Glasgow's Free Public Transport Pilot 2026

Evaluation Report



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Executive Summary

Purpose and Context

Glasgow's Free Public Transport Pilot was developed by Glasgow City Council with support from partners, to test the feasibility and effects of providing fare-free public transport in the city. The pilot gave practical effect to a commitment in the Glasgow Transport Strategy and to funding agreed through the Council's 2025 budget. The Pilot was designed in the context of two linked policy challenges: the need to support a just transition towards net zero, including reduced reliance on private cars, and the need to address persistent socio-economic inequalities by improving affordable access to employment, education, healthcare, services and wider opportunities.

The Pilot began on 9 February 2026 and provided almost 1,000 Glasgow residents with six weeks of unlimited fare-free travel by bus, ScotRail services and Subway using an established multi-modal smartcard, the ZoneCard, across Zones 1 and 2. Participants who completed the required evaluation activity received a further week of travel as both an incentive and a thank you for participating. The scale, multimodal coverage and duration make the initiative a significant UK demonstration of fare-free public transport.

Pilot Design

Eligibility focused on Glasgow residents aged 22–59, who are not covered by the current national concessionary schemes for younger and older people. Recruitment created two broadly equal-sized cohorts. A representative sample of almost 500 residents was recruited with the aim of reflecting the city's age, gender and income profile. A Pathfinder/NHS cohort was recruited through community partners and NHS Greater Glasgow and Clyde, with greater emphasis on residents facing poverty, health inequalities or other barriers to travel. This dual approach in recruitment enabled the evaluation to consider population-wide effects alongside the experiences of vulnerable user groups, for whom issues of transport affordability and accessibility are more acute.

The evaluation drew primarily on three participant surveys: a baseline survey of usual travel behaviour and circumstances, a mid-pilot survey of implementation and

emerging outcomes, and a final survey of overall effects. Analysis of the survey data was complemented by ZoneCard usage information, travel diaries, and qualitative research which investigated more than 4,000 open-text survey responses and in-depth interviews leading to the establishment of case studies.

Headline Assessment

Across the fare-free travel period, participants made **51,416** public transport journeys. The evaluation found positive change against each of the Pilot's objectives. Access to fare-free travel across all public transport modes, and to multi-modal smart ticketing, provided increased access to the public transport network, supported more frequent use of public transport and enabled participants to make journeys that they might otherwise have delayed, avoided or undertaken by car. Benefits extended beyond transport use itself: participants reported meaningful financial savings, greater freedom and choice, better access to essential services and social activities, and improvements in day-to-day wellbeing. Effects were widespread but were often strongest among the Pathfinder/NHS cohort.

Principal Findings

Outcome 1: Increased Public Transport Journeys

The Pilot generated a clear increase in participants' ability and willingness to use public transport. Across the fare-free travel period, participants made 51,416 journeys on bus, ScotRail and Subway services. Survey evidence indicates that public transport use was sustained throughout the Pilot, indicating continued engagement beyond any initial novelty effect. Participants used the ZoneCard for both routine and additional journeys, including travel for work, appointments, shopping, caring responsibilities, education, leisure and social contact. The findings show that fare-free travel can encourage public transport use by making existing journeys more affordable and by enabling trips that would otherwise have been delayed, avoided or undertaken less frequently.

Outcome 2: Modal Shift from Private Cars to Public Transport

The Pilot provided evidence of short-term modal shift, with some regular car drivers using public transport as substitute for journeys they would normally have driven.

Amongst those who normally drive in the 'General Public' cohort, 45% reported a modal shift to public transport during the Pilot. The findings indicate that price can influence mode choice when people have access to an integrated public transport offering. Indeed, the majority of participants across both cohorts (90% of General Public and 87% of Pathfinder/NHS participants) indicated that they would intend to continue using public transport more if it were free. The results support Glasgow City Council's wider objectives to reduce private car vehicle kilometres, lower transport emissions and encourage more sustainable travel and demonstrate that fare-free public transport can make a significant contribution towards achieving this.

The evaluation does not however establish the scale or durability of this change beyond the Pilot period. Longer-term modal shift will also depend on service frequency, reliability, journey time, network coverage, accessibility and individual circumstances. Provision of free/ affordable transport is established as a critical factor in public transport use, but it is most likely to produce sustained change when combined with an integrated, resilient and high-quality public transport network.

Outcome 3: Removal of Barriers to Travel

Cost savings were among the most immediate and consistently reported benefits by Pilot participants. The cost of public transport was highlighted as the principal barrier to travel in the baseline survey, with 76% of General Public participants and 85% of Pathfinder/NHS participants noting public transport fares are too expensive. Removing the need to pay for individual tickets or passes across the different transport modes and operators in Glasgow released household income for food, energy and other essentials. This made a difference across both cohorts, but particularly for participants on lower incomes and those most impacted by the UK cost of living crisis. For some, fare-free travel removed the need to choose between making a journey and meeting another basic cost.

The Pilot also reduced practical and psychological barriers associated with Glasgow's complex, fragmented and costly transport system. Provision of a multi-modal smartcard, the ZoneCard, gave participants greater freedom to select or combine bus, rail and Subway services without considering the price of each journey, or stage of a journey. Barriers linked to service availability, reliability, coverage and accessibility remained, showing that fare-free travel improves access to the existing network but

does not resolve all barriers to travel. By the end of the Pilot, 65% of General Public participants and 87% of Pathfinder/NHS participants said that some or all of their barriers to travel had reduced.

Outcome 4: Improved Access to Services and Opportunities

Participants reported improved access to healthcare, employment, education and training, shops, public services and caring responsibilities. By removing the direct cost of travel, the Pilot widened the range of destinations and opportunities that people could realistically consider and enabled them to respond more flexibly to appointments, work requirements and changing household needs.

Improved access to public transport supported employment and employability outcomes with participants reporting the pilot allowed them to attend interviews, travel to work, take on additional shifts and access training or courses. A number of participants reported they had started, or were scheduled to begin, employment as a result of improved access to employment opportunities while some also said that the pilot had resulted in them taking steps towards work, education, training, including having completed applications, interviews, volunteering and gaining confidence in this area.

Outcome 5: Improved Health and Wellbeing

Participants reported that fare-free travel supported their health and wellbeing by making it easier to attend healthcare appointments, undertake everyday activities and spend time outside the home. Greater freedom to travel also enabled more social contact, leisure activity and participation in community life, helping to reduce isolation and broaden the range of experiences available to participants during the Pilot.

The wellbeing benefits were often especially important for participants whose travel had previously been restricted by cost, ill health or difficult personal circumstances. Improved mobility gave many participants greater independence, greater choice over when and where they travel and therefore more control over daily life. While the evaluation cannot quantify longer-term health effects, the findings show that affordable transport can support the social connections, access to services and personal agency that contribute to better physical and mental wellbeing.

Outcome 6: Reconnecting with the City

The Pilot enabled participants to reconnect with Glasgow by visiting neighbourhoods, city-centre destinations, cultural venues, parks, shops and other places that had previously felt out of reach or too expensive to get to. Unlimited fare-free multimodal travel encouraged exploration of the city and helped participants rediscover familiar parts of the city as well as access new places and activities without the cost of each journey, or stage of a journey, influencing their decisions.

Reconnecting with the city also had an important social dimension. Participants were better able to visit family and friends, take part in community and cultural life, and feel included in the opportunities the city offers. These experiences demonstrate that free/ affordable transport can strengthen a sense of belonging and connection to place, particularly for people whose financial or personal circumstances restrict their access to public transport.

Wider Impacts and Delivery Lessons

Contribution to Strategic Objectives

The Pilot supports the proposition that affordable public transport can contribute to both environmental and social policy goals. The observed increase in public transport use and substitution of some car journeys make positive contributions to Glasgow City Council's commitments of Net Zero carbon emissions and reducing car kilometres. The stronger benefits experienced by participants facing poverty, ill health or restricted mobility also show how transport policy can help reduce inequalities by widening access to the opportunities and relationships that support a healthy life and work towards reducing persistent socio-economic inequalities in Glasgow. The level of modal shift from private cars to public transport modes seen during the Pilot can also support wider benefits to the city's transport network, as fewer private vehicles on the road can help to ease traffic congestion and create the conditions for more reliable and efficient bus services and connections to other public transport modes.

Operational Experience

Using an established multi-modal smartcard provided a practical route to delivery and avoided creating an entirely new ticketing product for the Pilot. Partnership working

between Glasgow City Council, Strathclyde Partnership for Transport (SPT), transport operators, community organisations and NHS Greater Glasgow and Clyde was essential to recruitment, administration and participant support. Community-based recruitment was particularly valuable in reaching residents who might not respond to a general campaign and in providing trusted assistance.

The evaluation also describes the ongoing management required during implementation of the Pilot. Recruiting and supporting a large participant group, distributing and managing travel products, maintaining contact, and securing completion of three surveys required significant coordination. Clear guidance and responsive support were important where participants encountered ticket or service issues.

Continuing Barriers and Network Resilience

Fare-free travel made the existing public transport network more accessible but did not alter routes, timetables or capacity, nor improve the integration of services. Participants continued to report problems with service availability, integration, reliability and the ease of making some journeys. These issues limit the extent to which residents can use public transport, especially for cross-city journeys and shift work, where travel may be outside of public transport timetable hours. Participants highlighted benefits of access to multi-modal smart ticketing and this adds to calls for wider access to affordable smart and integrated ticketing in Glasgow, which should be advanced alongside improvements to the network. Evaluating the collective contribution of these interventions, from public transport service improvements to wider changes to transport governance, fare policies and improvements to other modes, will be important in ensuring the city's sustainable transport network is attractive and can drive modal shift.

The Pilot also coincided with significant disruption to the city's transport network following a major fire near Glasgow Central Station on Union Street. This affected some participation and travel activity and exposed the vulnerability of Glasgow's public transport network when a key interchange is disrupted. Resilience, clear passenger information and viable alternatives should be considered in future scheme design and in wider transport planning.

Interpretation of the Evidence

The results should be interpreted in the context of several research limitations and caveats. The Pilot was short and the evaluation cannot isolate the effect of free fares from every external influence or estimate precisely what would happen under a city-wide, permanent scheme. Participants knew that free travel was temporary, and their behaviour may differ from that under a long-term policy. Disruption to the transport network also affected some journeys. The findings therefore provide evidence of direction and experience, rather than a forecast of the exact scale of any future impacts.

Within these limits, the evidence is consistent and compelling. The Pilot was highly successful from the perspective of participants and generated benefits across both cohorts. It demonstrated that removing fares can increase public transport use, reduce the financial burden of travel, widen access to services and opportunities, and give people greater choice over when and where they travel. It also provided qualified confidence that similar benefits could arise across a wider Glasgow population, with the potential for greater relative impact for more vulnerable user groups.

Overall Conclusion

Glasgow's Free Public Transport Pilot shows that fare-free policy and equitable access to transport can materially shape people's ability to travel and participate in city life. Free access produced immediate financial, practical and social benefits and encouraged greater use of public transport, including among regular drivers. It cannot, in isolation, solve weaknesses in the public transport network, and the evaluation does not remove the need for detailed financial, operational and equality appraisal. It does, however, provide a strong foundation for the Council and its partners to examine the next stages of implementing affordable, integrated public transport policy with confidence and a clear focus on inclusion, climate and access to opportunity.

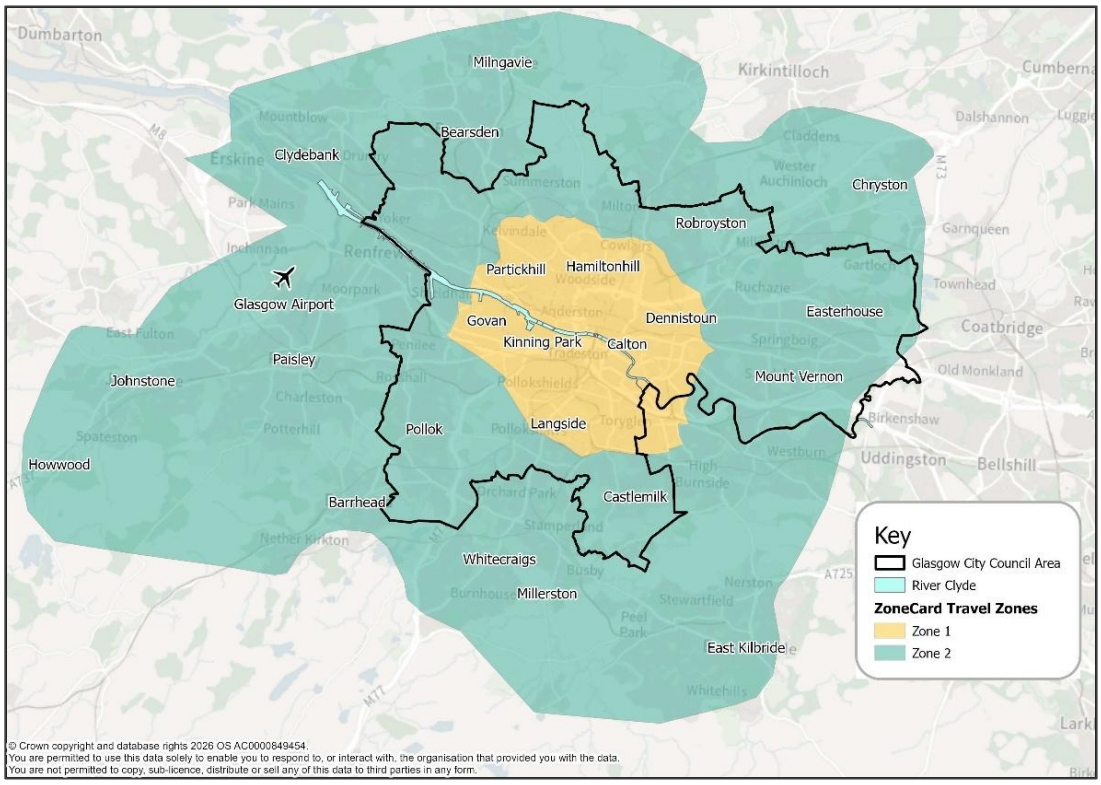
1 Introduction

1.1 Overview

The Glasgow Free Public Transport Pilot (hereafter referred to as 'the Pilot') was developed by Glasgow City Council and partners to assess the feasibility and impact of providing fare-free public transport (FFPT) in Glasgow. The Pilot represents the evolution of a Glasgow Transport Strategy commitment to explore the implementation of a fare-free policy, through to the 2025 budget agreement which allocated funding for the city to undertake a time-limited pilot. The size, scale and duration of the Pilot is believed to be the largest of its kind in the UK to date.

The Pilot commenced on 09 February 2026 and provided almost 1,000 city residents with six weeks of unlimited free travel on the full public transport network. Using an established travel smartcard, ZoneCard[1], participants were able to travel on bus, Scotrail and Subway services across Glasgow and into neighbouring local authority areas (as per ZoneCard Zones 1 and 2). The permitted area of travel is shown in **Figure 1-1**.

Figure 1-1 - Pilot Geography - Glasgow City Council Area and ZoneCard Travel Zones 1 and 2



[1] https://www.spt.co.uk/tickets/zonecard/

The Pilot was open to all Glasgow residents between the ages of 22 and 59, with age being the main eligibility criterion. Free travel is already available through national concessionary travel schemes for young persons (ages under 22) and the elderly (ages 60+).

Participants were recruited using two different approaches to ensure the Pilot reached residents from all backgrounds, and priority was assigned to engaging residents who face socioeconomic inequalities and those who have a reliance on car travel. This formed two main participant cohorts of equal size, as follows:

- **Representative Sample**

  This cohort comprised around half of all participants (almost 500) who were broadly representative of the wider Glasgow City population. All participants in this cohort were recruited through a local research & marketing agency, with recruitment targets set to mirror the age, gender and income characteristics of the city population. This group has been referred to in this report as the 'General Public' cohort.

- **Pathfinder/NHS**

  This cohort comprised participants who were more likely to experience barriers to travel and who were engaged by Council officers within Glasgow's Child Poverty Pathfinder team. Almost 350 people were recruited in this way, through liaison with a range of community partner organisations. A further ~150 people accessing NHS healthcare services were recruited through the NHS Greater Glasgow and Clyde (NHSGGC), a key member of the Glasgow Community Planning Partnership (GCPP).

Participants from both cohorts were required to complete three travel surveys at defined points in the Pilot in order to retain their free travel access for the full duration of the Pilot. The surveys were undertaken as follows:

- **Survey 1**: Baseline Survey – To collect information about participants, including their usual travel habits.

- **Survey 2**: Mid-Pilot Survey – To collect information on pilot implementation and initial outcomes.

- **Survey 3**: Final Survey – To collect information on the overall impact of the Pilot and final outcomes.

The data gathered through these surveys has been central to the post-pilot analysis and therefore provides much of the evidence base for this evaluation report. Further qualitative research was also carried out, through participant interviews, to gain a more detailed understanding of lived experiences of the Pilot and is presented as 'Case Studies' later in the report.

1.2 Background

A commitment to exploring fare-free public transport was first made by Glasgow City Council in 2022, with the publication of the Glasgow Transport Strategy (GTS). The GTS provides a framework for investment and decision-making on city-wide transport issues up to 2030 with the vision of:

"A sustainable transport system for people and for goods, which is affordable and inclusive, accessible and easy to use, clean and safe, integrated and reliable."

The Glasgow Transport Strategy has four outcomes, as follows:

- Transport contributes to a successful and **just transition** to a **net-zero carbon, clean and sustainable city**.
- Transport has a positive role in **tackling poverty, improving health** and **reducing inequalities**.
- Transport contributes to **continued and inclusive economic success** and a **dynamic, world class city**.
- Places are created where we can all **thrive**, **regardless of mobility or income**, through **liveable neighbourhoods** and an **inclusive City Centre.**

The GTS is also underpinned by **Glasgow's 2030 commitments** of:

- **Net-zero** carbon emissions
- At least a **30% reduction in car km** travelled
- **Zero-deaths** or serious injuries on our roads, streets, paths, and cycle lanes

Policies and projects to deliver better public transport choices and to support more people in the city to travel by public transport are outlined in the GTS, while recognising that responsibility for Glasgow's transport system is split across a number of organisations. Glasgow City Council does not run public transport services and has limited control over it. Transport governance in the city and the wider Glasgow City Region is explained in **Chapter 2**.

The cost of public transport fares and fragmented ticketing systems are key barriers to public transport use. The GTS includes policies to develop more affordable sustainable transport choices with integrated ways to pay. The following policy and actions are most relevant to the Pilot:

Policy 41: "Work with SPT, bus and train operators to provide affordable fares for all on public transport in Glasgow, to promote awareness and access to the most affordable fares including season tickets, and to ensure affordability of fares is specified in any contractual agreements or partnerships with transport operators in the city."

Action 41.C: *"The Council will work with partners to explore the feasibility of a targeted free public transport scheme, and subject to this, monitor and evaluate any pilot to inform thinking on the benefits and costs of free public transport. This should build on Transport Scotland's free bus travel scheme for under 22s."*

A Scoping Study for the Pilot was commissioned and completed in 2024 and provided a delivery route-map, indicative costs and a monitoring and evaluation framework.

Following allocation of funding by Glasgow City Council, planning of the Pilot commenced in 2025 for execution in early 2026, and it was delivered through a partnership of organisations:

- **Glasgow City Council** as commissioner and oversight

- **Strathclyde Partnership for Transport (SPT),** the Regional Transport Partnership, who administers ZoneCard

- **Taylor McKenzie,** a local **social market research company,** as facilitator of the Glasgow General Public-representative participant cohort

- **Glasgow City Council Child Poverty Pathfinder projects team** as a key facilitator of the participant cohort reflecting groups impacted by a form of social inequality and who were more likely to experience barriers to travel

- **NHS Greater Glasgow and Clyde** as an additional key facilitator of the sub-cohort impacted by a form of social inequality and who were more likely to experience barriers to travel

- **Glasgow Health Determinants Research Collaboration** (HDRC) as partners in the post-pilot evaluation. *(More information about HDRC Glasgow is provided at Section 3.5.6)*

1.3 Pilot Aims and Objectives

The need to consider fare-free public transport in Glasgow sits within a wider policy context shaped by the Council's priorities to achieve Net Zero carbon emissions by 2030 and reduce persistent socio-economic inequalities. Improving access to sustainable and affordable transport has the potential to support both priorities by encouraging sustainable travel choices and providing more equal access to transport, as an enabler to accessing employment, education, services and opportunities across the city.

A series of objectives were also developed in order to evaluate the Pilot, as follows:

1. Increased journeys by public transport

2. Modal shift from private cars to public transport

3. Removal of barriers to travel

4. Improved access to services and opportunities.

Evaluation findings indicated positive change in relation to each of the Pilot objectives. The evaluation also identified two additional outcomes emerging from participants' experiences which are reported on in **Chapter 6**:

- Improved health and wellbeing
- Reconnecting with the city.

1.4 Research Caveats and Report Presentation

1.4.1 Caveats and Limits of the Research

The findings presented in this report should be considered in the context of several research limitations and caveats:

Pilot Duration:

A key limitation was the short duration of the Pilot, operating formally for only six weeks (with a bonus seventh week of fare-free travel where participation conditions were met). It was recognised from the outset that such a short operational period would be very unlikely to result in any observed changes in travel behaviour becoming established in the longer term. Although targeted interventions may lead to short-term changes in travel patterns, a longer intervention and monitoring period would be required to assess whether such observed changes are sustained.

Pilot Sample Size:

The Pilot sample size was restricted to 1,000 participants, with targeted participant groups within this number. This number was considered manageable for ensuring participant engagement, survey administration and the deployment of resources. It was also intended as a limiter to the impact on public transport operators in terms of lost revenue. However, the relatively small sample size limits the extent to which the findings can be generalised to Glasgow's wider population, particularly when results are considered for smaller participant subgroups.

Additionally, a control group was not included within the sample. Therefore, comparisons from pre-pilot to within-pilot cannot account for other underlying changes in the way people would have used transport and reported on outcomes in the absence of the Pilot. Participants may have reported positively on other journeys which may have taken place in the same manner in the absence of the Pilot.

Pilot Timing:

The Pilot took place from February to March and seasonal changes affecting variations in the weather and daylight hours may have influenced the number and types of journeys undertaken, as well as participants' willingness to walk between public transport stops and their intended destinations. These factors should therefore be considered when interpreting changes in travel behaviours during the Pilot period.

Union Street Fire:

A major fire occurred on Union Street in Glasgow City Centre during the Pilot period which resulted in the closure of Glasgow Central Station. This is discussed further within the report however Pilot usage data clearly shows the impacts of this event.

Availability of Patronage and Ticketing Data:

It was not possible to fully access and interpret patronage and/or ticketing data for public transport modes within the Pilot evaluation. As such, travel behaviour change reported in this report relies on feedback provided by participants in the baseline and follow-up surveys.

1.4.2 Report Presentation

This report outlines the development of the Pilot and the initial outcomes from evaluation of the Pilot, as informed by survey data and participant feedback gathered during the Pilot's six-week period.

The remainder of this report sets out the following:

- The **wider context** and factors which influence travel and transport in Glasgow (Chapter 2)
- The **planning and implementation of the Pilot**, including the recruitment and monitoring processes (Chapter 3)
- The **uptake and participation** in the Pilot (Chapter 4)
- The **characteristics** of the Pilot participants, including baseline travel patterns (Chapter 5)

- The key **outcomes, including** quantitative data (from the surveys) alongside qualitative feedback from the participants (Chapter 6)
- The **perceptions of and issues with public transport** in Glasgow as reported by the Pilot participants (Chapter 7)
- Discussion and Conclusion (Chapter 8).

2 Pilot Context

2.1 Overview

Understanding the context in which the Pilot was delivered is important for interpreting the experiences of participants presented later in this report. This chapter outlines a selection of key indicators to describe Glasgow, including a socio-economic profile and information on how residents currently travel. Information on public transport in Glasgow, including public transport availability across the city, operators, ticketing and pricing is also included.

2.2 About Glasgow

Glasgow is Scotland's largest city, with a growing population which recorded as 650,300 in 2024. It sits at the centre of a metropolitan region, the Glasgow City Region, which is home to 1.89m people, equivalent to almost one-third of the Scottish population.

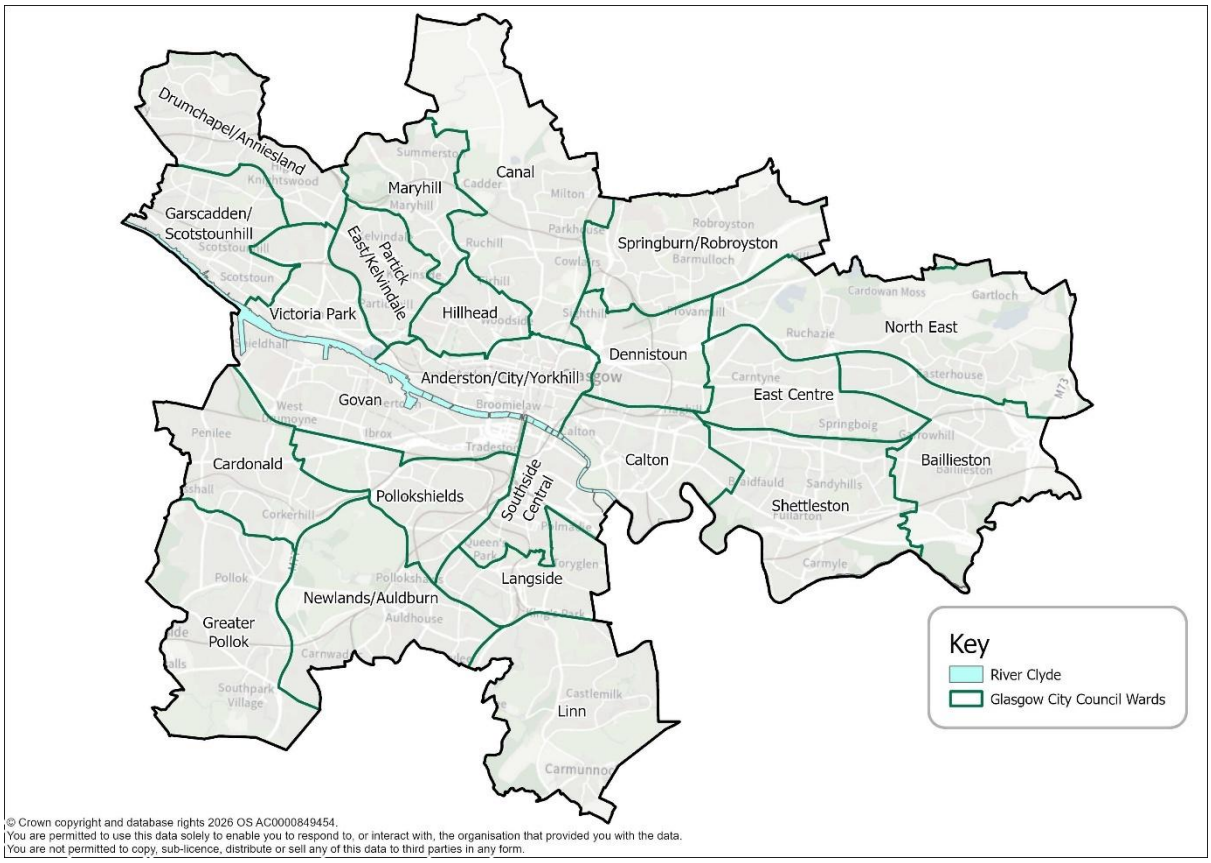
The city is a major centre for employment, education, healthcare, retail, culture and leisure. Its broad range of economic sectors supports a wide range of activities and generates significant travel demand, with people regularly travelling from neighbouring local authorities across the Glasgow City Region and beyond to access jobs, services, appointments, education and leisure opportunities.

2.2.1 Geography

Glasgow is made up of 23 Electoral Wards (hereafter referred to as 'wards') which provide a useful geography for assessing local trends. The wards were chosen as the key geography for the Pilot, referenced in the Pilot surveys and the key outcomes of this report with regard to local trips (trips within a ward area) and longer distance trips (trips to other wards).

The boundaries of each ward within the city limit, are shown in **Figure 2-1**.

Figure 2-1 - Glasgow City Council Area and Electoral Wards



2.3 Socio-economic Context

Glasgow is home to a diverse population, with communities experiencing a wide range of social, economic and health outcomes. While many of these outcomes are improving, significant socio-economic inequalities persist, with many residents facing barriers to accessing opportunities and essential services.

Table 2-1 provides key characteristics of the people living in the Glasgow City Local Authority area, including information on age, gender and ethnicity.

Table 2-1 – Population Statistics, Glasgow City, 2025

Category	**Subgroup**	**Population**	% of Population
Age	0-15	96,671	14.7%
	16-24	88,206	13.5%
	25-44	229,260	35.0%
	45-64	147,004	22.5%

Category	Subgroup	Population	% of Population
	65-74	55,231	8.4%
	75 and over	37,958	5.8%
Gender	Female	334,418	51.1%
	Male	319,912	48.9%
Ethnicity	White Scottish and Other British	473,192	72.8%
	Other White *(inc. Irish, Polish and Gypsy/Traveller)*	51,871	8.0%
	All Asian	71,996	11.1%
	African	23,354	3.6%
	All Other Ethnic Groups	29,886	4.6%

There are more people aged between 25-44 and 45-64 living in Glasgow than other age groups, and comparatively lower percentages of children (14.7%) and older people (14.2%). There are more females than males overall in Glasgow, which is consistent with the gender balance for Scotland. The ethnic profile of Glasgow's population is very different from that of Scotland overall with Glasgow City including a percentage of Black and Minority Ethnic (BME) people (19.3%) almost 3 times that of Scotland (7.1%)[2].

2.3.1 Work and Welfare

Glasgow experiences relatively high levels of unemployment. The city's unemployment rate, or the share of those of working age not in employment, is 6.9%

[2] https://www.glasgow.gov.uk/article/6088/Population-Projections-and-Population-Characteristics

and is comparatively higher than the Scottish national average (5.1%) and higher still than the UK average (4.9%)[3].

As of March 2026, 67.2% of Glasgow's working age population was in employment. For those in paid employment, living in Glasgow but not necessarily working in Glasgow, the average salary is £36,433 per year. This is around £1,500 lower than the national average of £38,022.

A substantial pay gap exists in the city between the lowest and highest paid workers in full-time employment. This is shown in **Table 2-2**, which compares the pay of the lowest paid 20% of residents and the highest paid 20% of residents.

Table 2-2 – Average Earnings for Highest and Lowest Paid Residents in Glasgow and Scotland

	20th Percentile	**80th Percentile**
Glasgow City	£18,539	£49,900
Scotland	£19,050	£51,135

Source: Office for National Statistics (2025) Annual Survey of Hours and Earnings (ASHE)- Earnings and hours worked, place of residence by local authority

The pay of the highest paid 20% of residents is more than double the level of pay of the lowest paid 20%. This difference is consistent at the national level, however residents of Glasgow are shown to have comparatively lower earnings than the Scottish national average at both ends of the pay scale.

