role of driving in the travel experiences of people with visual impairments. It compares people with a visual impairment who hold a driving licence with those who do not, examining differences in prevalence, demographic characteristics and patterns of transport use. This section provides insight into how access to driving relates to mobility and travel options within this group.

Section 7 addresses Research Question 4 by examining the use of technology to support travel among disabled people. It explores the use of online tools and apps for accessing

travel information and planning journeys and considers how use of technology varies by demographic characteristics and modes of transport.

Finally, **Section 8** brings together findings from across the report to summarise key patterns and inequalities in transport use and experience. It reflects on the implications of the findings for understanding unmet transport need among disabled people and highlights areas where particular groups may face more severe barriers to travel.

3. Identifying disability

3.1 Disability

Disability in this report is defined in line with the Equality Act 2010 and the Government Statistical Service (GSS) harmonised definition. Under this definition, a person is considered disabled if they have a physical or mental health condition or illness that has lasted, or is expected to last, 12 months or more and that reduces their ability to carry out normal day-to-day activities. People with long-term health conditions that do not limit everyday activities are not classified as disabled.

To apply this definition in the 2024 NTS, we derived a binary disability variable using responses to questions on long-term health conditions and activity limitation. Respondents were considered disabled if they reported having a disability that impacted their daily life a little or a lot. Just over a quarter of respondents (26%) reported having a physical or mental health condition or illness lasting, or expected to last, 12 months or more. Among these respondents, 32% said that their condition reduced their ability to carry out day-to-day activities “a lot”, and a further 38% said it reduced their ability “a little”.

According to the 2024 NTS, 18% of the population of England is disabled using the Equality Act and GSS criteria. This is lower than the UK-wide estimate of 25% reported in the Family Resources Survey (FRS) 2024 to 2025, but is comparable with the 2021 Census estimate for England of 17.7%.^{9,10} Differences between these figures partly reflect differences in coverage and measurement: the FRS reports for the UK as a whole, while the NTS covers England only, and the Census includes people under 16. These differences should be considered when interpreting prevalence estimates.

Coverage of disability in the survey

Not all people who would qualify as disabled under the Equality Act 2010 definition of disability were identified as disabled in the NTS. Some people with a long-standing illness or disability did not report that their condition currently limited their day-to-day activities and were therefore not classified as disabled. This means the survey captures a somewhat narrower group of people whose conditions had an ongoing impact at the time of interview.

Impairment types

Respondents were asked whether their condition or illnesses affected different areas of their life, such as their mobility, vision or mental health (see Table 3.1). For analysis, we grouped some responses into broader categories, including cognitive, communication and physical impairments, to support clearer interpretation. These categories were not mutually exclusive, therefore, respondents could select more than one area that their health condition(s) affected.

Mobility-related impairments were the most common among disabled people, followed by other physical impairments and mental health conditions. Two thirds (66%) of disabled

⁹ Department for Work & Pensions (2026) *Family Resource Survey: financial year 2024 to 2025*. Available online: [Family Resources Survey: financial year 2024 to 2025 - GOV.UK](#) [Accessed on 15 April 2026]

¹⁰ Office for National Statistics (ONS) (2023) *Disability by age, sex and deprivation, England and Wales: Census 2021*. Available online: [Disability by age, sex and deprivation, England and Wales: Census 2021](#) [Accessed on 15 April 2026]

people reported a mobility impairment, 55% reported other physical impairments, and 30% reported a mental health condition.

Table 3.1: Type of impairments, among disabled people	
Base: disabled people	
Type of impairment	Total
Cognitive impairment, including: • memory, • learning or understanding or concentrating, • and socially or behaviourally, such as autism or attention deficit disorder.	27%
Communication related impairment, including: • speech, • and hearing, such as deafness or partial hearing.	17%
Vision, e.g. blindness or partial sight.	13%
Mobility, e.g. walking short distances or climbing stairs.	66%
Other physical impairments, including impact on: • dexterity, such as lifting or carrying objects, using a keyboard, • stamina, fatigue or breathing	55%
Mental health	30%
Other impairments ¹¹	6%
<i>Unweighted base</i>	<i>3,032</i>
<i>Weighted base</i>	<i>2,886</i>

Many people reported more than one type of impairment, reflecting the overlapping nature of health conditions (Table 3.2). Around two thirds (65%) of disabled people reported more than one impairment. The number of impairments reported could potentially indicate the complexity or severity of the disability, although this may also reflect multiple conditions, or a single condition affecting several areas of daily life.

All respondents who said they had a long-term condition were asked how it affected them. As a result, some (5% of non-disabled people) reported impairments even if they were not classified as disabled under the Equality Act 2010. A demographic breakdown of the NTS 2024 sample can be found in the technical appendix.

¹¹ This refers to where participants selected 'other' in response to the areas that their health condition or illness affects.

Table 3.2: Number of impairments, by disability			
Base: disabled and non-disabled people who reported at least one impairment			
Number of impairments	Disabled	Non-disabled¹²	Total¹³
One	35%	75%	43%
Two or three	43%	21%	39%
Four or more	22%	3%	18%
<i>Unweighted base</i>	<i>3,032</i>	<i>677</i>	<i>3,710</i>
<i>Weighted base</i>	<i>2,886</i>	<i>640</i>	<i>3,527</i>

3.2 Reported transport-related mobility difficulties

The NTS also asked people whether they had a health condition or long-standing illness that made it difficult to go out on foot unaided, use local buses, or get in and out of cars. These measures provide insight into transport-related difficulties, although they overlap with disability status. Most non-disabled people (97%) reported no difficulties with going out on foot, using buses, or getting in and out of cars, compared with just over half of disabled people (54%) who reported at least one difficulty (Table 3.3). Difficulty going out on foot unaided, either on its own or alongside other difficulties, was the most commonly reported issue among disabled people (45%). Very few disabled people reported difficulties in getting in and out of cars only (4%).

Table 3.3: Mobility difficulties, by disability			
Base: all respondents			
Difficulties going out on foot unaided, use local buses or get in and out of cars	Yes, has a disability	No disability	Total
No difficulties	47%	97%	88%
Foot, bus and car	18%	0%	4%
Foot and bus	11%	0%	2%
Foot and car	4%	0%	1%
Bus and car	1%	0%	0%
Foot only	10%	1%	3%
Bus only	5%	0%	1%
Car only	4%	1%	2%
<i>Unweighted base</i>	<i>3,185</i>	<i>12,969</i>	<i>16,277</i>
<i>Weighted base</i>	<i>3,032</i>	<i>13,516</i>	<i>16,684</i>

¹² The impairment question was asked of all people who reported a health condition or illness lasting or expecting to last more than 12 months. Unless they also reported that their impairment(s) reduce their ability to carry out day-to-day activities, there would be respondents with impairments who are classified as non-disabled under the Equality Act 2010.

¹³ The total cases include people who did not respond to either of the disability questions and is therefore higher than the sum of those who reported a disability and those who did not. This applies to all tables through the report.

The age profile of the disabled population and of people with mobility difficulties differs from that of the general population (Table 3.4). Both groups are more heavily represented in older age bands, with a higher proportion aged 65 and over. This pattern suggests that disability and mobility difficulties are more prevalent in later life, shaping the overall composition of these populations.

Table 3.4 Age by disability status and age by mobility difficulties.					
Base: all respondents					
	Disability status: Disabled	Disability status: Non-disabled	Mobility difficulties: yes	Mobility difficulties: no	Total
18 to 29	11%	20%	10%	19%	18%
30 to 49	20%	37%	18%	36%	34%
50 to 64	27%	24%	25%	25%	25%
65 to 74	18%	11%	18%	11%	12.%
75+	24%	8%	28%	9%	11%
<i>Unweighted base</i>	3,189	12,969	2,161	14,116	16,326
<i>Weighted base</i>	3,037	13,514	2,084	14,599	16,740

3.3 Visual impairment

Visual impairment is most commonly defined using measures of visual acuity, with blindness or partial sight typically defined as visual acuity worse than 6/12 in the better-seeing eye. This threshold aligns with the Driver and Vehicle Licensing Agency (DVLA) standards of vision for driving.¹⁴ However, the NTS does not collect clinical measures of visual acuity, meaning visual impairment cannot be identified directly in this way.

Instead, visual impairment in the 2024 NTS was identified using a proxy measure based on self-reported health conditions. We first identified disabled respondents using the Equality Act 2010 and GSS definition described in Section 3.1. Among this group, we classified respondents as having a visual impairment if they reported that their health condition or illness affected their vision, using the ImpCat variable.

This approach has important limitations and findings should be interpreted with caution. Respondents could select more than one area affected by their health condition, and the survey does not allow the impact on day-to-day activities to be attributed to vision alone where multiple impairments were reported. As a result, it is not always possible to isolate the specific contribution of visual impairment to activity limitation or travel behaviour.

Where sample sizes allowed, we distinguished between disabled people whose impairment affected only their vision and those whose impairment affected vision alongside other areas. In cases where respondents reported a visual impairment only, it is reasonable to assume that limitations to day-to-day activities were primarily related to vision. By contrast, where respondents reported both visual and other impairments, any

¹⁴ Driver and Vehicle Licensing Agency (n.d.) Driving eyesight rules. Available online: <https://www.gov.uk/driving-eyesight-rules> [Accessed on 17 April 2026]

limitations are likely to reflect the combined effects of those conditions rather than vision alone. However, the impairment question does not distinguish between multiple impacts of a single impairment and multiple impairments, which limits how precisely these differences can be interpreted. This is especially important in groups where visual impairment commonly co-occurs with other conditions, for example among people with a learning disability or Down's syndrome,¹⁵ or among older adults experiencing conditions such as cataracts, glaucoma or age-related macular degeneration alongside reduced mobility, memory loss or dementia.¹⁶

Using this approach, 2% of the survey sample were classified as having a visual impairment. Among disabled people, visual impairment was relatively uncommon and most often reported alongside other impairments. Of disabled respondents (n = 3,189), 2% reported a visual impairment only, while a further 11% reported a visual impairment alongside one or more other impairments. The remaining 87% of disabled respondents did not report a condition that affected their vision. These proportions are similar to the share of people reporting eye problems in the 2024 Health Survey for England (HSE) (2%) and to the proportion of disabled people reporting a visual impairment in the 2024-2025 FRS (12%).^{17,18}

We also identified whether respondents with a visual impairment held a driving licence, creating an additional derived variable to distinguish between those who did and did not drive. Disabled respondents who reported that their condition affected their vision and who held a driving licence would not typically be considered blind or partially sighted under DVLA standards. In contrast, those who reported a visual impairment and did not hold a driving licence could be blind or partially sighted. However, this distinction is indicative rather than conclusive, as people may not hold a driving licence for reasons unrelated to vision.

3.4 Disability language

This report uses the social model of disability to guide how disability is described and analysed.¹⁹ From this perspective, disability arises primarily from social, environmental and transport barriers that exclude people with impairments, rather than from impairments themselves.

Consistent with the social model, we have used identity-first language, such as “disabled people”, to reflect how people with impairments are disabled by society. This terminology is used to describe shared experiences of exclusion and disadvantage, rather than to make judgements about individuals' abilities.

¹⁵ van Splunder J., Stilma J., Bernsen R. & Evenhuis HM. (2006) *Prevalence of visual impairment in adults with intellectual disabilities in the Netherlands: cross-sectional study*. Eye (Lond). 20(9):1004-10.

¹⁶ Patel N., Stagg B., Swenor B., Zhou Y., Talwar N. & Ehrlich J. (2020) *Association of Co-occurring Dementia and Self-reported Visual Impairment With Activity Limitations in Older Adults*. JAMA Ophthalmol. 138(7):756–763.

¹⁷ National Health Service (2026) *Health Survey for England 2024: Data tables*. Available online: <https://digital.nhs.uk/data-and-information/publications/statistical/health-survey-for-england/2024/health-survey-for-england-2024-data-tables> [Accessed on 22 May 2026]

¹⁸ Department for Work & Pensions (2026) *Family Resource Survey: financial year 2024 to 2025*. Available online: [Family Resources Survey: financial year 2024 to 2025 - GOV.UK](https://gov.uk/family-resources-survey) [Accessed on 22 May 2026]

¹⁹ Inclusion London (2016). *The Social Model of Disability*. Available online: [The Social Model of Disability - Inclusion London](https://www.inclusionlondon.org.uk/the-social-model-of-disability) [Accessed on 16 April 2026]

Throughout the report, we avoid language that frames disability as a personal deficit or medical condition. Instead, we use inclusive language that distinguishes impairment from disability and places responsibility on society to remove disabling barriers and improve accessibility.

This analysis uses the social model of disability for reporting, but the underlying survey questions reflect the medical model of disability.²⁰ The disability questions in the NTS align with the Equality Act 2010 and focus on health conditions and impairments. While this approach supports consistency and comparability over time, it may not capture everyone who experiences barriers in daily life. In particular, it may under-represent neurodivergent people, people whose conditions fluctuate or progress, those who manage their condition through treatment or medication, and people who experienced restrictions linked to a past impairment or condition.

3.5 Comparison with the 2018 report

The 2024 NTS provides the first robust comparison point with 2018. This is because face-to-face interviewing resumed after methodological changes during the COVID-19 pandemic, and key biennial questions were reinstated, including questions on transport difficulties. The NTS questionnaire changes over time to reflect new priorities. To manage respondent burden, some questions are rotated and asked every other year rather than annually.^{21,22}

Time series comparisons of the NTS between 2019 and 2023 should be interpreted with caution, as changes to the National Travel Survey methodology during the COVID-19 pandemic, including the suspension of face-to-face interviewing and adjustments to data collection, affect comparability across these years. Although the 2024 NTS is the first dataset since 2018 to support comparison due to a return to face-to-face interviewing and the reinstatement of key biennial questions, changes to the disability definition between the two reports mean that travel patterns should not be compared statistically over time.²³

The NTS is an annual survey, but its questionnaire is not fixed over time. Questions are regularly rotated, introduced, or removed to reflect changing priorities. As a result, some variables included in earlier years are not available in 2024. Therefore, some variables collected in 2018 were not available in the 2024 data. Several questions are now asked only in odd years, including those on use and frequency of mobility aids (such as powered wheelchairs or mobility scooters, manual wheelchairs, and walking sticks), likelihood of learning to drive, and awareness and use of special transport services (such as Dial-a-Ride, shared taxi schemes, or community owned minibuses).

²⁰ Rutherford, L., Collins, D., Shah, D., Das, A., Radicati, A., and Begum, Y., Rogers, K., Swannack, R., & Young, A. (2026) Social model of disability: final report. Cardiff: Welsh Government, GSR report number 57/2026. Available online: https://www.gov.wales/sites/default/files/statistics-and-research/2026-03/social-model-of-disability-final-report-936257_0.pdf [Accessed on 21 May 2026]

²¹ UK Statistics Authority (2018) Innovating across the production and dissemination process. Available online: <https://code.statisticsauthority.gov.uk/case-studies/innovating-across-the-production-and-dissemination-process/> [Accessed on 21 May 2026]

²² NTS (2024) Household questionnaire. Available online: [Report template long](#) [Accessed on 15 June 2026]

²³ Crowley, J., Dinos, S., Pinto, C., Sawdon, E., Shipsey, F. & Windle, K. (2020) Motability: disability and transport needs. Secondary analysis. London: National Centre for Social Research for Motability Foundation. Available online: [Motability: disability and transport needs Secondary analysis](#) [Accessed on 17 April 2026]

As a result, the 2024 analysis could not examine some aspects of disabled people's mobility and transport use. In particular, it was not possible to assess experiences of community and special transport services or to replicate all elements of the 2018 analysis.

The analysis approach in the 2018 report included a wider definition of disability, defined as anyone who had a long-term health condition lasting 12 months or more. For this report, we have defined disabled people in the data in line with the equalities act definition, as described in section 3.1.

Taken together, differences in survey coverage and in how disability was defined mean that findings from 2018 and 2024 should be interpreted as standalone snapshots, rather than as direct measures of change over time.

4. Transport use among disabled people

Section 4 addresses research question 1 by examining differences in transport use between disabled people and, within that group, people with a visual impairment. Findings are structured around the Motability Foundation's transport themes to support clear comparison across modes. The section first considers public transport, followed by personal, shared and private transport.

Key findings:

- **Disabled people used most transport modes less often than non-disabled people, especially trains, walking, driving, and travel by private car.**
- **Within the disabled population, those with impairments affecting mobility, communication and other physical functions reported lower or more infrequent use across key modes.**

4.1 Transport accessibility gap

The transport accessibility gap is the difference in the average number of trips made by disabled people compared to non-disabled people.

Overall, disabled people made fewer trips than non-disabled people.^{24,25} On average, disabled people made 712 trips in 2024, compared with 999 trips among non-disabled people,²⁶ therefore, disabled people made on average 29% fewer trips compared to non-disabled people.²⁷ This difference reflects lower levels of travel overall rather than a reduction in any single mode. There were also clear differences in the average number of trips made by specific modes of transport between disabled and non-disabled people, which are explored in the sections that follow. Across a small number of modes (e.g. buses) disabled people have similar average trips to non-disabled people. It is important to interpret these findings in the context of disabled people making fewer trips overall than non-disabled people. These patterns may be explained by lower overall mobility combined with reliance on a narrower set of modes.

Table 4.1 shows how this transport accessibility gap has remained fairly constant since 2018, fluctuating between 25% to 30% year on year.

²⁴ The data on number of trips includes people who are aged 16 and over. This is the case for all instances discussing number of trips made in chapter 4. The other data presented throughout the report is based on those aged 18 and over. All references to the average number of trips indicates the average number of trips per person per year.

Care should be taken when interpreting long-term trends due to changes in the methodology of data collection and how disability was defined from 2018. For more detail, please refer to section 3.

²⁵ Department for Transport. (2025). NTS 2024: Disability. Available from: [NTS 2024: Disability - GOV.UK](#) [Accessed on 16th April 2026]

²⁶ All references to the average number of trips indicates the average number of trips per person per year.

²⁷ Care should be taken when interpreting long-term trends due to changes in the methodology of data collection and how disability was defined from 2018. For more detail, please refer to section 3.

Table 4.1: Transport accessibility gap (difference in average number of trips for disabled and non-disabled people)						
Year	Average number of trips: disabled people	Average number of trips: non-disabled people	Average number of trips: all	Transport accessibility gap	Unweighted sample size: individuals	Unweighted sample size: trips (thousands)
2018	743	1,061	1,012	30%	11,415	211
2019	757	1,016	973	25%	11,545	205
2020	581	803	768	28%	5,229	73
2021	594	821	784	28%	8,233	109
2022	686	916	878	25%	6,712	110
2023	740	989	944	25%	11,677	199
2024	712	999	947	29%	14,127	242

Disabled people made fewer trips than non-disabled people across age groups.

Among people aged 16 to 59, disabled people made an average of 774 trips in 2024, compared with 995 trips among non-disabled people. A similar pattern was seen among those aged 60 or over, where disabled people made 653 trips on average in 2024, compared with 1,011 trips among non-disabled people²⁸. By contrast, disabled men and women made a similar number of trips on average, with disabled men making 698 trips and disabled women making 725 trips.²⁹

Different impairment types were associated with varying levels of transport accessibility gaps. Disabled people whose condition affected dexterity made 617 trips on average, and those whose condition affected memory made 627 trips.³⁰ These groups had the largest gaps, making 38% and 37% fewer trips than non-disabled people, respectively. In contrast, disabled people whose condition affected other areas made 806 trips on average, and those with a mental health condition made 745 trips, representing smaller gaps of 19% and 25%. Disabled people with a visual impairment made 681 trips on average, 32% fewer than non-disabled people.

Self-reported mobility difficulties³¹ were associated with substantially lower levels of travel. The NTS asked people whether a health condition or long-standing illness made it difficult to go out on foot unaided, use local buses, or get in and out of cars. These measures provide insight into specific transport-related difficulties, although they overlap with disability status (see table 3.3). In 2024, people with mobility difficulties making it

²⁸ Department for Transport (2025) NTS disability and age: [dis0401.ods](#) [accessed online 15th June 2026]

²⁹ Including people aged 16 and 17. [dis0408.ods](#) [accessed online 15th June 2026]

³⁰ Including those aged 16+, data accessed online at NTS0712, [nts0712.ods](#): [Impairments by age and sex, aged 16 and over: England, 2018 onwards](#)

³¹ Those with 'self-reported mobility difficulties' confirmed that they had a health condition that made it difficult for them to go out on foot unaided, use local buses, and get in or out of a car. This question was asked of all respondents, including those who did not have a health condition lasting or expecting to last 12 months or more that has day-to-day impacts, thus who did not qualify as disabled under the Equality Act 2010. Those who confirmed self-reported mobility difficulties were therefore a different group to disabled people who reported that their mobility was affected. Whilst it is likely that these groups overlap, they are two distinct groups in this analysis.

difficult to travel by foot, by bus, or both³² made 39% fewer trips on average than those without mobility difficulties (Table 4.2).³³ This gap has remained relatively stable since 2018, fluctuating between 35% and 41% year on year.