2.3.2 Poverty and Wealth

The Scottish Index of Multiple Deprivation (SIMD) provides a detailed analysis of deprived areas using 38 indicators grouped into 7 domains: income, employment, health, education, access to services, crime, and housing. The SIMD is based on small geographical areas called data zones which have an average population of 750 people in Glasgow. The following outcomes of SIMD 2020 can be considered:

- A disproportionately high percentage (44.7%) of all people in Glasgow live in areas that are among the 20% most deprived data zones in Scotland.

[3] Source: ONS model-based estimates of unemployment, available at: https://www.nomisweb.co.uk/reports/lmp/lad/1778385245/report.aspx

- The percentage of Glasgow children aged 0-17 living in these areas is higher than for all people, with 52.9% living in the 20% most deprived data zones.
- 19.8% of Glasgow children aged 0-15 are living in relative or absolute low-income families compared to 12.3% of all Scottish children.
- 19.3% of all Glasgow people are classed as income deprived compared to 12.1% of all Scots.

Local disparities are found in terms of deprivation, with it being most notable in the northeast of the council area, with 58% proportion of the 20% most deprived data zones falling within this area, compared to 40.1% in the South and 39.9% in the Northwest. Some of the areas of highest deprivation across the city include: Govan, Carntyne, Easterhouse, Castlemilk, Drumchapel and Pollok[4].

In contrast, around 37,000 people (6% of the population) live in the least deprived 10% of areas in Scotland.

The Scottish Household Survey asks respondents about their household finances, including income and how well they are managing financially. The most recent figures for Glasgow City show 48% of respondents 'manage well', 39% 'get by' and 13% 'do not manage well'[5]. This is also considered by annual household income, as shown in **Table 2-3**

Table 2-3 – Annual household income and 'managing' status

How Household is Managing	Up to £10,000 income	£10,001 to £20,000 income	£20001 to £30,000 income	Over £30,000 income
Manages well	25%	36%	42%	61%
Gets by	45%	45%	43%	34%
Does not manage well	30%	20%	15%	5%

[4] https://www.glasgow.gov.uk/article/6499/Poverty-and-Deprivation
[5] Scottish Government (2025) Financial Information from the Scottish Household Survey 2024, available at: https://www.gov.scot/publications/financial-information-from-the-scottish-household-survey-2024/

The proportion of households reporting that they managed well financially was higher for those with higher household incomes than for those with lower income levels. Of households with a net annual household income over £30,000, 61% reported that they were managing well in 2024, and 5% said that they did not manage well. The proportion of households with a net annual household income up to £10,000 reporting that they managed well was 25%, while 45% get by and 30% said they did not manage well.

Transport is one of the highest expenditure categories for UK households[6]. In Scotland, in the period 2022-24, average weekly household expenditure on transport and vehicles was £75.90, representing 15.2% of total household expenditure. On average, £29.70 was spent on the purchase of vehicles, £28.80 on the operation of personal transport (including £17.90 on petrol, diesel and other motor oils) and £17.30 on transport services (including bus and train fares)[7].

The true cost of transport for Glasgow residents is likely to be higher than the Scottish average, with the lowest car ownership rates of any Local Authority in Scotland and some of the highest bus fares, in comparison to other cities. These factors are explored in **Section 2.4: Public Transport in Glasgow**.

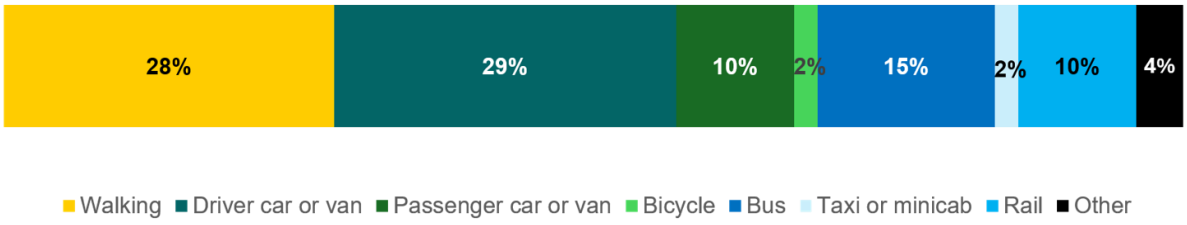
2.3.3 Transport and Travel

In Glasgow, the most common way to travel is by car or van. As seen in **Figure 2-2** 29% of people choose to travel this way by driving and a further 10% travel in cars or vans as a passenger. Walking is the next most popular mode of transport, with 28% people selecting this as their main way to get around the city. The overall public transport mode share is 25%, with 15% regularly catching the bus and 10% taking the train or subway. The proportion of people cycling as their main mode of transport was 2% in 2024.

[6] Office for National Statistics (2025) Living Costs and Food Survey, Average weekly household expenditure in the UK, financial year ending (FYE) 2025, available at: https://www.ons.gov.uk/peoplepopulationandcommunity/personalandhouseholdfinances/expenditure/bulletins/familyspendingintheuk/april2024tomarch2025

[7] Transport Scotland (2026) Scottish Transport Statistics 2025, Transport Finance, available at: https://www.transport.gov.scot/media/qr0dura4/chapter-10-finance.pdf

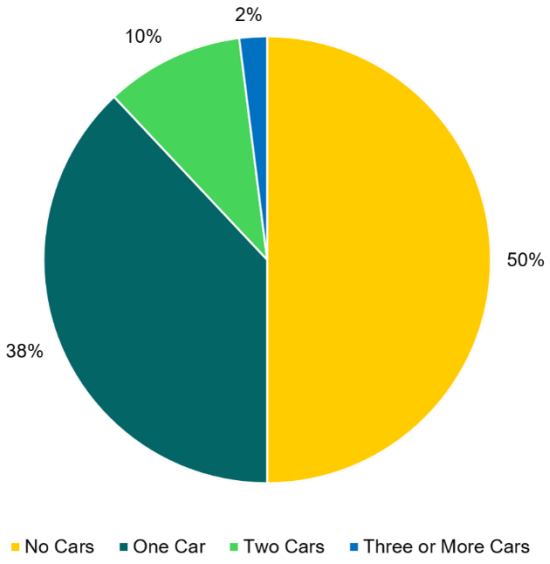
Figure 2-2 - Main Mode of Travel (percentages), 2024, Glasgow City



Source: Transport Scotland (2026) Transport and Travel in Scotland 2024, Local Authority Tables

The number of cars available for use by Glasgow residents is also an important indicator to consider. **Figure 2-3** shows the percentage of households by car access.

Figure 2-3 – Number of cars available for private use by households in Glasgow City, 2024



Source: Transport Scotland (2026) Transport and Travel in Scotland 2024, Local Authority Tables

Figure 2-3 shows that 50% of Glasgow residents do not have a car available for private use while the other half of residents (50%) have access to 1 or more vehicles. For those with a car, it is much more common to own one car (38%), but 10% own two and 2% own three or more.

Glasgow continues to have the lowest rate of car availability of all Local Authorities in Scotland.

2.4 Public Transport in Glasgow

Glasgow has an extensive public transport network with connectivity provided by three modes: bus, rail and subway.

- **Bus**

  There are over 2,800 bus stops across the Glasgow City Council area, alongside a central bus station (Buchanan Bus Station) and two further bus stations in Govan and Partick. Bus is the most frequently used mode of public transport in Glasgow, with 11% of residents using a local bus every day or

almost every day, in comparison to the 4% who use rail/ subway[8]. Bus services in the city are operated by commercial operators and in an average week in August 2026, 84% of all bus mileage was provided by five bus operators[9]. The Strathclyde Regional Bus Strategy (SPT, 2025) notes that "nowhere else in Scotland or the UK has a wider mix of suppliers for the local bus market".

- **Rail**

  Glasgow's rail network is often referred to as the largest suburban rail network in the UK, outside of London. There are a total of 59 rail stations in the Glasgow City Council area served by ScotRail for local services. Glasgow Central Station is consistently reported as the busiest station in Scotland and in 2024/25, Glasgow Central supported 25.3 million journeys and 3.9 million interchanges[10]. The other most frequently used stations in Glasgow are located within central and western parts of the city.

- **Subway**

  The Subway, operated by SPT, is the world's third oldest underground railway and provides a circular route between Glasgow City Centre, the West End, and neighbourhoods such as Govan, Cessnock and Ibrox to the south of the River Clyde. There are 15 stations on the Subway network. It is a popular mode of transport, with 13.2 million passengers reported in 2025/26[11].

Public transport in Glasgow is managed by several agencies and authorities.

Glasgow City Council has no remit regarding public transport but is the roads authority. The Council continues to work with partners to pursue improvements to public transport in line with the Glasgow Transport Strategy. Glasgow City Council is the Lead Authority of the Glasgow City Region Bus Partnership, and our work commits to improving bus travel across the region, with an emphasis on providing Bus Priority.

[8] Transport Scotland (2025) Transport and Travel in Scotland 2024
[9] SPT (2026) Bus Operator Mileage, Glasgow City
[10] Office of Rail and Road (2025) Estimates of Station Usage April 2024 to March 2025, available at: https://dataportal.orr.gov.uk/media/msigcn24/station-usage-2024-25-statistical-release.pdf
[11] SPT Annual Report 2025/2026, available at: https://www.spt.co.uk/media/ggrhafkh/annual-report_2025-2026.pdf

SPT is responsible for operating the Subway and for subsidising socially necessary bus routes. SPT also administers ZoneCard in partnership with the ZoneCard Forum.

The rail services are provided at a national level by ScotRail.

2.4.1 Public Transport Availability

Bus services have the widest coverage across the city and are consequently the most commonly used form of public transport. This is shown in **Figure 2-4** which uses the geography of Glasgow's wards to illustrate public transport coverage across the city.

Figure 2-4 – Public Transport Coverage by Glasgow City Council Electoral Ward

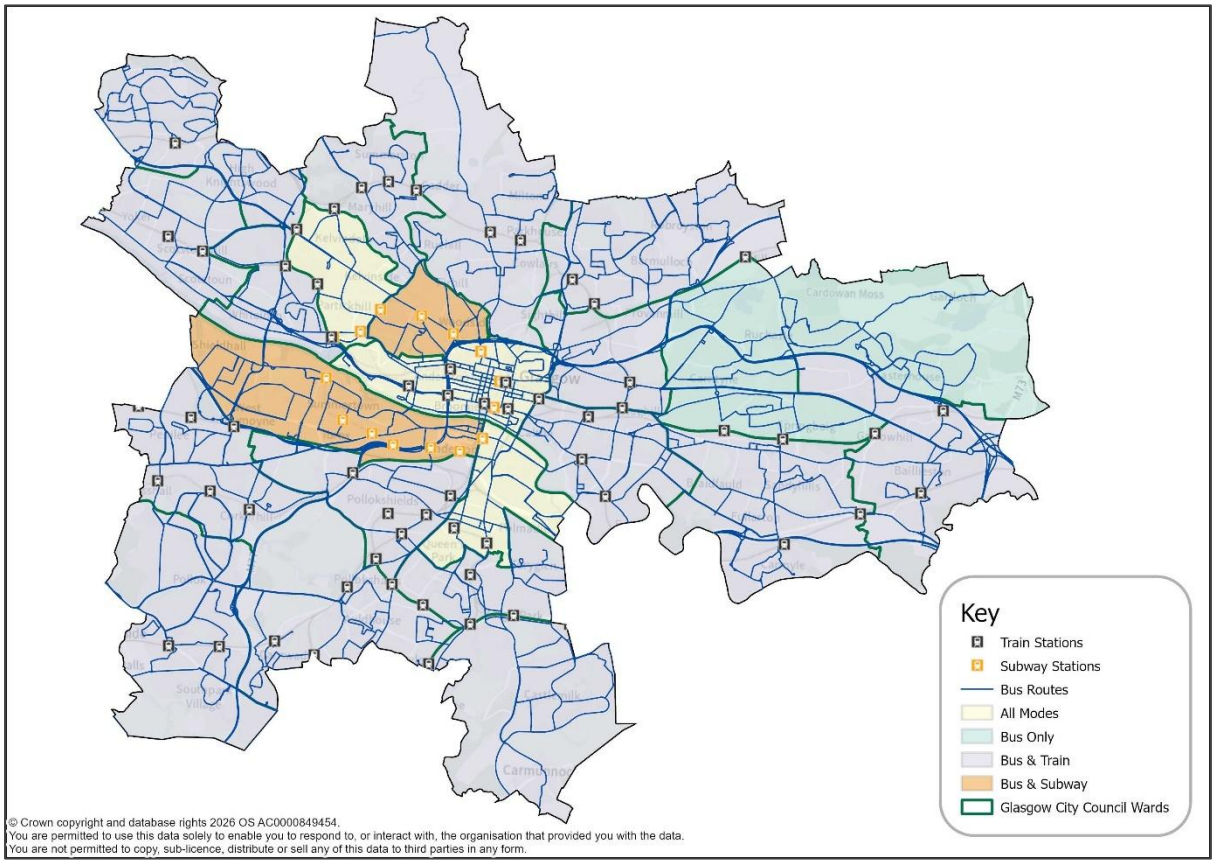


Figure 2-4 shows that all wards are served by bus services and generally have one additional mode choice available. This is most commonly rail services, however two wards in the west, Govan and Hillhead are served by bus and subway. The City Centre (Anderston/ City/ Yorkhill) and adjacent wards to the south, Southside Central, and the west, Partick East/ Kelvindale, have some of the best public transport coverage in the city with access to all three modes of bus, rail and subway.

Two wards in the northeast, East Centre and North East, are largely limited in their travel choice to bus, as the railway stations are located at the respective ward

boundaries. This highlights the importance of bus services in connecting communities, and that some wards face unique challenges including lack of access to local amenities and facilities[12].

Overall, is it recognised that limited integration exists in Glasgow's public transport network. This is particularly true for the bus network which sees many different operators set their own timetables, services and routes which are not planned to integrate with those of other bus operators. The bus network is also not necessarily co-ordinated with the rail network, except where bus services are provided on a socially necessary basis (supported by SPT) or where bus operators have made a commercial decision to integrate with other modes[13].

2.4.2 Public Transport Ticketing and Fares

ZoneCard, administered by SPT on behalf of the ZoneCard Forum[14], is the only multi-modal ticket offering which covers travel across all public transport modes in Glasgow (including travel by ScotRail, Subway and most buses in Glasgow and the Strathclyde region).

ZoneCard is designed to provide value for money and convenience for passengers who travel regularly and use more than one transport mode or operator, and those wishing to travel to a number of different destinations across the wider region. The introduction of flexible tickets, including one-day and three-days-in seven tickets, and the move to smartcard ticketing has made ZoneCard more accessible to a wider audience. As a prepaid ticket priced to cover all modes, however, ZoneCard is not suitable for all travel needs and may not be accessible to all passengers due to the upfront costs. For those who wish to pay as you go, and pay per journey, no fully integrated ticket option, nor fare capping, exists in Glasgow. Residents therefore often require to buy more than one ticket a day from more than one operator to fulfil their journeys.

ZoneCard prices for travel in Zones 1 and 2 have been included in **Table 2-4** to provide an indication of the financial savings pilot participants could experience across 7

[12] Glasgow City Council (2026) City Development Plan 2 Engagement – Development Plan Stages
[13] SPT (2025) Strathclyde Regional Bus Strategy, available at: https://www.spt.co.uk/about-us/what-we-are-doing/regional-transport-strategy/bus-strategy/
[14] The ZoneCard Forum brings together participating transport operators and SPT, and is responsible for agreeing ZoneCard ticket prices and fare zones..

weeks. It is noted that SPT has very limited control over fares and ZoneCard tickets and fares are set by the ZoneCard Forum.

Table 2-4 - ZoneCard Adult Fares – Zones 1 & 2

	One day	**Three days in Seven**	**One week**	**Ten days in Twenty-eight**	**Four week**	**Ten week**	**Annual**
Adult Fares	£11.70	£32.00	£41.00	£94.00	£148.00	£349.00	£1,599.00

Fares for individual modes have also been reviewed. Both rail and subway fares are set and regulated by the public sector, however the bus ticketing offering and fares are set by commercial operators in line with bus service deregulation.

Table 2-5 includes fares from two of the main bus operators in Glasgow and these are compared with bus fares in other Scottish cities for adult single and all-day tickets.

Table 2-5 - Bus fares in Glasgow and other Scottish cities – correct as of August '26

Ticket Type	**Glasgow**		**Edinburgh**		**Aberdeen**	
Adult Single	First Bus	£2.45-£7.05	Lothian Buses	£2.40	First Bus	£2.25-unknown
	McGill's	£2.10-£11.40				
Adult Day Ticket	First Bus	£8.30*	Lothian Buses	£6.00/ £5.70 with daily capping on contactless payments	First Bus	£5.80
	McGill's	£6.20 (valid until 6pm)			Stagecoach	£9.10
	Stagecoach	£5.80				

Ticket Type	Glasgow		Edinburgh		Aberdeen	
	Tripper[15]	£7.20			Grasshopper	£11.00

Table 2-5 highlights a wide variety in the cost of bus fares and, most significantly, that the cost of bus fares in Glasgow is generally higher than in other Scottish cities.

It is noted that in the time since the Pilot and before publication of the Evaluation Report, in September 2026, the Scottish Government introduced a £2 bus fare cap across the wider Glasgow area.

Other cost of travel interventions have been introduced for ScotRail services, including the removal of peak fares (meaning passengers pay the same train fare regardless of the time of day, or day of the week) and a 12-month fare freeze (meaning fares will remain unchanged until March 2027).

On the Subway, Contactless Pay As You Go (PAYG) payments were introduced in 2026 and daily/weekly fare caps are now in place.

2.5 Existing Fare-free Schemes

Currently in Scotland, everyone under the age of 22, those over the age of 59 and those with a disability are entitled to free bus travel through the National Entitlement Card (NEC). In the Strathclyde region, these groups are also entitled to discounted rail and subway travel via the concessionary fare scheme.

The NEC was also made temporarily available for people who are seeking asylum and live in Scotland in a pilot scheme which provided free bus travel. Introduced by the Scottish Government, the pilot took place between December 2025 and March 2026.

This leaves a significantly sized population within Glasgow who do not qualify for any form of free public transport, including many people in working poverty and those living on lower incomes. It is also these groups who may be less able to access the best value tickets, for example monthly and annual tickets.

[15] The Glasgow Tripper is a multi-bus operator ticket valid for travel on First Glasgow, McGill's, West Coast Motors, Stagecoach South Scotland, Whitelaws and Todd's Travel services.

SPT advise that while the national concessionary schemes benefit many people, “they have the unintended effect of pushing up the price of single bus fares for fare-paying passengers, further adding to the affordability challenge. This is due to the way operators are reimbursed for carrying people under the terms of the schemes.”

2.6 Summary

Many residents of Glasgow are severely impacted by economic and financial challenges, with many households living well below the poverty threshold. Rising household costs, combined with high public transport fares, is likely reducing the opportunities for some residents to access key services and better employment, thus exacerbating the cycle of poverty in local areas across the city.

It is in this context that the Free Public Transport Study (Stantec, 2024) concluded establishing fare-free public transport in Glasgow could play a role in helping to reduce existing inequalities by removing the cost barrier to travel, thus opening access for residents to wider opportunities on offer within the city. In turn, it was established that the Pilot could play a part in a larger policy context in helping Glasgow to address many of the underlying social issues which currently exist.

3 Design and Implementation of the Pilot

3.1 Overview

Following the allocation of funding for a free public transport pilot by Glasgow City Council Elected Members in the Council's 2025–2026 Budget Settlement, internal reviews and discussions were undertaken to agree the delivery approach and timetable. The pilot was initially expected to run during summer 2025. However, the launch was postponed to accommodate the launch of a new ZoneCard pricing structure and to ensure that all recruitment and delivery partners, along with the necessary processes, were fully in place. The pilot subsequently ran from Monday 9 February to Sunday 22 March 2026, with a bonus week of fare-free travel ceasing on Sunday 29 March 2026.

This chapter outlines the planning and delivery of the Pilot, including the roles of the internal teams and external partners involved, the preparatory work undertaken and the participant recruitment strategies used. It also describes the monitoring arrangements implemented during the Pilot, as well as the subsequent data analysis and evaluation process.

3.2 Pilot Planning and Preparation

3.2.1 Planning and Facilitation

To facilitate the planning and delivery of the Pilot, a short-life working group was established, bringing together Glasgow City Council Officers and representatives from partner organisations. Meetings were held at regular intervals in the weeks leading up to the Pilot's launch date, and weekly during the live Pilot.

Representatives from the following Council teams and key external partners participated in the group:

- Neighbourhoods, Regeneration and Sustainability (NRS) Transport Policy and Strategy
- NRS Performance and Information Management Unit (PIMU)
- NRS Governance and Information Management
- Corporate Communications Team
- Corporate Graphics Team

- Chief Executives Department (CED)
- NHS Greater Glasgow and Clyde (NHSGGC) *(external)*
- SPT ZoneCard Forum *(external)*

Attendance at the meetings varied accordingly as the planning and delivery phases of the Pilot progressed, but the main tasks for the programme included:

- Appointment of market research company to support the recruitment of the 'representative' (General Public) cohort
- Pathfinder and NHS cohort approaches to recruitment developed and agreed
- Surveys and travel diary development and peer review
- Supplementary materials developed to support delivery partners and participants during the Pilot
- Data Protection Impact Assessment (DPIA) screening
- Equalities Impact Assessment (EqIA) screening
- Communications plan development, including creating a web page with key pilot information
- Purchase of ZoneCards from SPT and distribution to partner organisations
- Establishing a generic 'pilot' email address and SharePoint folder to use with external partners.

3.2.2 Participant Recruitment

Up to 1,000 participants were to be recruited for the Pilot, all of whom were required to be a resident of Glasgow (living within the Glasgow City Council boundary) and between the ages of 22 and 59.

In addition, residents already in receipt of an existing travel concession (where it was possible for the recruiter to establish this) were to be excluded. This resulted in the exclusion of NEC holders, including asylum seekers who were granted free bus travel in a temporary national pilot scheme which ran from 1 December 2025 to 31 March 2026, thereby overlapping with the Pilot.

It was agreed with delivery partners that more than one adult per household could take part in the Pilot, if they matched the eligibility criteria. This was to circumvent possible sharing of a single ZoneCard by multiple members of a household, which would potentially distort the travel patterns recorded during the Pilot.

Separate recruitment processes were established so that two main cohorts of around 500 people each would be formed, as outlined below:

1. The 'General Public' cohort was to consist of a broadly representative cross-section of residents, drawn from across the city geographically, and aiming to include a slight over-representation of car owners. The inclusion of this group was to support an assessment of whether fare-free public transport could encourage a modal shift from private car use to public transport modes.
2. The 'Pathfinder/NHS' cohort was to consist largely of residents more likely to experience barriers to travel. The inclusion of this group was to support an assessment of whether free public transport could open opportunities for residents and help tackle socio-economic inequalities in the city.

These cohorts and their recruitment processes are described in more detail below:

1. General Public Cohort (representation of Glasgow residents' demographics)

Through the process of competitive tender, a locally based specialist market research consultancy, Taylor McKenzie Research (TMK), was appointed to support with the recruitment and management of the General Public cohort.

TMK, drawing on their existing database as a starting point and supplemented with additional enlistment, sought to recruit a sample of residents from across the city that was generally representative of Glasgow's wider demographics, but with an emphasis on individuals who own or have access to a car or van for personal use to support an assessment of whether fare-free public transport can encourage modal shift.

Table 3-1 shows the sample framework utilised to guide the recruitment of the General Public cohort:

Table 3-1 - Sample Framework - Recruitment of General Public cohort

Category	Subgroup	Target	Notes
Age	22–34	165	Younger adults, including students & early career
	35–49	165	Mid-career individuals and families
	50–59	165	Older working-age adults
Gender	Female	~255	Reflecting Glasgow's gender balance (~51%)
	Male	~245	

Category	Subgroup	Target	Notes
Socio-Economic Status	Low income / unemployed	~125	Including those in SIMD 1–2 areas
	Middle income	~250	
	Higher income	~125	Including car owners for modal shift analysis
Ethnicity	People from ethnic minority backgrounds	~80	Reflecting Glasgow's diversity (~16%)
	White Scottish / Other	~420	
Disability Status	With disability	~40	Ensuring inclusion without overlap with concession schemes / (not receiving travel concessions)
Geographic Spread	North East Glasgow	~165	Based on city sector population split
	North West Glasgow	~165	
	South Glasgow	~165	
Transport Behaviour	Regular car users	~175	Over-represented to support modal shift analysis
	Mixed / occasional public transport users	~150	

TMK retained day-to-day management of the General Public cohort, including issuing email reminders to complete surveys and travel diaries, acting as first point of contact for any participant queries and liaising with the Glasgow City Council's Lead Officer as necessary.

- **2. Pathfinder/NHS Cohort**

The second group of participants was recruited through a range of community and support services with a focus on residents affected by the social inequalities, and participants who are more likely to face barriers to travel.

The council's **Child Poverty team** took a lead role in this process, recruiting ~350 participants through various Child Poverty Pathfinder projects operated by Glasgow City Council - in particular from three Demonstration of Change (DOC) wards: Calton, Govan and Southside Central.

Glasgow's Child Poverty Programme (CPP) works with local communities, bringing together people and services - such as doctors, schools, support workers - to work in

a joined-up way to improve access to early help for families before their problems escalate.

Alongside the core CPP team is the No Wrong Door Network. This is a growing collective of public services, charities, and private organisations working together to make sure families get the help they need without being passed around or turned away. Recognising that people face multiple challenges, the vision is for a system where no matter where someone first asks for help, they will get the support they need.

Glasgow's Child Poverty Programme (CPP), established in 2022, works to make life fairer for children and families who are struggling.

It is formed of a partnership of officers from the council, the third sector, Housing, the Department for Work and Pensions, Scottish Government and academia, working to eradicate child poverty in the city.

Together the team brings experience in housing, community development, financial advice, policy, health, education, children's services, employment and ESOL (English as a second language)

Funding from the CPP's Whole Family Early Intervention Fund is provided to organisations (usually members of the No Wrong Door Network) that deliver support to alleviate poverty experienced by families in the city.

Demonstration of Change Wards

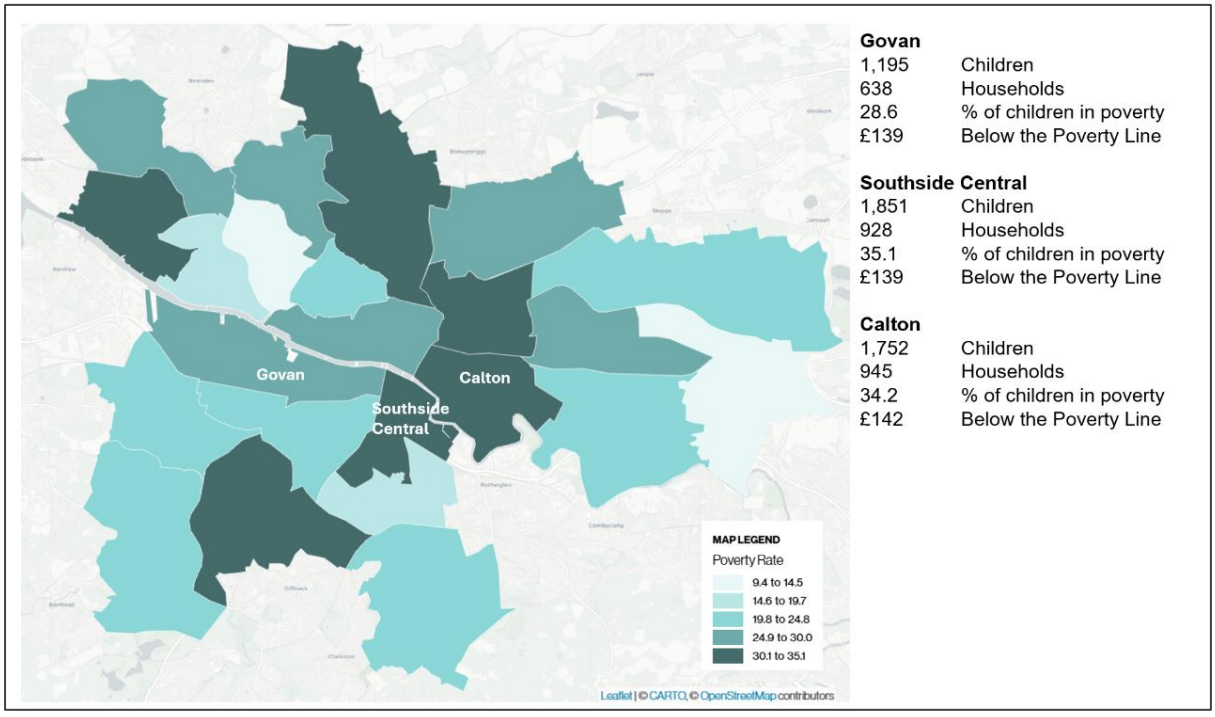
Ten “booster” wards represent areas of the city with the highest levels of child poverty. Of these Calton, Govan, and Southside Central are testing new ways of working as Demonstrator of Change (DOC) wards.

The three DOC wards are testing innovative, place-based and multi-agency approaches to reducing child poverty and improving family outcomes, with interventions tailored to local needs in each ward.

Each DOC has a workstream lead officer who works with colleagues in the CPP, local organisations and citizens to identify the needs of families in the ward.

Figure 3-1 shows the city’s Child Poverty Dashboard and the distribution of child poverty within the city at the ward level. The map indicates the Demonstration of Change wards of Govan, Southside Central and Calton, all of which were a focus for the Pilot.

Figure 3-1 - Child Poverty Dashboard Including Figures for Govan, Southside Central and Calton Wards



Source: Centre for Civic Innovation Child Poverty Dashboard — CCI

The Child Poverty team also identified other participants through the Council's citywide services, including Improving the Cancer Journey and Glasgow Helps, which work with people who may struggle to access essential support.

A breakdown of the organisations, programmes and services with their approximate participant numbers is listed below. Further information about each organisation and the work they undertake can be found in **Appendix A**.

- 125 participants from Calton-based organisations:
    - Calton Heritage and Learning Centre
    - Bridgeton Community Learning Campus
    - Thenue Housing Association
    - Baltic Street Adventure Playground
    - West of Scotland Housing Association
- 60 participants from Glasgow Helps / Macmillan ICJ (Improving the Cancer Journey Service) and Macmillan LTC (Long Term Conditions) team
- 40 participants from Glasgow Life – specifically the Code Learning Programme
- 17 participants from Glasgow Life – specifically Family Finance key workers
- 11 participants from Glasgow Life – specifically PC Passport students
- 7 participants from Glasgow City Council Education Services – specifically employability support
- 20 participants from GECCO & GEMS in Southside Central – employability support
- 10 participants from 3D Families in Drumchapel
- 60 participants from Health Improvement Primary Care Leads.

Many of these organisations had established and ongoing working relationships with the participants who they then selected to take part in the Pilot. It was thought that for many of their proposed participants the free travel offer would provide a significant financial benefit and improve access to opportunities.

As with the General Public cohort, to protect the privacy of the participants no names or other identifying information was passed to Glasgow City Council. Each pilot delivery partner organisation oversaw the management of the process for their respective participants, including registration for the Pilot with survey 1 completion,

distribution of the ZoneCards and guidance documents, and issuing reminders to complete the surveys.

The Child Poverty team noted that many of the participants within this cohort could face language or digital access barriers to completing the three surveys. Community organisation staff and caseworkers were therefore asked to support participants with survey completion wherever possible. To minimise this potential additional workload and avoid arranging separate appointments, it was suggested that the support be incorporated into existing scheduled appointments or other sessions / meetings.

NHS Greater Glasgow and Clyde sub-cohort

A further sub-cohort of ~150 participants was recruited through the **NHS Greater Glasgow and Clyde** Hospital Support and Information Service and clinical teams who identified patients and their families, for whom travel costs can contribute to missed health appointments or reduced engagement with health services.

The NHS teams recruited participants from the following programmes:

Priority Group 1: Focus primarily on Glasgow's Royal Hospital for Children Paediatric outpatients & Glasgow City Maternity hospitals with a focus on patients and families who have frequent appointments and are not eligible for other forms of transport support, as follows:

- Glasgow's Royal Hospital for Children - Targeting families attending outpatients' clinics*, burns/fracture, Trauma clinics, Neonatal/ Community clinics: Foetal anomalies (*note: Paediatric outpatients not currently eligible for Scottish Government's Young Patients Family Fund).
- Maternity Hospitals within Glasgow City - Targeting pregnant women with pre-booked frequent appointments within the defined Pilot period.

Priority Group 2: Adult outpatients, orthopaedic/fracture clinics across Glasgow City Hospitals (Glasgow Royal Infirmary, Queen Elizabeth University Hospital, Stobhill, New Victoria).

As with the General Public and Pathfinder cohorts, the team at the Hospital Support and Information Service assumed responsibility for managing their participants and

encouraging them to complete the surveys. Again, all communication with Glasgow City Council regarding any individuals was anonymised.

3.2.3 Guidance Documents

Council Officers developed a series of guidance and Frequently Asked Questions (FAQ) documents to help both the participants and staff from partner organisations to understand the overall pilot process, how to use the ZoneCard on services, and which services it would be valid on, and provided the QR codes to access the three surveys (and travel diary). The Easy Read-style document was printed in sufficient quantity to give a hard copy to each Pathfinder/NHS participant. Other guides were supplied to partners in pdf format.

The guides included:

- 'Easy-read' style guide for participants
- Guide/FAQ for participants
- Guide for TMK staff (General Public cohort)
- Guide for Pathfinder/NHS cohort staff

These guides are provided across **Appendices B, C** and **D**.

3.3 Live Pilot

The recruitment for both main cohorts – including registration of participant, completion of survey 1, and distribution of ZoneCards with the appropriate guidance document – was targeted for completion in time for the agreed Pilot start date of **Monday 9 February 2026.**

3.3.1 ZoneCard Functionality

The ZoneCard tickets, purchased by Glasgow City Council from SPT, were supplied on a smartcard. Using smartcards negated the requirement for participants to register for a ZoneCard account, to have photographic identification or to use a mobile phone application to access the ticket. Each smartcard was printed with a unique identification number which was used for monitoring purposes throughout the Pilot and post-pilot analysis. Using the ZoneCard number as an identifier for individuals also supported the anonymisation of participants in the Pilot and limited the data sharing risks between Glasgow City Council and its delivery partners.

The ZoneCards were supplied pre-loaded with validity for 7 weeks of unlimited travel (for the six weeks of the formal pilot, plus the additional bonus seventh week) within ZoneCard Zones 1 and 2, on the following services:

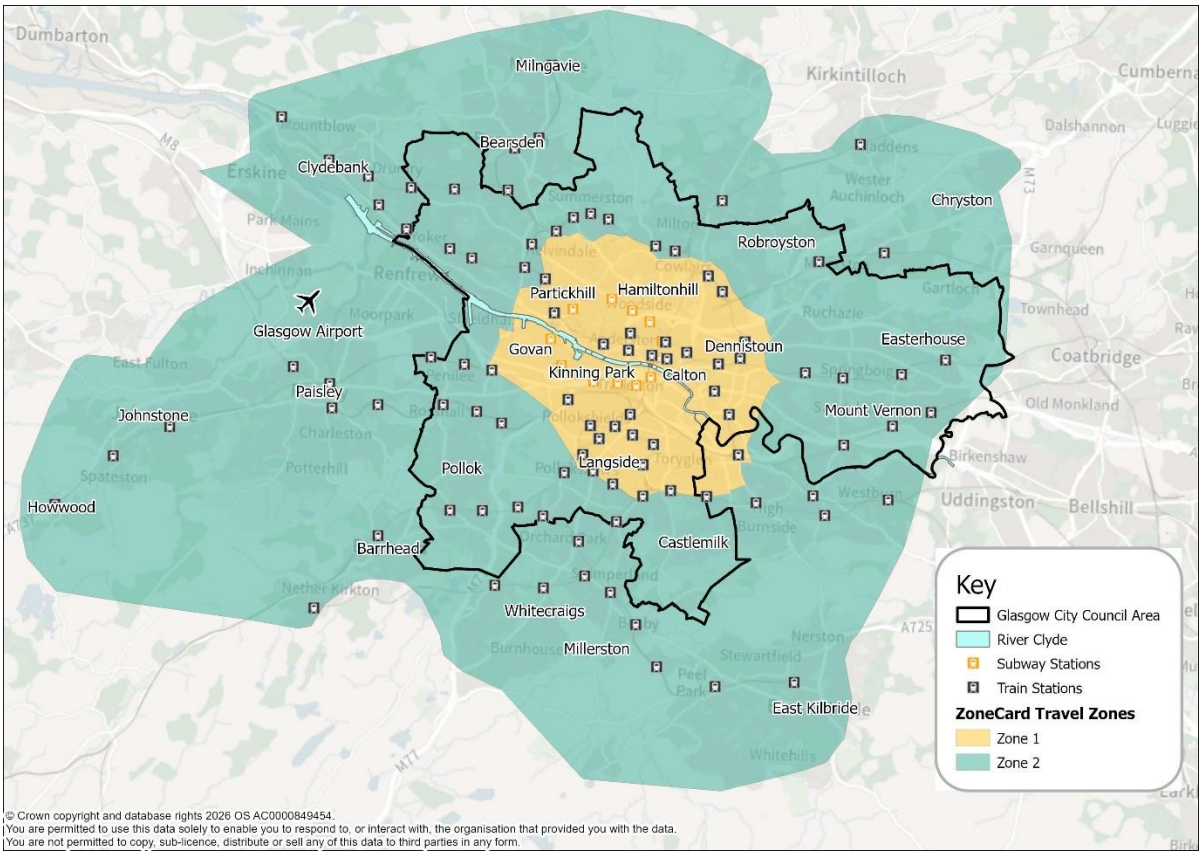
- Glasgow Subway
- Scotrail trains
- Bus services -
    - First
    - McGill's
    - Stagecoach
    - Avondale
    - West Coast Motors
    - Various other bus operators

The ZoneCard facilitated tap-on, tap-off travel across Subway and ScotRail services. For bus travel, the card was required to be presented to the driver upon boarding, stating destination, but with no requirement to 'tap off'.

3.3.2 Pilot Travel Extent

Travel using the ZoneCard was permitted within ZoneCard Zones 1 and 2, with Zone 2 extending beyond the Glasgow City Council boundary into surrounding local authority areas. This is shown in **Figure 3-2**.

Figure 3-2 – Pilot travel extent: Glasgow boundary with ZoneCard travel zones 1 and 2, rail and Subway stations



3.3.3 ZoneCard Management

There was no direct communication between Pilot participants and Council Officers, to ensure compliance with the data protection agreements and Officers had access to ZoneCard identification numbers only. Queries raised by participants were directed through the appropriate partner organisations. Council Officers liaised with SPT Customer Service team to organise replacement of any lost or damaged ZoneCards.

3.4 Pilot Monitoring

Three travel surveys were required to be completed by all participants at key milestones during the Pilot. The survey questions were developed through an iterative process with regular internal and external peer reviews. The timings of the surveys were as follows:

- Upon registration for the Pilot, prior to the start date of 9 February 2026
- After three weeks of travel
- After six weeks of travel

The General Public cohort were additionally asked to complete a weekly online travel diary to detail their individual day-to-day journeys. The diary was available from two weeks prior to the Pilot start date (aiming to gather pre-pilot 'usual' travel patterns) until the end of week six of the Pilot.

The surveys and travel diary data was supplemented with ZoneCard usage data which has been used to inform the evaluation of the Pilot, particularly the uptake and participation in the Pilot (Chapter 4).

Survey 1 helped to establish the baseline for participants and included a detailed "About You" section with questions to establish basic demographics of the participants including their employment (or other status), household structure and income, number of dependents, usual travel mode and travel patterns and access to a car/van or cycle.

Questions within surveys 2 and 3 focused more on changes in travel behaviours and other impacts felt by individuals arising from their access to fare-free public transport.

Survey 1 was to be completed as part of the general registration process for the Pilot and before the 'live' travel period of the Pilot commenced. The issue of a ZoneCard was dependent upon the first survey being completed by the participant.

Surveys 2 and 3 were required to be completed after three further weeks of travel, i.e. after Pilot week 3 (by Sunday 1 March) and Pilot week 6 (by Sunday 22 March). A generous period of grace (several days before and after each Sunday deadline) was allowed for completion of these surveys, to provide flexibility in supporting the needs of participants, and in anticipation that this would result in a higher number of submitted surveys.

As an incentive to complete the final survey participants were granted an additional seventh week of travel. For any participant failing to complete either survey, SPT were asked to put a block on further travel for the relevant ZoneCards.

All survey questions and the Travel Diary can be found within **Appendix E**.

3.5 Post-Pilot Data Analysis and Evaluation

Upon completion of the Pilot, all survey data went through a process of data cleaning, which involved a number of steps as follows:

- Identifying and removing any duplicate survey responses logged under the same ZoneCard number. Where multiple survey responses had been submitted, only the first submission was retained.

- Erroneous ZoneCard numbers submitted as part of the survey process were rectified within the data as far as it was possible to ascertain the correct numbers. Participant home postcodes were used as a cross-check. Any multiple erroneous ZoneCard numbers submitted were married up across the three surveys, where possible.

- Submissions from participants found to be not meeting the Pilot eligibility criteria were removed.

A similar process was carried out for the Travel Diary data.

Detailed qualitative analysis was carried out on over 4,000 comments submitted as part of the survey process. Most comments, excluding 'any further comments', were received in relation to participant 'expectations before' and 'expectations met' after the Pilot, totalling 955. Quantitative analysis was carried out in tandem and sought to establish measurable results and changes in participant travel behaviours.

Analysis and evaluation of the Pilot was supported by the **Glasgow Health Determinants Research Collaboration (HDRC)** from summer 2026 onwards. HDRC appointed two researchers – each a specialist in quantitative or qualitative research and analysis – to work in collaboration with the Council's project team. Following review of the FPTP planning document[16] (prepared by Stantec), priority outcomes were identified for which pilot data could provide indicators of change, and planned analyses to give measures of these changes. The analysis of the data was framed to fit the 'pilot' nature of the programme and questions and methods were designed accordingly. The work has informed **Chapter 6: Key Outcomes**.

[16] Free Public Transport Study (Stantec, 2024)

Health Determinants Research Collaboration

Health Determinants Research Collaborations (HDRCs) are a network of research partnerships between local authorities, universities and health and social care bodies. These partnership projects are funded by the National Institute for Health and Care Research and seek to boost research capacity and capability within local government.

HDRC Glasgow is a collaboration of organisations and partnerships: Glasgow City Council, the University of Glasgow, the University of Strathclyde, NHS Greater Glasgow and Clyde, the Glasgow City Health & Social Care Partnership and the Glasgow Centre for Population Health. HDRC Glasgow seeks to develop sustainable solutions for the city's most pressing health challenges.

An overview of the quantitative and qualitative methodology is provided at **Section 6.1**.

3.5.1 ZoneCard data

SPT supplied ZoneCard usage data from the full seven weeks of travel, to cover the six weeks of the formal pilot, plus the additional bonus seventh week of free travel. This data included a weekly breakdown of:

- Total number of ZoneCards used / not used by cohort
- Number of journeys made by day of the week
- Number of cards used by day of the week
- Number of journeys made by mode
- Average number of journeys per card by week.

Some of this data is displayed graphically within **Chapter 4**: Uptake and Participation in the Pilot.

3.6 Further Qualitative Research

3.6.1 Case Studies

A Council Officer interviewed several participants from both cohorts to develop a series of case studies exploring their individual lived experiences of the Pilot in greater depth.

The interview process was designed to protect the privacy of the participants and ensure a fully anonymised output. Once a shortlist of potential participants had been identified, Taylor McKenzie and the GCC Child Poverty Pathfinder team provided invaluable assistance in arranging the online interviews.

Informed by the emerging outputs from the thematic analysis, the interview questions, explored participants' travel behaviours and wider experiences during the Pilot, as well as any longer-term changes following its conclusion. The full set of case studies is presented in full in **Appendix F**, with excerpts from several participants' stories included as supporting evidence within Chapter 6: Key Outcomes.

3.6.2 NHS sub-cohort – Focus Groups

NHSGGC recruited 151 patients and service users, forming part of the overall Pathfinder/NHS cohort. Shortly after the Pilot concluded the NHS team conducted focus groups to gather in-depth feedback about how free travel affected healthcare access and everyday life for their pilot participants. Three online sessions were held with 14 patients and carers each attending one session.

The focus groups have added depth to the NHSGGC's post-pilot evaluation by showing how and why transport affected healthcare access, what barriers remained despite free travel and how participants experienced wider effects in everyday life, including the impact of the Pilot ending.

A report presenting focus group findings has been shared with GCC for information purposes, though has not been publicly released by NHSGGC. None of the focus group findings are included within this evaluation report, but instead will from part of a wider NHSGGC retrospective evaluation of the Glasgow City Council Free Public Transport Pilot for the NHSGGC-recruited cohort.

3.7 Pilot Recruitment and Implementation Considerations

A number of recruitment and implementation issues identified during and after the Pilot are outlined below.

3.7.1 Survey Design and Tracking

Feedback from several participants indicated that the surveys were lengthy and that some questions were confusing. However, this reflected the need to balance the participant experience with the requirement to collect sufficient data to support analysis and assess the Pilot's outcomes.

Survey tracking and analysis were affected by participants manually entering their 8-digit ZoneCard numbers. Some numbers were entered incorrectly, making it impossible to match several responses to the correct participant cohort. As a result, these responses had to be removed from the analysis. This reflected the limitations of the survey software and the requirement to keep the surveys fully anonymous.

3.7.2 Participant Recruitment

Despite the Pilot being intended for Glasgow residents, 16 participants who lived outside the city were recruited. This highlights the importance of clarifying recruitment guidelines and strengthening eligibility checks in any future pilot. Issues have occurred in part due to inconsistencies in the geographies where outreach workers serve, particularly for participants who reside close to the Glasgow City Council boundary and may often use services within Glasgow. When identified, these participants have been removed from analysis.

3.7.3 Pilot FAQs / Guidance

Although guidance was provided to staff and participants, the experience of the Pilot demonstrated that there were gaps in both the awareness and clarity of the guidelines. Future activity could consider using shorter, clearer guidance and adopting Easy Read principles more widely, rather than limiting accessible formats to specific participant groups.

4 Uptake and Participation in the Pilot

4.1 Overview

Overall, there were 51,416 free public transport trips made during the Pilot. The total uptake rate for the Pilot was 94.8%, with 948 participants remaining eligible after surveys and checks to begin the Pilot.

This chapter assesses participation rates across the full six-week period, namely completion rates for follow-up surveys, and use of fare-free public transport, with ZoneCard usage data provided by SPT.

4.2 Application Process and Initial Uptake

Following the recruiting and screening processes conducted by the Council's Pilot delivery partners, all participants were required to complete the initial survey (survey 1) to complete their registration process. Only once the first survey was completed was a ZoneCard issued to the participant.

A total of 1,000 participants were initially identified to be allocated with a ZoneCard to facilitate fare-free travel, meeting the planned participant target. However, some late-stage participant drop-outs, subsequent validation of the pre-pilot surveys and data cleansing processes, reduced the final eligible cohort to **948** participants.

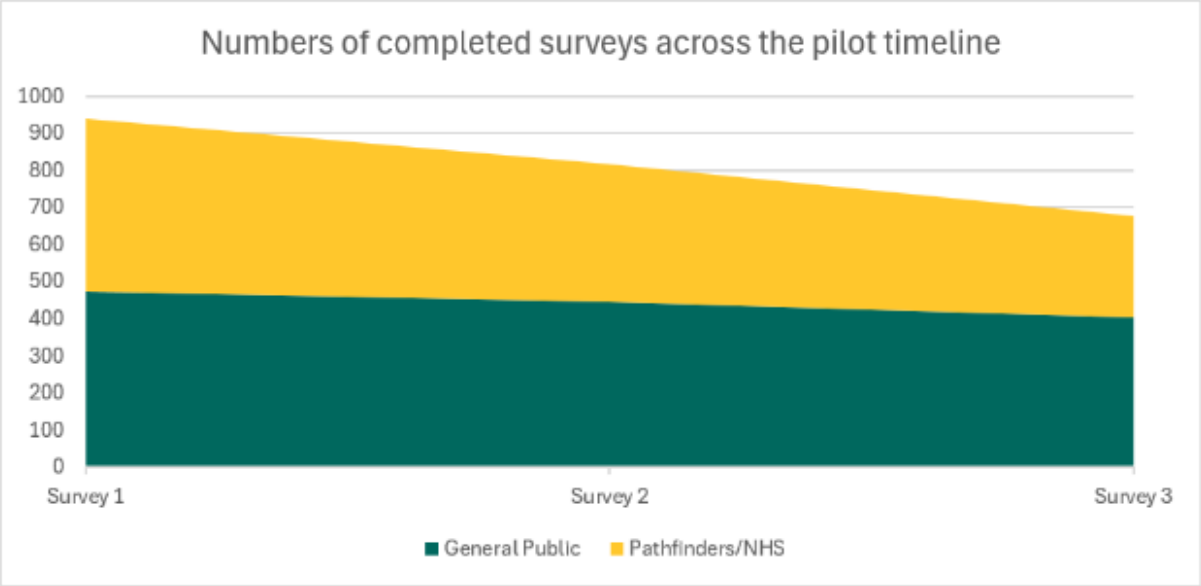
To protect participants' personal information, all survey submissions were anonymised, and the ZoneCard number was used as the unique identifier for tracking responses throughout the Pilot and linking them to the relevant cohort for analysis.

Of the 948 completed surveys, **941** were successfully matched to a valid ZoneCard number and assigned to a participant cohort. The remaining **seven** could not be matched because the ZoneCard number entered in the initial survey was incomplete or incorrect. The responses from these seven participants were therefore excluded from the quantitative analysis presented in this report. However, their open-text responses and comments were retained and considered as part of the qualitative analysis.

4.3 Survey Completion Rates

While the initial baseline survey was completed by 948 residents, the survey completion rate was found to drop off over the period, as shown in **Figure 4-1**. In terms of follow-up surveys, survey 2 was completed by **817** participants (86% completion rate), and survey 3 by **676** participants (71% completion rate).

Figure 4-1 – Survey Completion Rate – by Cohort



Across the cohorts, responses from the General Public were found to remain broadly consistent throughout the Pilot period, while a drop-off in survey completions from the Pathfinder/NHS cohort was observed. This drop-off was previously identified as a likely risk for the Pathfinder and NHS groups by partner organisations in the early stages of planning of the Pilot, due to many of these participants experiencing complex life circumstances and multiple challenges, which could make it difficult to engage consistently with the Pilot's survey process.

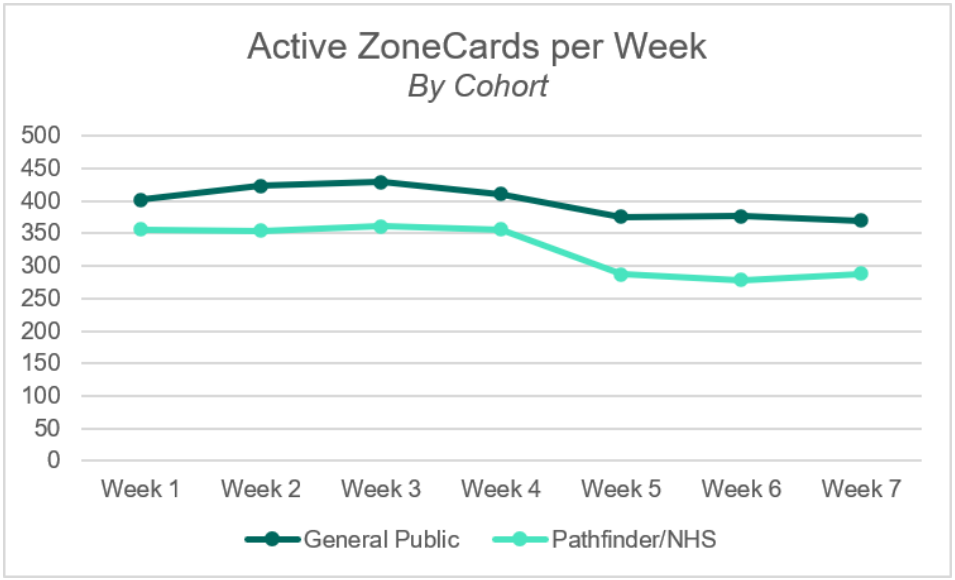
It is noted that completion of all three surveys was a stated requirement for continued participation in the Pilot and those who did not complete the follow-up surveys had their ZoneCard access withdrawn, meaning they were unable to continue travelling for free using the pass.

4.4 Use of Fare-Free Public Transport

Based on usage data provided by SPT, a total of 758 ZoneCards were in active use in Week 1 of the Pilot. **Figure 4-2** outlines the number of active ZoneCards across the

Pilot period, and shows general growth across weeks 1 to 3 as participants became more familiar with the ZoneCard offering.

Figure 4-2 – Active ZoneCards per Week – by Cohort



Source: SPT (2026)

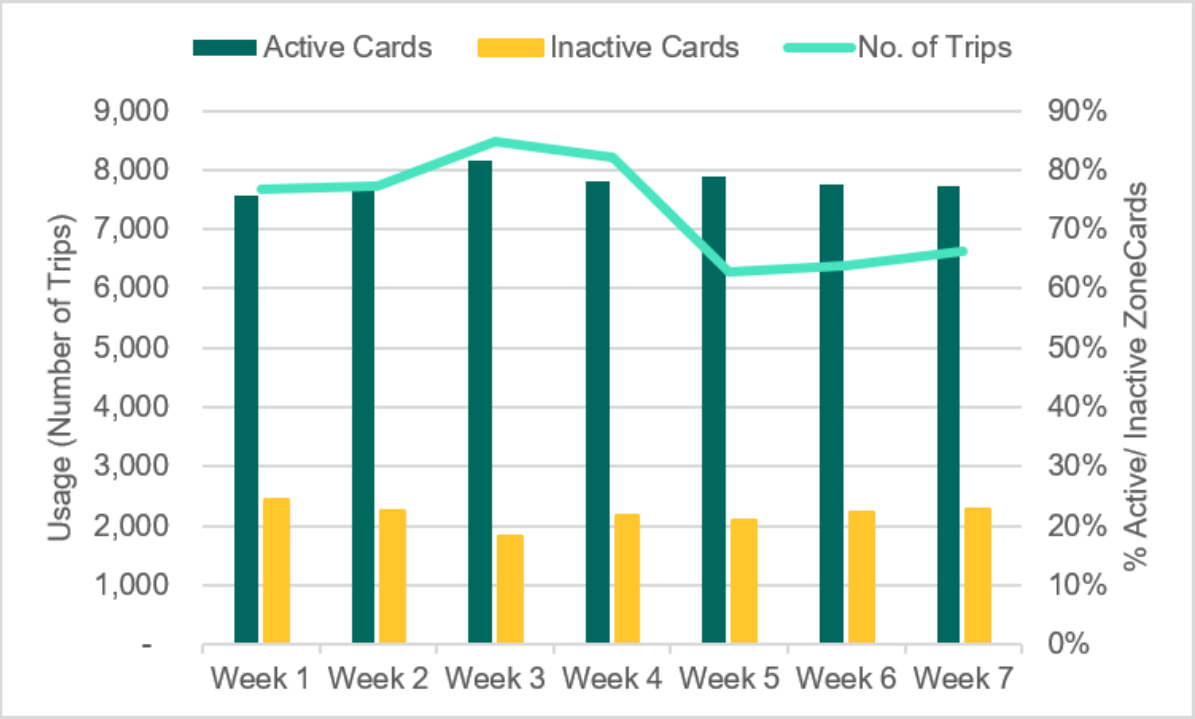
The number of active cards was then seen to decline following week 3, during which participants were required to complete follow-up survey 1. Those who did not complete the survey had their ZoneCard access withdrawn.

This decrease was then compounded by a major fire in Glasgow City Centre, in a building next to Glasgow Central Station on Union Street, during week 4 of the Pilot (on 8 March). This resulted in no rail services operating to or from Glasgow Central high-level platforms for 10 days, after which some platforms reopened and services began to resume. Travel across the city, by all modes, was significantly impacted. During this time, ScotRail noted that limited replacement travel would be available, and the event resulted in a significant proportion of people choosing not to travel or choosing to travel by different modes. Across the cohorts, Figure 4-2 shows a steeper drop-off in active cards amongst the Pathfinder/NHS cohort during weeks 4 and 5, suggesting this group was more severely impacted by the station's closure and knock-on effects to bus services.

Figure 4-3 outlines the total uptake of ZoneCards and public transport usage across the Pilot period. The impact on public transport use due to the Union Street fire is shown more clearly in the number of trips undertaken by participants using their ZoneCards, which declined from a peak of 8,492 trips in week 3 to a low of 6,293 in week 5. In the following weeks, the number of ZoneCards in use remained high but

the number of trips did not return to the levels seen in weeks 1 to 3. This suggests participants continued to use their ZoneCards but did not make as many trips as before which may have been due to residual effects from the fire where some travel disruption continued until July. Union Street only fully reopened to pedestrians and vehicles on 17 July, 2026, meaning that bus routes through Union Street could resume at this point in time.

Figure 4-3 – Total Uptake and Total Trips Made by Week



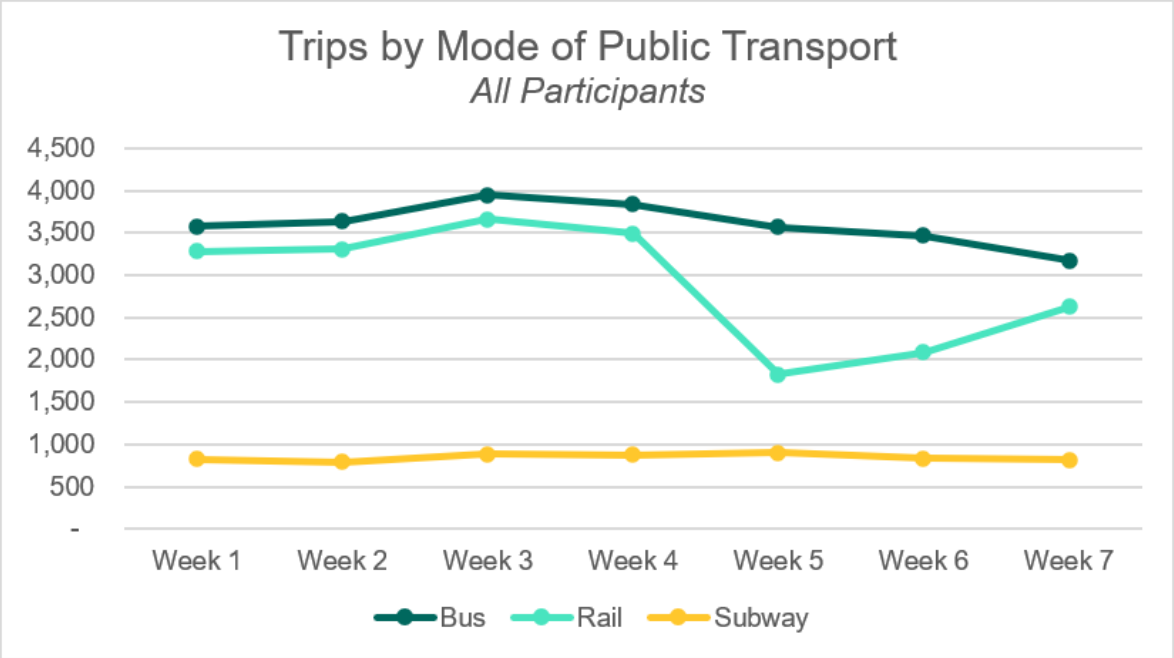
Source: SPT (2026)

The number of trips[17] made using public transport during the Pilot totalled 51,416.

The highest proportion of these trips were made by bus, with over 25,000 free bus journeys undertaken over the full seven-week period. This is in comparison to 20,280 trips made by train and 5,935 trips made by subway. This is shown in **Figure 4-4**.

[17] SPT refers to a 'trip' as a journey made on one vehicle.

Figure 4-4 – Trips by Public Transport Modes – All Participants



Source: SPT (2026)

While bus use was seen to decline in line with the decline in rail use during week 4, use of the subway remained stable throughout the Pilot at an average of 848 trips per week across the 7 weeks.

It is also noted some minor fluctuations in ZoneCard use were seen due to lost ZoneCards, both before and during the live pilot. Participants were quickly issued with replacement cards, but some very short-term travel disruption was seen for these participants.

4.5 Summary

The pilot achieved a strong level of initial engagement and participation remained high throughout the seven-week period. Mandatory survey completion, however, declined over time and the survey completion rate dropped to 86% at week three and 71% at week six. The greatest attrition was seen amongst the Pathfinder/NHS cohort, reflecting challenges anticipated during the Pilot planning stage for these participants.

Usage data indicates substantial uptake of the fare-free travel offer and, across the Pilot, participants made a total of 51,416 journeys using public transport. Bus was the most frequently used mode, accounting for over 25,000 journeys, followed by rail (20,280 trips) and subway (5,935 trips).

Beyond week 3, when use of public transport services peaked, participation was affected by the withdrawal of access for participants who did not complete the required follow-up survey and, most significantly, by the significant travel disruption caused by the Union Street fire and the temporary closure of Glasgow Central Station.

5 Characteristics of Pilot Participants

5.1 Overview

The initial survey collected baseline data about all participants, including basic demographics information, employment status, household composition and existing travel mode choices and patterns.

Collecting this information was essential to understanding the characteristics and circumstances of those taking part, analysing differences in experiences and travel behaviours, and helping to assess the outcomes of the Pilot. This chapter describes the baseline data findings in more detail.