Table 4.2³⁴: Difference in average number of trips for those with and without mobility difficulties						
Year	Average number of trips: with a mobility difficulty	Average number of trips: no mobility difficulty	Average number of trips: all	Difference between those with and without a mobility difficulty	Unweighted sample size: individuals	Unweighted sample size: trips (thousands)
2018	630	1,049	1,012	40%	11,415	211
2019	629	1,008	973	38%	11,545	205
2020	465	792	768	41%	5,229	73
2021	485	809	784	40%	8,233	109
2022	593	907	878	35%	6,712	110
2023	601	982	944	39%	11,677	199
2024	600	987	947	39%	14,127	242

4.2 Travel by public transport

This section compares the frequency of public transport use between disabled and non-disabled people and explores differences within the disabled population by type of impairment. It covers transport by buses, trains, coaches, and planes.

Bus use was less frequent among disabled people than non-disabled people, driven by higher levels of very infrequent use. Over half of disabled people (55%) reported using buses less than once a year or never, compared with 49% of non-disabled people ($p < .001$). In contrast, 10% of disabled people used a bus less than once a month but at least once a year compared to 15% of non-disabled people. The proportion of disabled and non-disabled people who reported using buses at least once a week (22% and 23% respectively) and less than once a week but at least once a month (12% and 14% respectively) was similar (Table 4.3). On average, disabled people made 45 trips by local bus in 2024 similar to the 41 average trips for non-disabled people. This accounted for 6% of trips made for disabled people compared to 4% for non-disabled people.³⁵

Disabled people with a visual impairment and those whose impairment affected their mental health were more likely than other groups to use the bus at least once a week. Among disabled people with a visual impairment, 26% used the bus weekly compared with 21% of disabled people without a visual impairment ($p = .051$). This difference was around the threshold but didn't meet the conventional threshold for

³² The NTS definition of having a mobility difficulty is based on those adults who responded to say they have difficulties travelling on foot, by bus or both. Those that said they only have difficulty getting in or out of a car are classified in this table as having no mobility difficulty.

³³ Department for Transport. (2025). NTS 2024: Disability. Available from: [Travel by vehicle availability, income, ethnic group, household type, mobility status and NS-SEC - GOV.UK](#) [Accessed on 21st May 2026].

³⁴ Department for Transport. (2025). NTS 2024: Disability. Available from: [Travel by vehicle availability, income, ethnic group, household type, mobility status and NS-SEC - GOV.UK](#) [Accessed on 21st May 2026].

³⁵ Including those aged 16 and 17.

statistical significance of $p < .05$ so should be interpreted cautiously. This was similar to those whose impairment affected their mental health, 25% of whom used the bus weekly compared with 21% of disabled people without an impairment affecting their mental health ($p = .05$) (Table 4.4).

Weekly bus use was less common among disabled people with an impairment affecting their mobility, and disabled people with other physical impairments.

Nineteen percent of disabled people whose impairment affected their mobility, and 18% of those with other physical impairments used the bus once a week, compared with 27% of disabled people without an impairment that affected their mobility ($p < .001$), and 26% of disabled people who did not have other physical impairments ($p < .001$). Disabled people with a cognitive impairment, and those with an impairment affecting communication, and other impairments used buses at similar rates to disabled people without these impairments, with no statistically significant differences observed.

Within the disabled population, people with visual impairment only used buses more frequently than other disabled groups.

Around two in five disabled people with a visual impairment only (44%) reported weekly bus use, compared with 24% of those with a visual and other impairment(s) and 21% of disabled people without a visual impairment. Disabled people without a visual impairment and those with a visual and other impairment(s) were also more likely to report very infrequent bus use, with 55% and 59% respectively reporting use less than once a year or never compared to 26% of those with a visual impairment only. This finding is not an indicator of people with a visual impairment only facing fewer barriers to transport. It may be a result of people in this group relying more heavily on certain modes due to being excluded from others.

Table 4.3: Frequency of bus use, by disability status			
Base: all respondents.			
Note: Those who reported having difficulty using local buses were additionally asked if they use the bus at all. Those who said no were included in 'less than once a year or never' and those who answered yes were asked how frequently they used the bus.			
Frequency of bus use	Disabled people	Non-disabled people	Total
At least once a week	22%	23%	22%
Less than once per week but at least once a month	12%	14%	14%
Less than once a month but at least once a year	10%	15%	14%
Less than once a year or never	55%	49%	50%
<i>Unweighted base</i>	<i>3,189</i>	<i>12,963</i>	<i>16,303</i>
<i>Weighted base</i>	<i>3,036</i>	<i>13,508</i>	<i>16,711</i>

Table 4.4: Frequency of bus use, by type of impairment							
Base: disabled people. Note 1: Those who reported having difficulty using local buses were additionally asked if they use the bus at all. Those who said no were included in 'less than once a year or never' and those who answered yes were asked how frequently they used the bus. Note 2: Each impairment group is compared in the text with disabled people who did not report that impairment. Impairment categories are not mutually exclusive, so individuals may appear in more than one column. Percentages therefore represent within-impairment distributions rather than mutually exclusive groups. Full tables with comparators can be found in the appendix.							
Frequen cy of bus use	Cognitiv e	Commu nication	Mobility	Vision	Mental health	Other physical impairme nts	Other impairm ents
At least once a week	22%	19%	19%	26%	25%	18%	22%
Less than once per week but at least once a month	13%	12%	11%	13%	13%	12%	13%
Less than once a month but at least once a year	10%	8%	9%	6%	9%	10%	9%
Less than once a year or never	55%	61%	62%	55%	53%	60%	56%
<i>Unweigh ted base</i>	748	544	2,089	407	757	1,723	153
<i>Weighte d base</i>	788	492	1,906	388	852	1,601	162

Train use³⁶ was also less frequent among disabled people than non-disabled people, with particularly low use among disabled people without a visual

³⁶ Frequency of train use does not include using the underground, tram, or light rail.

impairment. Disabled people were almost twice as likely to report using trains less than once a year or never (62%) compared to non-disabled people (33%, $p<.001$). Only 5% of disabled people used a train at least once a week compared to 12% of non-disabled people (Table 4.5).

Among disabled people, those with an impairment affecting their communication used trains less often. Two percent used trains weekly, compared with 5% of disabled people without an impairment affecting their communication ($p=.007$). Among disabled people with an impairment affecting mobility, 3% of both groups used the train weekly compared with 7% of disabled people without an impairment affecting mobility ($p<.001$).

Infrequent use of trains showed the same pattern. Disabled people with an impairment affecting their communication used trains the least; 73% used trains less than once a year or never, compared with 60% of disabled people without a disability affecting communication ($p<.001$). Among disabled people, 69% of those with an impairment affecting mobility compared to 51% of disabled people without an impairment affecting mobility used trains less than once a year or never ($p<.001$) and 68% of disabled people with a visual impairment did so compared to 61% of disabled people without a visual impairment ($p=.023$). Disabled people with a cognitive impairment, and those with an impairment affecting mental health, and other impairments used trains at similar rates to disabled people without these impairments (Table 4.6), with no statistically significant differences observed.

Within the disabled population, those with a visual impairment only were the most frequent train users, with 10% reporting weekly use compared with 5% of disabled people without a visual impairment and 2% of those with visual and other impairment(s) (Table 4.5). Disabled people without a visual impairment and disabled people with a visual and other impairment(s), were also more likely to report very infrequent train use, with 61% and 71% respectively using trains less than once a year or never. By comparison, 46% of disabled people with a visual impairment only reported using trains less than once a year or never. Base sizes for these findings were small so findings around train use among people with a visual impairment only should be interpreted with caution.

Table 4.5: Frequency of train use, by disability status			
Base: all respondents.			
Frequency of train use	Disabled people	Non-disabled people	Total
At least once a week	5%	12%	11%
Less than once per week but at least once a month	8%	18%	17%
Less than once a month but at least once a year	25%	36%	34%
Less than once a year or never	62%	33%	38%
<i>Unweighted base</i>	3,189	12,959	16,299
<i>Weighted base</i>	3,036	13,503	16,705

On average, disabled people made 8 trips by train in 2024, fewer than the average for non-disabled people, who made 27.³⁷

Table 4.6: Frequency of train use, by type of impairment							
Base: disabled people. Note: Each impairment group is compared in the text with disabled people who did not report that impairment. Impairment categories are not mutually exclusive, so individuals may appear in more than one column. Percentages therefore represent within-impairment distributions rather than mutually exclusive groups. Full tables with comparators can be found in the appendix.							
Frequency of train use	Cognitive	Communication	Mobility	Vision	Mental Health	Other physical impairments	Other impairments
At least once a week	6%	2%	3%	3%	5%	4%	3%
Less than once per week but at least once a month	10%	6%	6%	7%	10%	7%	9%
Less than once a month but at least once a year	24%	19%	22%	22%	26%	24%	28%
Less than once a year or never	60%	73%	69%	68%	59%	66%	60%
<i>Unweighted base</i>	<i>748</i>	<i>544</i>	<i>2,089</i>	<i>407</i>	<i>757</i>	<i>1,723</i>	<i>153</i>
<i>Weighted base</i>	<i>788</i>	<i>492</i>	<i>1,906</i>	<i>388</i>	<i>852</i>	<i>1,601</i>	<i>162</i>

Coach and plane travel were uncommon across all groups. The vast majority of disabled people reported using coaches (92%) and planes (98%) less than once a year or never, with slightly lower, but still high, proportions among non-disabled people (87% and 94% respectively).

There were no major differences between coach use for disabled people with different types of impairments. Among disabled people with an impairment affecting mobility, 93% used coaches less than once a year or never compared with 89% of disabled people without an impairment affecting mobility ($p=.001$). Disabled people with a visual impairment, cognitive impairment, and those with an impairment affecting

³⁷ Including people aged 16 and 17.

communication, mental health, and other impairments used coaches at similar rates to disabled people without these impairments, with no statistically significant differences observed.

Similarly, there was not a lot of variation in frequency of plane use for disabled people with different types of impairments. Plane use was uncommon among disabled people and the general population and no statistically significant differences were observed between people with different impairment types.

Patterns were similar within the disabled population. Ninety percent and 100% of those with a visual impairment only, 95% and 98% of those with visual and other impairment(s), and 91% and 98% of disabled people without a visual impairment using coaches and planes less than once a year or never.

Overall, disabled people used most public transport modes less frequently than non-disabled people. Within the disabled population, frequency of use varied by type of impairment, particularly for buses and trains.

4.3 Travel by personal transport

This section compares the frequency of personal transport between disabled people and non-disabled people and explores differences within the disabled population by impairment type.

Cycling was uncommon among both disabled and non-disabled people, with no clear differences in frequency of use between the two groups. On average, disabled people made fewer trips by bicycle than non-disabled people in 2024 (5 compared to 18).³⁸

Disabled people with an impairment affecting their communication were the least likely to use cycling as a mode of transport weekly; 1% did so compared with 4% of disabled people without an impairment affecting communication ($p=.002$). Among disabled people with an impairment affecting mobility, 2% used cycling weekly compared with 5% of disabled people without ($p<.001$), which was comparable to disabled people with and without other physical impairments ($p=.001$).

Among disabled people, those with an impairment affecting communication and those with a visual impairment were the most likely to cycle very infrequently. Ninety five percent of disabled people with an impairment affecting communication compared with 89% of disabled people without an impairment affecting communication cycled less than once a year or never ($p<.001$). Similarly, 95% of disabled people with a visual impairment compared to 90% of disabled people without a visual impairment did so ($p=.006$). This was similar to disabled people with an impairment affecting mobility (94% compared with 84% of disabled people without an impairment affecting mobility, $p<.001$).

Disabled people with a cognitive impairment, those with an impairment affecting mental health, and those reporting other impairments used cycling at similar rates to disabled people without these impairments, with no statistically significant differences observed.

³⁸ Including people aged 16 and 17.

Sample sizes were too small to report reliable differences in cycling frequency among disabled people by visual impairment status.

Disabled people walked (including use of manual wheelchairs, also referred to as ‘wheeling’) less frequently than non-disabled people.³⁹ On average, disabled people made 200 trips by walking in 2024 compared to non-disabled people (282). This accounted for an equal proportion of trips made by disabled and non-disabled people (28%).⁴⁰ Just under half of disabled people (43%) reported walking at least once a week, while 48% reported walking less than once a year or never (Table 4.7). This compared with 83% of non-disabled people who reported walking at least once a week and 7% who reported walking less than once a year or never ($p<.001$).

Patterns of walking or wheeling varied by impairment type, with disabled people with mobility and visual impairments less likely to walk or wheel regularly and more likely to walk or wheel infrequently than disabled people without these impairments.

Among disabled people, those with an impairment affecting their mental health (47% compared to 41% of disabled people without an impairment affecting mental health, $p=.019$) and disabled people with other impairments (52% compared to 42% of disabled people without other impairments, $p=.032$) used walking as a mode of transport at least once a week more commonly. Weekly walking or wheeling was less common among disabled people with an impairment affecting their mobility or people with a visual impairment. Among disabled people, 27% with a mobility impairment walked or wheeled weekly compared with 69% of disabled people without an impairment affecting their mobility ($p<.001$). Thirty six percent of disabled people with a visual impairment walked or wheeled weekly compared with 44% of disabled people without a visual impairment ($p=.006$).

Among disabled people with an impairment affecting their mobility, 65% walked or wheeled less than once a year or never, compared with 19% of disabled people without an impairment affecting their mobility ($p<.001$). Fifty seven percent of disabled people with a visual impairment walked or wheeled very infrequently compared with 47% of disabled people without a visual impairment ($p<.001$). People with mental health conditions and other impairments were less likely to walk or wheel very infrequently than those without these impairments. Among disabled people with an impairment affecting their mental health, 42% walked or wheeled very infrequently (compared with 50% of disabled people without an impairment affecting their mental health, $p=.001$), which was similar to the proportion of disabled people with an impairment affecting their mental health who walked or wheeled weekly (47%). Thirty four percent of disabled people with other impairments walked or wheeled once a year or never, compared with 49% of disabled people without other impairments ($p=.001$). Disabled people with a cognitive impairment used walking or wheeling at similar rates to disabled people without a cognitive impairment (Table 4.8), with no statistically significant differences observed.

³⁹ People who reported having a health condition that made it difficult for them to get out on foot (Table 3.3) were asked if they go out on foot at all nowadays. Those who reported not going out on foot at all were included in the group who walk less than once a year or never.

⁴⁰ Including people aged 16 and 17.

Walking frequency varied further among people with a visual impairment, depending on whether they had multiple impairments or not.⁴¹ Disabled people with a **visual impairment only** reported higher levels of walking compared to those with **visual and other impairments**, and disabled people **without a visual impairment**. Seventy six percent of disabled people with a visual impairment only reported walking at least once a week and 16% reported walking less than once a year or never. By comparison, 30% of disabled people with visual and other impairment(s) reported weekly walking or wheeling and 63% reported walking or wheeling less than once a year or never. Disabled people without a visual impairment fell between these two groups, with 44% walking at least once a week and 47% reporting very infrequent walking ($p<.001$). Taken with the findings above, this suggests that disabled people with a visual impairment plus another impairment use walking as a mode of transport less in comparison to those with a visual impairment only. This suggests that the interaction of other types of impairments with visual impairments may be driving the difference of lower levels of walking among the visual impairment group as a whole.

Table 4.7: Frequency of walking or wheeling as a mode of transport, by disability status			
Base: all respondents.			
Note: Those who reported having difficulty getting out on foot were additionally asked if they walk at all. Those who said no were included in 'less than once a year or never' and those who answered yes were asked how frequently they walk.			
Frequency of walking	Disabled people	Non-disabled people	Total
At least once a week	43%	83%	76%
Less than once per week but at least once a month	7%	8%	8%
Less than once a month but at least once a year	2%	2%	2%
Less than once a year or never	48%	7%	15%
<i>Unweighted base</i>	<i>3,183</i>	<i>12,961</i>	<i>16,269</i>
<i>Weighted base</i>	<i>3,029</i>	<i>13,505</i>	<i>16,671</i>

⁴¹ In the NTS, "walk" is used for all travel on foot. It is also used when respondents ride in non-motorised wheelchairs, prams or pushchairs, as well as when they ride on toy bicycles, roller-skates, skateboards, non-motorised scooters, or when they jog.

Table 4.8: Frequency of walking or wheeling as a mode of transport, by type of impairment							
Base: disabled people. Note 1: Those who reported having difficulty getting out on foot were additionally asked if they walk at all. Those who said no were included in 'less than once a year or never' and those who answered yes were asked how frequently they walk. Note 2: Each impairment group is compared in the text with disabled people who did not report that impairment. Impairment categories are not mutually exclusive, so individuals may appear in more than one column. Percentages therefore represent within-impairment distributions rather than mutually exclusive groups. Full tables with comparators can be found in the appendix.							
Frequency of walking	Cognitive	Communication	Mobility	Vision	Mental health	Other physical impairments	Other impairments
At least once a week	40%	31%	27%	36%	47%	33%	52%
Less than once per week but at least once a month	7%	5%	5%	5%	8%	6%	10%
Less than once a month but at least once a year	3%	3%	2%	2%	3%	2%	4%
Less than once a year or never	50%	61%	65%	57%	42%	59%	34%
<i>Unweighted base</i>	746	542	2,083	406	755	1,719	153
<i>Weighted base</i>	786	491	1,899	386	850	1,596	162

Overall, while cycling was rare across all groups, walking showed much clearer differences between disabled and non-disabled people. Within the disabled population, walking frequency varied further by visual impairment status. Those with a visual impairment were less likely to report walking frequently and more likely to report walking infrequently than those without a visual impairment.

4.4 Travel by shared transport

This section compares the frequency of shared transport use between disabled and non-disabled people and explores variations within the disabled population by visual impairment status. It covers transport by taxis and e-scooters.

Disabled people were more likely than non-disabled people to report both very frequent and very infrequent taxi use. One in ten disabled people (10%) reported using taxis at least once a week, compared with 7% of non-disabled people ($p<.001$). At the same time, nearly half of disabled people (49%) reported using taxis less than once a year or never, compared with 42% of non-disabled people ($p<.001$). Around half (52%) of non-disabled people used a taxi less than weekly but more than once a year compared to 41% of disabled people.

Taxi use varied by impairment type, with higher weekly use among disabled people with visual and mental health impairments, and lower or more infrequent use among those with mobility impairments. Among disabled people, 17% of people with a visual impairment used taxis weekly compared with 9% of disabled people without a visual impairment ($p<.001$) (Table 4.9). This was similar to disabled people whose impairment affected their mental health, 13% of whom used taxis weekly compared with 9% of disabled people without an impairment affecting their mental health ($p=.014$). Weekly taxi use was less common among disabled people with an impairment affecting their mobility, and those with other physical, and other impairments.

Among disabled people, 43% of those with a visual impairment used taxis very infrequently, compared to 50% of disabled people without a visual impairment ($p=.018$) (Table 4.10). Among those whose impairment affected their mental health, 45% used taxis less than once a year or never compared with 51% of disabled people without an impairment affecting their mental health ($p=.012$). Among disabled people with an impairment affecting their mobility, 51% used taxis once a year or never compared with 46% of disabled people without an impairment affecting their mobility ($p=.021$). Disabled people with a cognitive impairment and those with an impairment affecting communication, other physical impairments, and other impairments used taxis at similar rates to disabled people without these impairments, with no statistically significant differences observed.

Within the disabled population, levels of taxi use varied by visual impairment status. Disabled people with visual and other impairment(s) reported the highest levels of regular taxi use, with 17% using taxis at least once a week. This compared with 14% of disabled people with a visual impairment only and 9% of disabled people without a visual impairment ($p<.001$).

Disabled people with a visual impairment only more commonly reported using taxis very infrequently. Just over a third (37%) reported using taxis less than once a year or never, compared with 44% of disabled people with a visual and other impairment(s) and 50% of disabled people without a visual impairment ($p<.001$). The high levels of taxi use among those with a visual impairment and other impairments may be due to exclusion from other transport modes, reflecting a lack of viable alternatives for people with a visual impairment.