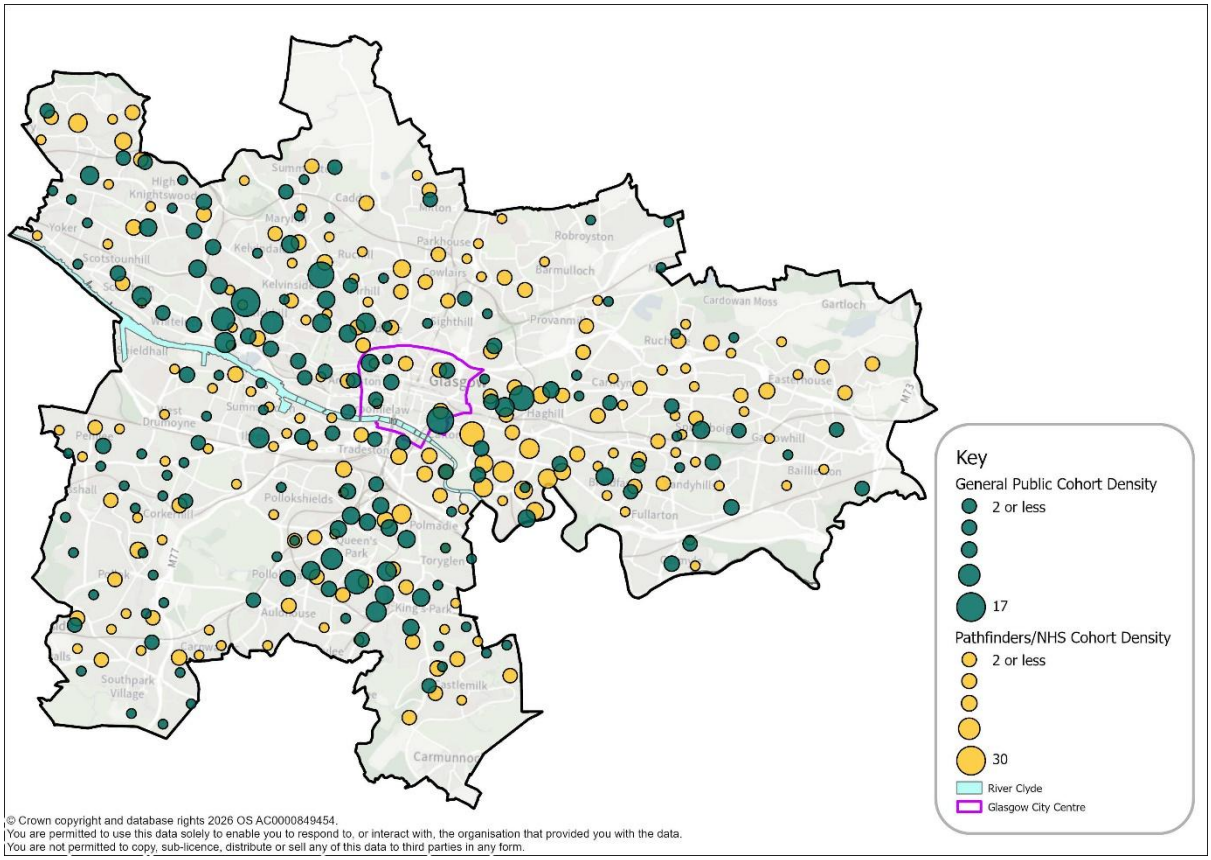
5.2 Geographic Distribution of Participants

The recruitment process aimed to ensure that the General Public cohort included participants from across the Glasgow City Council local authority area. In contrast, many of the Pathfinder cohorts were referred from projects operating within the Demonstration of Change booster wards of Govan, Southside Central and Calton. However, other projects that contributed towards the Pathfinder/NHS cohort operate on a city-side basis.

The recruitment processes for each cohort are described more fully within **Section 3.2.2:** Participant Recruitment.

The following map shows the distribution of all pilot participants by postcode. The larger circles represent a greater density of participants at the specific postcode location.

Figure 5-1 - Geographic locations / density of participants, grouped by postcodes



5.3 Demographic Characteristics of Survey Respondents

The inclusion of demographic questions within survey 1 was to help confirm during the data analysis stage that the 'General Public' cohort had included a broad representation of the resident population, and to more generally provide a comparison with the Pathfinder/NHS cohort.

Demographic questions were asked only in the first survey and not repeated in the following surveys as each person's unique ZoneCard number provided the connecting link through all three surveys. Participants were asked their age, gender, ethnicity and disability status.

It should be noted that demographic questions were mandatory to answer, however, participants were able to select 'other' which provided a free text option.

5.3.1 Age

All participants were required to be between the ages of 22 and 59 to ensure they were not already in receipt of a Scottish Government funded bus pass (National Entitlement Card) for people under the age of 22, or those aged 60 and over.

Participants were asked to identify their age from within four ranges as shown below in **Table 5-1**.

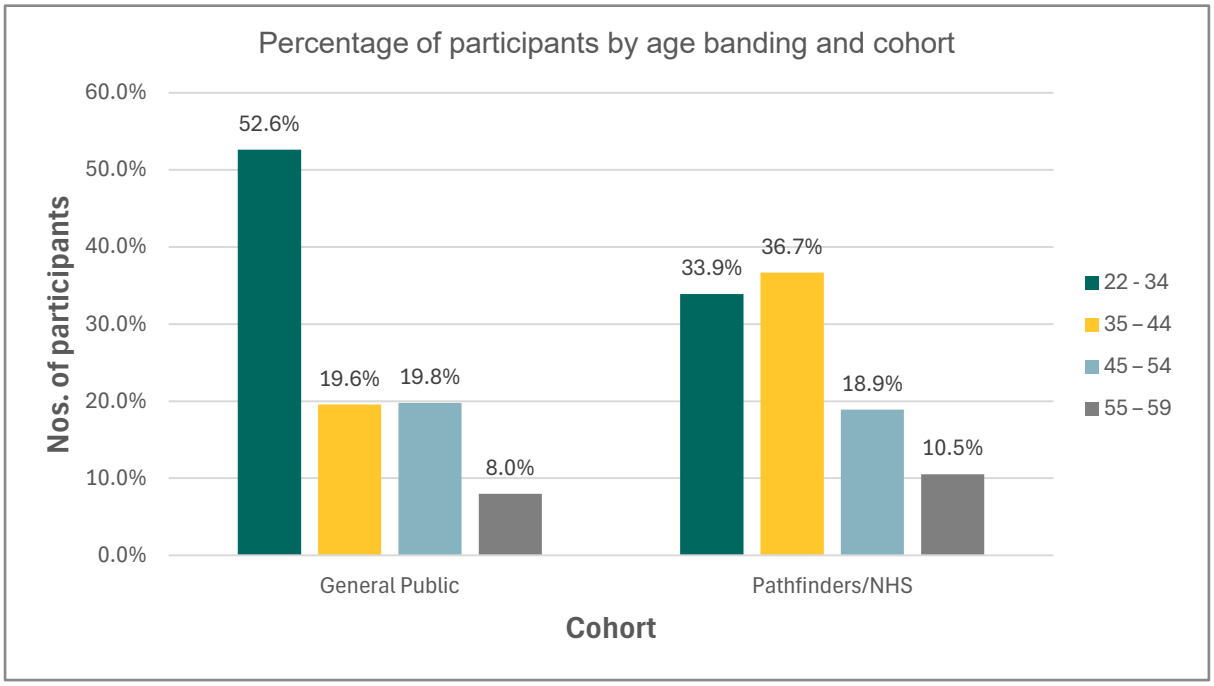
Table 5-1 – Age ranges and total participant numbers within each banding

Age Range	Participant Numbers
22 - 34	408
35 - 44	264
45 - 54	182
55 - 59	87

Across both cohorts, the largest number of participants was in the 22–34 age group, comprising 408 participants. This age group was particularly prominent within the General Public cohort, where it accounted for just over half of all participants. In contrast, the 35–44 age group was the most represented within the Pathfinder/NHS cohort. The 55–59 age group had the lowest representation overall, comprising 87 participants.

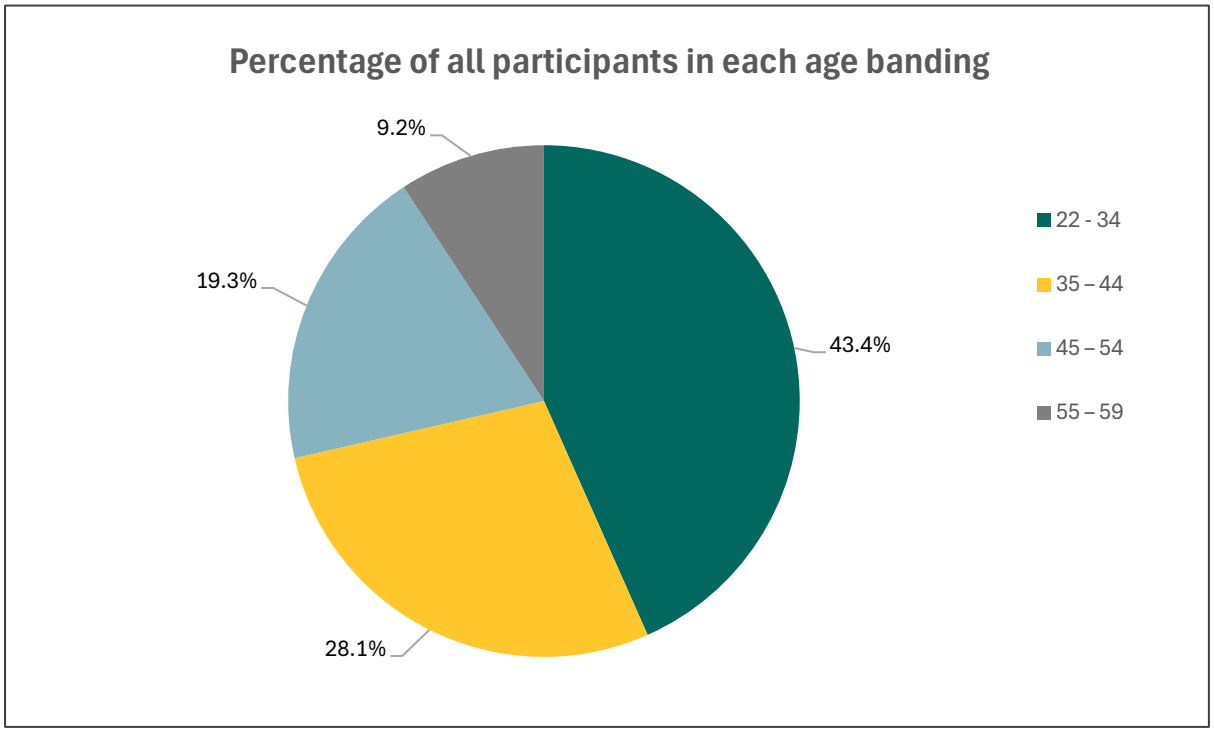
Figure 5-2 shows the percentage of participants within each age group, broken down by cohort, while **Figure 5-3** presents the age profile of all Pilot participants. The age bands used for the Pilot differ from those used for the Glasgow population statistics presented in Table 2-1 and are therefore not directly comparable. Nevertheless, the available data indicate that younger adults were disproportionately represented within the General Public cohort. Approximately 72% of this cohort were aged 22–44, compared with 35% of Glasgow's overall population aged 25–44. This comparison should be treated as indicative, as the age ranges differ and the Glasgow figure includes residents outside the Pilot's eligible age range.

Figure 5-2 - Participants by age banding and cohort



N=941

Figure 5-3 - All participants by age banding



N=941

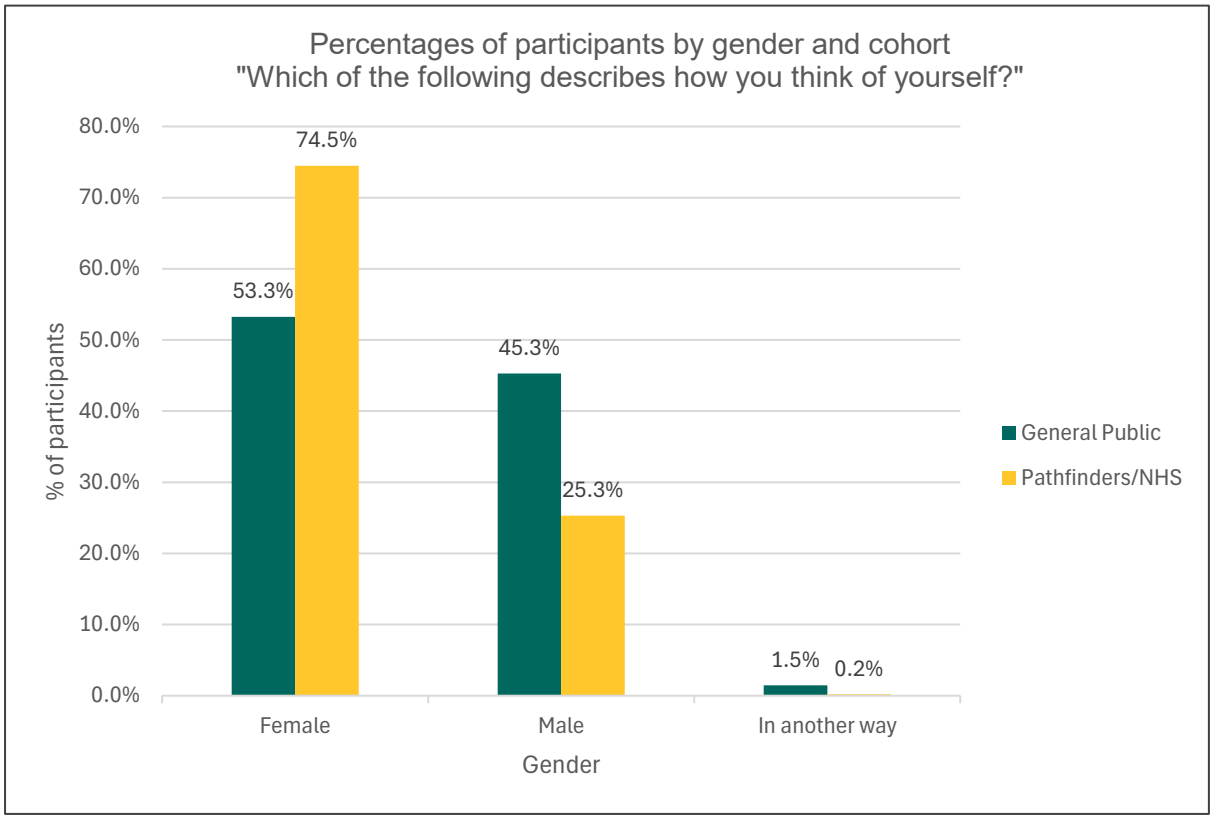
5.3.2 Gender

Figure 5-4 shows the gender profile of each cohort. Female participants accounted for almost 75% of the Pathfinder/NHS cohort. This may partly reflect the client base of some of the services and organisations involved in recruiting participants to this cohort.

By comparison, the General Public group was comprised of 53% females. This suggests a slight over-representation relative to Glasgow's population of which just over 51% are female, as presented earlier in Table 2-1.

Most participants who describe their gender in another way were in the General Public cohort, accounting for approximately 1.5% of the participants.

Figure 5-4 - Gender of Participants



N=941

Table 5-2 below shows the gender percentages. Overall, 64% of participants were female, 35% male and 1% think of themselves in another way.

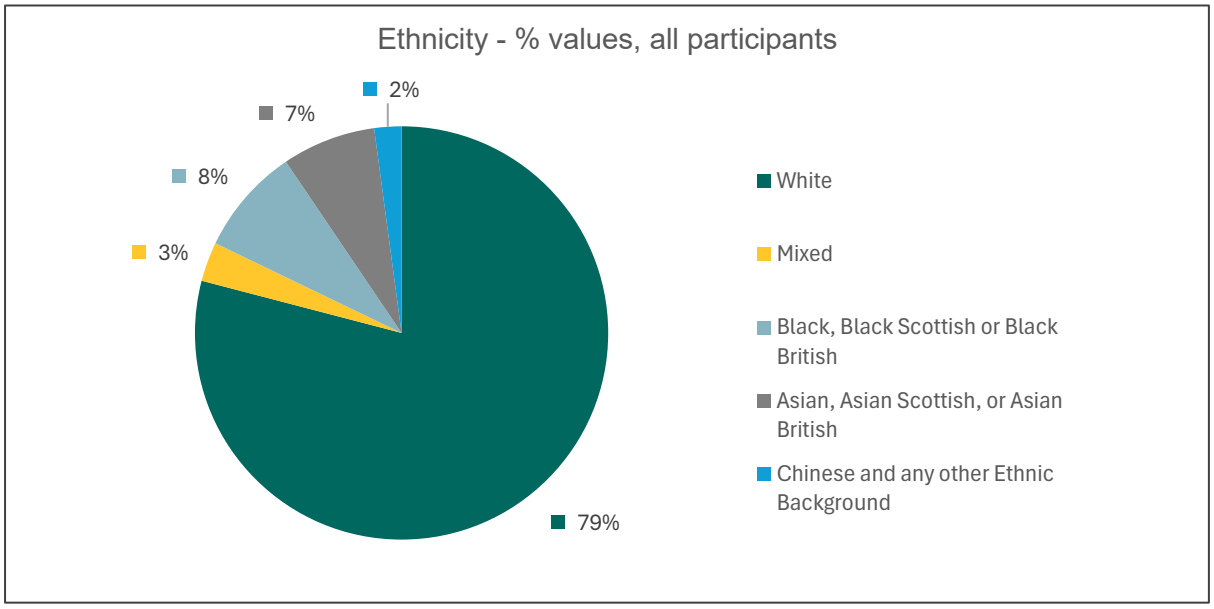
Table 5-2 -Gender profile per cohort by percentage split

	General Public (%)	Pathfinder/NHS (%)	Total (%)
Female	53.3	74.5	63.8
Male	45.3	25.3	35.4
In another way	1.5	0.2	0.9
Totals	**100%**	**100%**	**100%**

5.3.3 Ethnicity

Almost 80% of all participants identified as belonging to a White ethnic group, including 60% overall identifying as White Scottish. People from Black, Black Scottish or Black British ethnic groups accounted for 8% of the total, while 7% identified as Asian, Asian Scottish or Asian British. A further 3% identified as having a mixed ethnic background, and 2% as Chinese or belonging to another ethnic group.

Figure 5-5 - Ethnicity of all participants

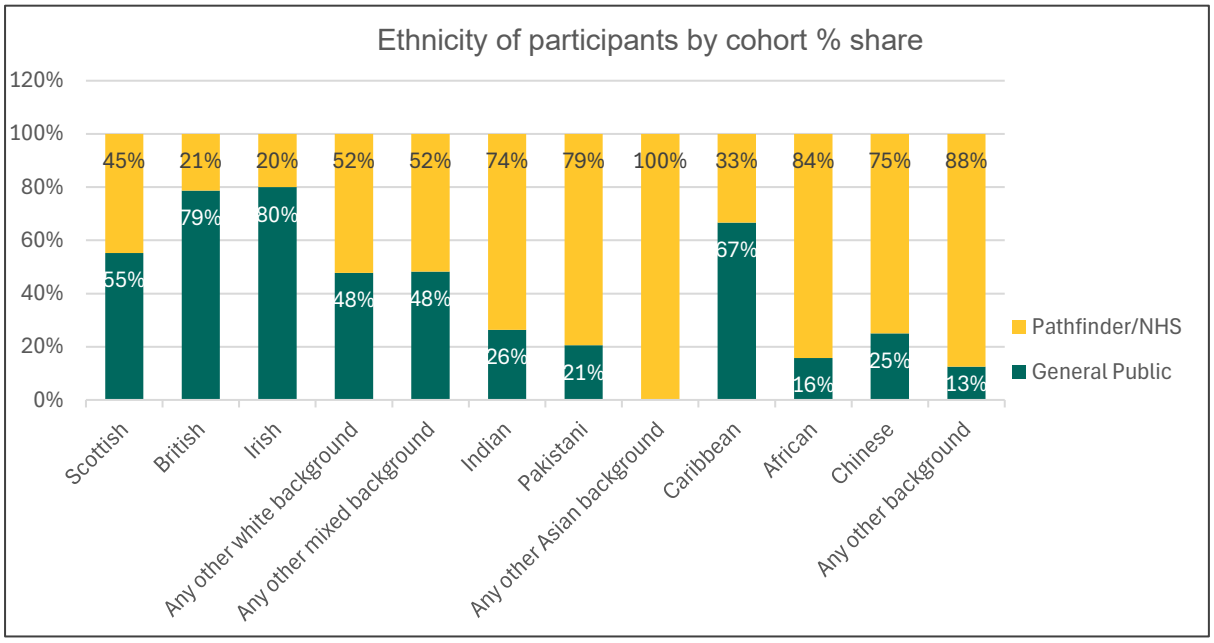


N=941

The ethnic profile varied between the two cohorts. The General Public group included a higher proportion of participants identifying as White Scottish, Other British or Irish. It also included a higher proportion identifying as Caribbean, although this represented only 3 participants. Four participants in this cohort identified as Chinese. By comparison the Pathfinder/NHS cohort included higher proportions of participants

identifying as Indian, Pakistani, African, Chinese, from another Asian background or another ethnic background. **Figure 5-6** represents the percentage distribution of ethnic by cohort.

Figure 5-6 - Ethnicity of participants by cohort percentage share



N=941

As shown in **Table 5-3** approximately 91% of the General Public cohort identified as White. Compared with the Glasgow population data in Table 2-1, this indicates an over-representation of White ethnic groups within this cohort by approximately 10%. Correspondingly participants from other ethnic groups were under-represented. These comparisons should be interpreted with some caution as the ethnic group categories used for the Pilot survey may not align exactly with those used in the Glasgow population data.

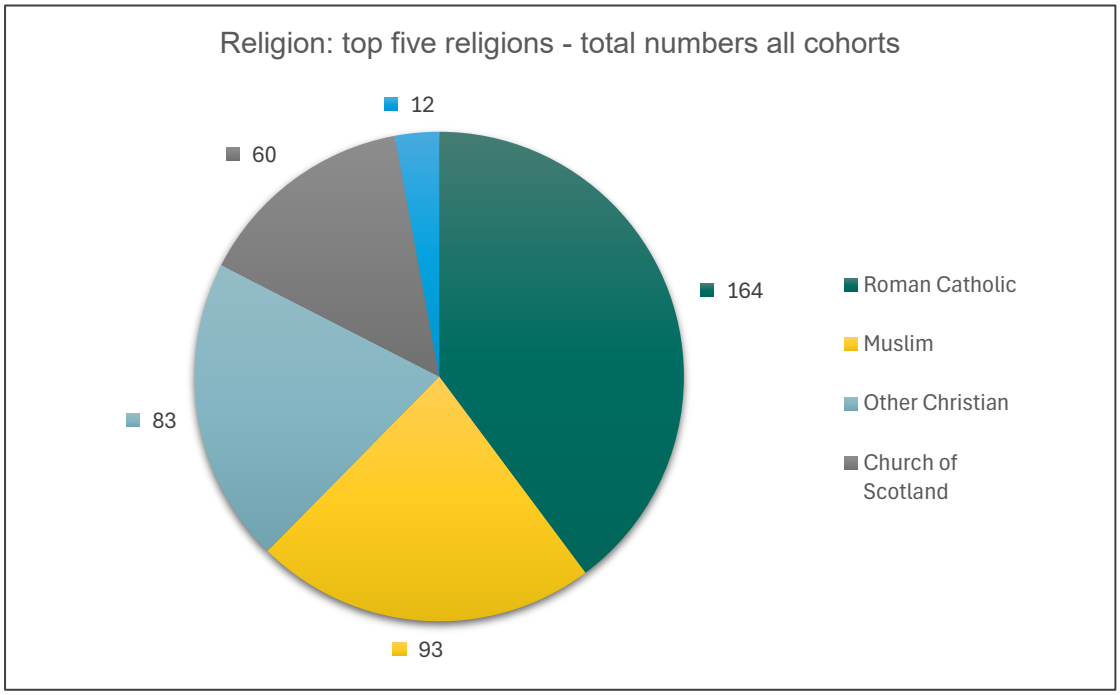
Table 5-3 - Ethnicity representation within each cohort - percentages

	General Public %	Pathfinder/NHS %	% Totals
Asian, Asian Scottish, or Asian British	2.5	12.2	7.3
Black, Black Scottish or Black British	2.9	13.9	8.4
Chinese and any other Ethnic Background	0.6	3.6	2.1
Mixed	2.9	3.2	3.1
White	90.9	67.0	79.1
Totals	**100.0**	**100.0**	**100.0**

5.3.4 Religion

Across all cohorts, 518 (54%) people stated they followed no religion. Following this the most noted religions were Roman Catholic (17.4% of participants), Muslim (9.4%), other Christian (8.6%), Church of Scotland (6.5%) and Hindu (1.3%).

Figure 5-7 - Religion of participants by numbers – all cohorts

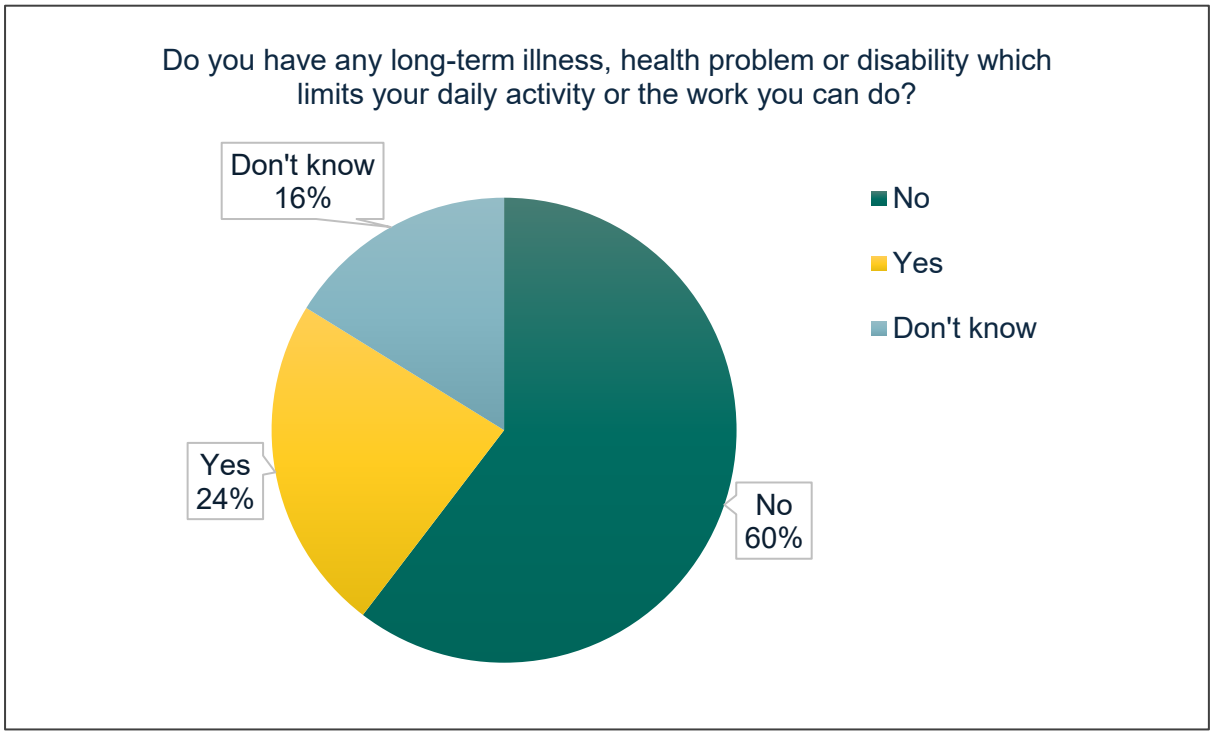


N=412 (number from FPTP who answered that they had a religion)

5.3.5 Disability

Overall, 60% of participants stated they did not have a long-term illness, health problem or disability which limits their daily activity or the work they can do.

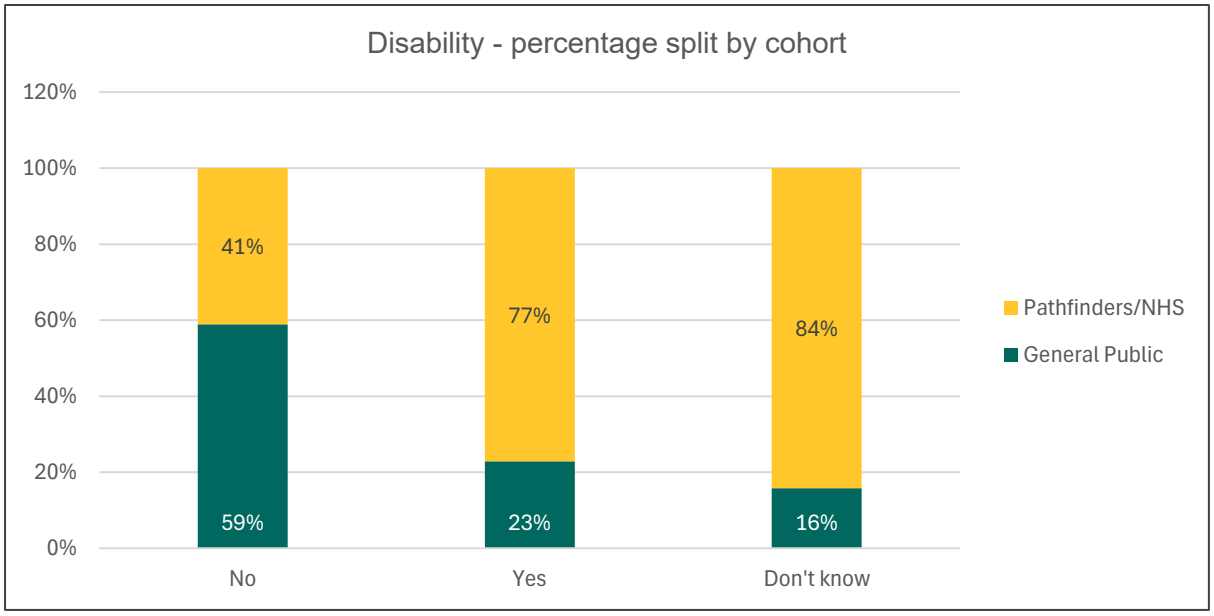
Figure 5-8 - Disability – all participants percentage split



N=941

The biggest proportion of those stating that they do have a disability, were in the Pathfinder/NHS cohort.

Figure 5-9 - Disabilty percentage split by cohort



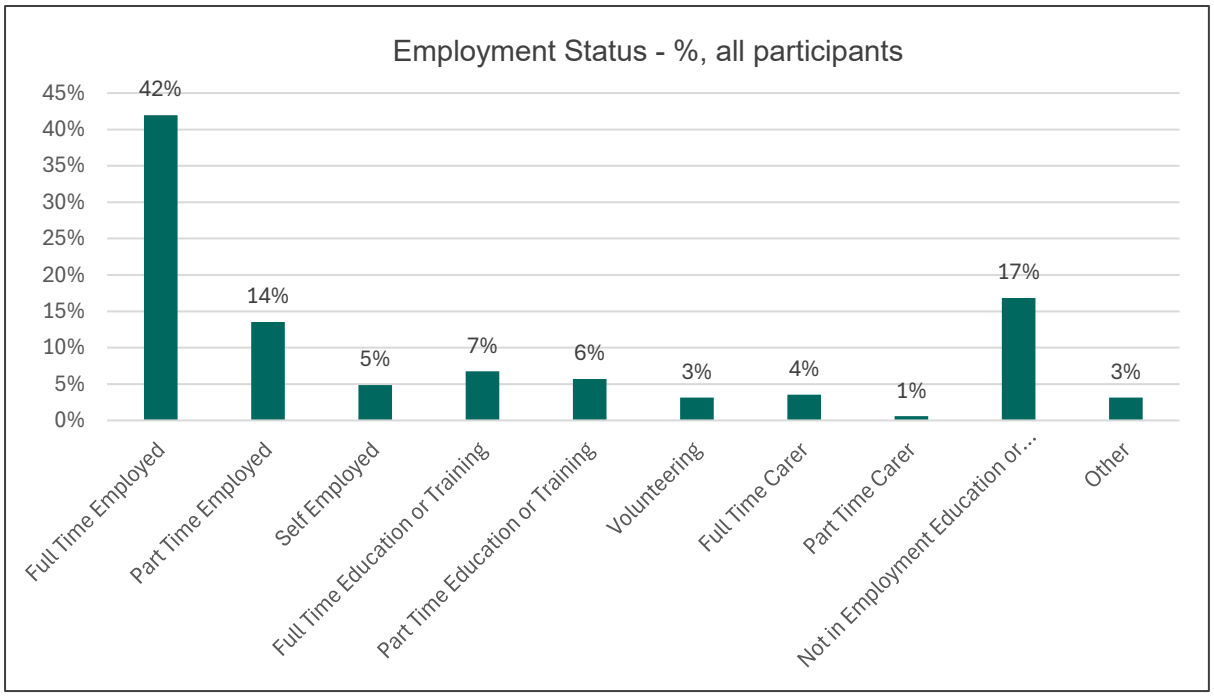
N=941

5.4 Work Status

5.4.1 Current Situation

In answer to the question, 'Which of the following best describes your current situation', participants were able to tick all that applied of the answer statements. 61% of all participants were in some form of employment, including self-employed. 12% were undertaking some form of education or training, while 17% were neither employed nor in education or training. In total 4% of participants are performing an unpaid caring role, for example for a relative or friend.

Figure 5-10 - Employment status percentage split, all participants

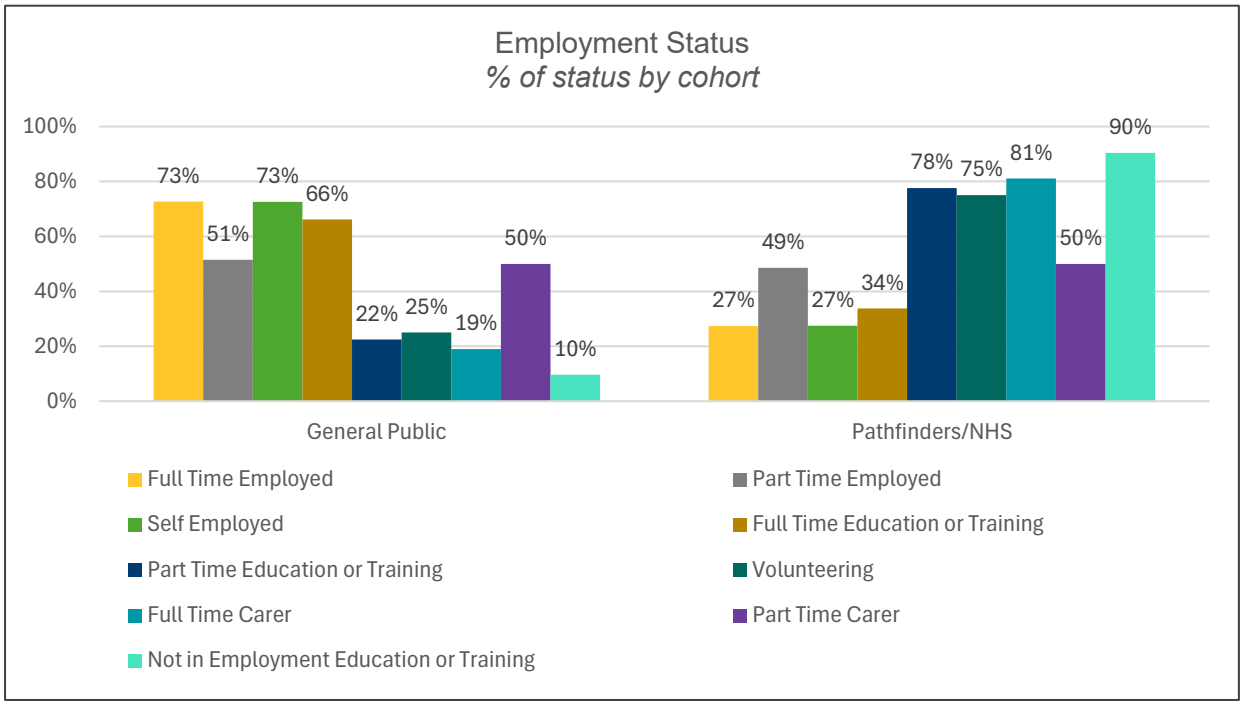


(N=941 participants, 1026 status responses)

Considering employment status, the highest proportions of those 'not in employment, education or training' (90%), 'full time carers' (81%) and 'volunteering' (75%) were within the Pathfinders/NHS cohort.

The General Public group contained the highest proportions of those in 'full time employed' (73%), 'self-employed' (73%) and in 'full time education or training' (66%).

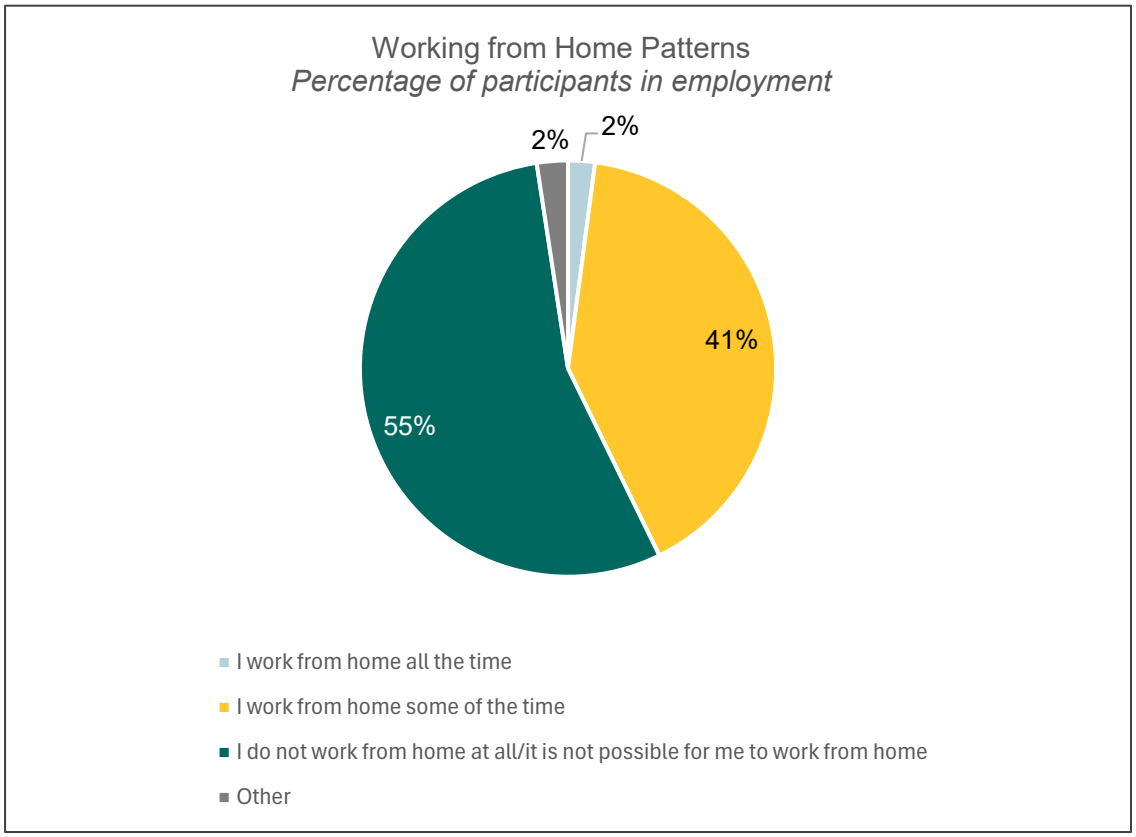
Figure 5-11 - Employment status – percentage share of cohort



5.4.2 Working from Home Patterns

Participants indicating they were in employment were asked whether they ever work from home instead of travelling to their place of work. Of those participants responding, over half (55%) said that they did not/ were not able to work from home at all. A significant proportion – 41% - indicated that they do work from home for some of the time. Only a very small proportion – 2% - indicated that they always work from home.

Figure 5-12 - Working from home pattern – percentage split of participants in employment

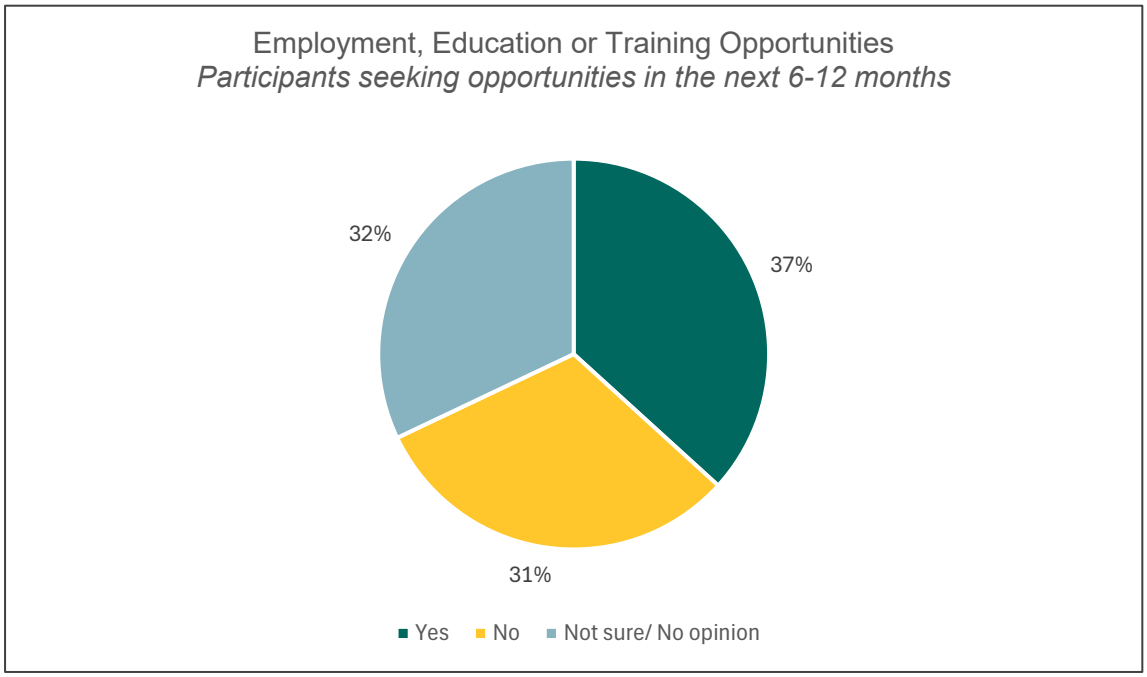


(N=622)

5.4.3 Not in Employment, Education or Training

Participants not currently working and/or in training or studying were asked whether they would like to be within the next six months. The responses across both cohorts was almost equally divided, with 37% overall agreeing but with 31% stating ‘no’ and 32% stating they were ‘not sure’.

Figure 5-13 - Participants seeking Employment, Education or Training Opportunities – percentage split



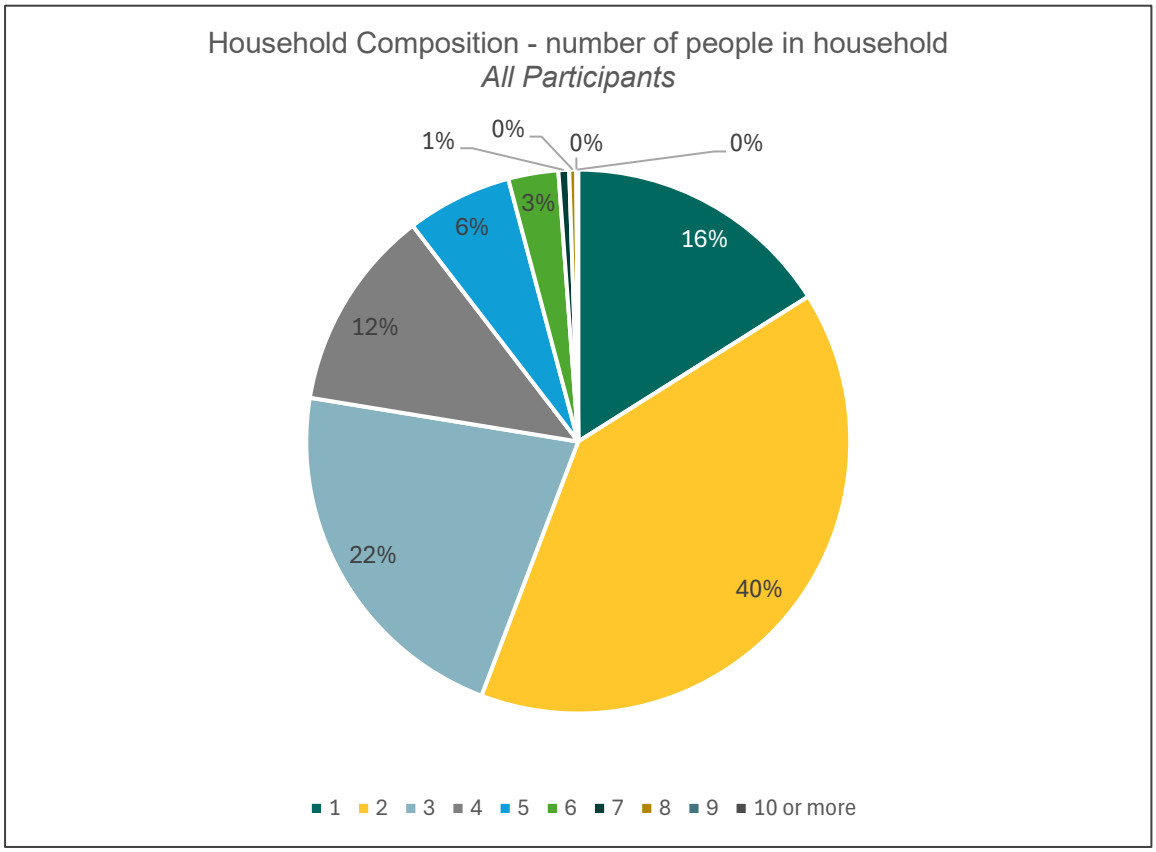
(N=234)

5.5 Household Composition

5.5.1 Number of People in Household

Overall, most participants (40%) were from a household comprising 2 people. 16% were from a single-person household, with 22% from a three-person household.

Figure 5-14 - Household composition – all participants percentage split

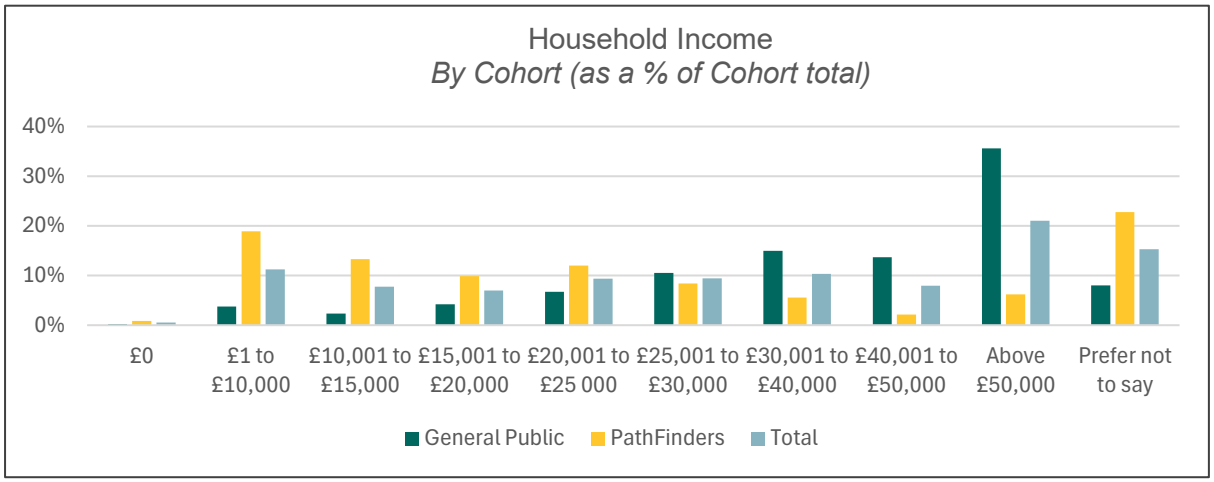


(N=941)

5.5.2 Household Income

Participants were asked to estimate their household total annual income, with a range of value bandings provided to select from. Of those who provided this information, the General Public cohort represented participants with the highest household incomes. In total 65% of participants in this cohort had an annual household income of at least £30,000, while 14% of the Pathfinders/NHS cohort had incomes at this level. 33% of the Pathfinders/NHS cohort represented those with the lowest incomes (below £15,000).

Figure 5-15 - Household income by cohort



(N=941)

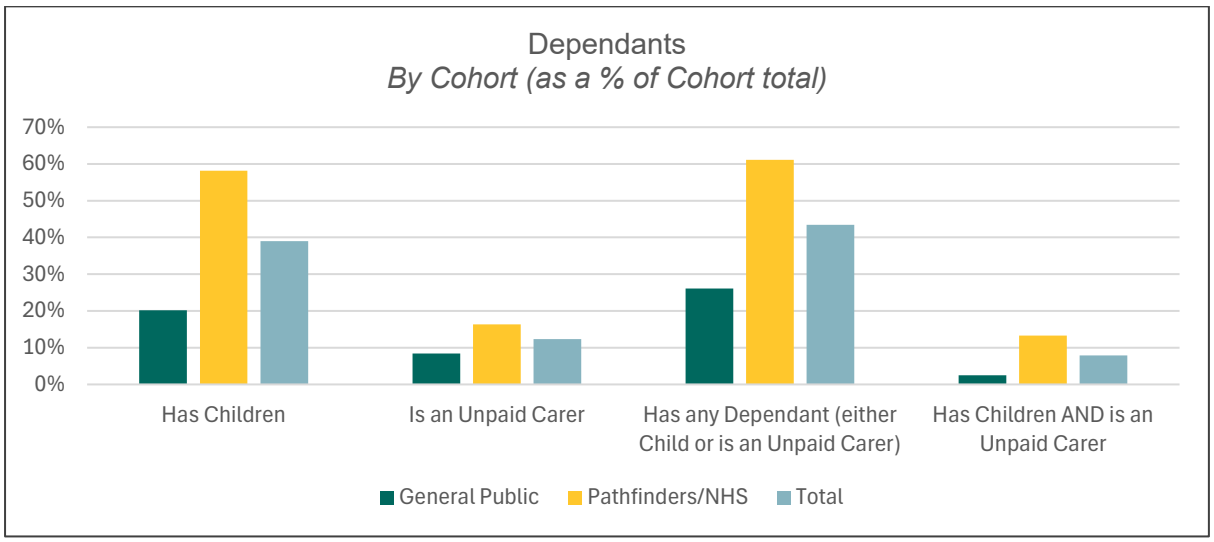
5.5.3 Children, dependants and other caring responsibilities

Participants were asked whether their household included children or dependants within it and, if so, how many. Similarly, participants were asked whether they were an unpaid carer and, if so, how many people they cared for. (Those people being cared for may be outwith the participant's household.)

The responses have been graphed together in the following bar chart, which shows that the Pathfinder/NHS cohort was far more likely to have children and / or dependants within their household than the General Public cohort.

Participants within the Pathfinder/NHS cohort were also far more likely than those within the General Public group to be an unpaid carer. (N=941)

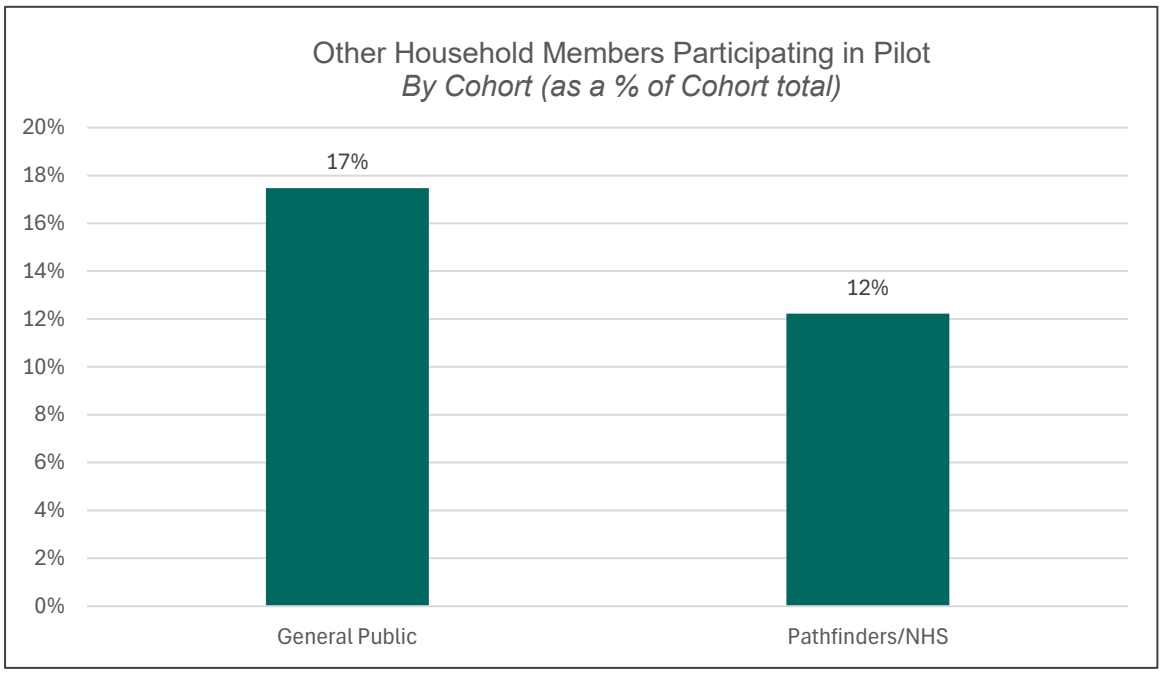
Figure 5-16 - Dependants by cohort



5.5.4 Household participants in the Pilot

Participants were asked, "Is another member of your household also taking part in this pilot?" and in response 17% of General Public and 12% of Pathfinders/NHS participants stated they were part of a household with multiple participants in the Pilot. Multiple participants within one household were accepted within the Pilot to prevent sharing a ZoneCard among more two or more people, which would likely have distorted the travel data collected.

Figure 5-17 - Households per cohort with multiple pilot participants



(N=941)

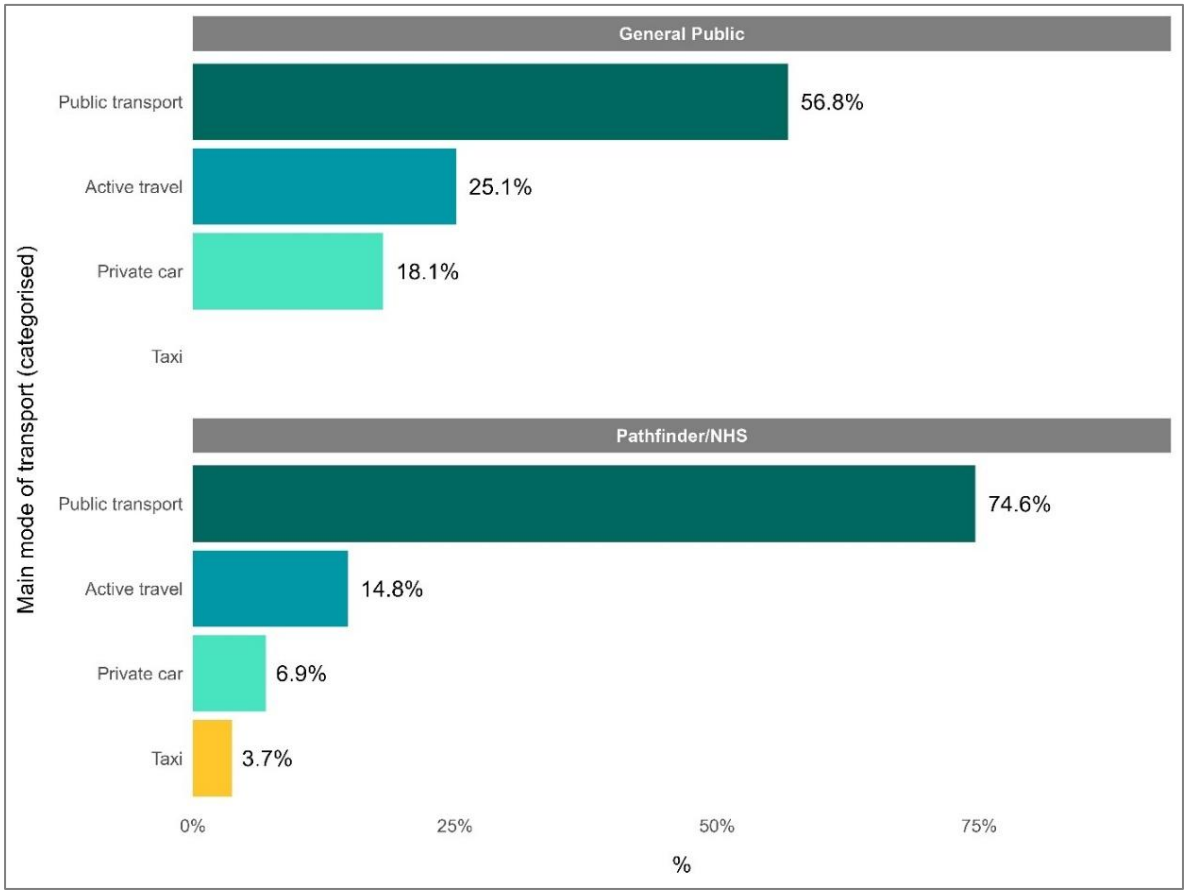
5.6 Baseline Travel Patterns

5.6.1 Main Mode of Travel

Participants were using a range of modes of transport as their 'main mode'[18] pre-pilot. Many participants were using public transport modes, while a significant proportion identified walking and driving a car as their main mode.

Figure 5-18 shows the main mode of transport reported by participants at the pre-pilot ('baseline') stage. Transport modes are grouped into four categories: **public transport** (bus, train, subway), **active travel** (walking, wheeling, cycling), **private car** (as driver or passenger) and **taxi**.

Figure 5-18 - Baseline Main Mode – by Cohort



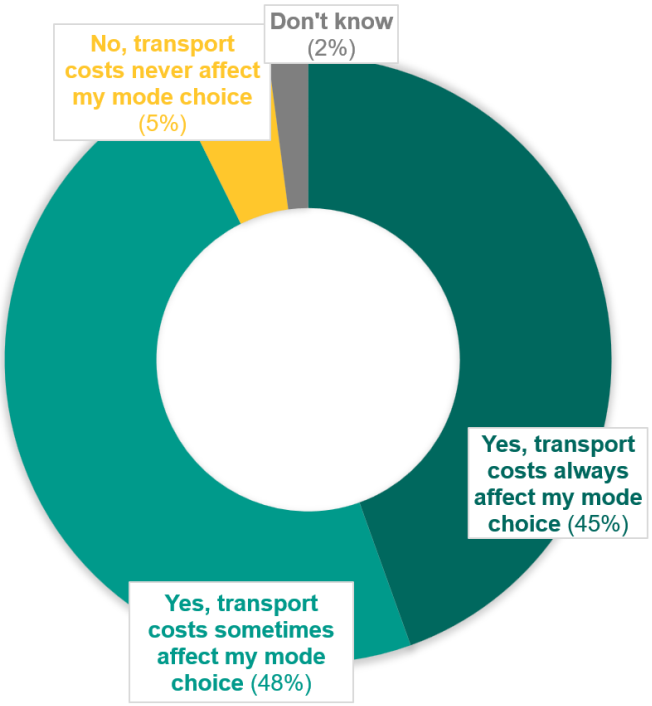
Source: HDRC (2026)

[18] Defined as the mode of transport **most-used** by participants for day-to-day purposes, while recognising that they may use different forms of transport over the course of a day.

Public transport modes represent the most common modes of transport used by participants; approximately 66% of all participants were travelling by public transport pre-pilot, while 12% were using private transport and 20% using active modes (and 2% by taxi).

Bus was the most commonly used mode of travel, with over 40% of participants identifying it as their main mode. Across cohorts, the Pathfinder/NHS cohort recorded the highest proportion of bus users, with approximately 73% identifying the bus as their main mode, compared with 27% of the General Public cohort. The use of taxis was also notable amongst the Pathfinder/NHS cohort who represented 100% of taxi users. For most other modes, the General Public cohort had a higher share of users. This difference is most pronounced for driving a car and cycling, and for travel by train and subway. However, walking was reported as an important mode of transport for both groups.