Table 4.9: Frequency of taxi use, by disability status			
Base: all respondents.			
Frequency of taxi use	Disabled people	Non-disabled people	Total
At least once a week	10%	7%	7%
Less than once per week but at least once a month	16%	20%	19%
Less than once a month but at least once a year	25%	32%	31%
Less than once a year or never	49%	42%	43%
<i>Unweighted base</i>	3,189	12,961	16,301
<i>Weighted base</i>	3,036	13,506	16,708

Table 4.10: Frequency of taxi use, by type of impairment							
Base: disabled people.							
Note: Each impairment group is compared in the text with disabled people who did not report that impairment. Impairment categories are not mutually exclusive, so individuals may appear in more than one column. Percentages therefore represent within-impairment distributions rather than mutually exclusive groups. Full tables with comparators can be found in the appendix.							
Frequency of taxi use	Cognitive	Communication	Mobility	Vision	Mental health	Other physical impairments	Other impairments
At least once a week	11%	12%	10%	17%	13%	10%	7%
Less than once per week but at least once a month	16%	13%	15%	18%	17%	15%	11%
Less than once a month but at least once a year	26%	24%	24%	22%	25%	26%	27%
Less than once a year or never	47%	51%	51%	43%	45%	50%	55%
<i>Unweighted base</i>	748	544	2,089	407	757	1,723	153
<i>Weighted base</i>	788	492	1,906	388	852	1,601	162

E-scooter use was low in the population overall, with disabled people more likely to report very infrequent use.⁴² Around four in ten disabled people who had used an e-scooter in the last year (41%) reported using e-scooters very infrequently, compared with 26% of non-disabled people who had used an e-scooter in the last year ($p=.04$). There was no significant difference in weekly e-scooter use between disabled and non-disabled people. Sample sizes were too small to report reliable differences by type of impairment and visual impairment status.

Overall, taxi use differed between disabled and non-disabled people, with disabled people reporting higher proportions of both frequent and very infrequent use. Within the disabled population, frequent taxi use (at least once a week) was most common among disabled people with a visual impairments or people with mental health conditions. Disabled people visual impairments were also more likely to report very infrequent taxi use (less than once a year or never) than those without a visual impairment.

4.5 Travel by private transport

This section examines differences in private transport use between disabled and non-disabled people. It focuses on access to cars, frequency of travel by car, holding a driving licence, and factors considered important when buying a car, and explores variation within the disabled population by visual impairment status.

Car access

Disabled people were less likely than non-disabled people to drive and to have access to a car. Just over two in five disabled people (42%) reported being the main driver of a car that was not a company car, compared with 59% of non-disabled people ($p<.001$) (Table 4.11). Disabled people were also more likely to be non-drivers living in households without cars (23% compared with 9% of non-disabled people, $p<.001$). Around 17% of disabled people were non-drivers living in households **with** cars, compared with 11% of non-disabled people.

Access to cars varied by impairment type, with disabled people with visual, cognitive and mental health impairments less likely to be the main driver and more likely either not to drive or to lack access to a car altogether. Among disabled people, 23% of those with a visual impairment compared with 44% of disabled people without a visual impairment reported being the main driver of a car. This difference was significant ($p<.001$). Thirty one percent of disabled people with a cognitive impairment (compared to 45% of disabled people without a cognitive impairment, $p<.001$) and 34% of disabled people with an impairment affecting mental health (compared to 45% of those without, $p<.001$). Disabled people with an impairment affecting mobility, other physical impairments, and other impairments were the main driver of a car at similar rates to disabled people without these impairments (Table 4.12), with no statistically significant differences observed.

There were differences between people with different impairment types when looking at the group of people that lived in a household with a car but they themselves did not drive. Disabled people with a cognitive impairment and disabled people with a visual impairment more commonly had a household car but did not drive.

⁴² It was not specified that e-scooters were either privately owned or rented.

Twenty six percent of disabled people with a cognitive impairment lived in a household with a car but did not drive compared to 14% of disabled people without a cognitive impairment ($p<.001$). Similarly, 23% of disabled people with a visual impairment compared with 16% of disabled people without a visual impairment reported being in a household with a car but not driving ($p=.001$). This was less common among disabled people with other physical impairments. Fifteen percent of disabled people with other physical impairments compared to 19% of disabled people without other physical impairments ($p=.049$) reported this. Disabled people with an impairment affecting mobility and people with other impairments had a household car but did not drive at similar rates to disabled people without these impairments, with no statistically significant differences observed.

When looking at the group who both did not drive and did not live in a household with a car, there were also a number of significant differences by impairment type. Disabled people with a visual impairment more commonly did not have access to a car and did not drive, in comparison to those without a visual impairment. Among disabled people, 35% of those with a visual impairment did not drive and didn't have access to a car compared with 22% of disabled people without a visual impairment ($p<.001$). This shows that disabled people with a visual impairment were more likely to not drive – either having access to a car in their household or not having access to a car. This was less common among disabled people with an impairment affecting their mobility, disabled people with other physical impairments, and those with other impairments. Twenty three percent of disabled people with an impairment affecting their mobility compared with 24% of disabled people without an impairment affecting mobility reported not driving and not having access to a car, although this difference was not statistically significant ($p=.407$). Twenty two percent of disabled people with other physical impairments reported this compared with 25% of disabled people without other physical impairments ($p=.031$). Disabled people with an impairment affecting mobility did not drive and didn't have access to a car at similar rates to disabled people without a mobility impairment.

Within the disabled population, car access varied by visual impairment status. Disabled people with a visual impairment only were least likely to be the main driver of a car (20%), compared with 24% of disabled people with a visual and other impairment(s) and 44% of disabled people without a visual impairment ($p<.001$). They were also more likely to report having access to a household car but not driving themselves (36%), compared with 21% of disabled people with visual and other impairment(s) and 16% of those without a visual impairment ($p<.001$).

Table 4.11: Car access by disability status			
Base: all respondents.			
Car access	Disabled people	Non-disabled people	Total
Main driver of company car	1%	3%	3%
Other main driver	42%	59%	56%
Not main driver of household car	10%	12%	12%
Household car but non driver	17%	11%	12%
Driver but no car	7%	5%	5%
Non driver and no car	23%	9%	12%

<i>Unweighted base</i>	3,188	12,959	16,293
<i>Weighted base</i>	3,035	13,503	16,699

Table 4.12: Car access by type of impairment							
Base: disabled people.							
Note: Each impairment group is compared in the text with disabled people who did not report that impairment. Impairment categories are not mutually exclusive, so individuals may appear in more than one column. Percentages therefore represent within-impairment distributions rather than mutually exclusive groups. Full tables with comparators can be found in the appendix.							
Car access	Cognitive	Communication	Mobility	Vision	Mental health	Other physical impairments	Other impairments
Main driver of company car	1%	0%	1%	– ⁴³	1%	1%	2%
Other main driver	31%	33%	42%	23%	34%	43%	43%
Not main driver of household car	9%	10%	11%	10%	8%	11%	9%
Household car but non driver	26%	21%	16%	23%	21%	15%	15%
Driver but no car	6%	9%	8%	9%	8%	8%	8%
Non driver and no car	27%	28%	23%	35%	29%	22%	22%
<i>Unweighted base</i>	748	544	2,089	407	757	1,723	153
<i>Weighted base</i>	788	492	1,906	388	852	1,601	162

Disabled people with a visual impairment were also more likely to report not driving and not having access to a car. Around one third of disabled people with a visual impairment only (31%) and those with visual and other impairment(s) (35%) reported having no access to a car, compared with 22% of disabled people without a visual impairment ($p<.001$).

⁴³ The ‘–’ symbol indicates that there was a count of 0 in this cell, rather than 0%.

Frequency of car use

Disabled people travelled by car less frequently than non-disabled people. Around three quarters of disabled people (74%) reported using a car at least once a week, compared with 85% of non-disabled people ($p<.001$) (Table 4.13). Looking at less frequent car use, a higher proportion of disabled people reported very infrequent car use (less than once a year or never) – 8% compared to 5% of non-disabled people. Disabled people made fewer trips as a driver of a car or van than non-disabled people (282 compared to 474 in 2024), but slightly more trips as a passenger (142 trips compared to 126 for non-disabled people). Car travel as a driver accounted for 40% of all trips made by disabled people and 47% by non-disabled people. Comparatively, car travel as a passenger accounted for 20% of all trips by disabled people and 13% by non-disabled people.⁴⁴

Weekly car use was lower, and very infrequent use more common, among disabled people with cognitive, visual, or mental health impairments. Weekly use of cars was less common among disabled people with a cognitive impairment, a visual impairment, or an impairment affecting mental health. Sixty seven percent of disabled people with a cognitive impairment travelled by car weekly, compared with 77% of disabled people without a cognitive impairment ($p<.001$). Sixty nine percent of disabled people with a visual impairment compared to 75% of disabled people without a visual impairment ($p=.011$) and 69% of disabled people with an impairment affecting mental health compared to 76% of disabled people without an impairment affecting mental health ($p<.001$) travelled by car weekly. Disabled people with an impairment affecting communication, mobility, other physical impairments, and other impairments travelled by car weekly at similar rates to disabled people without these impairments (Table 4.14), with no statistically significant differences observed.

Among disabled people, 11% of those with a cognitive impairment (compared to 7% of those without a cognitive impairment, $p=.003$), and 11% of those with an impairment affecting mental health (compared to 6% of disabled people without an impairment affecting mental health, $p=.001$) travelled by car very infrequently. Disabled people with an impairment affecting communication, mobility, with a visual impairment, and those with other physical impairments travelled by car very infrequently at similar rates to disabled people without these impairments, with no statistically significant differences observed.

Frequency of car use among disabled people also differed by visual impairment status. Disabled people with a visual and other impairment(s) reported lower levels of frequent car use, with 67% using a car weekly. This compared with 77% of disabled people with a visual impairment only and 75% of disabled people without a visual impairment ($p<.001$).

⁴⁴ Including those aged 16 and 17.

Table 4.13: Frequency of private car use, by disability status			
Base: all respondents.			
Frequency of private car use	Disabled people	Non-disabled people	Total
At least once a week	74%	85%	83%
Less than once per week but at least once a month	12%	7%	8%
Less than once a month but at least once a year	6%	4%	4%
Less than once a year or never	8%	5%	5%
<i>Unweighted base</i>	<i>3,186</i>	<i>12,961</i>	<i>16,298</i>
<i>Weighted base</i>	<i>3,033</i>	<i>13,507</i>	<i>16,707</i>

Table 4.14: Frequency of private car use, by type of impairment							
Base: disabled people.							
Note: Each impairment group is compared in the text with disabled people who did not report that impairment. Impairment categories are not mutually exclusive, so individuals may appear in more than one column. Percentages therefore represent within-impairment distributions rather than mutually exclusive groups. Full tables with comparators can be found in the appendix.							
Frequency of private car use	Cognitive	Communication	Mobility	Vision	Mental health	Other physical impairments	Other impairments
At least once a week	67%	74%	74%	69%	69%	75%	70%
Less than once per week but at least once a month	15%	11%	12%	13%	14%	11%	9%
Less than once a month but at least once a year	7%	8%	6%	9%	7%	7%	8%
Less than once a year or never	11%	8%	8%	10%	11%	7%	13%
<i>Unweighted base</i>	<i>748</i>	<i>544</i>	<i>2,086</i>	<i>407</i>	<i>757</i>	<i>1,721</i>	<i>153</i>
<i>Weighted base</i>	<i>788</i>	<i>492</i>	<i>1,903</i>	<i>388</i>	<i>852</i>	<i>1,599</i>	<i>162</i>

Important factors when buying a car

There were no clear differences between disabled and non-disabled people in the factors they considered as important when buying a car. Cost was the most frequently reported factor for both groups (77% of disabled people and 81% of non-disabled people), followed by reliability (77% and 80%) and comfort (73% and 74%). Similar patterns were observed among disabled people with and without a visual impairment. Sample sizes were too small to report reliable findings for disabled people with a visual impairment only.

Holding a driving licence

Disabled people were less likely than non-disabled people to hold a driving licence. Just over two thirds of disabled people (69%) reported holding a licence, compared with 89% of non-disabled people ($p<.001$) (Table 4.15).

Patterns of holding a driving licence differed by impairment type, with lower levels among disabled people with visual impairments. Among disabled people, 71% of those with other physical impairments (compared to 67% of disabled people without other physical impairments, $p=.02$) held a driving licence. Comparatively, 50% of disabled people with a visual impairment compared with 72% of disabled people without a visual impairment reported having a driving licence ($p<.001$) (Table 4.16).

Licence holding also varied within the disabled population by visual impairment status. Forty-two per percent of disabled people with a visual impairment only and 51% of those with visual and other impairment(s) reported holding a licence, compared with 72% of disabled people without a visual impairment ($p<.001$).

Overall, disabled people reported lower levels of car access, driving, possession of a driving licence, and frequent car use than non-disabled people. Within the disabled population, these differences varied by impairment type, and were most pronounced among people with visual, cognitive and mental health impairments, as well as those with visual impairments plus other impairments, highlighting the cumulative nature of barriers to private transport.

Table 4.15: Holding a driving licence, by disability status			
Base: all respondents.			
Holding a driving licence	Disabled people	Non-disabled people	Total
License (full or provisional)	69%	89%	85%
No driving license	31%	11%	15%
<i>Unweighted base</i>	<i>3,188</i>	<i>12,966</i>	<i>16,300</i>
<i>Weighted base</i>	<i>3,035</i>	<i>13,511</i>	<i>16,707</i>

Table 4.16: Holding a driving licence, by type of impairment							
Base: disabled people. Note: Each impairment group is compared in the text with disabled people who did not report that impairment. Impairment categories are not mutually exclusive, so individuals may appear in more than one column. Percentages therefore represent within-impairment distributions rather than mutually exclusive groups. Full tables with comparators can be found in the appendix.							
Holding a driving licence	Cognitive	Communication	Mobility	Vision	Mental health	Other physical impairments	Other impairments
License (full or provisional)	62%	58%	68%	50%	68%	71%	71%
No driving license	38%	42%	32%	50%	32%	29%	29%
<i>Unweighted base</i>	<i>748</i>	<i>544</i>	<i>2,089</i>	<i>407</i>	<i>757</i>	<i>1,723</i>	<i>153</i>
<i>Weighted base</i>	<i>788</i>	<i>492</i>	<i>1,906</i>	<i>388</i>	<i>852</i>	<i>1,601</i>	<i>162</i>

5. Transport patterns and barriers

This chapter examines the barriers disabled people experience when using different types of transport. It explores how patterns of transport use and reported difficulties vary across key demographic groups, including age, sex, ethnicity, area type, employment status, annual household income and area-level deprivation. The chapter also considers difficulties across different journey purposes and transport modes, highlighting differences between disabled and non-disabled people, including differences by visual impairment status and by the number of health conditions reported.

Key findings:

- **Disabled people faced greater barriers to travel than non-disabled people, particularly when using public and shared transport. They were more likely to report very infrequent use of buses, trains and taxis, and more likely to report difficulties making non-work journeys, especially to healthcare appointments.**
- **Travelling to work by car or van was the most common option for both groups, but disabled people were more likely to face difficulties when travelling to work by public transport. By contrast, difficulties travelling to work by car were similar for disabled and non-disabled people.**
- **Transport use and access varied strongly by age, employment status, income, deprivation and area type. Older, economically inactive, lower-income, more deprived and rural disabled people generally had lower access to cars and lower use of public transport.**
- **Visual impairment and multiple health conditions were linked to greater travel difficulties, especially for non-work journeys. People with a visual impairment and other impairments reported some of the highest levels of difficulty.**

5.1 Demographic differences in travel by public and shared transport

This section explores how differences in the use and experience of public transport identified in Section 4 vary across key demographic groups. It examines patterns by age, sex, ethnicity, urban or rural location, employment status, household type, annual household income, and area-level deprivation. In doing so, the section aims to identify demographic and contextual characteristics associated with lower usage or greater difficulty, highlighting demographic factors that may act as barriers to travel.

Age differences in travel by public and shared transport

Across all modes, younger people used transport more frequently than older people, with particularly strong age gradients among disabled people. Disabled people aged 18 to 29 were consistently more likely to use buses, trains, taxis and to walk at least weekly, while those aged 75 and over were much more likely to report very infrequent use. Differences between disabled people aged 30 to 74 were generally smaller, especially for bus and train use. Similar age-related patterns were observed among non-disabled people, although age differences were less pronounced for some modes. Age is strongly associated with mobility difficulties and those in the oldest age group (75+) were almost

three times as likely to report experiencing mobility difficulties (28%) than those in the youngest aged 18 to 29 (10%) (Table 3.4).

Bus use

Bus use declined with age among disabled people, with younger adults more likely to use buses regularly than older adults. More than a third (38%) of disabled people aged 18 to 29 used buses at least once a week, compared with 16% of those aged 75 and over. Among disabled people aged 30 to 74, around one in five used buses weekly, and over half reported using buses less than once a year or never. By contrast, 38% of disabled people aged 18 to 29 reported using buses less than once a year or never. Overall, there was a statistically significant association between age and frequency of bus use among disabled people (χ^2 $p < .001$). Age-related differences were smaller among non-disabled people. Around half of non-disabled people in most age groups reported very infrequent bus use, although age was still significantly associated with frequency of use (χ^2 $p < .001$).

Train use

Train use also declines with age, with particularly low levels of regular use among older disabled people. Among disabled people aged 18 to 29, 13% reported using trains at least once a week, compared with 1% of those aged 75 and over. In contrast, very infrequent use rose from 43% among disabled people aged 18 to 29 to 82% among those aged 75 and over, with smaller differences between those aged 30 to 74. Overall, there was a statistically significant association between age and train use among disabled people (χ^2 $p < .001$). Similar age-related patterns were observed among non-disabled people, also showing a significant relationship (χ^2 $p < .001$). Eighteen per cent of those aged 18 to 29 used trains weekly, compared with 4% of those aged 75 and over, while very infrequent use increased from 27% to 61% across these age groups.

Taxi use

Taxi use varied by age among both disabled and non-disabled people, with younger disabled people more likely to use taxis regularly. Among disabled people aged 18 to 29, 16% reported using taxis at least once a week, compared with 9% of those aged 75 and over. In contrast, 39% of disabled people aged 18 to 29 reported using taxis less than once a year or never, rising to 55% among those aged 75 and over. Similar age-related patterns were observed among non-disabled people. Twelve percent of those aged 18 to 29 reported using taxis at least once a week, compared with 4% of those aged 75 and over, and 36% of those aged 18 to 29 using taxis less than once a year or never compared with 58% of those aged 75 and over. Overall, there was a statistically significant association between age and frequency of taxi use for both disabled and non-disabled people (χ^2 $p < .001$).

Walking or wheeling

Walking or wheeling varied strongly by age among disabled people, with younger people walking or wheeling much more often than older people. Among disabled people aged 18 to 29, 61% reported walking at least once a week, compared with 25% of those aged 75 and over. In contrast, 24% of disabled people aged 18 to 29 reported walking less than once a year or never, rising to 69% of those aged 75 and over. Very infrequent walking was uncommon among non-disabled people across all age groups. Seventeen percent of those aged 75 and over reported walking less than once a year or never, compared with 7% of non-disabled people aged 18 to 29. Overall, there was a statistically significant association between walking and age among disabled and non-disabled people (χ^2 $p < .001$).

Sex differences in travel by public and shared transport

Across most modes, there were no differences in transport use between disabled men and disabled women. By contrast, some differences by sex were observed among non-disabled people, particularly for bus use, where women were more likely than men to use buses regularly.

Bus use

Among disabled people, frequency of bus use was similar among men and women, but there were larger differences depending on sex among non-disabled people.

There was no statistically significant relationship between sex and frequency of bus use among disabled people, with 23% of women and 20% of men reported using buses weekly and 54% of women and 58% of men, reported very infrequent bus use (less than once a year or never) ($\chi^2 p=.102$). Overall, there was a statistically significant association between sex and bus use among non-disabled people ($\chi^2 p<.001$). Twenty-five percent of women and 20% of men reported using buses weekly and 45% and 52%, respectively, reporting very infrequent bus use (less than once a year or never).

Train, taxi and walking or wheeling

There were no notable differences in the frequency of train use, bus use, and walking or wheeling by sex among disabled people.

Ethnicity differences in travel by public and shared transport

Transport use varied by ethnicity across all modes, with particularly marked differences among disabled people. Disabled people from Black and Other ethnic groups were more likely to use buses, trains and taxis regularly, while disabled people from white and Asian ethnic groups were more likely to report very infrequent use of these modes. Patterns of walking also varied by ethnicity, although differences were generally smaller than for public and shared modes. Similar variations across ethnic groups were observed among non-disabled people, and ethnicity was significantly associated with use across most modes.

Bus use

Bus use varied by ethnicity among disabled people. Disabled people from Black (56%) and other ethnic groups (41%) were more likely to report using buses weekly than those from Asian (26%), mixed or multiple (32%) and white ethnic groups (20%). In contrast, disabled people from white (57%) and Asian ethnic groups (51%) were more likely to report very infrequent bus use, compared with those from Black (23%) and other ethnic groups (32%). Overall, there was a statistically significant association between ethnicity and bus use for both disabled ($\chi^2 p<.001^*$) and non-disabled people ($\chi^2 p<.00^*$ in both cases).⁴⁵

Train use

Train use also varied by ethnicity among disabled people. Disabled people from Black ethnic groups (18%) and from Other ethnic groups (11%) were more likely to report weekly train use than those from Asian (5%), Mixed (6%) and white ethnic groups (4%). Conversely, very infrequent train use was more common among disabled people from Asian (63%), and white ethnic groups (63%) compared to those from Black (41%) Mixed (55%), and Other ethnic groups (54%). Overall, there was a statistically significant

⁴⁵ Asterisks indicate that the expected cell count was fewer than five. Results marked in this way are based on small sample sizes and the associated p values should therefore be interpreted with caution.

association between ethnicity and train use observed among both disabled ($\chi^2 p < .001^*$) and non-disabled people ($\chi^2 p < .001$).

Taxi use

Taxi use varied by ethnicity among disabled people. Disabled people from Black (25%), Mixed (26%), and Other ethnic groups (21%) were more likely to report using taxis at least once a week than those from Asian (11%) and white ethnic groups (9%). Conversely, very infrequent taxi use was more common among disabled people from Asian (53%), white (50%) and Other ethnic groups (47%) compared to those from Black (33%) and Mixed ethnic groups (37%). Overall, there was a statistically significant association between taxi use and ethnicity observed for both disabled people ($\chi^2 p < .001^*$) and non-disabled people ($\chi^2 p < .001$).

Walking or wheeling

Walking or wheeling frequency also varied by ethnicity among disabled people.

Fifty-seven per cent of disabled people from Asian ethnic groups reported walking or wheeling at least once a week, compared with 48% of disabled people from Black ethnic groups, 42% of those from white ethnic groups, and 37% of those from Other ethnic groups. Among non-disabled people, high proportions across all ethnic groups reported walking or wheeling at least once a week, although the proportion was lower among non-disabled people from Asian ethnic groups (77%) than among those from Black (81%), white (84%), Mixed (84%) and Other ethnic groups (83%). Overall, there was a statistically significant association between walking or wheeling and ethnicity for both disabled and non-disabled people ($\chi^2 p < .001$).

Area type (urban and rural) differences in travel by public and shared transport

Area type was associated with clear differences in use of public and shared transport, but not with walking frequency. Disabled people living in rural areas were less likely to use buses, trains and taxis regularly than those living in urban areas, and were more likely to report very infrequent use of these modes. In contrast, urban residents reported substantially higher levels of weekly use across all three public transport modes, with similar patterns observed among non-disabled people. However, area type was not meaningfully related to walking, with similar frequencies reported by people living in urban and rural areas.

Bus use

People living in rural areas were less likely to use the bus regularly than those living in urban areas. Among disabled people living in rural areas, 9% of disabled people and 8% of non-disabled people reported weekly bus use, compared with around one quarter (24% and 25%, respectively) of those living in urban areas. Very infrequent bus use was more common among rural residents, with 75% of disabled people and 69% of non-disabled people reporting using buses less than once a year or never compared to 52% and 45%, respectively, among those living in urban areas. Overall, there was a statistically significant association between area type and bus use for both disabled and non-disabled people ($\chi^2 p < .001$ in both cases).

Train use

Disabled people living in rural areas were less likely than those living in urban areas to use trains regularly. Two percent of disabled people living in rural areas reported weekly train use, compared with 5% of those living in urban areas. Disabled people in rural areas were also more likely to report very infrequent train use (67% compared with 61%). Comparable patterns were observed among non-disabled people, with 6% of rural

residents reporting weekly train use compared with 13% of urban residents, and 39% of rural residents reporting very infrequent use compared with 32% of those in urban areas. Overall, there was a statistically significant association between area type and frequency of train use for disabled people ($\chi^2 p=.001$) and non-disabled people ($\chi^2 p<.001$).

Taxi use

Disabled people living in rural areas were much less likely than those living in urban areas to use taxis regularly. Three percent of disabled people living in rural areas reported weekly taxi use, compared with 12% of those living in urban areas. Disabled people in rural areas were also more likely to report very infrequent taxi use (65% compared with 46%). Comparable patterns were observed among non-disabled people, with 2% of rural residents reporting weekly taxi use compared with 8% of urban residents, and 53% of rural residents reporting very infrequent use compared with 40% of those living in urban areas. Overall, there was a statistically significant association between taxi use and type of area for both disabled and non-disabled people ($\chi^2 p<.001$).

Walking or wheeling

Area type was associated with only small differences in walking or wheeling frequency. There was not a significant relationship for disabled people ($\chi^2 p=.061$) or non-disabled people ($\chi^2 p<.125$) between walking or wheeling and area type.

Employment status differences in travel by public and shared transport

Employment status was associated with differences in transport use, particularly among disabled people. In the following analysis, those grouped as 'employed' include those who reported being in either full or part time employment (and made up 63% of the total population), whereas those grouped as 'economically inactive' include those who reported being unemployed, retired, sick, disabled, a student, or other (37% of the total population). Disabled people who were working full or part time were more likely to use buses and trains regularly than those who were economically inactive, and they also walked more frequently. Differences by employment status were smaller for taxi use, although economically inactive disabled people were more likely to report very infrequent use. Among non-disabled people, employment status was associated with bus, train and taxi use, but walking frequency varied little by whether people were in work or economically inactive.

Bus use

Patterns of bus use varied by employment status among both disabled and non-disabled people. Among disabled people, those who were working full or part time were more likely to use the bus at least once a week than those who were economically inactive (25% compared with 21%). In contrast, among non-disabled people, weekly bus use was less common among those who were working compared with those who were economically inactive (19% compared with 30%). Overall, there was a statistically significant association between bus use and economic activity for both disabled and non-disabled people ($\chi^2 p<.001$ in both cases).

Train use

Employment status was associated with differences in train use among both disabled and non-disabled people. Disabled people who were working full or part time (10%) were more likely to use trains weekly than those who were economically inactive (2%). A similar pattern was observed among non-disabled people (14% compared with 8% reported weekly use). Overall, there was a statistically significant association between

employment status and frequency of train use for both disabled and non-disabled people ($\chi^2 p < .001$ in both cases).

Taxi use

There was relatively little variation in frequent taxi use by employment status among disabled and non-disabled people. Ten per cent of disabled people, whether working or economically inactive, reported using taxis weekly. Disabled people who were economically inactive were however, more likely to report very infrequent taxi use than those who were working (53% compared with 40%). A similar pattern was observed among non-disabled people (51% compared with 38%). Overall, there was a statistically significant association between taxi use and employment status for disabled and non-disabled people ($\chi^2 p < .001$).

Walking or wheeling

Employment status was strongly associated with differences in walking or wheeling frequency among disabled people. Nearly two thirds of disabled people who were working full or part time (64%) reported walking or wheeling at least once a week, compared with 34% of those who were economically inactive. Conversely, 24% of disabled people who were working reported very infrequent walking or wheeling, compared with 58% of those who were economically inactive. Among non-disabled people, walking or wheeling frequency varied little by employment status (84% of those in employment and 82% of those who were economically inactive reported walking or wheeling at least once a week). Overall, there was a statistically significant association between walking or wheeling and employment status for disabled ($\chi^2 p < .001$) and non-disabled people ($\chi^2 p < .001$).

Household composition differences in travel by public and shared transport

Household composition was associated with some differences in transport use. Among disabled people, bus use varied little across household types, with similar proportions reporting weekly use. Differences were more apparent for train, taxi and walking use, where disabled people in single parent households and households with children were often more likely to report regular use than those in single adult or adult-only households. Among non-disabled people, household composition was associated with train, taxi and walking use, but differences in weekly use were generally modest.

Bus use

There was no clear relationship between household composition and bus-use among disabled and non-disabled people. Around one in five disabled and non-disabled people living in all household compositions reported using the bus at least once a week. Specifically, among disabled people, 26% of those in single adult households, 20% in households with multiple adults, no children, 26% of those in single parent households, and 22% of those in households with two or more adults and children used the bus weekly. Comparatively, the corresponding proportions among non-disabled people were 29%, 23%, 25%, and 20%. Overall, there was a statistically significant association between household composition and bus use among both disabled people ($\chi^2 p = .011$) and non-disabled people ($\chi^2 p < .001$).

Train use

Household composition was associated with some variation in train use among disabled people. Disabled people living in single adult households (66%) or households with multiple adults and no children (61%) were more likely than those in single parent households (46%) and households with two or more adults and children (57%) to report

very infrequent train use. Overall, there was a statistically significant relationship between household composition and frequency of train use for disabled people ($\chi^2 p=.010^*$). Among non-disabled people, those in single adult households (36%) and single parent households (35%) were more likely than those in households with multiple adults and no children (32%) and two or more adults and children (32%) to report very infrequent train use. A statistically significant association between household composition and frequency of train use was also observed for non-disabled people ($\chi^2 p<.001$).

Taxi use

Household composition was associated with some variation in taxi use among disabled people. Disabled people living in single parent households (20%) were more likely to report weekly taxi use than those living in single adult households (12%), households with multiple adults and no children (9%), and households with two or more adults and children (11%). Overall, the relationship between household composition and taxi use was significant among disabled people ($\chi^2 p=.023$). Among non-disabled people, there were no major differences in weekly taxi use by household composition. However, non-disabled people living in single parent families or households with two or more adults and children were less likely to use taxis very infrequently (37% and 40%, respectively) compared to those in single adult or in multiple adults and no children households (43% and 42%, respectively) and an overall significant relationship between household composition and taxi use for non-disabled people was also observed ($\chi^2 p<.001$).

Walking or wheeling

Household composition was associated with differences in walking or wheeling frequency among disabled people. Disabled people living in single parent households (61%) and households with two or more children (54%) were more likely to report weekly walking or wheeling than those living in single adult households (35%) or households with multiple adults and no children (45%). Overall, there was a significant relationship between walking or wheeling frequency and household composition among disabled people ($\chi^2 p<.001$). Non-disabled people living single adult households were the least likely to report walking or wheeling weekly (80%) compared to those in households with multiple adults and no children (83%), single parent households (83%), and in households with multiple adults and children (83%). Overall, a statistically significant association between walking or wheeling frequency and household composition was also observed among non-disabled people ($\chi^2 p<.001^*$).

Household income differences in travel by public and shared transport

Household income was associated with differences in transport use, although patterns varied by mode and by disability status. Disabled people in lower income households were more likely to use buses and taxis regularly, while those in higher income households were more likely to use trains and to walk frequently. Differences in bus use by income among disabled people were relatively small and not statistically significant, in contrast to clearer income-related patterns for other modes. Among non-disabled people, household income was significantly associated with use across all modes, though differences in walking were smaller than for public transport.

Bus use

Bus use was more frequent among people living in lower income households. While weekly bus use was somewhat more common among people in lower income households, differences across income groups were relatively small. Among disabled people, 24% of those in households with an income below £25,000 used buses weekly, compared with 20% of those in middle income households (£25,000 to £49,999) and 20% of those in the

highest income households (£50,000 and over). Overall, the relationship between bus use and household income was not statistically significant among disabled people ($\chi^2 p=.080$), but was significant among non-disabled people ($\chi^2 p<.001$).

Train use

Train use also varied by household income, with those with lower incomes using trains less frequently. Disabled people living in lowest income households (3%) were less likely to report weekly train use compared with those in highest income households (7%). A similar pattern was observed among non-disabled people, with 9% of those in lowest income households using trains weekly, compared with 15% of those in highest income households. Overall, there was a statistically significant association between household income and frequency of train use for both disabled and non-disabled people ($\chi^2 p<.001$ in both cases).

Taxi use

Taxi use was more frequent among people living in lower income households.

Among disabled people, 13% of those in lowest income households reported using taxis at least once a week, compared with 7% of those in middle income households and 9% of those in highest income households. Disabled people in middle income households were the most likely to report infrequent taxi use (54%). A similar pattern was observed among non-disabled people, with 9% of those in lowest income households reporting weekly taxi use, compared with 7% of those in highest income households. Overall, there was a statistically significant association between taxi use and household income for disabled and non-disabled people ($\chi^2 p<.001$).

Walking or wheeling

Walking or wheeling frequency also varied by household income. Among disabled people in the lowest income households, 34% reported walking or wheeling at least once a week, compared with 42% of those in middle income households and 56% of those in the highest income households. Very infrequent walking or wheeling was reported by 57% of disabled people in the lowest income households, compared with 48% and 36% of those in middle- and highest-income households. Overall, there was a statistically significant association between walking or wheeling and household income among both disabled people and non-disabled people ($\chi^2 p<.001$). Differences by income were smaller among non-disabled people, with 13%, 5% and 7% of non-disabled people in lowest, middle-, and highest-income households reporting very infrequent walking.

Area-level deprivation differences in travel by public and shared transport

Area-level deprivation was associated with differences in transport use across most modes. Disabled people living in more deprived areas were more likely to use buses and taxis regularly, while those living in less deprived areas were more likely to use trains. Differences in walking by deprivation were smaller, although disabled people in the least deprived areas were more likely to walk weekly than those in more deprived areas. Similar patterns were observed among non-disabled people, and area-level deprivation was significantly associated with transport use across all modes.

Bus use

Bus use also varied by area level deprivation. Disabled people living in the most deprived areas (Index of Multiple Deprivation (IMD) quintile 1) were more likely to report weekly bus use than those living in the least deprived areas (IMD quintile 4 and 5) (26% compared to 14% and 21%). This pattern was more pronounced among non-disabled people, with 32% of those living in the most deprived areas reporting weekly bus use,

compared with 15% of those living in the least deprived areas. Overall, there was a statistically significant association between bus use and area-level deprivation among both disabled and non-disabled people ($\chi^2 p < .001$).

Train use

Area level deprivation was associated with differences in train use. Disabled people living in more deprived areas were more likely to report using trains less than once a year or never than those living in less deprived areas (70% of those living in IMD quintile 1 compared with 56% of those living in IMD quintile 5). Overall, there was a statistically significant association between area-level deprivation and frequency of train use for disabled people ($\chi^2 p < .001$) and non-disabled people ($\chi^2 p < .001$).

Taxi use also varied by area level deprivation. Disabled people living in more deprived areas were more likely to report using taxis at least once a week than those living in less deprived areas (16% of those in IMD quintile 1 compared with 7% of those in IMD quintile 5). This pattern was also observed among non-disabled people (12% compared with 5%). Overall, there was a statistically significant association between taxi use and area level deprivation for both disabled and non-disabled people ($\chi^2 p < .001$).

Walking or wheeling

Area level deprivation was associated with only small differences in walking or wheeling frequency among disabled people. Disabled people living in the least deprived areas were more likely to walk or wheel weekly than those living in more deprived areas (50% in IMD quintile 5 compared with 40%, 41%, 43%, and 43% in quintiles one to four, respectively). Overall, there was a statistically significant association between walking or wheeling and area-level for both disabled ($\chi^2 p < .001$) and non-disabled ($\chi^2 p < .001$) people.

5.2 Demographic differences in travel by car

This section examines how private transport use varies across key demographic groups. It focuses on holding a driving licence, car access, and frequency of car use, and explores differences by age, sex, ethnicity, area type, employment status, household composition, household income and area-level deprivation. Additionally, where sample size allows, evidence is presented among disabled people with a visual impairment, reflecting the interconnection between visual impairment and driving, further explored in chapter 6.

Age differences in travel by car

Age was strongly associated with differences in holding a driving licence, access to a car, and frequency of car use. Among both disabled and non-disabled people, licence holding was lower among younger and older age groups than among those in mid-life. Similarly, younger disabled people were less likely to be the main driver of a car, while older disabled people were more likely to report not driving or lacking access to a car. Frequency of private car use also increased with age before declining slightly in the oldest age group, and these patterns were consistent among non-disabled people, although levels of access and use were higher overall.

Holding a driving licence

Licence holding varied by age among both disabled and non-disabled people, with lower rates among younger and older age groups. Among disabled people, 63% of those aged 18 to 29 and 59% of those aged 75 and over held a driving licence, compared with higher proportions among those aged 30 to 49 (74%), 50 to 64 (77%) and 65 to 74

(71%). A similar age pattern was observed among non-disabled people, although licence holding was higher across all age groups. Among non-disabled people, 85% of those aged 18 to 29, 90% of those aged 30 to 49, 93% of those aged 50 to 64, 89% of those aged 65 to 74 and 79% of those aged 75 and over reported holding a driving licence. Overall, there was a statistically significant association between holding a driving licence and age among both disabled people ($\chi^2 p < .001$) and non-disabled people ($\chi^2 p < .001$).

This pattern was also evident among disabled people with and without a visual impairment. A lower proportion of disabled people with a visual impairment aged 75 and over held a licence (40%) than disabled people without a visual impairment in the same age group (63%). Among disabled people aged 18 to 29, 45% of those with a visual impairment and 64% of those without a visual impairment reported holding a licence. Overall, there was a statistically significant association between holding a driving licence and age among disabled people with ($\chi^2 p = .042$) and without a visual impairment ($\chi^2 p < .001$).

Access to a car

Car access and driving roles varied by age among disabled people. Younger disabled people were less likely to be the main driver of a car than those in older age groups. Among disabled people aged 18 to 29, 19% reported being the main driver of a car (excluding company cars), compared with 43% of those aged 30 to 49, 52% of those aged 50 to 64, 47% of those aged 65 to 74, and 35% of those aged 75 and over. A broadly similar pattern was observed among non-disabled people. At the same time, 28% of disabled people aged 18 to 29 and 28% of those aged 75 and over reported not driving and not having access to a car. Among non-disabled people, 39% of those aged 18 to 29 and 61% of those aged 75 and over reported being the main driver of a car (not a company car), while 13% of those aged 18 to 29 and 16% of those aged 75 and over reported not driving and not having access to a car. Overall, there was a statistically significant association between car access and age among both disabled people ($\chi^2 p < .001$) and non-disabled people ($\chi^2 p < .001$).

Frequency of private car use

Frequency of private car use varied by age among disabled people. Around two-thirds of disabled people aged 18 to 29 used a private car at least once a week (65%), compared with higher proportions among those aged 30 to 49 (76%), 50 to 64 (76%), 65 to 74 (77%) and 75 and over (73%). Overall, there was a statistically significant association between frequency of car use and age among disabled people ($\chi^2 p < .001$). A similar age pattern was observed among non-disabled people, although car use was higher across all age groups. Around three quarters of non-disabled people aged 18 to 29 used a private car at least once a week (75%), compared with higher proportions among those aged 30 to 49 (85%), 50 to 64 (90%), 65 to 74 (89%) and 75 and over (84%). There was similarly a significant overall association between frequency of car use and age among non-disabled people ($\chi^2 p < .001$).

Sex differences in travel by car

Sex was associated with differences in driving licence holding and car access, but not in overall frequency of car use. Men were more likely than women to hold a driving licence among both disabled and non-disabled people, and were more likely to be the main driver of a car. In contrast, disabled women were more likely than men to have access to a household car without driving, or to have no access to a car at all. Despite these

differences in access and roles, men and women reported similar levels of weekly private car use, and this pattern was consistent among disabled people with a visual impairment.

Holding a driving licence

Men were more likely than women to hold a driving licence among both disabled and non-disabled people.

Among disabled people, 76% of men and 65% of women reported holding a licence. Among non-disabled people, 92% of men and 86% of women held a licence. Overall, there was a statistically significant association between holding a driving licence and sex among both disabled people and non-disabled people ($\chi^2 p < .001$ for both). This difference by sex was consistent among disabled people with and without a visual impairment, with 59% of disabled men and 44% of women with a visual impairment holding a licence. Overall, there was a statistically significant association between holding a driving licence and sex among disabled people with ($\chi^2 p = .006$) and without a visual impairment ($\chi^2 p < .001$).

Access to a car

Car access differed by sex among disabled people. Disabled men were more likely than disabled women to report being the main driver of a car (47% compared with 38%) and to report being a driver without access to a car (9% compared with 6%). In contrast, disabled women were more likely than disabled men to report having access to a household car but not driving themselves (19% compared with 13%) and to report not driving and not having access to a car (26% compared with 20%). Similar patterns were observed among non-disabled people. Overall, there was a statistically significant association between car access and sex among disabled people ($\chi^2 p < .001$) and non-disabled people ($\chi^2 p < .001$).