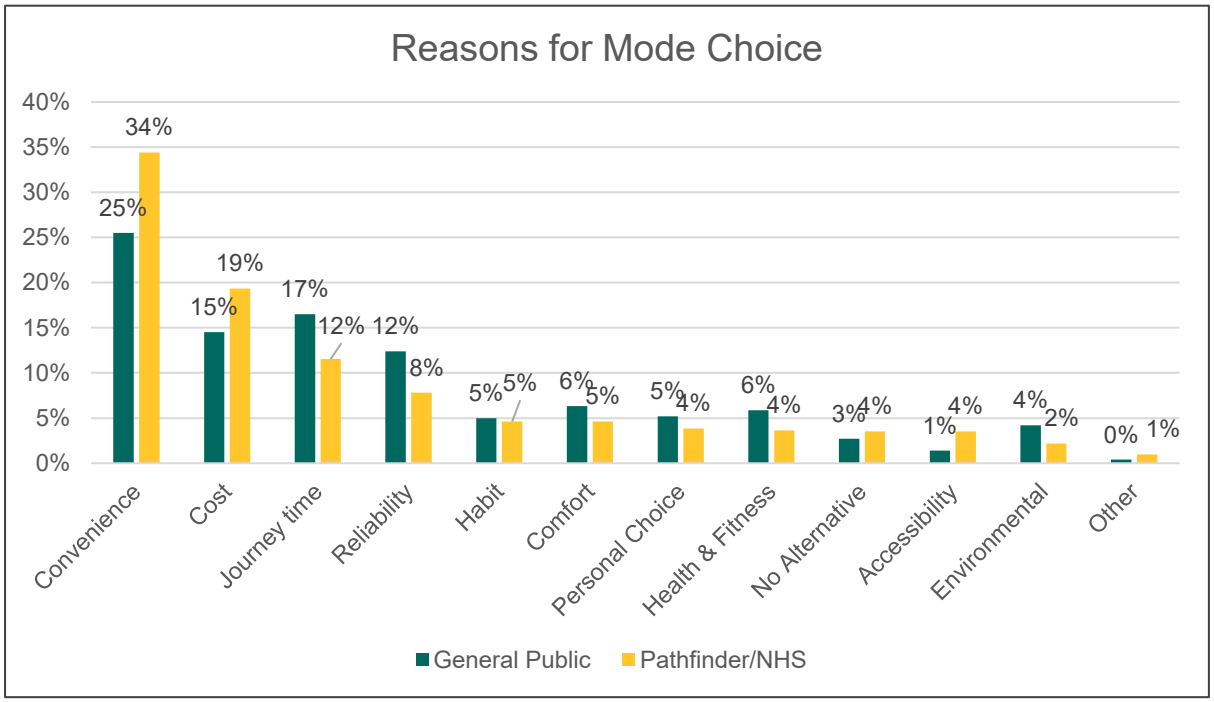
Figure 5-19 – Transport costs affecting mode choice:



Transport costs were established as a primary influence on mode choice, with 93% of all participants describing cost to affect the mode of transport they use, as shown in **Figure 5-19**.

Other factors influencing mode choice were also assessed and convenience, cost and travel time were identified as the top three amongst all participants. **Figure 5-20** shows some variation between the two cohorts in terms of reasons for mode choice, with convenience and cost proving most significant for the Pathfinder/ NHS cohort and journey time and reliability more influential in decision-making for the General Public cohort.

Figure 5-20: Reasons for Main Mode Choice Pre-Pilot – by Cohort

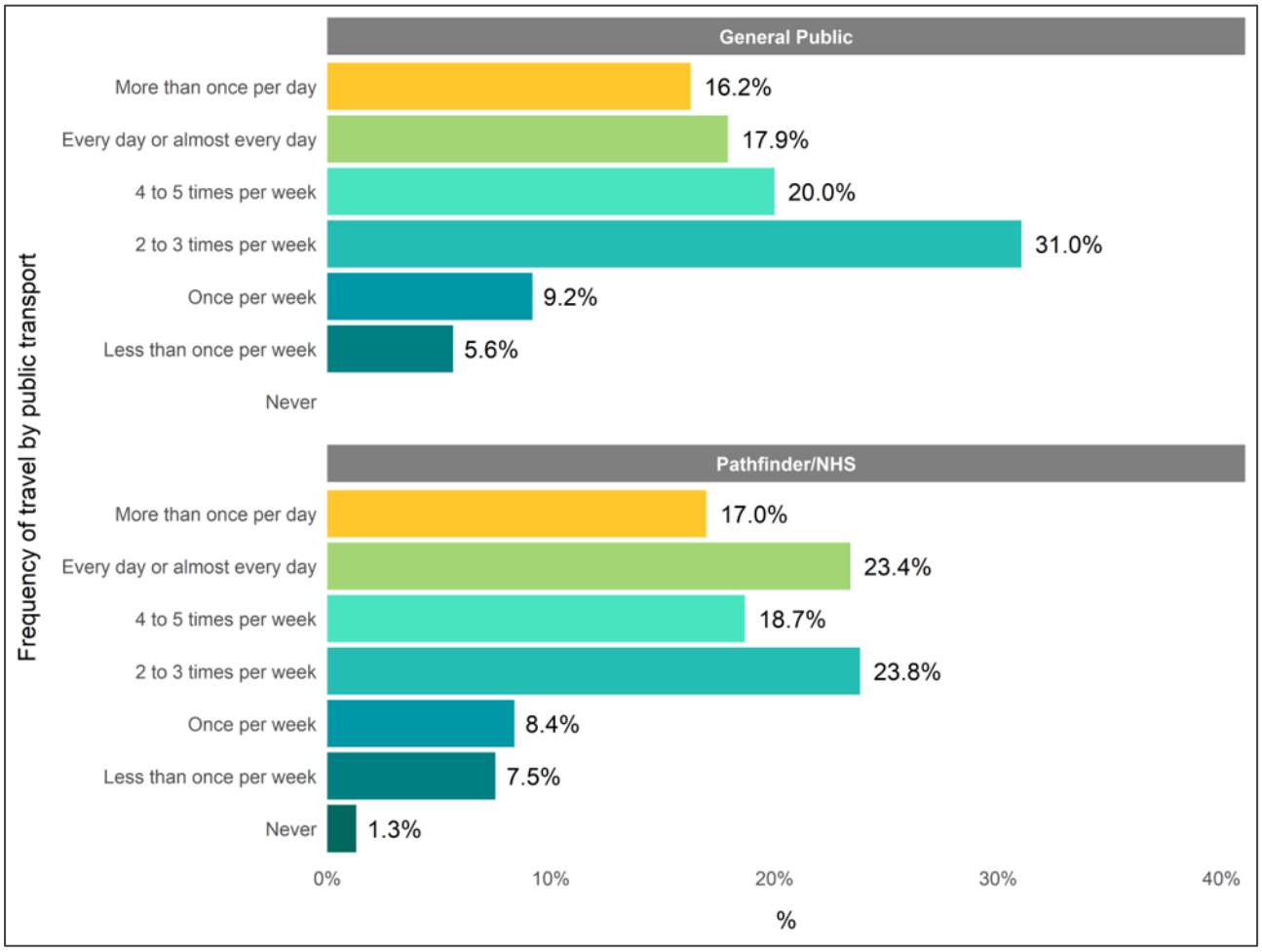


5.6.2 Current Use and Experience of Public Transport

Nearly all participants reported having used public transport before the Pilot, with 99% indicating that they travel by public transport and only 1% stating that they never use public transport.

Participants reported relatively frequent use of public transport modes. **Figure 5-21** shows how often each cohort normally uses any form of public transport (taking the highest frequency across bus, train, subway) at survey 1, pre-pilot.

Figure 5-21: Frequency of Public Transport Use at Baseline (Survey 1)

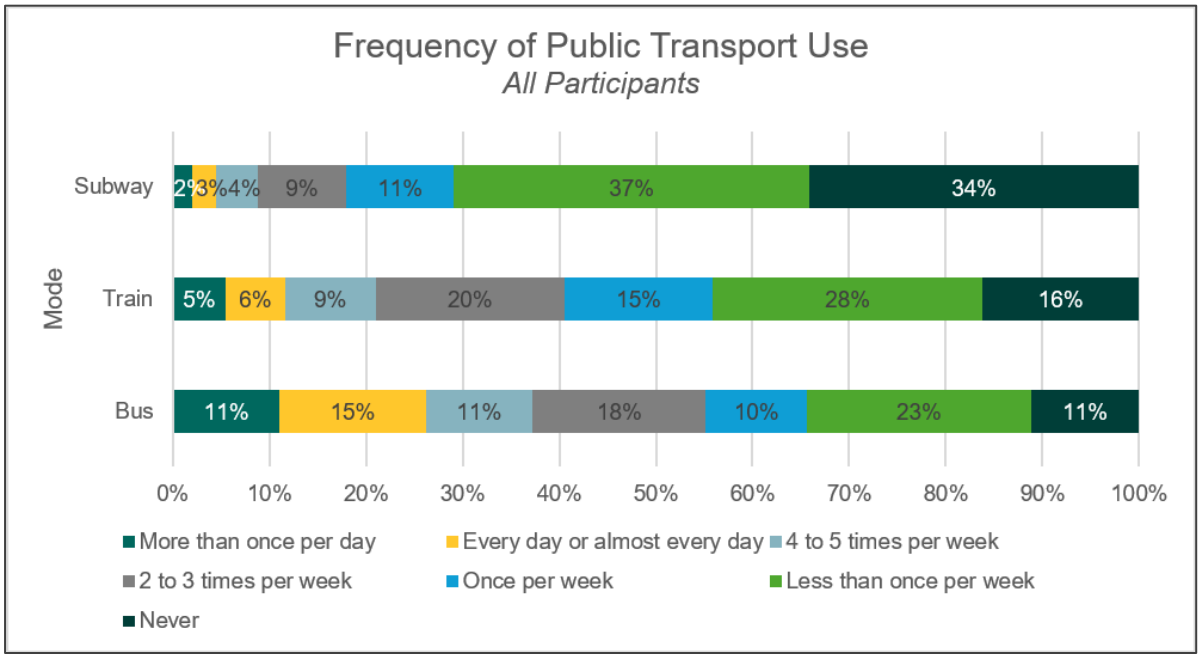


Source: HDRC (2026)

Across both cohorts, most participants normally use public transport 2 to 3 times per week. More frequent use is seen amongst participants in the Pathfinder/NHS cohort, with 17% using public transport more than once per day and 23% every day/ almost every day, in comparison to the General Public cohort of which 16% use public transport more than once per day and 18% every day/ almost every day.

The use of each mode of public transport has also been assessed. **Figure 5-22** shows the frequency of use for bus, train and subway services across both cohorts.

Figure 5-22: Frequency of Public Transport Use by Mode – All Participants



Source: HDRC (2026)

A higher percentage of participants were found to use the bus on a daily basis (11% more than once per day and 15% every day or almost every day), in comparison to train and subway. While one fifth (20%) reported using the train 2-3 times a week, the most common frequency of use for both train and subway was ‘less than once per week’.

Participants describe using public transport for a variety of reasons, but the most common reasons cited were *being unable to drive* (44% of participants) and *financial savings compared to other modes of transport available* (43% of participants). Many of those who agreed that public transport was the most economical mode of transport available to them lack access to private transport; 68% of this group do not have access to a car and almost 73% do not have access to a cycle.

Satisfaction with public transport services among participants was lower than the average of Glasgow residents; 58% of participants described themselves as ‘very satisfied’ and ‘satisfied’, while 72% of Glasgow residents described themselves as 'very satisfied’ and ‘fairly satisfied’ with public transport in the latest Scottish Household

Survey[19]. At the mode level, overall satisfaction among participants was higher for train (66%) and subway services (65%), in comparison to bus services (44%).

Participants described difficulties in using public transport and the most common difficulty encountered amongst the survey sample was the cost of fares, with approximately 59% of all participants reporting that public transport is too expensive. Of those who don't use public transport regularly, the perception of costly fares was greater with 70% of this group reporting public transport is too expensive. (**Section 6.4** discusses barriers to travel – including cost barriers - in more depth).

Other problems frequently experienced by participants include: services are not frequent enough; services are not reliable; and services do not go where people need them to or at the time of day they require them. These perceptions and further issues with public transport identified by participants are explored further in **Section 7**. Almost 30%, however, said that nothing makes public transport difficult for them to use.

Participants were asked whether they usually purchase a form of travel pass, and if they do, whether their employer subsidises this purchase. The use of travel passes[20] amongst participants pre-pilot was moderate, with 30% of the General Public cohort and around 40% of the Pathfinder/NHS cohort buying a form of pre-paid pass. Among those participants indicating they do use a form of pre-paid pass, use of ZoneCard - the pass used to facilitate travel in the Pilot - was low with just 9% normally using this ticket option in comparison to the use of bus passes (33% buy weekly and 27% buy monthly bus passes).

Only very small numbers from each cohort were found to have their travel pass subsidised by their employer: 3% for the General Public and around 5% for the Pathfinder/NHS group.

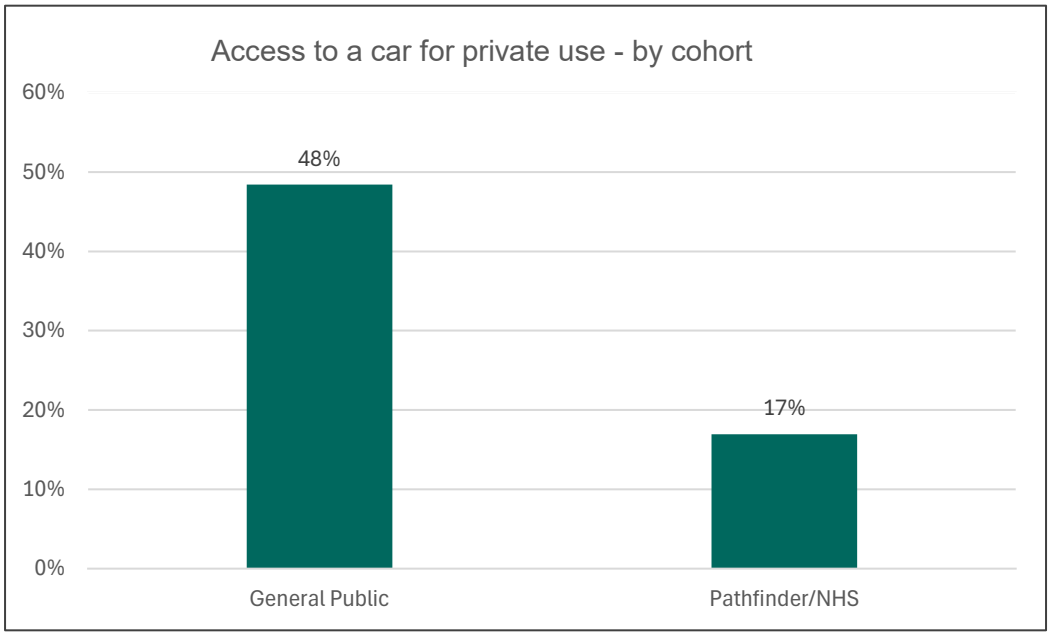
[19]Transport Scotland (2024), 'Transport and Travel in Scotland 2023' available at: https://www.transport.gov.scot/publication/transport-and-travel-in-scotland-2023/

[20] Travel passes include weekly, monthly and annual passes for individual transport operators; the Glasgow tripper pass for multiple bus operators; and ZoneCard for all modes.

5.6.3 Access to Cars and Bicycles

Car ownership[21] amongst participants was lower than the city average, with just 33% of participants having access to a car in comparison to the city average of 50%. This rate, however, was found to vary significantly at the cohort level. Amongst the General Public cohort, car ownership was much higher at 48%, though still slightly below the city average, despite the targeted recruitment of car owners undertaken within this group to assess the impact of fare-free public transport on private car use. By comparison, car ownership among the Pathfinder/ NHS cohort was 17%. This is seen in **Figure 5-23**.

Figure 5-23: Access to Cars – by Cohort



(N=941)

Access to a cycle[22] amongst participants was 27% which is slightly elevated in comparison to the city average of 25%. At the cohort level, a similar trend to car ownership was observed in which a greater proportion of the General Public cohort (42%) have access to a bike than the Pathfinder/ NHS cohort (11%).

[21] Survey 1 question asked, "Do you own or have access to at least one car or van that you can use for your day-to-day travel?". Access to a car may have included used of Co-Wheels.
[22] Access to a cycle may have included membership of the Glasgow public cycle share scheme run by Voi Technology Ltd.

Overall access to private transport[23] amongst participants has been mapped at the city level in **Figure 5-24**. The map also shows those without access to private transportation.

Figure 5-24: Distribution of participants with / without car or cycle access

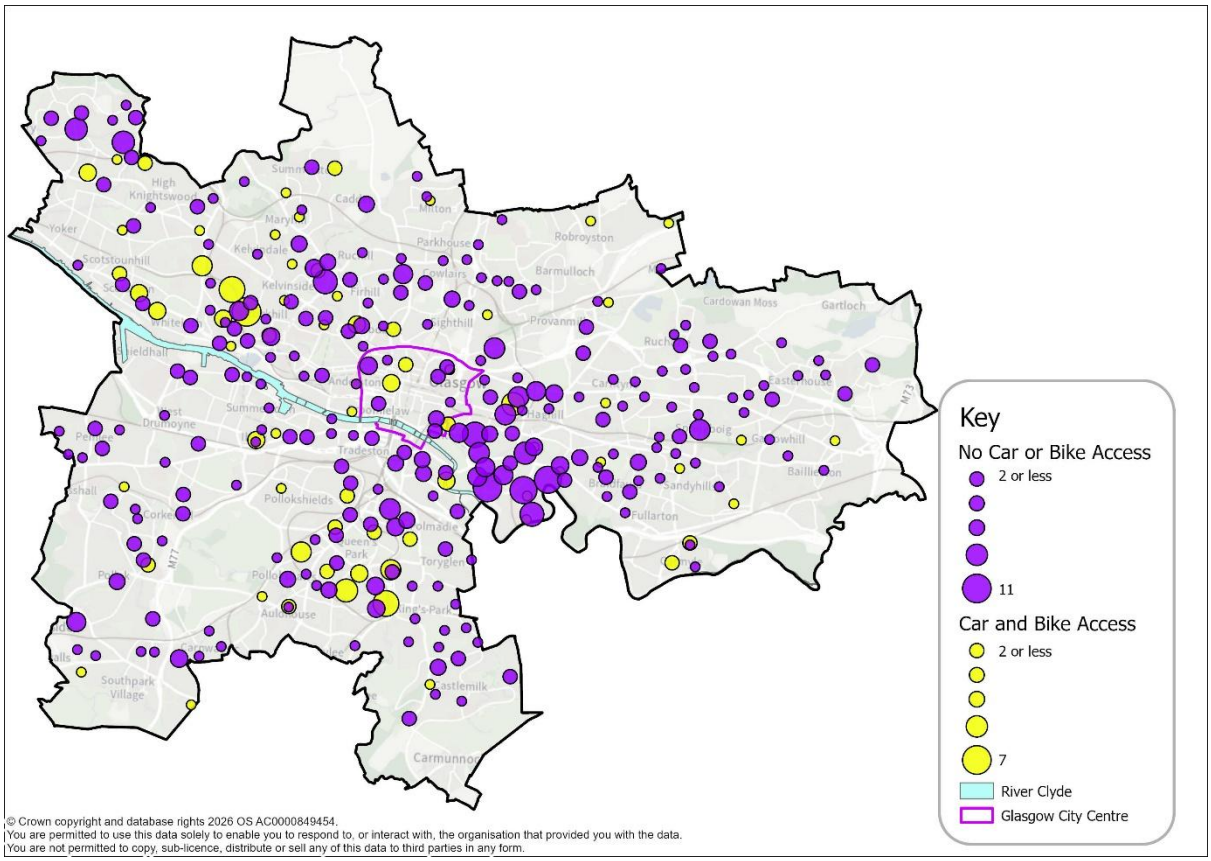


Figure 5-24 illustrates a clear concentration of participants without access to a car or bicycle in inner-city areas, most notably in the Calton ward area. Participants with access to both a car and a bicycle are distributed more evenly across the city, with small clusters located in the West End and Southside. These patterns indicate that residents in some inner-city neighbourhoods may be more reliant on public transport and other non-private modes of travel.

5.7 Summary

Overall, the Pilot engaged a diverse group of Glasgow residents, including participants from a range of ages, backgrounds, household circumstances and with varying access

[23] Transport modes are classified as private if they are restricted to a single person or household and their friends or relatives, such as a car or motorcycle.

to both public and private transport options, providing a broad basis for assessing the impacts of fare-free public transport.

Although the General Public cohort was recruited to provide a broadly representative cross-section of Glasgow residents, it did not fully reflect the demographic profile of the city's population. In particular, younger adults, female participants and people identifying as White were over-represented. The findings for this cohort should therefore be interpreted with these differences in mind and should not be assumed to be fully representative of Glasgow's population as a whole.

Key characteristics of pilot participants can be summarised as follows:

- Most participants were aged 22-34 years (43%), with smaller proportions in older age categories. Overall, 64% of participants were female, 35% were male, and around 1% identified in another way. Young adult and female participants were over-represented within the General Public cohort, in comparison to Glasgow's population figures.
- Most participants (79%) identified as being from a White ethnic background, while 8% identified as Black, 7% as Asian, 3% as Mixed ethnicity and 2% as Chinese or another ethnic background. Participants identifying as belonging to a White ethnic group within the General Public group were over-represented in comparison to Glasgow's population figures, and accordingly participants from other ethnic groups were under-represented.
- Most participants (82%) reported not having a long-term illness, health condition or disability that limits daily activities or work.
- In terms of economic activity, 61% of participants were in employment or self-employment, while 12% were undertaking education or training. A further 17% were not in employment, education or training.
- Participants generally lived in smaller households, with the most common household size being two people (40%), followed by three people (22%) and single-person households (16%).
- Access to private transport was lower than the Glasgow average. Around 33% of participants had access to a car, compared with approximately 50% city-wide, while 27% had access to a bicycle. However, approximately half of all

participants were recruited through Pathfinder programmes which support people experiencing financial and social barriers to transport. This lower level of access to private transport was therefore expected.

- Participants without access to a car or bicycle were concentrated in inner-city areas, suggesting some participants had a reliance on public transport and walking as a mode of transport before the Pilot.
- Almost all participants (99%) reported using public transport previously and bus travel represented the most common main mode of transport.
- Participants reported relatively frequent public transport use, with most using public transport services at least two to three times per week. More frequent use of public transport was observed among the Pathfinder/NHS cohort.

6 Key Outcomes

6.1 Overview

This chapter presents the initial findings of the Pilot, across the Pilot period and by cohort, as established using data from the three surveys. Survey 1 identifies the baseline and was treated as an 'unexposed' time point before the Pilot, while follow-up surveys (surveys 2 and 3) occurred during the Pilot and reflect specifically on periods when fare-free public transport was available to participants.

Both quantitative and qualitative methods were employed to evaluate the effect of fare-free public transport on participants and to measure the effect on the following outcomes which were anticipated at the Pilot planning phase:

- Increased journeys by public transport
- Modal shift from private cars to public transport
- Removal of barriers to mobility
- Improved access to services and opportunities.

The quantitative research measured and analysed change in participants' travel behaviour and public transport use, with the follow-up surveys providing a statistically robust measure for evaluation of the pilot and identifying areas that have the biggest impact/change. A statistical method called Bayesian analysis was carried out to analyse the survey data. This analysis tests whether the differences seen during the Pilot are likely to reflect real changes in these outcomes, rather than just random chance. Using this statistical method, it is possible to interpret how much the survey results indicate that things are moving in the expected direction, highlighting the strength of evidence with a 95% credible interval[24]. Data was weighted for analysis purposes to account for loss to returns for surveys 2 and 3, and to allow for comparison across the three survey waves.

A complete overview of the approach to and findings of the quantitative research, undertaken by HDRC Glasgow, is provided in **Appendix G**.

[24] 95% credible intervals are presented in Appendix G.

The qualitative findings are drawn from the review and thematic analysis of more than 4,000 open-text survey responses where participants were invited to provide additional reflections on their experiences of the Pilot and the impact that it had. Open-text responses were reviewed and analysed systematically to capture emergent sentiments, experiences and issues raised regarding the Pilot. Codes were then grouped according to the Pilot's priority outcomes. Qualitative findings were triangulated with insights from in-depth interviews to gain a more detailed understanding of the participants' lived experiences of the Pilot and how improved access to transport supports economic and social interactions. Two further outcomes of the Pilot were developed as a result:

- Improved Health and Wellbeing
- Reconnecting with the City

The findings which follow are structured around all six themes emerging from participant experiences.

6.2 Outcome 1: Increased Journeys by Public Transport

Increased public transport usage was defined as an early success criterion for the Pilot. The impact of fare-free travel on the number of public transport journeys made by participants can be measured across the baseline and follow-up surveys, which asked how frequently participants used all modes of transport from "more than once per day" (most frequent) to "never" (least frequent). In the follow-up surveys, participants also self-reported increases in public transport use across the Pilot period.

It is noted that the increased use of public transport may represent a combination of **increased travel**, where people who already used public transport made more journeys than normal during the Pilot period, as well as **modal shift**, where people who usually travel by private car/vans, active travel and taxis choose to use public transport instead. Modal shift is referenced as one reason for the increased use of public transport observed and is discussed in more detail in **Section 6.3** as an important standalone outcome of the Pilot.

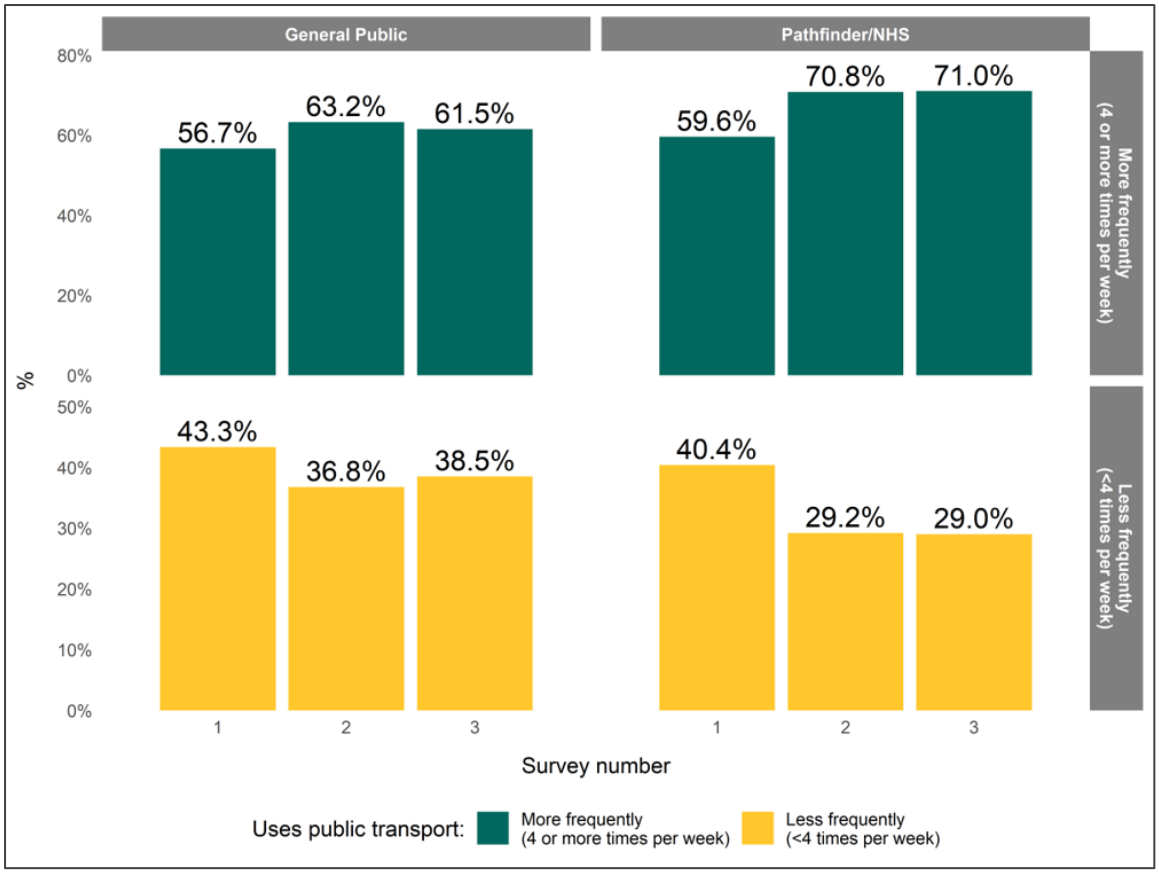
Sections 6.2.1 to **6.2.4** present analysis on the frequency of use of private cars and vans, active travel and taxis, for comparison with changing public transport use before and during the Pilot.

6.2.1 Use of Public Transport

Comparisons between the baseline and follow-up surveys suggest that fare-free public transport encouraged more frequent use of public transport services over the six-week period.

At baseline, 56% of the General Public cohort and 59% of the Pathfinder/NHS cohort reported using public transport *frequently* (defined as four or more times per week). These percentages were observed to increase during the Pilot period, with a greater proportion of each cohort choosing to use public transport more frequently. The changes in the frequency of use are shown in **Figure 6-1**, which presents the proportion of each cohort using public transport less frequently (fewer than four times per week) and more frequently (four or more times per week) across the Pilot period.

Figure 6-1 - Reported Frequencies of Using Public Transport - by Survey and Cohort



Source: HDRC (2026)

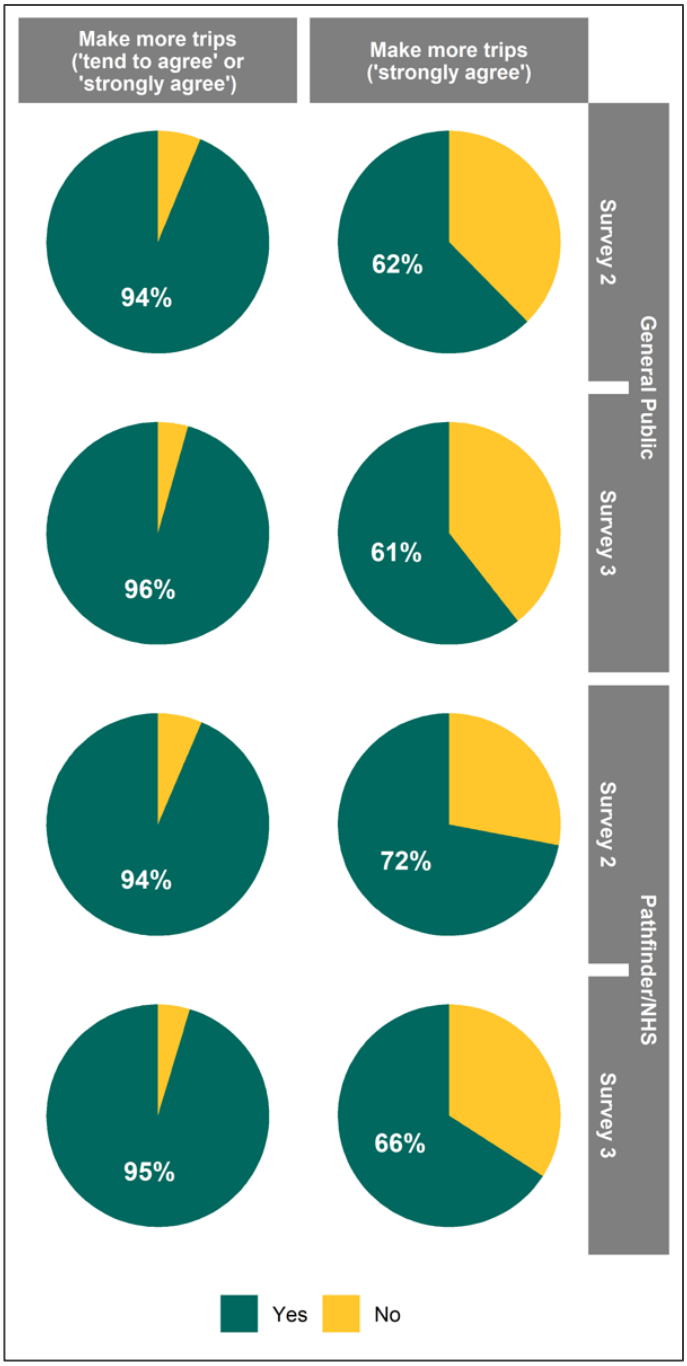
The largest change was observed amongst Pathfinder/NHS participants with those using public transport more frequently increasing from 59% at baseline to 70% in survey 2, and 71% in survey 3. Accordingly, less frequent use of public transport declined at surveys 2 and 3, indicating that the removal of the fare barrier encouraged participants to make more journeys using public transport during the Pilot.

More frequent use of public transport amongst General Public participants increased from 56% at baseline to 63% in survey 2, and 61% in survey 3.

In surveys 2 and 3, participants were also asked about the impact of fare-free public transport on the number of trips they usually make. **Figure 6-2** charts participants' levels of agreement ('agree' overall or 'strongly agree') around the statement: *'I am making more trips using public transport than I would have without free public transport'*. Linked statements included more trips to already visited places, more journeys to new places, and more journeys by public transport as a substitute for other modes. A response of 'agree' or 'strongly agree' was taken as evidence of increased travel by public transport.

Figure 6-2 shows the majority of both cohorts either agreed or strongly agreed that they were making more trips because of the pilot, with 96% of General Public participants agreeing or strongly

Figure 6-2 - Participants Reporting Increasing Travel due to the Pilot – by Cohort



Source: HDRC (2026)

agreeing with at least one ‘more trips’ statement and 95% (of Pathfinder/NHS participants agreeing at survey 3.

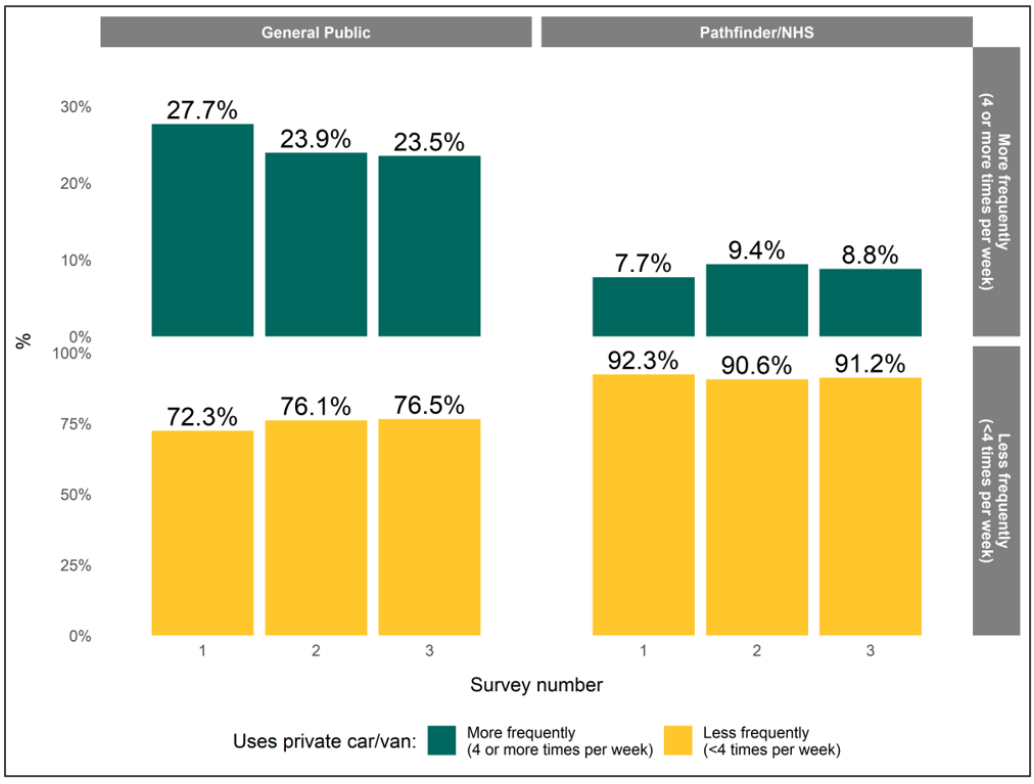
The proportion of those who strongly agreed participation in the Pilot led to them making more trips increased between surveys 2 and 3, as participants reflected on their experience as a whole.

6.2.2 Private Car/ Van Use

Use of private cars/ vans among participants varied at baseline, with 27% of General Public participants and 7% of Pathfinder/NHS participants travelling this way *frequently* (4 or more times a week). Overall, both cohorts reported using private cars or vans less frequently than public transport before the Pilot.

During the Pilot period, the proportion of General Public participants using private vehicles *frequently* decreased from 27% at baseline to 23% in survey 3. With Pathfinder/ NHS participants being less frequent car users at baseline, there was little noticeable change in frequency of use of cars amongst this group. This is shown in **Figure 6-3**.

Figure 6-3 - Reported Frequencies of Using Private Car/Van – by Survey and Cohort

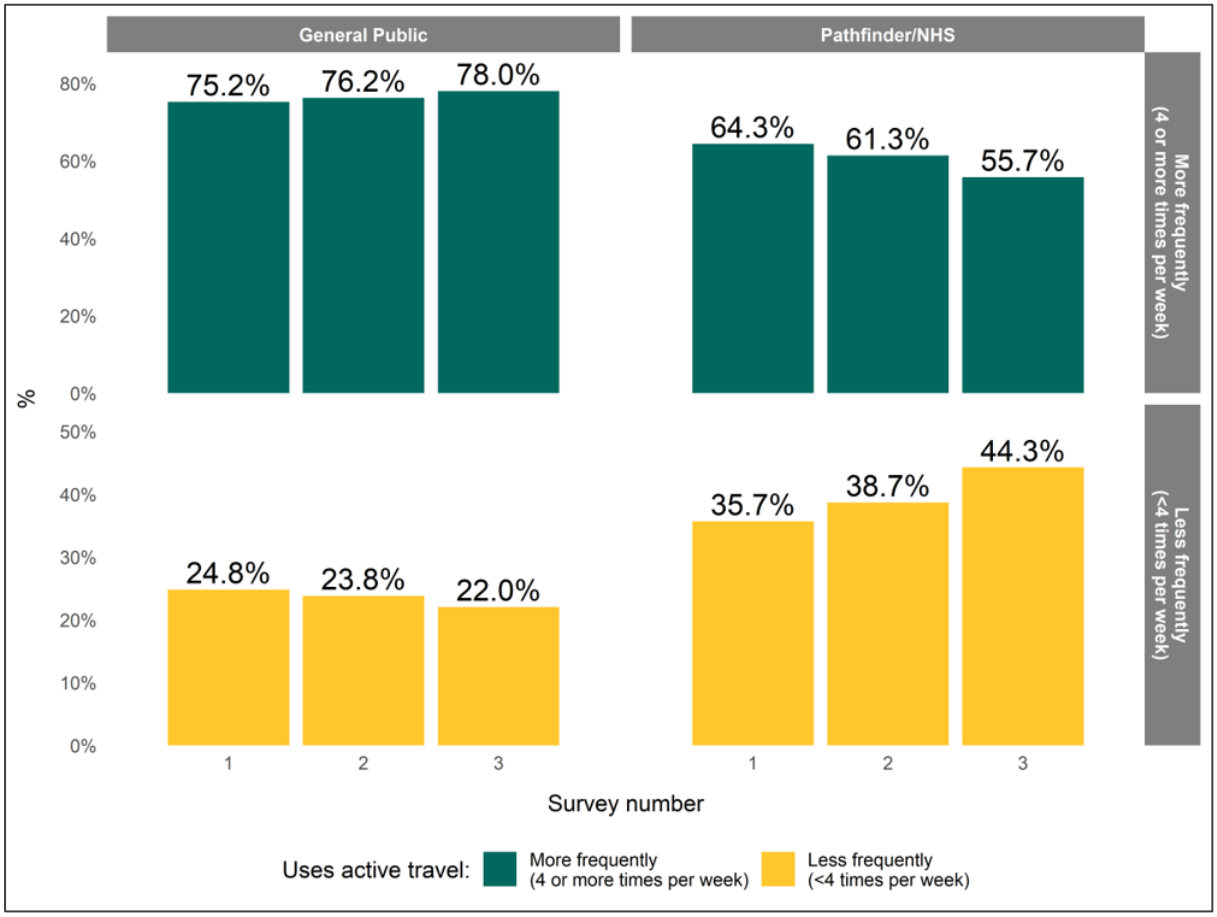


Source: HDRC (2026)

6.2.3 Active Travel

The findings suggest that the Pilot led to a small increase in active travel (walking, wheeling, cycling) for the General Public participants, and a decline in active travel for Pathfinder/NHS participants. These trends across the survey waves are shown in **Figure 6-4**.

Figure 6-4 - Reported Frequencies of Active Travel – by Survey and Cohort



Source: HDRC (2026)

Amongst the General Public cohort, more *frequent* walking, wheeling and cycling increased from 75% at baseline to 78% at survey 3. This increase may be linked to a modal shift from private vehicle use to public transport, with participants more often walking, wheeling, or cycling to and from public transport access points rather than driving directly between destinations.

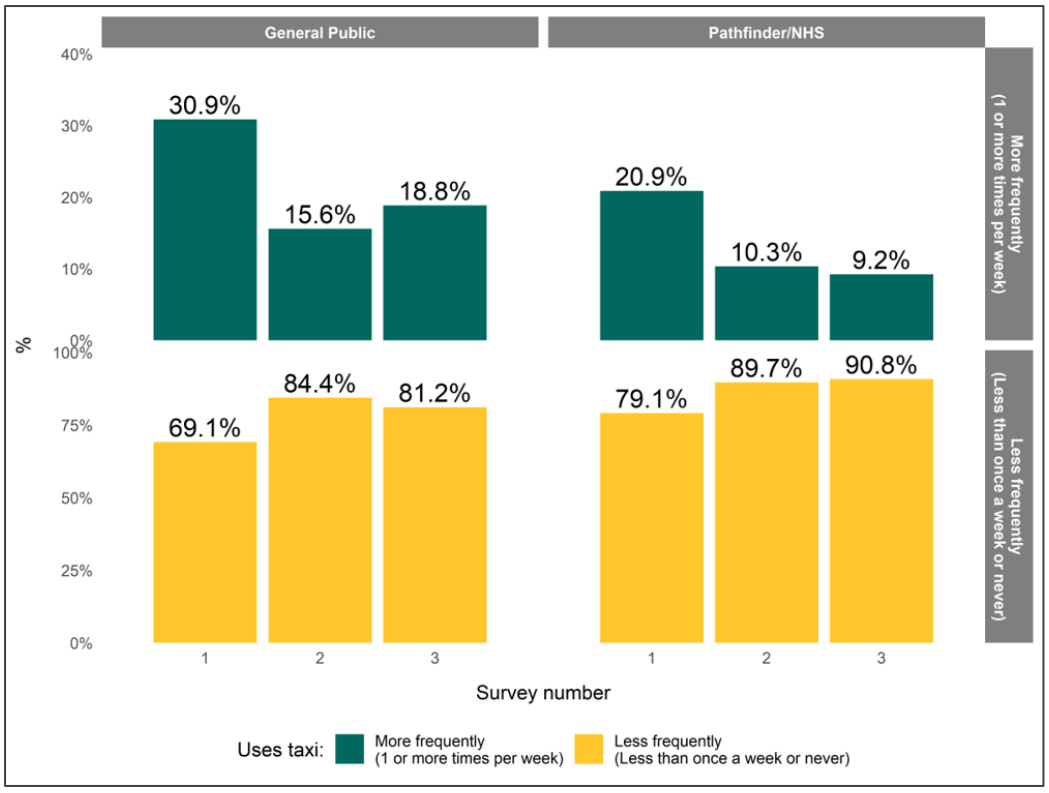
Pathfinder/NHS participants were less likely to walk, wheel or cycle with access to fare-free travel, with those using active travel less frequently increasing from 35% at baseline to 44% at survey 3. This group was seen to have a greater reliance on walking

as a mode of transport at baseline and were likely experiencing a lack of access to affordable transport. This change suggests a “substitution effect”, in which walking trips were replaced by public transport trips during the Pilot, driven by improved access to public transport services, where the provision of fare-free transport removed the cost barrier and enabled greater use of the whole public transport network.

6.2.4 Use of Taxis

Taxi use was relatively low among participants at baseline, with approximately 30% of the General Public cohort and 20% of the Pathfinder/NHS cohort travelling by taxi more than once per week. Despite the low frequency of use, the fare-free travel intervention was observed to reduce taxi use by participants over the period. This trend is seen in **Figure 6-5**.

Figure 6-5 - Reported Frequencies of Using Taxis– by Survey and Cohort

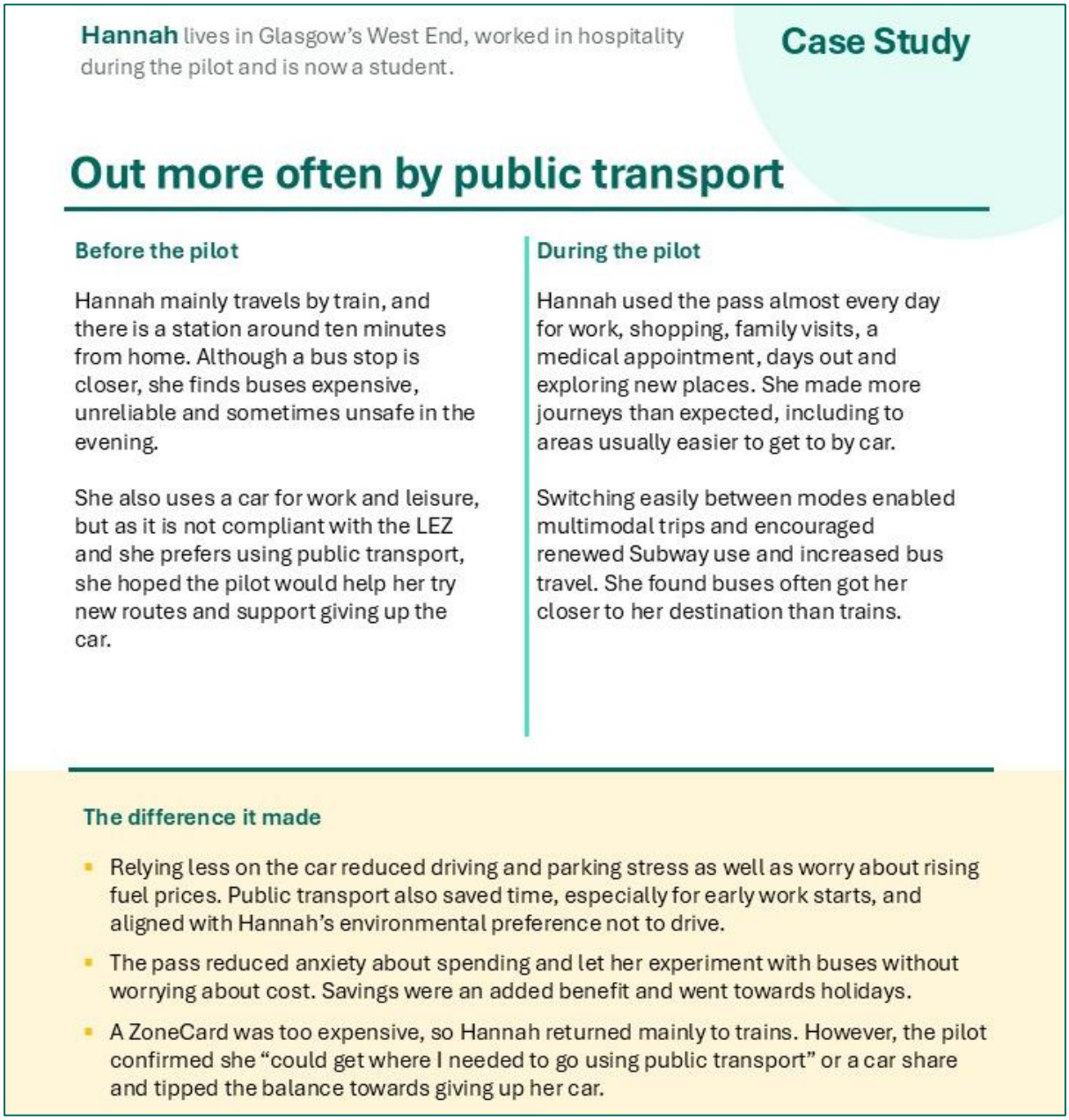


Source: HDRC (2026)

Frequent taxi use was seen to decline between surveys 1 and 3 at a similar rate for all participants; amongst General Public participants frequent taxi use declined from 30% to 18% and amongst Pathfinder/NHS participants this decreased from 20% to 9%. These changes also suggest a substitution of journeys normally made by taxi to public transport use.

6.2.5 Case Study: Hannah

Hannah's experience illustrates how the Pilot encouraged her to **make more journeys using public transport than she had expected to**. She used public transport almost every day during the Pilot period for trips to work, shopping, appointments, days out, visiting family and exploring new places. Fare-free travel also encouraged her to use public transport modes she had previously avoided due to costly fares, including buses and the subway.



6.2.6 Summary of Outcome 1

The pilot successfully increased the frequency of public transport use across both participant cohorts. The key findings under this outcome can be considered as follows:

- Comparison of baseline and follow-up survey responses found that participants were more likely to use public transport frequently (four or more times per week) during the Pilot period, with the greatest increase observed among Pathfinder/NHS participants.
- Participants reported making more journeys overall as a result of having access to fare-free public transport, suggesting that removal of the cost barrier not only enabled a change in travel behaviour but allowed for additional travel too.
- Among General Public participants, greater public transport use was associated with a reduction in private vehicle use and a small increase in active travel, as participants incorporated walking, wheeling and cycling to/ from public transport access points into their journeys.
- Among Pathfinder/NHS participants, increased use of public transport appeared to substitute walking trips, reflecting improved access to affordable transport options.
- Taxi use also declined across both cohorts, indicating that public transport became a more attractive alternative for a range of journeys particularly where car access is limited.

6.3 Outcome 2: Modal Shift from Private Cars to Public Transport

Encouraging a modal shift from private cars to public transport is one of the main objectives of fare-free public transport initiatives, to support lower-carbon journeys and contribute to emissions reductions.

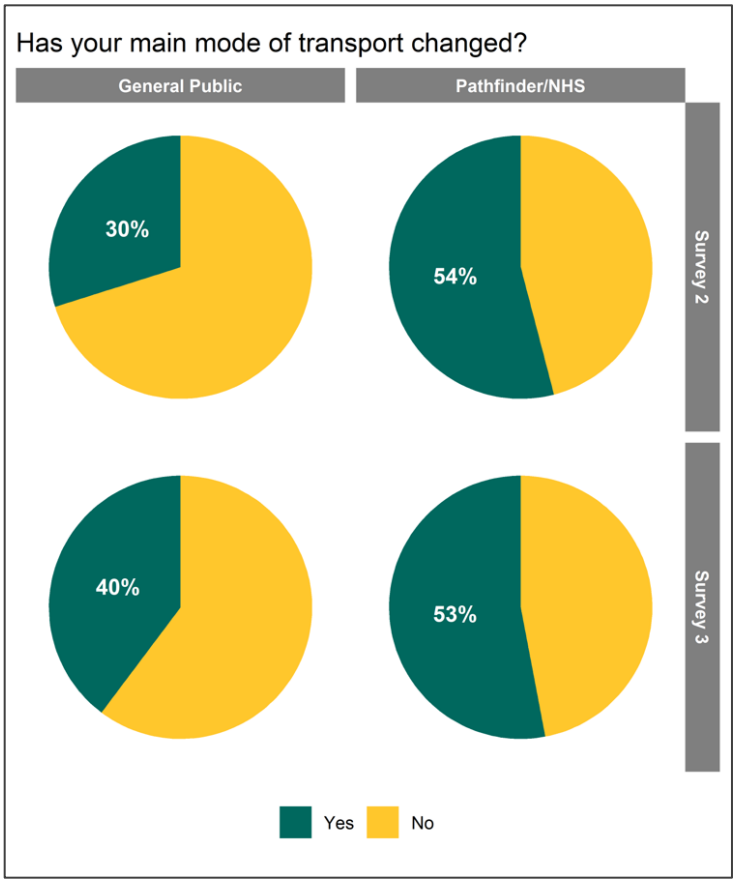
Evaluation of the Pilot identified how fare-free public transport encouraged participants to shift from private cars, or other transport modes, to public transport. Modal shift is discussed in this section in relation to ‘main mode’, defined as the ‘most-used’ mode of transport for participants.

6.3.1 Level of Change

The self-reported impact of the Pilot on modal shift is measured across the baseline and follow-up surveys in which participants were asked, *"Has your main mode of transport changed as a result of having access to free public transport?".*

These self-reported changes in travel behaviour provided an early indication of the level of modal shift influenced by the Pilot. **Figure 6-6** charts participants responses on changing travel behaviour from the baseline. Around 40% of General Public participants and just over half (53%) of Pathfinder/NHS participants are shown to have reported their main mode had changed at survey 3.

Figure 6-6 - Participants Reporting a Change in Main Mode of Transport



Source: HDRC (2026)

For General Public participants this proportion appears to broadly represent modal shift to public transport. Amongst Pathfinder/NHS participants, a majority of whom used public transport consistently across the Pilot, this level of change may reflect the use of different public transport modes which may have been influenced by removal of the cost-barrier, or the continuity of journey provided by the ZoneCard.

This is supported by qualitative findings where participants report using their cars less for journeys and opting to use public transport more:

"[the Pilot has] enabled me to try using public transport for journeys I previously used the car and this is something I'll look to continue." - *General Public Participant*

"The cost-saving has been incredible. It's encouraged me to take public transport instead of driving my car which has saved me time and money." - General Public Participant

Participants also report being able to use public transport where they would previously have walked:

"I totally appreciate this pilot scheme before I would walk to places simply because of the price of public transport, I suffer from arthritis and it is difficult to walk a distance but now I use manly the bus." - Pathfinder/NHS Participant

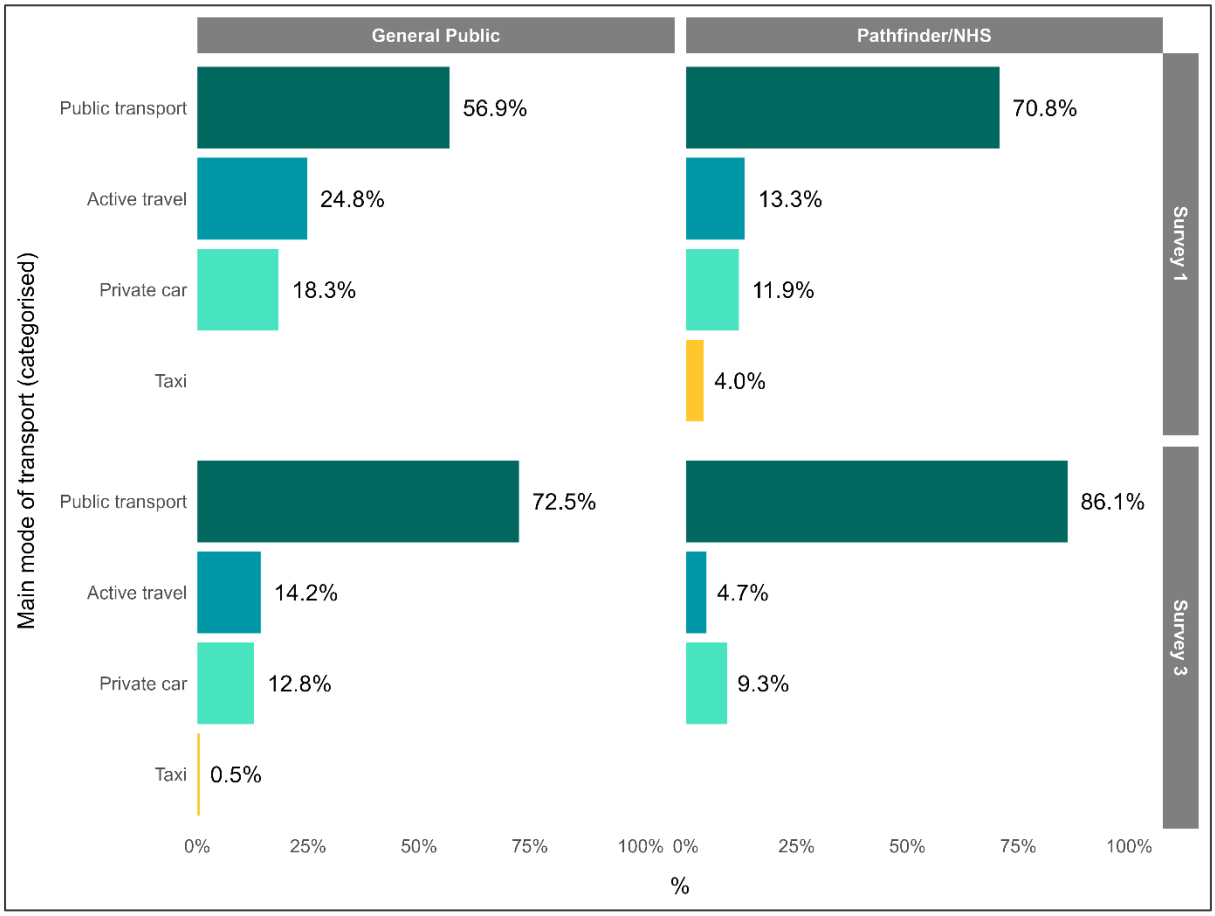
"I almost always walked to my destination and have been surprised by how much I used public transport. I always thought of it as a poor service, but my opinion has changed" - Pathfinder/NHS Participant

6.3.2 Mode Share

Participants reported their 'main mode' at each survey. **Figure 6-7** shows the change in main mode between surveys 1 and 3, for participants who responded to both surveys. It should be noted this differs to the baseline mode share presented in Figure 5-18, which considered all participants at the survey 1 point.

The main mode categories are public transport, active travel, private car and taxi.

Figure 6-7 – Main Mode at Survey 1 and Survey 3 – by Cohort



Source: HDRC (2026)

Figure 6-7 shows, across both cohorts, public transport was the dominant mode at both surveys 1 and 3. Across the survey waves, a greater proportion of participants are seen to choose public transport as their main mode, suggesting that trips made with the ZoneCard were not ad-hoc but rather pointed to modal shift. Among the General Public cohort, the proportion identifying public transport as their main mode after their pilot experience increased from approximately 56% to 72%.

Among the Pathfinder/NHS cohort, public transport was more dominant as the main mode and the Pilot was seen to encourage further participants to choose public transport as their main mode. The proportion of Pathfinder/NHS participants using public transport as their main mode increased from approximately 70% at survey 1 to 86% at survey 3.

Further analysis on modal shift shows amongst General Public participants who used private cars/vans as their main mode at baseline, 44.7% reported a modal shift to

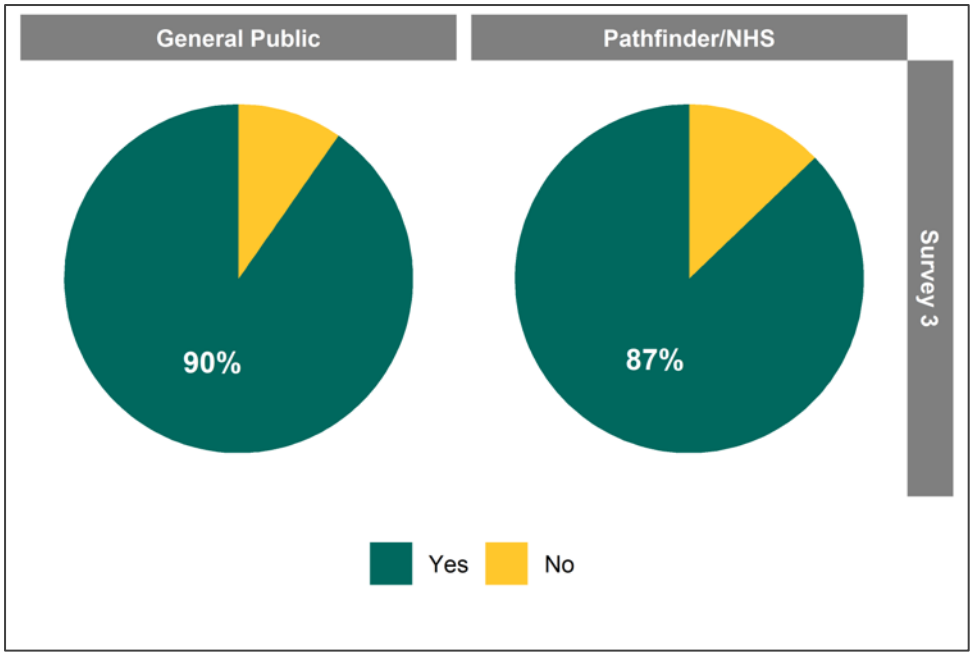
public transport as their main mode of transport at survey 3. Of active travel users, 55.2% also reported switching to public transport as their main mode at survey 3. The majority of existing public transport users were observed to continue using it as their main mode during the Pilot (89.7%).

Though baseline private car/van use was less common amongst Pathfinder/NHS participants, 19.1% reported switching to public transport during the Pilot. A large proportion of active travel users (76.8%) and all taxi users (100%) of this cohort switched to using public transport as their main mode at survey 3.

6.3.3 Sustained Modal Shift

The pilot, by nature, was limited in time and participants were asked about longer-term travel behaviour change should a full rollout of fare-free public transport be implemented. Participants' response to the question *"If public transport was made free for most people, would this encourage you to use public transport as your main mode of travel?"* are shown in **Figure 6-8**.

Figure 6-8 – Participants' Intention to Change Main Mode of Transport (under a full rollout)



Source: HDRC (2026)

The majority of participants across both cohorts indicated that they would intend to continue using public transport more if it were free, with some indicating that it would drive them to use it "almost exclusively" or "all the time" as a replacement for other modes of transport. Some quotes from participants, provided as part of open-ended

responses to the survey, are included below and reinforce that participants would use public transport more often if it were free:

"Before I travelled almost exclusively by taxi and driving. I now travel almost exclusively by public transport. Having free travel makes it difficult to justify driving. It also means I can connect to other travel using a bus which was previously too expensive and was cheaper to drive." - *General Public Participant*

"If public transport was made free I would use it all the time. I would go to new places, I would meet with my friends more often. I usually don't even meet with my friends due to public transport costs but this has allowed me to. I have also stopped relying on people to give me lifts to places due to this pilot." - *General Public Participant*

"If public transport was free then I believe it would be a real option when planning errands, travel to work, health appointments. Everyday life really." - *General Public Participant*

6.3.4 Case Study: Jane

Jane's story highlights how the pilot encouraged her to **change her main modes of travel to public transport**, as normally she would **drive and walk**. She found the pilot allowed her to travel more easily and conveniently to destinations, knowing that she could get home via public transport. The pilot also enabled her to make financial savings by saving money on petrol costs.

Jane is in her 40s, lives on the outskirts of the city, is self-employed, lives with her husband and two children and is an unpaid carer for two relatives.

Case Study

Reducing reliance on a car

Before the pilot

Jane uses her car daily for work and caring responsibilities, though she prefers to walk where possible. She rarely uses public transport, usually less than once a week, because it is unaffordable and her area only has one bus service. When Jane travels with her family they usually use their car as this remains a cheaper option even with free bus passes for the children.