The sex differences were also evident when considering visual impairment. Among disabled people with a visual impairment, 28% of men and 20% of women reported being the main driver, while 12% of men and 8% of women reported being a driver without access to a car. Among disabled people without a visual impairment, 50% of men and 41% of women reported being the main driver, and 8% of men and 6% of women reported being a driver without access to a car. Conversely, among disabled people with a visual impairment, women were more likely to report having access to a household car but not driving (18% compared with 12%), and to report not driving and not having access to a car (24% compared with 19%). Overall, there was a statistically significant association between sex and access to a car among disabled people with ($\chi^2 p = .009$) and without a visual impairment ($\chi^2 p < .001$).

Frequency of private car use

There were no meaningful differences in weekly private car use between disabled men and women. Similar proportions of disabled men (74%) and women (75%) reported using a private car at least once a week. Among disabled people with a visual impairment, women were slightly more likely than men to report weekly use (71% compared with 65%). However overall, there was no statistically significant association between sex and frequency of car use observed among disabled people with ($\chi^2 p = .208$) or without a visual impairment ($\chi^2 p = .074$).

Ethnicity differences in travel by car

Ethnicity was associated with differences in driving licence holding, car access and frequency of car use, with lower levels of access among some minority ethnic groups. Disabled people from white ethnic groups were more likely to hold a driving licence than those from other ethnic groups, and were also more likely to be the main driver of a car. In

contrast, disabled people from Black ethnic groups were more likely to report not driving and not having access to a car. Weekly private car use also varied by ethnicity, with lower levels among disabled people from Black, Mixed and Other ethnic groups, and similar patterns observed among non-disabled people.

Holding a driving licence

Licence holding also varied by ethnicity. Among disabled people, those from white ethnic groups were more likely to hold a licence (71%) than those from Black ethnic groups (56%) and Other ethnic groups (55%). A similar pattern was observed among non-disabled people (91% compared with 82% and 75%). Overall, there was a statistically significant association between holding a driving licence and ethnicity among disabled people ($\chi^2 p=.001$) and non-disabled people ($\chi^2 p<.001$). Due to low sample size, we cannot reliably report on the significance of the relationship among disabled people with a visual impairment.

Access to a car

Car access also varied by ethnicity among disabled people. Twenty per cent of disabled people from Black ethnic groups reported being the main driver of a car, compared with 29% of those from Mixed ethnic groups, 43% of those from white ethnic groups and 37% of those from Other ethnic groups. Over half of disabled people from Black ethnic groups (51%) reported not driving and not having access to a car, compared with 18% of disabled people from Asian ethnic groups. Similar patterns were observed among non-disabled people, with 24% of people from both Black and Other ethnic groups reporting not driving and not having access to a car, compared with 7% of those from white ethnic groups. Overall, there was a statistically significant association between ethnicity and car access for both disabled and non-disabled people ($\chi^2 p<.001$). Due to low sample size, we cannot reliably report on the significance of the relationship among disabled people with a visual impairment.

Frequency of private car use

Private car use also varied by ethnicity among disabled people. Weekly use was more common among disabled people from Asian (75%) and white (76%) ethnic groups than among those from Black (53%), Mixed (52%), and Other ethnic groups (54%). A similar pattern was observed among non-disabled people, although weekly private car use was higher overall. Overall, there was a statistically significant association between frequency of private car use and ethnicity for non-disabled people ($\chi^2 p<.001$). Due to low sample size, we cannot reliably report on the significance of the relationship among disabled people, with or without a visual impairment.

Area type (urban and rural) differences in travel by car

Area type was associated with clear differences in driving licence holding, car access and frequency of car use. Disabled people living in rural areas were more likely to hold a driving licence, be the main driver of a car, and use a private car regularly than those living in urban areas. In contrast, disabled people in urban areas were more likely to rely on others for access to a car or to report having no access at all. Similar patterns were observed among non-disabled people, although differences by area type were smaller among disabled people with a visual impairment.

Holding a driving licence

People living in rural areas were more likely to hold a driving licence than those living in urban areas. Among disabled people, 79% of rural residents held a licence, compared with 68% of urban residents. The same pattern was observed among non-

disabled people (95% compared with 87%). Overall, there was a statistically significant association between holding a driving licence and type of area among both disabled people and non-disabled people ($\chi^2 p < .001$ for both). Although there were some small differences when considering visual impairment status, with 58% of people with a visual impairment living in rural areas and 49% of those living in urban areas reporting holding a licence, the overall association was not significant among people with a visual impairment ($\chi^2 p = .249$). Among disabled people without a visual impairment, the equivalent figures were 82% and 70%, respectively and the overall association was significant ($\chi^2 p < .001$).

Access to a car

Area type was associated with car access among disabled people. Disabled people living in rural areas were more likely to be the main driver of a car than those living in urban areas (56% compared with 39%). Disabled people living in urban areas were more likely than those living in rural areas to report having access to a household car but not driving (18% compared with 11%), being a driver without access to a car (8% compared with 5%), or not driving and not having access to a car (25% compared with 16%). Similar area-based patterns were observed among non-disabled people. Overall, there was a statistically significant association between car access and area type among disabled people ($\chi^2 p = .009$) and non-disabled people ($\chi^2 p < .001$).

There were some differences by area type among disabled people without a visual impairment. Among disabled people without a visual impairment, those living in rural areas were more likely to be the main driver than those living in urban areas (not of a company car) (59% in rural areas and 41% in urban areas). Among disabled people without a visual impairment, 23% of those living in urban areas and 14% of those living in rural areas reported not driving and not having access to a car. Among disabled people with a visual impairment, 32% of those living in rural areas and 22% of those in urban areas reported being the main driver (not of a company car). Among disabled people with a visual impairment, very similar proportions of those living in urban and rural areas reported not driving and not having access to a car (35% and 34%, respectively). Overall, there was a statistically significant association between car access and type of area was significant among disabled people without a visual impairment ($\chi^2 p < .001$), however the association was not significant among those with a visual impairment ($\chi^2 p = .205$).

Frequency of private car use

People living in rural areas were more likely to use a private car frequently than those living in urban areas. Among disabled people, 81% of rural residents used a private car at least once a week, compared with 73% of urban residents. A similar pattern was observed among non-disabled people, with 96% of rural residents and 83% of urban residents reporting weekly private car use. Overall, there was a statistically significant association between car use and type of area for both disabled and non-disabled people ($\chi^2 p < .001$). Differences by area type were smaller among disabled people with a visual impairment (70% in rural areas and 68% in urban areas), but more pronounced among those without a visual impairment (83% compared with 74%). The overall association was significant among disabled people without a visual impairment ($\chi^2 p < .001$), but not among those with a visual impairment ($\chi^2 p = .910$).

Employment status differences in travel by car

Employment status was strongly associated with driving licence holding, car access and frequency of car use. Disabled people who were working were more likely to hold a driving licence, be the main driver of a car, and use a private car regularly than those who were economically inactive. In contrast, economically inactive disabled people were more likely

to report not driving and not having access to a car. Similar patterns were observed among non-disabled people, and these differences were also evident among disabled people with a visual impairment.

Holding a driving licence

Employment status was associated with licence holding. Among disabled people, 86% of those working full or part time held a licence, compared to 63% of those who were economically inactive. A similar but smaller difference was observed among non-disabled people (92% compared with 81%). Overall, there was a statistically significant association between holding a driving licence and employment status among both disabled people (χ^2 $p=.001$) and non-disabled people (χ^2 $p<.001$). This pattern was consistent among disabled people with and without a visual impairment, with 72% and 88% of those who were working holding a licence, compared with 45% and 66% of those who were economically inactive. These overall associations were also significant among disabled people with (χ^2 $p<.001$) and without a visual impairment (χ^2 $p<.001$).

Access to a car

Economic activity was strongly associated with car access among disabled people. Disabled people who were working full- or part-time were more likely to report being the main driver of a car, than those who were economically inactive (58% compared with 35%). Economically inactive disabled people were more likely to report not driving and not having access to a car (27% compared with 13%). A similar pattern was observed among non-disabled people. Overall, there was a statistically significant association between car access and economic activity for disabled (χ^2 $p<.001$) and non-disabled people (χ^2 $p<.001$).

This relationship between economic activity and car access was also seen among disabled people with a visual impairment. Among disabled people with a visual impairment, 44% of those who were working reported being the main driver, compared with 19% of those who were economically inactive. In contrast, 39% of economically inactive disabled people with a visual impairment reported not driving and not having access to a car, compared with 16% of those who were working. Similar patterns were observed among disabled people without a visual impairment. This overall association was significant among disabled people with (χ^2 $p<.001$) and without a visual impairment (χ^2 $p<.001$).

Frequency of private car use

Economic activity was also associated with frequency of private car use. Disabled people who were working were more likely to use a private car weekly than those who were economically inactive (86% compared with 70%). A similar pattern was observed among non-disabled people (86% of those who were working and 81% of those who were economically inactive reported weekly private car use. Overall, there was a statistically significant association between economic activity and frequency of private car use among both disabled and non-disabled people (χ^2 $p<.001$). Among disabled people with a visual impairment, weekly use was slightly higher among those who were working than those who were economically inactive (70% compared with 65%), while 86% and 71% of disabled people without a visual impairment, respectively, reported weekly car use. These overall associations were significant for disabled people with (χ^2 $p=.013$) and without a visual impairment (χ^2 $p<.001$).

Household composition differences in travel by car

Household composition was associated with differences in driving licence holding, car access and frequency of car use. Disabled people living in single adult households were less likely to hold a driving licence and more likely to report not driving or lacking access to a car than those living in other household types. In contrast, disabled people in single parent households were more likely to be the main driver of a car, while those living with multiple adults, particularly with children, reported higher levels of car access and use. Weekly private car use was lowest among disabled people living alone, and higher among those living in households with other adults, with similar patterns observed among non-disabled people.

Holding a driving licence

People living in single adult households were less likely to hold a driving licence than those living in other household types. Among disabled people, 64% of those in single adult households held a licence, compared with 71% of those living with multiple adults and no children, 76% of those in single parent households, and 74% of those in households with two or more adults and children. A similar pattern was observed among non-disabled people. Overall, there was a statistically significant association between holding a driving licence and household composition among disabled people ($\chi^2 p=.001$) and non-disabled people ($\chi^2 p<.001$). This pattern was also evident among disabled people with and without a visual impairment, although small base sizes meant it was not possible to draw reliable conclusions for disabled people with a visual impairment living in single parent households. Overall, there was a statistically significant association between holding a driving license and household composition among disabled people without a visual impairment ($\chi^2 p=.006$), but not for those with a visual impairment ($\chi^2 p=.494$).

Access to a car

Household composition was associated with variation in car access among disabled people. Disabled people living in single adult households, households with multiple adults and no children, and households with two or more adults and children were less likely to be the main driver of a car (not a company car) (40%, 41%, and 43%, respectively) than those living in single parent households (56%). Disabled people living in single adult households were also more likely to report not driving and not having access to a car (42%), compared with 38% of those in single parent households, 18% of those in households with two or more adults and children, and 14% of those in households with multiple adults and no children. Comparable patterns were also observed among non-disabled people. Overall, there was a statistically significant association between car access and household composition among disabled ($\chi^2 p<.001^*$) and non-disabled people ($\chi^2 p<.001$). Due to low sample size, we cannot reliably report on the significance of the relationship among disabled people with a visual impairment.

Frequency of private car use

Household composition was linked with differences in private car use among disabled people. Weekly use was lowest among disabled people living in single adult households (65%) and higher among those living in households with multiple adults and no children (78%), single parent households (81%) and households with two or more adults and children (80%). There was a similar pattern observed among non-disabled people. Overall, there was a statistically significant association between household composition and frequency of private car use among disabled ($\chi^2 p<.001^*$) and non-disabled people ($\chi^2 p<.001$). Disabled people with a visual impairment living in single adult households were the least likely to report weekly use (59%), compared with 72% and 83% of those living in households with multiple adults with and without children. Due to low

sample size, we cannot reliably report on the significance of the relationship among disabled people with a visual impairment

Household income differences in travel by car

Household income was strongly associated with driving licence holding and car access, but showed more modest differences in frequency of car use. Disabled people in higher income households were more likely to hold a driving licence and to be the main driver of a car, while those in lower income households were more likely to report not driving and not having access to a car. Differences in weekly private car use were smaller, although disabled people in lower income households were less likely to use a car regularly and more likely to report very infrequent use. Similar income gradients were observed among non-disabled people, and differences were particularly pronounced among disabled people with a visual impairment.

Holding a driving licence

Licence holding increased with household income among both disabled and non-disabled people. Among disabled people, 63% of those in lowest income households held a licence, compared with 72% of those in middle income households and 77% of those in highest income households. A similar pattern was observed among non-disabled people, with 76%, 87% and 93% holding a licence in lowest, middle- and highest-income groups, respectively. Overall, there was a statistically significant association between holding a driving licence and household income among disabled people ($\chi^2 p=.001$) and non-disabled people ($\chi^2 p<.001$) and disabled people with a visual impairment ($\chi^2 p=.023$).

Access to a car

Household income was associated with car access among disabled people. Disabled people in lowest income households were less likely to be the main driver of a car than those in middle income households and highest income households (36% compared with 44% and 48% respectively). They were also more likely to report not driving and not having access to a car (37% compared with 19% in middle income households and 8% in highest income households). Similar income gradients were observed among non-disabled people. The relationship between car access and household income was significant for disabled ($\chi^2 p<.001^*$) and non-disabled people ($\chi^2 p<.001$).

Among disabled people with a visual impairment, income difference in car access was particularly stark. Only 19% of those in lowest income households reported being the main driver, compared with 26% and 29% of those in middle- and highest-income households. Over half (51%) of disabled people with a visual impairment in the lowest income households reported not driving and not having access to a car, compared with 21% and 14% of those in middle- and highest-income households. Disabled people without a visual impairment followed the same overall pattern. Overall, there was a statistically significant association between car access and household income among disabled people with ($\chi^2 p<.001$) and without a visual impairment ($\chi^2 p<.001$).

Frequency of private car use

Household income showed only modest differences in weekly private car use.

Among disabled people, weekly use ranged from 67% in the lowest income group to 78% in the middle- and 81% in the highest-income households. Disabled people in lowest income households were more likely to report very infrequent private car use (11%) than those in middle- (7%) or highest-income households (4%). Similar patterns were observed among non-disabled people. Overall, there was a statistically significant association

between frequency of car use and area-level deprivation among disabled ($\chi^2 p < .001$) and non-disabled people ($\chi^2 p < .001$). Among disabled people with a visual impairment, those in lowest income households were least likely to use a private car at least once a week (66%), compared with those in middle- (70%) and highest-income households (73%), although the overall association was not significant ($\chi^2 p = .403$).

Area-level deprivation differences in travel by car

Area-level deprivation was strongly associated with driving licence holding, car access and frequency of car use. Disabled people living in more deprived areas were less likely to hold a driving licence and to be the main driver of a car, while those in less deprived areas were more likely to have access to and use a car. In contrast, disabled people in the most deprived areas were more likely to report not driving and not having access to a car. Weekly private car use also increased as deprivation decreased, with similar patterns observed among non-disabled people, although differences were less clear among disabled people with a visual impairment.

Holding a driving licence

People living in more deprived areas were less likely to hold a driving licence than those living in less deprived areas. Among disabled people, 58% of those living in the most deprived areas held a licence, compared with 77% of those in the least deprived quintile. A similar pattern was observed among non-disabled people. Overall, there was a statistically significant association between holding a driving licence and area-level deprivation among disabled people ($\chi^2 p = .001$) and non-disabled people ($\chi^2 p < .001$). Within the disabled population, 37% of people with a visual impairment living in the most deprived areas held a licence, compared with 56% of those living in the least deprived areas, while the equivalent figures among disabled people without a visual impairment were 62% and 78%, respectively. This overall association was significant among both disabled people with ($\chi^2 p = .005$) and without a visual impairment ($\chi^2 p < .001$).

Access to a car

Area-level deprivation showed a clear gradient in car access among disabled people. Among those living in the most deprived areas, 31% reported being the main driver of a car, rising to between 39% and 52% among those living in quintiles 2 to 5. At the same time, 35% of disabled people living in the most deprived areas reported not driving and not having access to a car, compared with between 12% and 24% of those living in less deprived areas. Similar patterns were observed among non-disabled people. Overall, there was a statistically significant association between car access and area-level deprivation for disabled ($\chi^2 p < .001^*$) and non-disabled people ($\chi^2 p < .001$). Due to low sample size, we cannot reliably report on the significance of the relationship among disabled people with a visual impairment.

Frequency of private car use

Finally, private car use increased as area level deprivation decreased. Among disabled people, weekly use rose from 68% in the most deprived areas to 82% in the least deprived areas. Among non-disabled people, weekly private car use also increased from 79% in most deprived areas to 91% in least deprived areas (although the least likely to use private cars weekly were those in IMD 2 (76%)). Overall, there was a statistically significant association between private car use and area-level deprivation among disabled ($\chi^2 p < .001$) and non-disabled people ($\chi^2 p < .001$), but not among those with a visual impairment ($\chi^2 p = .503$).

5.3 Difficulties travelling to work

This section examines how disabled people, travelled to work and the difficulties they experienced. It compares how disabled and non-disabled people travelled to work and the challenges they reported. It also explores variation within the disabled population by visual impairment status.

A small proportion (6%) of people reported turning down, or choosing not to apply for, a job in the last 12 months because of transport problems and there was no significant differences in overall levels between disabled and non-disabled people.

There were however, differences between disabled and non-disabled people when it came to the reasons given for this. Most of those who did turn down, or didn't apply for, a job in the last 12 months due to transport problems, reported the reason being that the journey to work was too far. This was the case for both disabled (63%) and non-disabled (66%) people; this difference was not statistically significant ($p=.280$). Twice the proportion of disabled people turned down work due to not having a current driving licence or being unable to drive (26%) compared to non-disabled people (13%), and this difference was statistically significant ($p=.036$). Eleven per cent of disabled people reported their personal health condition being why they didn't apply for, or turned down, a job, compared to no non-disabled people.

Usual means of travel to work

Travelling to work by car or van was the most common option for both disabled and non-disabled people. Around two thirds of disabled people who travelled to work (66%) did so by car or van, similar to the proportion among non-disabled people (64%), and this difference was not statistically significant ($p=.452$).

Among disabled people who travelled to work, the next most common modes were bus, minibuss, or coach (12%) and walking (12%). Among non-disabled people, walking (9%) and surface rail (8%) were the next most common modes after car or van. Differences between disabled and non-disabled people were statistically significant for bus and train use ($p<.001$), but not for walking ($p=.174$).

Means of travel to work were broadly similar across impairment types. Among disabled people who travelled to work, 71% of those with an impairment affecting their mobility compared with 61% of disabled people without an impairment affecting mobility ($p=.018$) travelled to work by car. This was less common among disabled people with an impairment affecting their mental health - 56% of those with an impairment affecting mental health compared with 70% of disabled people without ($p=.008$) travelled to work by car. Disabled people with a cognitive impairment, an impairment affecting communication, visual impairment, and other physical impairments travelled to work by car at similar rates to disabled people without these impairments, with no statistically significant differences observed. Use of bus, minibuss, or coach and walking to travel to work was similar among disabled people with and without different impairments, with no statistically significant differences observed.

The way people travelled to work did not vary substantially by number of health conditions. Around two thirds of people with one, two to three, or four or more health conditions reported travelling to work by car or van, with no significant differences by number of health conditions.

Difficulties travelling to work by car

Disabled and non-disabled people reported similar levels of difficulty when travelling to work by private transport. Here, private transport refers to travel to work by car, van, motorcycle, scooter, or moped. Around 44% of disabled people reported experiencing difficulties when travelling to work by private transport, compared with 42% of non-disabled people, and this difference was not statistically significant. People with different numbers of health conditions reported similar levels of difficulty. Disabled people with different types of impairments also experienced difficulties travelling to work at similar rates to disabled people without those impairments, with no statistically significant differences observed. Small sample sizes meant it was not possible to examine differences by visual impairment status.

Traffic, congestion and roadworks were the most commonly reported difficulty for both disabled and non-disabled people. Just over a third of disabled and non-disabled people (36% in both groups) reported these issues when travelling to work using private transport. Disabled people also reported difficulties related to the cost of fuel (9%), lack of suitable public transport alternatives (9%), and lack of parking facilities (8%) (Table 5.1). There were no differences in these reported difficulties between disabled and non-disabled people. Personal health or illness affected disabled people more often, with 7% reporting this as a difficulty compared with none of the non-disabled group ($p < .001$).

Similarly, traffic, congestion, and roadworks was the most commonly reported difficulty across disabled people with different impairment types. Among disabled people, 45% of those with other impairments (compared with 36% of people without other impairments, $p = .023$) reported this as a difficulty travelling to work by private transport. Personal physical health condition or illness was also reported as a difficulty. Disabled people with different types of impairments also experienced this difficulty travelling to work at similar rates to disabled people without those impairments, with no statistically significant differences observed.

Table 5.1: Type of difficulty travelling to work by private transport, by disability status			
Base: respondents who travel to work by car, van, motorcycle, scooter, or moped.			
Type of difficulty travelling to work by private transport	Disabled people	Non-disabled people	Total
No difficulties	56%	58%	58%
Too far	5%	2%	3%
Car not available	1%	1%	1%
Don't have current driving licence or can't drive	1%	1%	1%
Cost of petrol	9%	8%	8%
Lack of parking facilities	8%	5%	6%
Cost of parking	4%	3%	3%
Traffic, congestion or roadworks	36%	36%	36%
Inadequate public transport	9%	6%	6%

Cost of public transport	2%	2%	2%
Personal physical health condition or illness	7%	0%	1%
Personal safety concerns	1%	1%	1%
Other difficulty	1%	2%	1%
<i>Unweighted base</i>	<i>431</i>	<i>4,464</i>	<i>4,929</i>
<i>Weighted base</i>	<i>447</i>	<i>4,974</i>	<i>5,461</i>

Some difficulties varied with the number of health conditions. Traffic, congestion and roadworks remained the most common reported difficulty across all groups, reported by 41% of people with one condition, 40% of those with two to three conditions, and 35% of those with four or more conditions ($p<.001$). Reports of personal health or illness as a difficulty increased with the number of health conditions, although this difference was not statistically significant.

Difficulties travelling to work by public transport

Disabled people were more likely than non-disabled people to experience difficulties when travelling to work by public transport. Just over half of disabled people (51%) reported experiencing difficulties, compared with 36% of non-disabled people ($p<.001$) (Table 5.2).

Difficulties travelling to work by public transport were more commonly reported by disabled people with mental health impairments. This was reported by 63% of disabled people with an impairment affecting mental health compared with 44% of disabled people without an impairment affecting mental health ($p<.025$). Disabled people with a cognitive impairment, an impairment affecting communication or mobility, and with other physical impairments or other impairments experienced difficulties travelling to work by public transport at similar rates to disabled people without these impairments, with no statistically significant differences observed.

Difficulties were more common among disabled people with multiple health conditions. Sixty per cent of disabled people with two or three health conditions reported difficulties travelling to work by public transport, compared with 42% of those with one health condition ($p=.02$). Small sample sizes meant it was not possible to examine differences by visual impairment status.

Unreliability of public transport was the most commonly reported difficulty. A quarter of disabled people (25%) reported unreliability, compared with 21% of non-disabled people ($p<.001$). Disabled people also reported concerns about personal safety (11%) and traffic, congestion or road works (11%), although these differences were not statistically significant when compared with non-disabled people ($p=.579$ and $p=.167$ respectively). Disabled people were more likely than non-disabled people to report personal health or illness as a difficulty (8% compared with 1%, $p=.006$).

Table 5.2: Type of difficulty travelling to work by public transport, by disability status			
Base: respondents who do not travel to work in a private car or motorbike.			
Type of difficulty travelling to work by public transport	Disabled people	Non-disabled people	Total
No, no difficulties	49%	64%	63%
Too far	2%	4%	4%
Journey not possible by public transport	2%	1%	1%
Public transport unreliable	25%	21%	22%
Cost of public transport	10%	7%	7%
Poor information about public transport	9%	2%	3%
Poor connections	9%	4%	5%
Finds public transport unpleasant	9%	4%	4%
Personal health condition or illness	8%	1%	1%
Concerns over personal safety	11%	3%	4%
Traffic, congestion or roadworks	11%	6%	6%
Lack of or no cycle lanes	2%	2%	2%
The weather	10%	5%	6%
Other	3%	4%	4%
<i>Unweighted base</i>	<i>186</i>	<i>2,221</i>	<i>2,427</i>
<i>Weighted base</i>	<i>227</i>	<i>2,713</i>	<i>2,965</i>

Overall, travelling to work by car or van was the most common option for both disabled and non-disabled people. Disabled people were more likely to report difficulties travelling to work, particularly when using public transport. Across modes, traffic, congestion and public transport unreliability were common challenges, while personal health or illness affected disabled people more often.

5.4 Difficulties making other journeys

This section examines the difficulties disabled people experience when travelling for non-work journeys, such as attending hospital appointments, visiting family or friends, and taking children to school.

Disabled people reported difficulties with non-work journeys more often than non-disabled people across all journey types. Among disabled people, 15% reported

difficulties travelling to GP appointments, 22% reported difficulties travelling to hospital appointments, 14% reported difficulties when visiting friends or relatives at their home, and 9% reported difficulties travelling to other social activities. This compared with 2%, 4%, 4% and 2% respectively among non-disabled people ($p=.004$).

Disabled people with visual and mobility impairments experienced difficulties travelling to a range of destinations, including healthcare and visiting family. Among disabled people, 28% of those with a visual impairment reported difficulties travelling to the GP (compared with 13% of disabled people without a visual impairment, $p<.001$), 34% reported difficulties travelling to a hospital (compared to 20% of people without a visual impairment, $p<.001$), and 25% reported difficulties travelling to visit family or relatives at their home (compared with 13% of people without a visual impairment, $p<.001$).

Among disabled people with an impairment affecting mobility, 19% reported difficulties travelling to the GP (compared with 9% of disabled people without an impairment affecting mobility, $p<.001$), 25% reported difficulties travelling to a hospital (compared to 16% of disabled people without an impairment affecting mobility, $p<.001$), and 16% reported difficulties travelling to visit family or relatives at their home (compared to 10% of disabled people without an impairment affecting mobility, $p<.001$).

There were also significant differences in travel to the GP, hospital, and to visit family or relatives among disabled people with a cognitive impairment, an impairment affecting communication, and other physical impairments. Disabled people with an impairment affecting mental health and with other impairments experienced difficulties travelling to these places at similar rates to disabled people without these impairments, with no statistically significant differences observed.

Within the disabled population, people with a visual and other impairments reported the highest levels of difficulties across all non-work journeys. For example, 36% reported difficulties travelling to hospital appointments, compared with 19% of disabled people with a visual impairment only and 20% of disabled people without a visual impairment ($p<.001$). Similarly, 30% reported difficulties travelling to GP appointments compared to 15% of those with a visual impairment only, and 13% of those without a visual impairment ($p<.001$). Difficulties travelling to visit friends or relatives were also more common among people with a visual and other impairments (27%), compared with 7% and 13% in the other two groups ($p<.001$).

Difficulties with non-work journeys increased as the number of health conditions increased. Nineteen per cent of people with one health condition reported difficulties with non-work journeys. This rose to 26% among people with two or three health conditions and to 43% among those with four or more health conditions.

The types of difficulties reported also differed between disabled and non-disabled people. Among disabled people, the most common difficulty was a personal health condition or illness, reported by 29%, compared with 2% of non-disabled people ($p<.001$) (Table 5.3). Disabled people also reported journeys being long or places being too far away (24%) and unreliable public transport (14%). By comparison, a larger proportion of non-disabled people reported journey length (28%) and unreliable public transport (24%) as difficulties.

Table 5.3: Types of difficulty travelling to places other than work by disability status			
Base: respondents who reported experiencing difficulties travelling to places other than work.			
Type of difficulty travelling to places other than work	Disabled people	Non-disabled people	Total
Too far or long journey	24%	28%	27%
Journey not possible by public transport	11%	14%	13%
Unreliable public transport	14%	24%	20%
Cost of using public transport or taxis	4%	3%	3%
Poor information about public transport services	0%	1%	0%
Poor connection	2%	5%	3%
Finds public transport unpleasant	1%	0%	1%
Don't have current driving licence or can't drive	3%	0%	1%
Cost of petrol	1%	1%	1%
Lack of parking facilities	5%	7%	6%
Cost of parking	0%	1%	0%
Personal health condition or illness	29%	2%	12%
Concerns over personal safety	1%	0%	0%
Traffic, congestion or roadworks	2%	11%	8%
Other	5%	4%	4%
<i>Unweighted base</i>	<i>694</i>	<i>940</i>	<i>1,644</i>
<i>Weighted base</i>	<i>694</i>	<i>1,109</i>	<i>1,812</i>

Among disabled people, reporting personal health or illness as a barrier to travel was generally more common than other difficulties across different types of impairment. Thirty eight percent of disabled people with a visual impairment reported 'personal health condition or illness' as a difficulty travelling to places other than work compared with 27% of disabled people without a visual impairment ($p=.015$). Among disabled people with an impairment affecting their mobility, 33% reported this as a difficulty compared with 19% of disabled people without an impairment affecting their mobility ($p<.023$).

Although journeys being too far or too long was a common difficulty in getting to work among disabled people, those with different types of impairments experienced this at similar rates to disabled people without each specific impairment, with no statistically significant differences observed.

Within the disabled population, reporting personal health or illness as a difficulty varied by visual impairment status. Thirty-nine per cent of disabled people with a visual and other impairments reported a personal health condition or illness as a difficulty, compared with 27% of disabled people without a visual impairment ($p<.001$). Differences for other types of difficulties, such as journey length or unreliable public transport, were smaller.

Overall, disabled people were more likely than non-disabled people to experience difficulties when making non-work journeys. Difficulties were commonly reported for healthcare-related journeys. Within the disabled population, people with a visual and other impairments and those with multiple health conditions, reported difficulties more often. Personal health or illness was the most common difficulty among disabled people, while journey length and unreliable public transport affected both disabled and non-disabled people.

5.5 Multivariable analysis

This section examines whether the descriptive patterns reported earlier remain once we account for key demographic and socioeconomic differences. The multivariable models separate associations linked to disability and impairment type from those linked to age, employment, household structure and income.

Earlier sections showed strong links between people's characteristics and their travel experiences, including differences by impairment type (focusing on the experiences of people with a visual impairment). This section builds on that analysis by examining several multivariable analyses carried out on NTS 2024 data. These models analyse multiple characteristics at the same time, allowing us to assess whether associations with impairment type and travel behaviour remain after demographic factors have been considered. This approach is particularly important because people may report multiple impairments, and descriptive comparisons alone cannot isolate the role of visual impairment, for example, from other co-occurring conditions.

We included the same set of demographics characteristics and disabilities in each model. These covered gender, age, ethnicity, economic status, household structure, household income, urban or rural location, and area-level deprivation (IMD). We also included indicators for impairments affecting vision, communication, cognition, mobility, dexterity and stamina, and mental health.

We examined four main travel outcomes:

- Access to a car within the household (combining those who had a car in their household and were main drivers, other drivers or non-drivers);
- Difficulties travelling to work;
- Difficulties travelling for non-work reasons, such as visiting a doctor; and
- Frequency of travel by private car, bus, train, and taxi.

We ran the regression analysis in two stages. First, we modelled outcomes for the whole population, including disability status alongside with key demographic variables. This tested whether disability remained associated with travel outcomes once other characteristics were held constant. Second, we restricted the analysis to disabled people and replaced overall disability with individual impairment indicators. This two-stage approach avoided multicollinearity and allowed clearer interpretation of differences between impairment types. Outputs from the multivariable analysis can be found in the technical appendix.

Household car access

Earlier descriptive analysis (Section 5.2) showed strong links between disability, demographics and access to a household car. Car access varied by age, sex, economic activity, household structure, household income, area type and area-level deprivation. Although disabled people were less likely than non-disabled people to have access to a car within the household, the pattern of demographic differences was similar for both groups.

For the logistic regression analysis, we defined car access as having a car in the household, regardless of whether the individual was the main driver, another driver, or a non-driver. This broader definition reflects the fact that disabled people were more likely than non-disabled people to live in households without any car access.

The first-stage model showed that several demographic factors were independently associated with household car access across the general population.

- People were **more** likely to live in a household with a car if they were **non-disabled, aged 50+**, from a **white ethnic background, economically active** (working full or part-time), had an annual household income of **over £25,000, living with other adults or children**, living in **rural areas**, and living in **less deprived areas**.
- After adjusting for these factors, disabled people were significantly **less likely** to have access to a household car. Disabled people **had 41% lower odds** of living in a household with a car than non-disabled people.

The second stage of the model focused on disabled people only and examined differences by impairment type.

- Disabled people with a **visual impairment** and those with a **mental health condition** were less likely to have household car access than disabled people without these impairments.
- Holding other characteristics constant, **disabled people with a visual impairment had 45% lower odds** of living in a household with a car than disabled people without a visual impairment. **Disabled people with mental health conditions had 33% lower odds** of household car access than disabled people without mental health conditions.

Difficulties travelling for non-work reasons

Descriptive findings (Section 5.4) showed that disabled people, particularly those with a visual impairment, reported more difficulties travelling for non-work reasons than non-disabled people. The multivariable analysis tested whether these differences remained once demographic factors were taken into account.

For this analysis, we grouped together people who reported difficulties with any type of non-work travel. This included journeys to GP or hospital appointments, visiting friends and family, travelling to other social activities, taking children to school, attending school college or university, and any other non-work journeys.

The first-stage model showed that several demographic characteristics were independently associated with experiencing non-work travel difficulties.

- People were more likely to report difficulties if they were **disabled, female**, from a **Black, Mixed or Multiple ethnic background, economically inactive**, or living in a household with an **income of less than £25,000**.
- People **aged 50 to 74** were less likely to experience travel difficulties than those aged **18 to 29**. People living in households with **multiple adults, with or without children**, were also less likely to report difficulties than **single-adult households**.
- Once these factors were controlled for, living in a **rural** area and **area-level deprivation** were **not independently associated** with non-work travel difficulties suggesting that rural/urban disparities and differences in area-level deprivation reflect underlying demographic and socioeconomic differences rather than type of location alone.
- Disability remained a strong predictor in the adjusted model. **Disabled people had more than three times the odds** of experiencing non-work travel difficulties compared with non-disabled people, after accounting for demographic differences.

The second-stage model examined impairment types within the disabled population.

- Disabled people with **cognitive** impairments, **visual** impairments, **mental health conditions**, or **other physical impairments** were all more likely to report **non-work travel difficulties** than disabled people without these impairments.
- Holding other demographic characteristics constant (gender, age, ethnicity, economic status, household structure, household income, urban or rural location, and area-level deprivation (IMD)), disabled people with **cognitive** impairments, **mental health conditions** and **other physical impairments** had between **30% to 36% higher odds** of experiencing non-work travel difficulties than disabled people without those impairments. Disabled people with a **visual** impairment had **70% higher odds** of experiencing non-work travel difficulties than disabled people without a visual impairment.

Overall, the multivariable analysis shows that disability, and particularly some impairment types including visual impairment, remained strongly associated with non-work travel difficulties even after adjusting for demographic and socioeconomic factors.

Difficulties travelling to work

Earlier descriptive analysis (section 5.3) showed that disabled people reported more difficulties travelling to work by public transport than non-disabled people. When it came to travelling to work by car, disabled people experienced similar levels of difficulties to non-disabled people. Across the general population as a whole, the NTS estimates 63% of people were in work, either part time or full time, compared to 37% who were economically inactive, including people who were unemployed, retired or students. This analysis included a subset of people in work - those who reported going to their employer's premises at least two days a week or going to different places (those who reported mostly working at home were not asked questions about difficulties travelling to work). People

were either included in the model for public transport or car depending on what they said they mainly used to travel to work.

Difficulties travelling to work by public transport

The multivariable analysis tested whether differences in experiencing difficulties travelling to work by public transport for disabled and non-disabled people remained once other demographic factors were taken into account. The first stage model, including all people who travelled to work by public transport, showed that several demographic characteristics were independently associated with experiencing difficulties travelling to work by public transport.

- People were **more likely** to report difficulties if they were **disabled** than non-disabled, and if they were from a **Black ethnic background** than a white ethnic background.
- When it came to age, those aged **50 to 64** and those aged **65 to 74** were **less likely** to experience difficulties travelling to work by public transport than those aged 18 to 29.
- Those with **higher incomes** and living in **less deprived areas** were **more likely** to experience difficulties travelling to work. There was a significant pattern by income – those in **medium** (£25,000 to £49,999) and **higher** (£50,000+) income bands were **more likely** to experience difficulties travelling to work by public transport when other demographic variables were accounted for. Those living in the **areas with the least deprivation** (IMD band 5) were **more likely** to report experiencing difficulties travelling to work by public transport than those in the areas with the **most deprivation** (IMD band 1).
- Those living **with other adults**, or **other adults and children** were **less likely** to experience difficulties travelling to work by public transport than those living in **single-adult households**.
- There were **no differences** between people living in **rural** and **urban** areas when other variables were accounted for.

After adjusting for these factors, **disabled** people were significantly more likely to experience difficulties travelling to work by public transport. **Disabled people had 96% higher odds** of experiencing difficulties travelling to work by public transport than non-disabled people.

- The second stage of the model focused on disabled people who travel to work by public transport and examined differences by impairment type. It should be noted that this was a fairly small group (n=226) and this limits some of the findings from the multivariable analysis.
- Holding other characteristics constant, disabled people with **mobility impairments** **had 130% higher odds** of experiencing difficulties travelling to work by public transport than disabled people without mobility impairments.

Difficulties travelling to work by car

The multivariable analysis tested whether the similarities in experiencing difficulties travelling to work by car for disabled and non-disabled people remained once other demographic factors were taken into account.

The first stage model including all people who travelled to work by car, showed that several demographic characteristics were independently associated with experiencing difficulties travelling to work by public transport.

- Those aged **30 to 49** were **less likely** to experience difficulties travelling to work by car than those aged **18 to 29**, however those aged **65 to 74** were **more likely** to experience these difficulties than the youngest age group.
- Those from an **Asian** ethnic background were **more likely** to experience difficulties travelling to work by car than those from a white ethnic background.
- Those from **medium** (£25,000 to £49,999) and **high** (£50,000+) **household income** bands were **less likely** to experience difficulties travelling to work by car compared to those in the lower income band (less than £25,000).
- Those in areas with **less deprivation** (IMD bands 2 to 5) were **less likely** to experience difficulties travelling to work than those in the **most deprived areas** (IMD band 1).
- Those living in **rural** areas were **more likely** to experience difficulties travelling to work by car than those in **urban** areas.

After adjusting for these factors, there was **no significant differences** in experiencing difficulties travelling to work by car for **disabled** and **non-disabled** people.

Frequency of travel

The multinomial regression analysis of frequency of transport looked at the following outcomes: frequency of travel by private car, bus, train and taxi use. These outcomes were grouped into three categories;

- At least once a week
- Less than once a week but at least once a year
- Less than once a year or never

The models compared the likelihood of being in each of the two extreme categories (at least once a week and less than once a year or never) relative to the middle category (less than once a week but at least once a year).

Frequency of travel by private car

Descriptive analysis indicated that disabled people travelled by private car less frequently than non-disabled people: they were less likely to report weekly car use and more likely to report very infrequent or no car use.

Multinomial regression analysis examined factors associated with frequency of private car use, using travelling by car less than once a week but at least once a year as the reference category. In the first stage of the model, several demographic characteristics were independently associated with travelling by car at least once a week rather than the reference category across the general population.

- People **aged 30 and over** were more likely than those **aged 29 and under** to use a car weekly.

- Compared with people from **white ethnic backgrounds**, people from **Asian, Black, Mixed and Other ethnic backgrounds** were less likely to use a car at least once a week.
- Living in **rural** areas and in **multi-adult households** was associated with higher odds of weekly car use than living in **urban** areas and living in **single adult households**, while **economic inactivity** was associated with **lower odds** than those who were employed.
- Weekly car use was also **more common** among those in **higher household income bands** (£25,000 or more) and those living in **less deprived areas** (IMD quintiles 4 and 5), compared with lower-income households and those in the most deprived areas (IMD 1 and 2).

After adjusting for these demographic factors, **disabled people were significantly less likely than non-disabled people** to use a car at least once a week rather than less than once a week but at least once a year, with **32% lower odds of weekly car use**.

Patterns were less consistent for very infrequent car use (using a car less than once a year or never), relative to the same reference category although several demographic characteristics were independently associated.

- People in this group were more likely to be **men**, from **Asian or Mixed/Other ethnic backgrounds**, and to live in **households with multiple adults and children**.
- Very infrequent car use was also associated with socioeconomic factors: people in **higher income households** (£50,000 or more) and those living in **less deprived areas** (IMD quintiles 2 to 5) were **less likely** to report using a car less than once a year or never.

The second stage of the model focused on disabled people only and examined differences by impairment type.

- Disabled people with a **cognitive impairment** were **less likely** to use a car at least once a week rather than less than once a week but at least once a year, compared with disabled people without a cognitive impairment. Holding other characteristics constant, this group had 25% lower odds of weekly car use.
- Among disabled people reporting very infrequent car use, and again relative to the reference category, those with **other physical impairments** were **less likely** to use a car less than once a year or never, while those with other impairments were more likely to do so. No statistically significant differences were observed for other impairment groups when looking at infrequent car use among disabled people.

Frequency of travel by bus

Descriptive analysis showed that disabled people used buses more frequently than some other modes, but overall bus use remained lower than among non-disabled people. Disabled people were less likely than non-disabled people to report using the bus at least once a week and more likely to report very infrequent or no bus use.

Multinomial regression analysis examined factors associated with frequency of bus use, with using the bus less than once a week but at least once a year as the reference category. In the first stage of the model, several demographic characteristics were

independently associated with using the bus at least once a week rather than the reference category.

- **Women** were **more likely** than men to use the bus weekly, as were people from **Asian, Black, Mixed or Other ethnic backgrounds** compared with people from white ethnic backgrounds.
- Weekly bus use was also **more common** among people who were **economically inactive**, those in **lower household income bands** (less than £25,000), and those living in the **most deprived areas** (IMD 1), compared with people in work, those in higher income bands (£25,000 or more), and those living in less deprived areas (IMD 3 to 5).

After controlling for these demographic factors, there were **no statistically significant differences** between **disabled** and **non-disabled people** in the likelihood of using the bus at least once a week rather than less than once a week but at least once a year. This suggests that frequent bus use is strongly shaped by socio-economic circumstances, indicating reliance on buses where access to other modes (such as cars) may be constrained, rather than reflecting an absence of barriers.

In contrast, differences emerged for very infrequent bus use (using the bus less than once a year or never), relative to the same reference category.

- After adjusting for all other factors, **disabled people** were significantly **more likely** than non-disabled people to use the bus very infrequently, with 66% higher odds of using the bus less than once a year or never.
- Other factors associated with very infrequent bus use included age, with people aged **75 and over** more likely to be infrequent users than those **aged 18 to 29**, and sex, with **men more likely** than **women** to report very infrequent bus use.
- Compared with people from white ethnic backgrounds, those from **Black, Mixed or Other ethnic backgrounds** were **less likely** to be infrequent bus users. Living in **rural** areas and **being in work** were also associated with higher odds of very infrequent bus use, compared with living in urban areas and being economically inactive.

The second stage of the model focused on disabled people only and examined differences by impairment type.

- Disabled people with a **visual impairment** were more likely to use the bus at least once a week rather than less than once a week but at least once a year, compared with disabled people without a visual impairment. Holding other characteristics constant, people with a visual impairment had **63% higher odds** of weekly bus use than those without.
- Disabled people with **other physical impairments (including impairments effecting dexterity and stamina)** were less likely to use the bus at least once a week rather than less than once a week but at least once a year, compared with disabled people without other physical impairments. This group had **22% lower odds** of weekly bus use than those without other physical impairments.
- Among disabled people reporting very infrequent bus use, and again relative to the reference category, those with **mobility impairments** were significantly **more likely** to use the bus less than once a year or never, with **95% higher odds** compared

with disabled people without a mobility impairment. Those with other impairments had **55% higher odds** of using the bus less than once a year or never compared to disabled people without other impairments. No statistically significant differences were observed for other named impairment groups when examining very infrequent bus use among disabled people.

Frequency of travel by train

Descriptive analysis showed that disabled people used trains substantially less frequently than non-disabled people. They were much more likely to report using trains very infrequently or not at all, and much less likely to report regular train use.

Multinomial regression analysis examined factors associated with the frequency of train use, with using the train less than once a week but at least once a year as the reference category. In the first stage of the model, several demographic characteristics were independently associated with using the train at least once a week rather than the reference category.

- People **aged 30 and over** were **less likely** than those **aged 18 to 29** to report weekly train use, and **women** were less likely than **men** to use the train at least once a week.
- Compared with people from white ethnic backgrounds, those from **Black, Asian, Mixed, or Other ethnic backgrounds** were more likely to report weekly train use.
- Living in a **household with multiple adults** was associated with **lower odds** of weekly train use compared with living in a single-adult household.
- Patterns by household income were mixed: people in the **middle-income band** (£25,000 to £49,000) were less likely to use the train weekly than those in the lowest income band (less than £25,000), while no statistically significant difference was observed between the highest and lowest income groups.
- Area-level characteristics were also associated with train use, with people living in **rural** areas less likely to use the train weekly, and those living in **less deprived areas** (IMD quintiles 3 to 5) more likely to do so, compared with those in the most deprived areas (IMD 1).

After adjusting for these demographic factors, **disabled people** remained **significantly less likely** than non-disabled people to use the train at least once a week rather than less than once a week but at least once a year, with **26% lower odds** of weekly train use.

A separate comparison examined very infrequent train use (using the train less than once a year or never), again relative to the same reference category.

- Older age groups (**30 and over**), **men**, and people living in **multi-adult households** were more likely to be infrequent train users than younger people (**18 to 29**), **women**, and those in **single-adult households**.
- Patterns also varied by ethnicity: people from **Black ethnic backgrounds** were less likely to be infrequent train users than people from white ethnic backgrounds, while people from **Asian ethnic backgrounds** were more likely to be infrequent users.
- **Economic inactivity** and living in **lower-income households** (£25,000 or less) were both associated with **higher odds** of very infrequent train use compared with being in work and living in higher-income households.

- Area-level differences were also evident, with **higher odds of infrequent train use** among people living in **rural** areas and in the **most deprived areas** (IMD 1), compared with those living in urban or less deprived areas (IMD 2 to 5).

Controlling for all other demographic characteristics, disability status remained a significant predictor of very infrequent train use. **Disabled people had 112% higher odds** of using trains less than once a year or never, relative to using trains less than once a week but at least once a year, compared with non-disabled people.

The second stage of the model focused on disabled people only and examined differences by impairment type. After holding other characteristics constant, **no statistically significant differences** were observed between impairment groups among disabled people who used trains at least once a week. However, disabled people with **mobility impairments** were significantly more likely to be very infrequent train users, with **57% higher odds** of using trains less than once a year or never, compared with disabled people without a mobility impairment.

Frequency of travel by taxi

Descriptive findings showed that disabled people were more likely to use taxis at least once a week than non-disabled people, and also more likely to use taxis infrequently (less than once a year or never) than non-disabled people.

- Older age groups (**aged 30 and over**) were significantly less likely than those aged 18 to 29 to use taxis at least once a week, and more likely to use taxis less than once a year or never.
- Compared to those from a white ethnic background, those from a **Black ethnic background** were **more** likely to use taxis at least once a week. Those from an **Asian ethnic background** were **more** likely to be in both the “at least once a week” category and the “less than once a year or never” category, relative to the middle category.
- Those living in **rural** areas were **less** likely than those in urban areas to use taxis at least once a week, and more likely to use taxis less than once a year or never.
- People who were **economically inactive** were **more** likely than those who were economically active (working full or part time) to use taxis less than once a year or never; however, there were no significant differences between these groups in the likelihood of using taxis at least once a week.
- Those in the **lowest household income** group (less than £25,000) and those living in the **most deprived areas** were **more likely** to use taxis at least once a week, and **less likely** to use taxis less than once a year or never, compared to those in the highest income group (more than £50,000) and those living in less deprived areas.

Controlling for all other demographic factors, **disabled people were significantly more likely than non-disabled people to be in both extreme categories**: they were more likely to use taxis at least once a week, and also more likely to use taxis less than once a year or never, relative to using taxis between once a week and once a year. This finding likely reflects diversity within disabled people. Some individuals may rely heavily on taxis (for example, due to mobility constraints or lack of alternatives) while others may use taxis rarely due to barriers (for example cost, availability and accessibility).

A further multinomial regression model was run on disabled respondents only to investigate whether there were differences by impairment type.

- Disabled people with a **visual impairment** were significantly **more likely** to use taxis at least once a week with **69% higher odds**, compared to disabled people without a visual impairment, relative to the reference category of using taxis less than once a week but at least once a year.
- Disabled people with a **visual impairment** were significantly **less likely** to use taxis once a year or never with **23% lower odds**, compared to disabled people without a visual impairment, relative to the reference category of using taxis less than once a week but at least once a year.
- Disabled people with **other impairments** were significantly **more likely** to use taxis once a year or never with **44% higher odds** compared to disabled people without other impairments, relative to the reference category of using taxis less than once a week but at least once a year.

6. Experience of people with a visual impairment without a driving licence

This section examines whether key patterns of transport use differ between disabled people with a visual impairment who do and do not hold a driving licence.

Key findings:

- **Among people with a visual impairment, holding a driving licence was associated with different patterns of transport use, especially for trains, taxis and private car use.**
- **People with a visual impairment and without a driving licence tended to use trains and private cars less often, and taxis more often, than other groups.**
- **For journeys other than work, both visually impaired groups were more likely than people without a visual impairment to report difficulties, particularly those related to personal health or illness.**

This section provides an indication of transport behaviours among disabled people who may be considered blind or partially sighted, in line with the requirements for holding a driving licence. To be eligible for a driving licence, a person must be able to read a number plate from 20 meters away and have an adequate field of vision, wearing contact lenses or glasses if needed.⁴⁶

The analysis focuses on how often people use different modes of transport, including buses, trains and taxis, how they travel to work, and whether they experience difficulties when travelling to work. Findings are reported where sample sizes for people with a visual impairment and without a driving licence are large enough to support robust analysis. The comparison group for people without a visual impairment includes both non-disabled people and disabled people without a visual impairment.

Disabled people with a visual impairment were less likely to hold a driving licence than other groups in the sample. Around four in ten disabled people with a visual impairment had a driving licence (42%), compared with just over half of disabled people with a visual and other impairment(s) (51%). By comparison, a higher proportion of disabled people without a visual impairment (72%) and non-disabled people (89%) held a driving licence. This relationship was statistically significant (χ^2 $p < .001$), suggesting an association between visual impairment and holding a driving licence.

6.1 Frequency of use of different transport modes

Across transport modes, differences in frequency of use were most evident for **train travel and private car use**, with smaller differences for buses and coaches. Disabled people with a visual impairment **without a driving licence** tended to use trains and private cars less often than other groups. By contrast, bus use was broadly similar across groups, and coach and plane travel were rare for everyone.

Train use varied by visual impairment and driving licence status. People with a visual impairment without a driving licence were more likely to use trains rarely or not at all.

⁴⁶ [Driving eyesight rules - GOV.UK](https://www.gov.uk/driving-eyesight-rules)

Around eight in ten (78%) used trains less than once a year or never, compared with 58% of people with a visual impairment with a driving licence and 38% of people without a visual impairment. Regular train use was also less common among people with a visual impairment, with 10% with or without a driving licence using trains at least monthly, compared with 28% of people without a visual impairment. Differences across the train-use categories were statistically significant ($p < .001$), indicating a consistent gap in train use between people with and without a visual impairment. This pattern may reflect barriers associated with navigating train stations and services, which could reduce train use among some people with a visual impairment, including those without a driving licence.

Similarly, private car use was high overall but lower among people with a visual impairment without a driving licence. Most people without a visual impairment used a private car at least weekly (83%), compared with 77% of people with a visual impairment with a driving licence and 60% of people with a visual impairment without a driving licence. People with a visual impairment without a driving licence were more likely to use a private car less frequently, with 16% using a car less than weekly but at least monthly, and 12% using a car less than once a month but at least once a year. Differences across all private car frequency categories were statistically significant ($p < .001$), showing a clear gradient in car use across groups (Table 6.1).

Table 6.1: Car use by visual impairment and driving licence status				
Base: all respondents				
Frequency of private car use	Visual impairment, has driving licence	Visual impairment, no driving licence	No visual impairment	Total
At least once a week	77%	60%	83%	83%
Less than once per week but at least once a month	9%	16%	8%	8%
Less than once a month but at least once a year	6%	12%	4%	4%
Less than once a year or never	8%	12%	5%	5%
<i>Unweighted base</i>	<i>206</i>	<i>201</i>	<i>15,740</i>	<i>16,298</i>
<i>Weighted base</i>	<i>195</i>	<i>193</i>	<i>16,153</i>	<i>16,707</i>

Taxi use showed a more mixed pattern, with people with a visual impairment without a driving licence more likely to use taxis frequently. People with a visual impairment without a driving licence were more likely to use taxis weekly (22%), than people with a visual impairment with a driving licence (12%) and people without a visual impairment (7%). There was no statistical significance between groups for using taxis at least monthly or less frequently. However, differences were statistically significant for using taxis at least weekly and less than once a month but at least once a year, suggesting some variation at the higher and lower end of use.

By comparison, bus use was broadly similar across groups. Around a quarter of people with a visual impairment with a driving licence used the bus at least weekly (24%),

compared with 28% of people with a visual impairment without a driving licence and 22% of people without a visual impairment. This difference was not statistically significant ($p=.864$). The main difference was for occasional bus use: 14% of people without a visual impairment used the bus less than once a month but at least once a year, compared with 7% of people with a visual impairment with a driving licence and 6% of people with a visual impairment without a driving licence. This difference was statistically significant ($p<.001$).

Coach and plane use were low across the sample, reflecting that these modes are more commonly used for occasional or leisure travel rather than regular journeys. The vast majority of people across all groups (over 90%)⁴⁷ reported using coaches and planes less than once a year or never. A slightly higher proportion of people without a visual impairment reported using planes (5%) and coaches (10%) at least once a year compared with people with a visual impairment with a driving licence (1% for plane use, 7% for coaches) and without a driving licence (1% for plane use, 4% for coaches). Although these differences were statistically significant ($p=.003$ for planes and $p=.03$ for coaches), the small proportions involved mean these findings should be interpreted with caution.

6.2 Experience travelling to work

Only a small proportion of people reported turning down, or choosing not to apply for, a job in the last 12 months because of transport problems, and this varied across groups. People with a visual impairment with a driving licence were the most likely to report turning down a job for this reason, with seven per cent doing so, compared to three per cent of people with a visual impairment without a driving licence and three per cent of people without a visual impairment ($p=.033$). There were no statistically significant differences between groups in choosing not to apply for a job due to transport problems.

Together, these findings do not suggest a straightforward relationship between visual impairment and job decisions related to transport. Despite potentially greater transport barriers, people with a visual impairment without a driving licence were the least likely to report turning down or not applying for a job due to transport problems. One possible explanation is that people with a visual impairment without a driving licence were more likely to be economically inactive (89%), compared to people with a visual impairment and with a driving licence (72%) and people without a visual impairment (36%). The relationship between economic activity and visual impairment is statistically significant ($\chi^2 p<.001$) suggesting that economic inactivity may be a confounding factor in job decisions related to transport. However, given the small proportions involved, these findings should be interpreted cautiously.

Further analysis was limited by small sample sizes. We could not analyse reasons for turning down or not applying for a job as one group included fewer than 30 respondents. Small sample sizes also prevented analysis of how people travelled to work. As a result, we could not draw robust conclusions about differences between groups.

⁴⁷ Percentages of people using coaches less than once a year or never: People with a visual impairment with a driving licence (93%); People with a visual impairment without a driving licence (96%); People without a visual impairment (88%).
Percentages of people using planes less than once a year or never: People with a visual impairment with a driving licence (98%); People with a visual impairment without a driving licence (99%); People without a visual impairment (95%).

6.3 Experience travelling to places other than work

People with a visual impairment were more likely to report difficulties when travelling to places other than work compared to people without a visual impairment. Around four in ten people with a visual impairment with a driving licence (37%) and almost half of people with a visual impairment without a driving licence (48%) reported difficulties, compared with 13% of people without a visual impairment. The relationship was statistically significant (χ^2 $p < .001$), suggesting an association between visual impairment and reported travel difficulties.

The types of difficulties reported varied, but personal health was a key factor for people with a visual impairment. Nearly a third (30%) of people with a visual impairment with a driving licence and 44% of people with a visual impairment without a driving licence reported personal health as a difficulty to travel, compared with 10% of people without a visual impairment. This difference was statistically significant ($p < .001$) and highlights the role of impairment-related factors in shaping travel experiences beyond work journeys.

By contrast, some difficulties were reported more often by people without a visual impairment, particularly those relating to journey length. Around three in ten people with a visual impairment with a driving licence (29%) and people without a visual impairment (27%) reported that journeys being too far or taking too long was a difficulty, compared with 15% of people with a visual impairment without a driving licence. Although this difference was statistically significant ($p = .046$), it was modest. One possible explanation is that people with a visual impairment without a driving licence may be less likely to attempt longer journeys in the first place, meaning distance acts as a barrier earlier rather than being reported as a difficulty once travelling.

Similarly, unreliable public transport was more commonly reported as a difficulty by people without a visual impairment. Around one in five people without a visual impairment (21%) identified this as a problem, compared with 7% of people with a visual impairment with a driving licence and 12% of people with a visual impairment without a driving licence. While this difference was statistically significant ($p = .019$), it should be interpreted cautiously, as it may reflect differences in travel expectations, routes used, or reliance on alternative modes of transport rather than fewer barriers for people with a visual impairment.

Interpretation of specific difficulty types of difficulties is limited by small cell sizes. Responses were thinly distributed across multiple categories, which limits the strength of conclusions that can be drawn. As a result, these findings should be seen as indicating broad patterns rather than providing a comprehensive account of the challenges faced when travelling to places other than work.

7. Use of technology for travel

This section looks at how disabled people, used online tools and apps to support travel in the last 12 months. Only people who had access to the internet were asked these questions, and so these findings do not reflect the experiences of those who do not have internet access and who are likely to be digitally excluded. The findings describe whether people used different online travel services, rather than how accessible or easy those services were to use. Lower levels of use may therefore indicate barriers related to accessibility or usability, as well as differences in travel needs or preferences.

Key findings

- **Disabled people were less likely than non-disabled people to use online travel tools for information, journey planning and related services.**
- **Within the disabled population, use was generally lowest among people with visual and other impairments, those who were economically inactive, and those on lower incomes.**
- **Digital travel support is not used evenly, suggesting that digital access is now part of transport access itself rather than a separate issue.**

Most people used online tools or services to support their travel, but disabled people were less likely to do so than non-disabled people. Overall, digital tools played a common role in planning and managing travel. Two-thirds of disabled people (66%) had used online travel services in the last 12 months, compared with nearly nine in ten non-disabled people (88%) (Table 7.1). This difference was statistically significant ($p < .001$).

Use of online tools or services varied only modestly within the disabled population by impairment type. Disabled people with an impairment affecting mental health were the most likely to have used online travel services, with 69% reporting use in the last 12 months, compared with 65% of those without a mental health impairment, a statistically significant difference ($p < .001$) (Table 7.2). In contrast, disabled people with an impairment affecting communication were the least likely to use online travel services, at 61%, compared with 67% of those without a communication impairment ($p < .001$). Disabled people with an impairment affecting mobility were less likely to use online travel services than those without a mobility impairment, at 62% compared with 71%, a statistically significant difference ($p < .001$). Disabled people with cognitive impairments, visual impairments, other physical health impairments and other impairments used online tools or services at similar rates to disabled people without these impairments, with no statistically significant differences observed. These impairment groups are not mutually exclusive, and some people reported more than one impairment.

Use of online travel services also varied within the disabled population by visual impairment. Disabled people with a visual impairment only were most likely to have used online travel services, with nearly three-quarters (74%) reporting use in the last 12 months. Use was lower among disabled people with a visual and other impairment(s) (64%), and among disabled people without a visual impairment (66%). This relationship was statistically significant ($\chi^2 p < .001$).

Table 7.1: Use of online travel services by disability status			
Base: all respondents.			
Use of online travel services	Disabled people	Non-disabled people	Total
Yes, used online services	66%	88%	84%
No, did not use online services	34%	12%	16%
<i>Unweighted base</i>	<i>2,649</i>	<i>12,415</i>	<i>15,185</i>
<i>Weighted base</i>	<i>2,567</i>	<i>13,033</i>	<i>15,734</i>

Table 7.2: Use of online travel services by type of impairment							
Base: disabled people.							
Note: Each impairment group is compared in the text with disabled people who did not report that impairment. Impairment categories are not mutually exclusive, so individuals may appear in more than one column. Percentages therefore represent within-impairment distributions rather than mutually exclusive groups. Full tables with comparators can be found in the appendix.							
Use of online travel services	Cognitive	Communication	Mobility	Vision	Mental health	Other physical impairments	Other impairments
Yes, used online services	65%	61%	62%	65%	69%	65%	63%
No, did not use online services	35%	39%	38%	35%	31%	35%	37%
<i>Unweighted base</i>	<i>593</i>	<i>386</i>	<i>1,669</i>	<i>290</i>	<i>675</i>	<i>1,426</i>	<i>130</i>
<i>Weighted base</i>	<i>654</i>	<i>355</i>	<i>1,550</i>	<i>281</i>	<i>767</i>	<i>1,344</i>	<i>138</i>

Disabled people also tended to use a narrower range of online travel services than non-disabled people. Almost half of disabled people (44%) had not used any online travel services in the last 12 months, compared with 15% of non-disabled people. This difference was statistically significant ($p < .001$). Disabled people were also more likely to have used only one service, while non-disabled people were more likely to have used several different services.

Similarly, disabled people tended to use a limited range of online travel services regardless of impairment type. Across different impairments, disabled people showed the same overall pattern of not using any online travel services or using only a small number. Differences by impairment type were not statistically significant, which may be as a result of small cell sizes. Despite this, the broader trend remained consistent, reinforcing the finding that disabled people generally used fewer online travel services than non-disabled people.

This pattern was more pronounced for disabled people with visual and other impairments. Across the full sample, just over half of people (54%) used between one and six online travel services, while 21% used none and 26% used more than six. Disabled people with a visual and other impairments were least likely to have used any online services, with 54% reporting no use. This compared with 45% of disabled people with a visual impairment only (n=47) and 43% of disabled people without a visual impairment. This reinforces the finding that disabled people, particularly those with visual and other impairments, used a narrower range of online travel services.

7.1 Use of online tools/apps for information and journey planning

This section look at how disabled people used online tools and apps to find travel information and plan journeys in advance in the last 12 months.

Disabled people were less likely than non-disabled people to use online services to find travel information. Just over half of all respondents (54%, n=16,742) had used online services for travel information in the last 12 months. However, only around a third of disabled people (32%) reported doing so, compared with 59% of non-disabled people. This difference was statistically significant ($p<.001$).

Use of online services for finding travel information among disabled people showed some variation by impairment type, though overall levels were low. Disabled people with an impairment affecting mental health were the most likely to have used online services for travel information, with 38% reporting use, compared with 29% of those without a mental health impairment, a statistically significant difference ($p<.001$). Disabled people with an impairment affecting communication were the least likely to use online services for travel information, at 23%, compared with 33% of those without a communication impairment ($p<.001$). Disabled people with an impairment affecting mobility were also less likely to use online services for information compared to those without a mobility impairment, at 27% compared with 39% ($p<.001$). Use was lower among disabled people with a visual impairment than among those without, at 26% compared with 33%, and this difference was statistically significant ($p=.016$). Disabled people with other physical impairments also used online tools for travel information less than those without other physical impairments (30% and 34% respectively, $p=.018$). Disabled people with cognitive impairments and other impairments used online tools or services for travel information at similar rates to disabled people without these impairments, with no statistically significant differences observed.

Use of online travel information services also varied within the disabled population by visual impairment. Disabled people with a visual impairment only and those without a visual impairment were more likely to use online services for information (34% of n=47 and 33% respectively) than disabled people with a visual and other impairments (25%). This relationship was statistically significant ($\chi^2 p<.001$).

Most people used online travel services to plan journeys in advance, but disabled people were less likely to do so than non-disabled people. Around two-thirds of all respondents (65%) reported using online services for journey planning in the last 12 months. Use was lower among disabled people, with 43% reporting that they used online travel services to plan their journey compared with 70% of non-disabled people. The relationship between disability status and use of online services for journey planning was statistically significant (χ^2 $p<.001$).

Use of online services for journey planning among disabled people varied somewhat by impairment type, though patterns were broadly similar. Disabled people with an impairment affecting mental health were the most likely to use online services for journey planning, with 48% reporting use, compared with 41% of those without a mental health impairment. This difference is statistically significant ($p=.005$). Disabled people with an impairment affecting mobility were less likely to use online journey-planning services than those without such an impairment, at 38% compared with 50%. This difference is also statistically significant ($p<.001$). Disabled people with an impairment affecting communication were the least likely to use online services for journey planning overall, with 33% reporting use, compared with 45% of those without a communication impairment ($p<.001$). Disabled people with cognitive impairments, visual impairments, other physical health impairments and other impairments used online tools or services for journey planning at similar rates to disabled people without these impairments, with no statistically significant differences observed.

Within the disabled population, use of online journey-planning services differed by visual impairment. Disabled people with a visual impairment only were more likely to use online services for journey planning (47% of $n=47$) than those with a visual and other impairments (35%). Use was slightly higher among disabled people without a visual impairment (44%). This relationship was statistically significant (χ^2 $p<.001$), indicating lower use among disabled people with multiple impairments (including visual).

7.2 Demographic differences in the use of technology among disabled people

This section looks at how the use of online services among disabled people varied across key demographic categories.

Ethnicity

Among disabled people, use of online travel services varied by ethnic group.

Disabled people from Asian (57%) and Other ethnic groups (53%, $n=33$) were less likely to have used online travel services in the last 12 months than disabled people from Mixed (79%, $n=37$), Black (67%) and white (67%) ethnic groups. There was a statistically significant relationship between ethnicity and use of online services among disabled people (χ^2 $p=.032$).

By contrast, differences by ethnicity were less marked among non-disabled people.

Around nine in ten non-disabled people across most ethnic groups reported using online travel services in the past 12 months.). The main exception was non-disabled people from Other ethnic groups, where a slightly lower proportion reported use (83%). Overall, this suggests that variation by ethnicity was more evident within the disabled population than among non-disabled people. The relationship between ethnicity and use of online travel services was also statistically significant among non-disabled people, and was stronger

overall ($\chi^2 p < .001$). It was not possible to assess differences by visual impairment within ethnic groups, as the sample sizes were too small.

Urban and rural areas

Use of online travel services was similar for people living in urban and rural areas, regardless of disability status. Among non-disabled people, 88% reported using online travel services in both urban and rural areas ($\chi^2 p = .989$). A similar pattern was seen among disabled people, with 66% of those living in urban areas and 64% of those people living in rural areas reporting use of online travel services ($\chi^2 p = .367$). This suggests that where people lived was not associated with use of online travel services overall.

However, patterns differed within the disabled population when looking specifically at visual impairment. There was no difference in use between urban and rural areas for disabled people without a visual impairment, with 66% using online travel services in both settings. Similarly, there was no statistically significant relationship for disabled people without a visual impairment between living in an urban or rural setting and use of online services ($\chi^2 p = .984$). In contrast, disabled people with a visual impairment were less likely to use online travel services if they lived in rural areas (42%, $n=35$) than if they lived in urban areas (69%). This was also reflected in a statistically significant relationship between urban or rural setting and use of online services for disabled people with a visual impairment ($\chi^2 p = .003$). This suggests that where people live may be more relevant for disabled people with a visual impairment than for other disabled groups.

Household structure

Across all household types, disabled people were less likely than non-disabled people to use online travel services. Levels of use varied by household structure for both groups. Single-parent households showed the highest use of online travel services among both disabled and non-disabled people, with 81% of disabled single parents and 93% of non-disabled single parents reporting use.

The lowest use of online services overall was seen in single-adult households. In this group, only 59% of disabled people, and 82% of non-disabled people, had used online travel services. For both disabled and non-disabled people, there was a statistically significant relationship between household structure type and use of online travel services ($\chi^2 p < .001$).

It was not possible to report reliably on differences by visual impairment within household structure, as the sample sizes were too small for robust analysis.

Economic Activity

Use of online travel services was higher among people who were working than among those who were economically inactive. Among disabled people, 87% of those working full time or part time reported using online travel services, compared with 56% of those who were economically inactive. A similar pattern was observed among non-disabled people, with 93% of those working using online services, compared with 75% of those who were economically inactive.

Disabled people who were economically inactive had the lowest levels of online travel service use. This group reported lower use (56%) than non-disabled people who were economically inactive (75%) and disabled people who were working (87%). This suggests that both disability status and economic activity were associated with lower use

of online travel services, with the lowest use observed where these factors overlapped. For both disabled and non-disabled people as separate bases, and together, there was a statistically significant relationship between use of online services and economic activity status (χ^2 $p < .001$).

Among people in work, use of online travel services was similar for some disabled people and non-disabled people. The same proportion of disabled people with a visual impairment who were working (93%) and non-disabled people who were working (93%) reported using online travel services. Use among disabled people without a visual impairment who were working was slightly lower (86%). As above, for both subgroups of disabled people with a visual impairment, and disabled people without a visual impairment, there was a statistically significant relationship between use of online services and economic activity status (χ^2 $p < .001$).

Household Income

Household income was grouped into three categories: **lowest income** (less than £25,000 per year), **middle income** (£25,000 to £49,999 per year), and **highest income** (£50,000 or more per year).

Higher household income was associated with higher use of online travel services for both disabled and non-disabled groups. Among disabled people, use increased from 59% in the lowest income group to 66% in the middle-income group, and 74% in the highest income group. A similar pattern was seen among non-disabled people, although at higher overall levels. There was a statistically significant relationship between use of online services and household income for both disabled and non-disabled groups, separately and combined (χ^2 $p < .001$).

A similar income gradient was observed within the disabled population when looking at visual impairment. In general, use increased as household income rose for disabled people with and without a visual impairment. For disabled respondents without a visual impairment and non-disabled respondents, there was a statistically significant relationship for use of online services and household income for both groups (χ^2 $p < .001$). One exception was among disabled people with a visual impairment, where the same proportion of people (63%) in the lowest and middle-income groups reported using online travel services. Relatedly, there was no statistically significant relationship between use of online services and household income for disabled people with a visual impairment (χ^2 $p = .448$). Overall, however, the pattern suggests that higher income was associated with higher use of online travel services for both disabled people with a visual impairment, disabled people without a visual impairment, and non-disabled people, which is supported by an overall statistically significant relationship between household income and use of online services (χ^2 $p < .001$).

Area Deprivation

Use of online travel services increased as area deprivation decreased for both disabled and non-disabled people. Among disabled people, use rose from 59% in the most deprived areas (IMD quintile 1) to 72% in the least deprived areas (IMD quintile 5). A similar pattern was observed among non-disabled people. While overall levels of use were higher among non-disabled people across all quintiles, the size of the increase from the most to least deprived areas was similar for disabled and non-disabled people. There was a statistically significant relationship between IMD and use of online services for both disabled and non-disabled people (χ^2 $p < .001$).

However, this pattern was less consistent for disabled people with a visual impairment. Use among this group did not increase consistently across IMD quintiles, ranging from 60% in the most deprived areas, rising to 78% in quintile 3, before falling to 60% in quintile 4 (n=48) and increasing again to 69% in the least deprived areas (n=34). This contrasts with the more consistent gradient observed among disabled people without a visual impairment. This is consistent with there being a statistically significant relationship between IMD and use of online services for disabled people without a visual impairment (χ^2 $p < .001$), and not for disabled people with a visual impairment (χ^2 $p = .198$).

8. Discussion and conclusion

8.1 Summary of findings across transport modes and travel experiences

Transport use across modes

Overall, the analysis shows that disabled people travelled less often and faced greater difficulties than non-disabled people across most transport modes. These differences were evident for public, personal, shared and private transport, and were shaped by both impairment type and wider demographic factors. Across the report, disabled people were more likely to report very infrequent use, limited choice of modes, and greater difficulty when travelling, particularly for healthcare journeys and journeys to visit family and friends.

More specifically, disabled people used **public transport less frequently** than non-disabled people, with the largest gaps observed for train travel. Buses remained the most commonly used public transport mode among disabled people, but over half reported very infrequent bus use. Within the disabled population, people with a visual impairment only tended to use buses and trains more often than those with other impairments, which may reflect lower levels of mobility limitation in this group.

In contrast, disabled people relied heavily on **private transport**, but still reported lower access and use than non-disabled people. Disabled people were less likely to hold a driving licence, to be the main driver of a household car, or to use a car frequently. These differences were particularly pronounced for disabled people with a visual impairment, especially those with additional impairments, those with a cognitive impairment and those with an impairment relating to mental health and those living in lower-income or more deprived households.

Use of **shared transport**, particularly taxis, showed a more mixed pattern. Disabled people were more likely than non-disabled people to report both frequent and very infrequent taxi use, suggesting uneven access and reliance among different groups. Taxi use was highest among disabled people with visual impairment, those living in urban areas, and those on lower incomes, suggesting that taxis often acted as a compensatory mode where other options were limited.

Patterns of **personal transport**, especially walking, reflected underlying mobility constraints. Disabled people walked far less frequently than non-disabled people, with nearly half reporting that they walked less than once a year or never. Within the disabled population, people with a visual impairment and people with a mobility impairment were more likely to report walking infrequently than disabled people without these impairments, highlighting the importance of physical accessibility rather than vision alone, in shaping walking behaviour.

It is important to note that frequency of use does not necessarily directly indicate accessibility, and these patterns may also represent effects of other related factors, such as increased use due to reduced choice in transport mode and lack of other available options.⁴⁸ For example, disabled people with visual impairment may use public or shared transport more, not due to having better access, but rather due to exclusion from other modes, such as driving.

⁴⁸ Department for Work and Pensions. (2013). Fulfilling Potential. Available from: [building-understanding-main-report.pdf](#) [Accessed on 18th May 2026]

Experiences of travel and transport difficulties

Beyond frequency of use, disabled people consistently reported **greater difficulty when travelling**, particularly for public transport and non-work journeys. Difficulties were commonly linked to personal health or impairment, unreliability of public transport, journey length, and physical accessibility. These challenges were reported more often by people with multiple health conditions and by those with visual and other impairments.

These difficulties also varied across demographic groups. Disabled people who were older, economically inactive, living in lower-income households, or living in more deprived areas were more likely to report infrequent use and greater difficulty across public, shared and personal transport. Patterns were particularly pronounced for public transport, where disabled people living in rural areas and those on lower incomes reported both lower use and higher levels of difficulty, likely reflecting reduced service availability alongside accessibility barriers.

Difficulties were especially evident for **healthcare-related journeys**, such as travelling to GP or hospital appointments. Disabled people were substantially more likely than non-disabled people to report problems with these journeys, underlining the importance of transport access for meeting the needs of disabled people. In contrast, differences in experience of difficulties for social and leisure journeys were smaller, although still present.

It is possible that reported difficulties may underestimate the extent of transport barriers faced by disabled people. Where disabled people travel infrequently or not at all because transport is inaccessible, they may not identify specific barriers or difficulties during travel.

The multivariable analysis confirms that disability remains a strong and independent predictor of transport disadvantage once wider demographic and socioeconomic factors are taken into account. Across multiple outcomes, including household car access, difficulties travelling for work and non-work purposes, and frequency of use across different modes, disabled people experienced systematically poorer outcomes than non-disabled people. The two-stage modelling approach further shows that impairment type matters, with visual impairment particularly strongly associated with non-work travel difficulties, mobility impairment linked to very infrequent use of public transport modes, and cognitive impairments shaping both access to cars and patterns of travel frequency. Importantly, differences in frequent bus use were largely explained by socioeconomic factors, while disparities in very infrequent use of buses and trains remained pronounced for disabled people even after adjustment. Overall, the findings highlight that transport inequalities reflect a combination of structural factors and impairment-specific barriers, reinforcing the need for policies and interventions that address both socioeconomic exclusion and the diverse accessibility needs associated with different impairments.

Travel to work and employment-related mobility

Patterns of travel to work were broadly similar for disabled and non-disabled people in terms of main mode, with car or van use most common for both groups. However, disabled people were more likely to experience difficulties when commuting, particularly when using public transport. Unreliable services, personal health, and physical barriers were key factors affecting work-related travel.

Among people with a visual impairment, holding a driving licence was strongly associated with patterns of transport use, but not straightforwardly with job decisions. People with a visual impairment without a driving licence were less likely to report turning down or not

applying for jobs due to transport, most likely because they were more likely to be economically inactive.

Use of technology for travel

Use of **online tools and apps** was widespread but unevenly distributed. Disabled people were less likely than non-disabled people to use digital tools for travel information, journey planning and booking, and were more likely to report not using any online travel services at all.

Within the disabled population, differences in use by impairment type were present but generally modest. Disabled people with an impairment affecting mental health were somewhat more likely to use online travel services, while those with impairments affecting communication or mobility were less likely to do so. In contrast, there were no consistent differences in use between disabled people with and without a visual impairment, suggesting that digital exclusion is not driven by visual impairment alone.

However, lower use was pronounced among disabled people who were economically inactive or living on lower incomes. This points to the importance of cumulative disadvantage, where overlapping conditions and socioeconomic factors shape access to digital tools. Disabled people with a visual impairment living in rural areas were much less likely than their urban counterparts to use online travel services, indicating that digital exclusion is also shaped by local context.

8.2 Implications for policy and practice

Use of transport

The findings underline the need for **accessible transport across all modes**, rather than reliance on a single solution. Disabled people often combined limited use of public transport with reliance on private cars or taxis, reflecting gaps in availability, accessibility and reliability.

The analysis also highlights the importance of **local context**. Disabled people in rural areas faced lower access to public transport and greater reliance on private cars, while disabled people in urban areas were more likely to rely on taxis. Tailored local transport planning is therefore important for addressing different patterns of need.

Applying for jobs and travelling to work

Transport remains a **potential barrier to employment** for disabled people, particularly where public transport is unreliable or physically inaccessible. Improving the accessibility and reliability of work-related transport could support labour-market participation, especially for disabled people who do not drive.

At the same time, the findings suggest that transport barriers interact with **economic inactivity**, rather than acting in isolation. Employment support policies should therefore consider transport alongside health, skills and workplace adjustments, rather than treating it as a standalone issue.

Travelling for non-work purposes

Difficulties travelling for healthcare and other non-work journeys point to a risk of **unmet need**, particularly for people with multiple impairments. Improving transport access for

healthcare journeys could support better health outcomes and reduce reliance on informal support.

Given the high levels of difficulty reported for these journeys, coordination between transport providers and health services may help reduce barriers, for example through better appointment timing, clearer travel information, or targeted transport support.

8.3 Limitations of the analysis

This analysis has several limitations that should be considered when interpreting the findings. First, disability and visual impairment were identified using **self-reported measures**, rather than clinical assessments. This means that visual impairment could not be measured directly and often co-occurred with other impairments. Relatedly, the severity of visual impairment could not be inferred, and while holding a driving licence may indicate less severe vision loss for some people, disabled people with a visual impairment who did not hold a licence may not have done so for reasons unrelated to vision.

Second, the NTS does not capture all forms of transport relevant to disabled people. In particular, questions on **community and special transport services**, mobility aids, and some walking-related barriers were not available in 2024, as they are collected only in odd-numbered years. As a result, some aspects of disabled people's mobility could not be examined.

Third, small sample sizes limited the analysis for some subgroups, especially disabled people with a visual impairment only. This constrained the ability to explore intersections between visual impairment and other demographic characteristics, such as ethnicity or household structure.

Finally, changes in how disability was measured mean that findings from 2024 **cannot be directly compared** with those from the 2018 analysis. The results should therefore be interpreted as a standalone snapshot of current patterns rather than evidence of change over time.

8.4 Conclusions

Taken together, the findings show that disabled people continue to face **significant inequalities in transport access, use and experience**. These inequalities were evident across transport modes and journey purposes, and were shaped by impairment type, socioeconomic circumstances and place.

Patterns of transport use varied across impairment types. While some groups, including disabled people with a visual impairment and those with mental health conditions, reported higher use of certain modes such as buses, this did not indicate fewer barriers. People with impairments affecting mobility, communication and other physical functions were more likely to report lower or very infrequent use across key modes, particularly trains. Across the analysis, **the most substantial barriers were experienced by people with multiple impairments**, highlighting the importance of understanding intersecting needs.

Access to a car or driving licence remained an important factor shaping mobility, but did not remove wider transport difficulties. Alongside this, barriers to non-work journeys, including healthcare and social travel, and differences in access to digital travel tools, point

to the breadth of challenges affecting disabled people's ability to travel and participate in everyday life.

The analysis highlights the importance of **integrated, inclusive transport policy** that recognises the diversity and complexity of disabled people's needs. Improving accessibility, reliability and affordability across transport modes, alongside better coordination with employment and health services, remains central to supporting disabled people's mobility and participation in everyday life.