Jane hoped that participating in the pilot would lead to more adventures around the city.

During the pilot

Everyday life and the winter timing meant Jane had fewer adventures than expected. She wished the pass had been available in warmer months and over the school holidays so her family could take more trips together.

Instead, she used it often for everyday journeys describing it as "the best thing in the world". She walked to places she might otherwise have driven, knowing she didn't have to worry about the cost of the bus home. She valued being able to "hop on and hop off", using different modes of public transport for all or part of a journey.

The difference it made

- Jane walked more and used public transport for shopping and leisure trips she would otherwise have made by car. She combined walking with bus travel to her exercise class, saved on petrol and became more confident about bus routes and destinations.
- Since the pilot, she has continued with some train journeys because they take a similar time to driving but without the stress. However, cost and accessible routes remain barriers, including getting to hospital appointments from her area.
- She looked into buying a ZoneCard but found it too expensive. At a lower price, she would consider giving up or downsizing her car. The pilot made her "feel more free" because she wasn't restricted to her car and gave her "a wee bit of extra time" to relax.

6.3.5 Summary of Outcome 2

The pilot was associated with a measurable modal shift towards public transport as participants' main mode of travel. The key findings under this outcome can be considered as follows:

- Public transport was already the main mode for many participants at baseline. At survey 1, 57% of General Public participants and 75% (71% when adjusted for loss to follow up) of Pathfinder/NHS participants reported public transport as

their main mode of transport. Across the follow-up surveys, the majority of those who already used public transport remained public transport users.

- Fare-free travel encouraged many more participants to shift their main mode from car and active travel to public transport. Public transport therefore increased in dominance as the main mode across the baseline and final surveys, as the most common way to travel among participants.

- Looking beyond the Pilot period, most participants indicated that fare-free public transport would encourage them to continue using public transport as their main mode of travel, suggesting potential for longer-term behaviour change and sustained modal shift if the policy were implemented more widely.

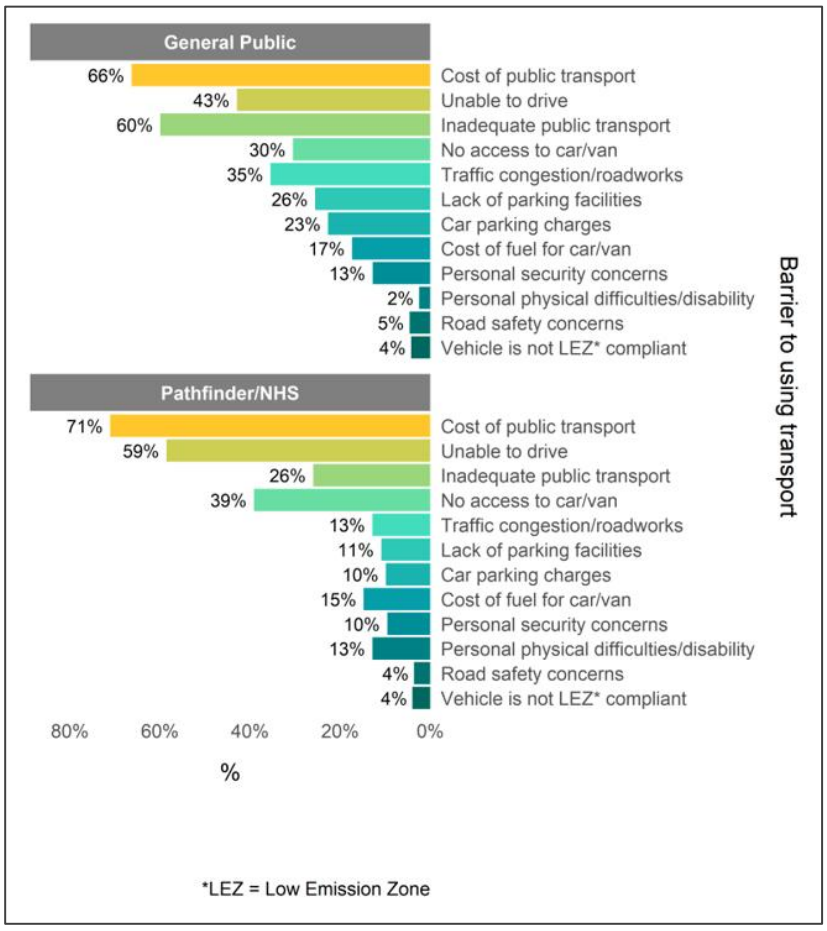
6.4 Outcome 3: Removal of Barriers to Travel

The surveys explored numerous barriers to travel, as experienced by participants at baseline and asked participants to consider specific barriers they may face when using public transport. The follow-up surveys then focused on barriers which may have been addressed by the Pilot.

6.4.1 Barriers to Travel at Baseline (All Modes)

Almost 60% of General Public and just over 65% of Pathfinder/NHS participants described facing difficulties in reaching places and services at baseline (by any mode of transport). Examining the participants who did face barriers, **Figure 6-9** looks at the different types of barriers and how significantly they usually affect each cohort.

Figure 6-9 – Barriers to Travel at Baseline – by Cohort



Source: HDRC (2026)

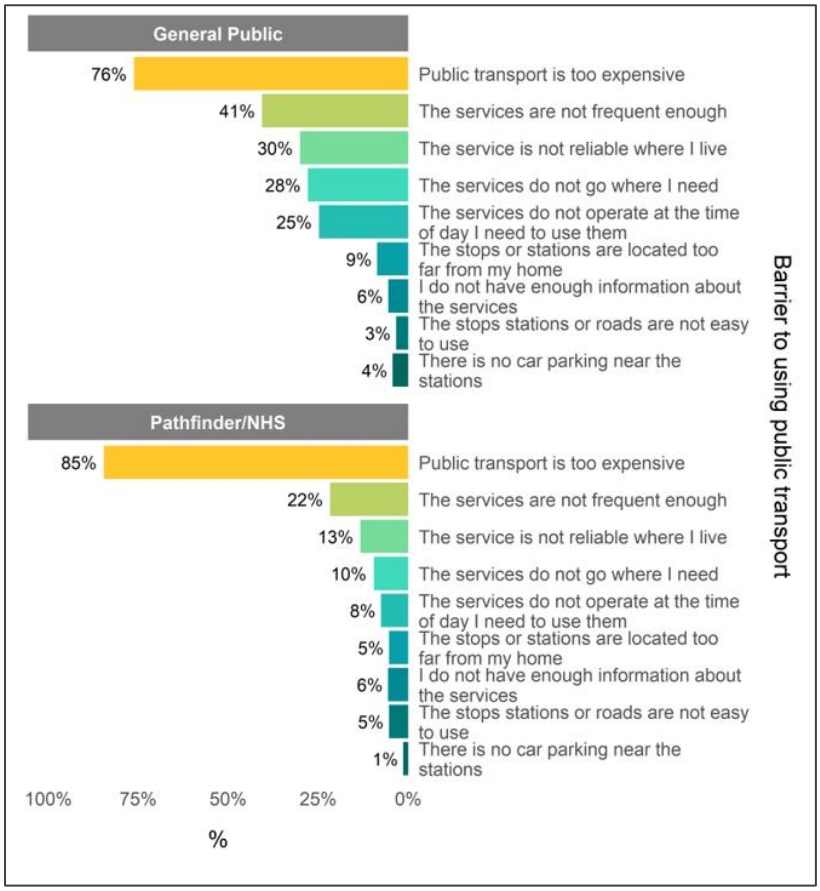
The cost of public transport was highlighted as the principal barrier to travel, reported by 66% of General Public participants and 71% of Pathfinder/NHS participants. Other prominent barriers potentially resolvable by free public transport provision could include 'unable to drive' (reported by 43% of General Public participants and 59% of Pathfinder/NHS participants), no access to a private vehicle (30% and 39% of respondents), availability of parking facilities (26% and 11%), costs of parking (23% and 10%), and costs of fuel (17% and 15%).

The majority of General Public participants (60%) also cited inadequate public transport availability as a barrier. This was less frequently noted by Pathfinder/NHS participants (26%). This barrier, alongside other barriers reported less frequently (personal safety concerns and physical difficulties) may be likely to persist during the pilot, as these barriers to travel cannot be influenced by removal of the cost barrier.

6.4.2 Barriers to Using Public Transport

Respondents were asked to reflect on barriers to using public transport specifically at baseline, with the question *"If you use public transport, is there anything that makes it difficult for you to use? If you do not, is there anything that prevents you from using it?"*. In response to this question, 67% of General Public and 76% of Pathfinder/NHS participants indicated at least one difficulty using public transport. **Figure 6-10** charts the responses of participants who did face barriers.

Figure 6-10 – Barriers to Using Public Transport at Baseline – by Cohort



Source: HDRC (2026)

Across both cohorts, cost was cited as the main barrier to using public transport. 'Public transport is too expensive' was identified as a barrier by 76% of those reporting difficulties, and by 85% of Pathfinder/NHS participants reporting difficulties. Across all participants (whether reporting barriers or not), 16% of General Public participants and 41% of Pathfinder/NHS participants reported cost as the only barrier to using public transport more (or more easily). Fare-free transport, therefore, could mean up to 64% of Pathfinder/NHS participants and 47% of General Public participants would face no barriers to public transport use. Other barriers which were not feasibly changed by the removal of public transport fares were more commonly cited by the General Public cohort, including infrequent and unreliable services and the poor geographical coverage of the public transport network.

Qualitative data also reflected costs as a key barrier to travel with ‘expense’ being noted as a key theme emerging from open-ended comments throughout all surveys. Other frequently mentioned barriers included public transport being ‘unreliable’, having ‘poor service’ and ‘limited operational hours’.

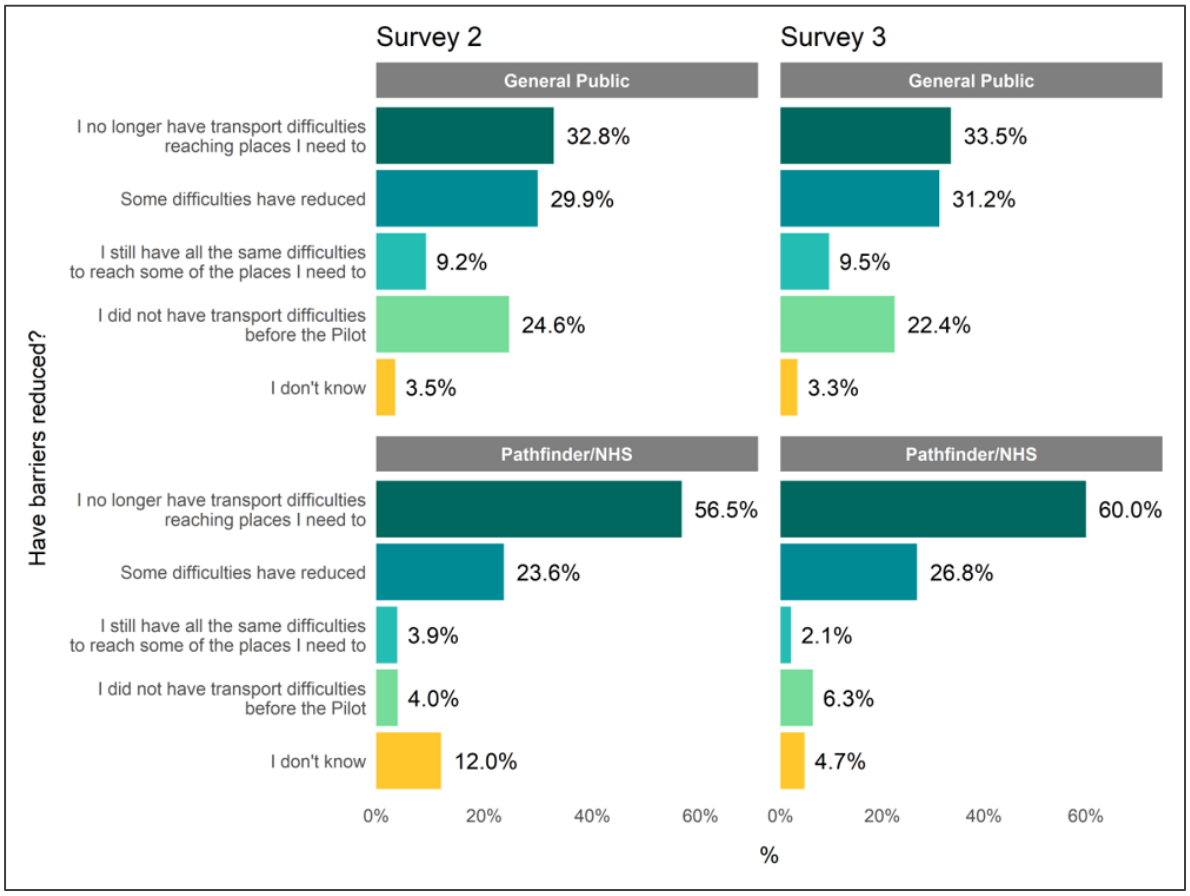
Bus travel in particular was seen as challenging for participants, with most negative comments associated with that mode including: lack of cleanliness, overcrowding, and antisocial behaviour. Subway travel had less negative comments compared with bus and train travel, however comments relating to limited operational hours and routes were common. Participants would also often cite unsociable working hours as key barriers to using public transport.

Those who used private transport such as cars or bicycles cited reliability, safety and convenience as their main reason for travelling this way, instead of using public transport, but often found them to be subject to poor road conditions, traffic, and roadworks.

6.4.3 Barriers to Travel Addressed in the Pilot

By the end of the Pilot, **65% of General Public participants** and **87% of Pathfinder/NHS participants** said that some or all of their barriers to travel had reduced. This is shown in **Figure 6-11**.

Figure 6-11 – Impact of the Pilot on Barriers to Travel



Source: HDRC (2026)

In open-ended responses throughout the surveys participants highlighted that the Pilot reduced the cost barrier to travel, and consistently cited the removal of costs as an enabler to travelling more frequently and conveniently. This brought other associated benefits, including making significant travel time savings, more ease when travelling with dependants and financial savings. These are discussed in turn below:

- *Convenience*

Participants reported that travel was more convenient when they did not have to factor costs into travel decisions, allowing them to travel more frequently and with more ease. It is noted that the integrated nature of the ZoneCard was found to be fundamental to the ease of travel participants experienced, as this type of ticketing is not currently widely available in Glasgow:

"I have enjoyed using the card it has been really easy and convenient to use different methods of transport and not worrying about the cost." - *Pathfinder/NHS Participant*

“It made my journeys more efficient and allowed me to plan routes based on convenience rather than money, i.e., combining bus and subway to reach certain areas of the city without worrying about the extra cost of multiple tickets.” - General Public Participant

- *Financial Savings*

When asked about their expectations of the Pilot in survey 1, "financial savings" emerged as one of the most frequently cited anticipated benefits, with participants highlighting the meaningful savings they would make, and providing some financial relief:

"With rising costs, it is hard to justify spending money on going out, especially cost of travel. It costs me nearly £200 to commute to work each month, I would save over £2000 yearly which could contribute to other rising costs, making it a less stressful month." - General Public Participant

"Having access to a ticket that one can use [on] all the public transport services on is the wonderful thing here. I will be about £100 better off a month which is actually really noticeable. I feel like I am able to catch a breather." - Pathfinder/NHS Participant

Throughout surveys 2 and 3, participants described using the money saved on travel costs as supporting spending and saving in other areas of their lives, helping to alleviate pressure from rising living costs and providing greater financial flexibility:

“I am grateful for this Pilot as it has been so helpful for myself [and] family as we were able to use the transportation money that would have been use on other essential things with the house.” - Pathfinder/NHS Participant

“I have had the benefit of not feeling the financial burden of public transport. My public transport a month usually costs £50-£70. This is a lot of money for me as I am quite low income and I have a lot of things I need to pay for. I have felt a lot more relief and freedom from this Pilot.” - General Public Participant

“This experience has been great and... has also helped me in paying off some debt. It would be great if something like this continued. Thank you very much, I have really appreciated it.” - Pathfinder/NHS Participant

"I enjoy the freedom of knowing that I can travel freely without having to consider financial impact or make compensatory sacrifices. I've visited friends and spent the savings on groceries and cooking better food for the family." - *General Public Participant*

- *Ease of Travel with Dependants*

Reduced transport costs meant participants were more easily able to travel with dependants which was cited as a key benefit of the Pilot. Participants highlighted the difficulties of travelling with dependants and children, often to/from childcare, for leisure or on day trips which was made easier due to free travel:

"I used to have to walk my children to school in the rain, which affected their health and mine, but now we can afford to get the bus... You have no idea how much of a difference this travel pass has made to me and my family." - *Pathfinder/NHS Participant*

"It has really had a positive impact on my kid and myself we have been less miserable due to not having the long walks in the bad weather to get her to and from nursery. We have been able to take her to a new sports class that before would have been too expensive to commute to." - *General Public Participant*

- *Time Savings*

Multiple responses alluded to time savings as a result of the Pilot. Responses referred to having 'more time' and as well as using public transport in place of walking which enabled them to reduce their journey times:

"It really has made a big difference to mine and my autistic child's life as... It ... vastly reduced our commute to nursery for her. Normally I spend over 2 hours a day on it as [it is a] half hour walk each way but now I can use a bus [so] that's reduced a lot." - *General Public Participant*

"I've found I have more time in the day to do things I'd like to do, having access to free multi modal forms of transport up has made it possible to use public transport more regularly as I know I'll be able to get where I'm going more reliably." - *Pathfinder/NHS Participant*

- *Integrated Ticketing*

The use of an integrated ticket proved critical to the removal of pre-existing barriers to travel during the Pilot, removing points of friction for participants including different ticketing offers and fares across different operators and platforms. The integrated nature of the ZoneCard was frequently mentioned as a key benefit of the Pilot and participants cited the convenience and travel freedom associated with it. They often mentioned that being able to manage all of their daily travel and journeys through a singular card was much more convenient and allowed them to travel more freely:

"It is beneficial to have this kind of card which allows the person to use different kind of transportation at the same time, especially in Glasgow we have different companies which cover buses and it doesn't give me freedom to choose..." - Pathfinder/NHS Participant

"Having this integrated transport has massively changed my commute to work for the better as well as encouraging me to explore new places during days off. I'll really miss it when it finishes and I hope that something is done to encourage integrated transport in the future as it has massively changed the way I live." - General Public Participant

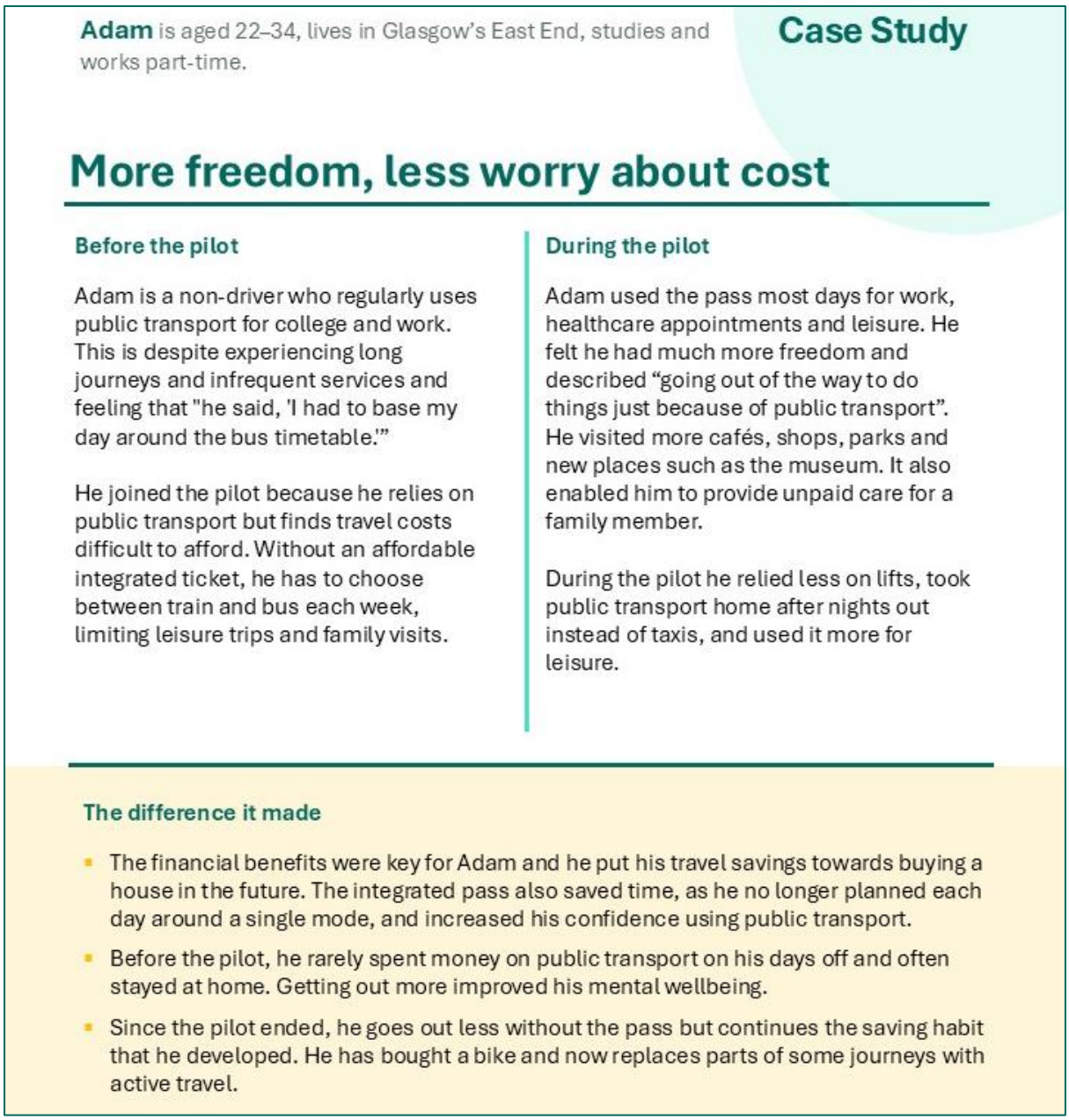
6.4.4 Barriers to Travel not Addressed in the Pilot

While a majority of participants reported that difficulties they usually face had reduced during the Pilot period, 9% of General Public participants and 2% of Pathfinder/NHS participants reported still facing the same difficulties when travelling in the city.

The results show that fare-free travel alone did not solve all barriers to travel. Further participants continued to highlight issues with reliability, service frequency, operating hours, journey times, limited routes, poor cross-city connectivity, overcrowding, cleanliness, antisocial behaviour and wider infrastructure problems. Some of these barriers are discussed more fully in **Chapter 7**. The early findings suggest that to fully address barriers to using public transport, and for the greatest number of people to experience the benefits of public transport, a cost of travel intervention would be more impactful if combined with wider improvements to, and investment in, public transport services.

6.4.5 Case Study: Adam

Adam's experience highlights how unaffordable **public transport fares can constrain travel choices** and restrict the ability to make the most suitable travel decisions, ultimately affecting the ease and frequency with which people are able to travel. Adam felt the Pilot **gave him more freedom to use different modes of transport and to explore the city**, as well as resulting in financial savings.



6.4.6 Summary of Outcome 3

Survey findings indicate that barriers to travel were common across both cohorts at baseline, with around 60% of General Public participants and over 65% of Pathfinder/NHS participants reporting difficulties. The cost of public transport emerged as the most significant barrier, and the Pilot reduced this, and some other barriers, for many participants. The key findings under this outcome can be considered as follows:

- Free public transport reduced barriers for many participants. By the end of the Pilot, 65% of General Public participants and 87% of Pathfinder/NHS participants said that some or all of their difficulties visiting places had reduced.
- Removing fares improved travel flexibility and convenience. Participants reported being able to make journeys based on convenience, efficiency and need, rather than having to limit travel and the use of different modes because of cost.
- Integrated ticketing was a major benefit. The ZoneCard made it easier to use different modes and operators without buying separate tickets, supporting more flexible multimodal travel.
- The pilot delivered meaningful financial savings and participants used savings from travel costs to support household spending, essentials, groceries, debt repayment and family activities.
- Some participants saved time as free access to public transport enabled some people to replace walking trips with bus, rail or subway journeys, or to combine modes more efficiently.
- Fare-free travel improved feelings of freedom and mobility. Participants described being able to visit more places, see friends and family, explore the city and make journeys they may otherwise have avoided.
- Fare-free travel did not address all transport barriers and participants continued to experience issues with reliability, service frequency, operating hours, journey times, limited routes, poor cross-city connectivity, overcrowding, cleanliness and antisocial behaviour continued to affect public transport use.

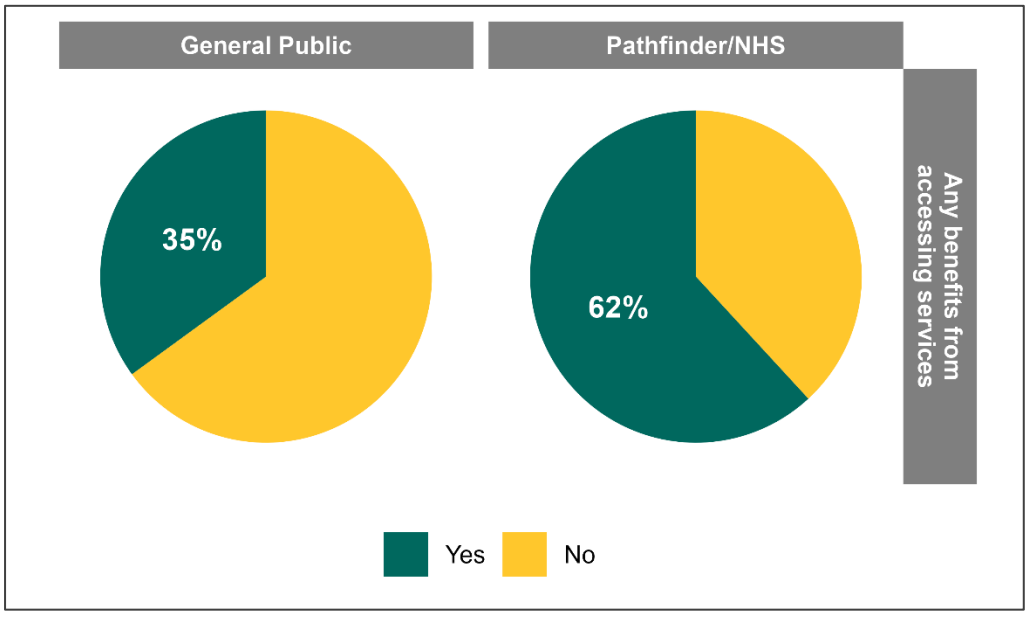
- The findings suggest that fare-free or reduced-cost travel can improve access to public transport, but for the greatest number of people to experience the benefits of public transport, a cost of travel intervention would be more impactful if combined with wider improvements to, and investment in, public transport services.

6.5 Outcome 4: Improved Access to Services and Opportunities

Public transport can support access to work, education and healthcare, and a consequence to removing barriers to public transport is improved access to these destinations and opportunities (particularly around employment, training and education).

Participants were asked in the final survey if they had benefitted from a range of opportunities by taking part in the Pilot. For analysis purposes the responses relating to access to services were grouped into four categories: '*employment and development'*, '*education*', '*healthcare*', and '*childcare*'. Taken together, 35% of General Public participants and 62% of Pathfinder/NHS participants said they had benefitted from improved access to services during the Pilot. This is shown in **Figure 6-12**.

Figure 6-12 - Overall Benefits to improved Accessing Services over the Pilot Period – by Cohort



Source: HDRC (2026)

While benefits were reported across both cohorts, Pathfinder/NHS participants were more likely to report a benefit across all types of services.

The opportunity to improve access to services may be greater for Pathfinder/NHS participants who were more likely to experience barriers to using public transport at baseline (also see Outcome 3: Removal of Barriers to Mobility discussion), less likely to travel by non-public-transport methods and may also have greater need of certain services.

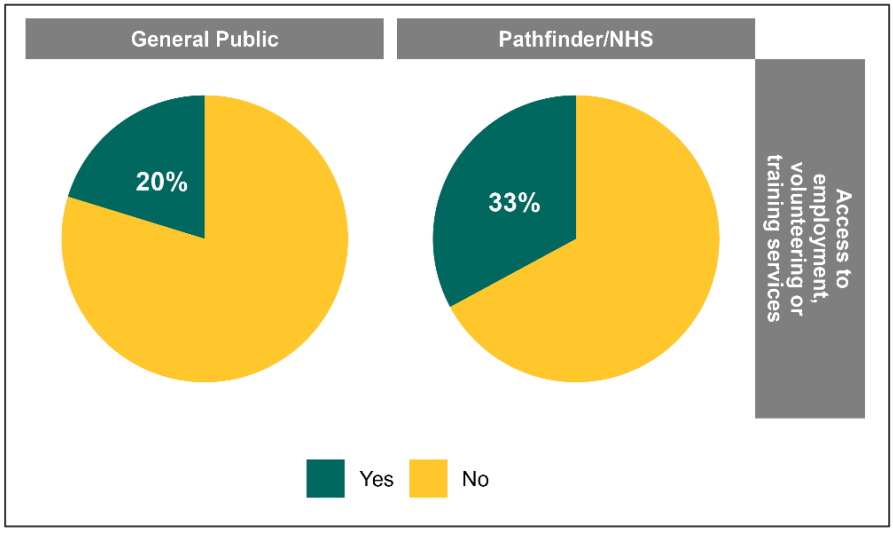
In open comments, participants reported how fare-free travel enabled them to reach services that were previously less accessible because of unaffordable public transport fares. Respondents highlighted greater ease in accessing employment and education opportunities, attending healthcare appointments as well as helping access early learning and childcare. Collectively, these accounts suggest that the Pilot reduced the financial burden associated with travel for many and supported more equitable access to services and opportunities.

The role fare-free public transport played in enabling improved access to opportunities for employment, education and healthcare is discussed below.

6.5.1 Access to Employment

Pathfinder/NHS participants were found to experience improved access to employment, training and development opportunities, with one-third (33%) of this group indicating a benefit in this area of their lives as a result of the Pilot. One-fifth (20%) of the General Public group also benefitted from improved access, as shown in **Figure 6-13**.

Figure 6-13 – Benefits to Accessing Employment, Volunteering or Training – by Cohort



Source: HDRC (2026)

Open-ended responses provided insight into the ways in which participants benefitted from improved access to employment and highlight the role of the pilot in reducing transport-related barriers to employment.

Participants reported that fare-free travel enabled them to take on additional working hours, travel for work across the city, and attend interviews, thereby making employment opportunities more accessible.

"The Zonecard has been very helpful and convenient for commuting to job interviews and attending my course. I've also used it to explore new parts of the city and surrounding areas that I hadn't visited before." - Pathfinder/NHS Participant

"I have taken on more overtime as having the pass has meant I can travel to work for free." - General Public Participant

"I am a supply teacher and this allowed me to travel to places across the city." - General Public Participant

"I was able to travel to a job interview, free and stress free." - General Public Participant

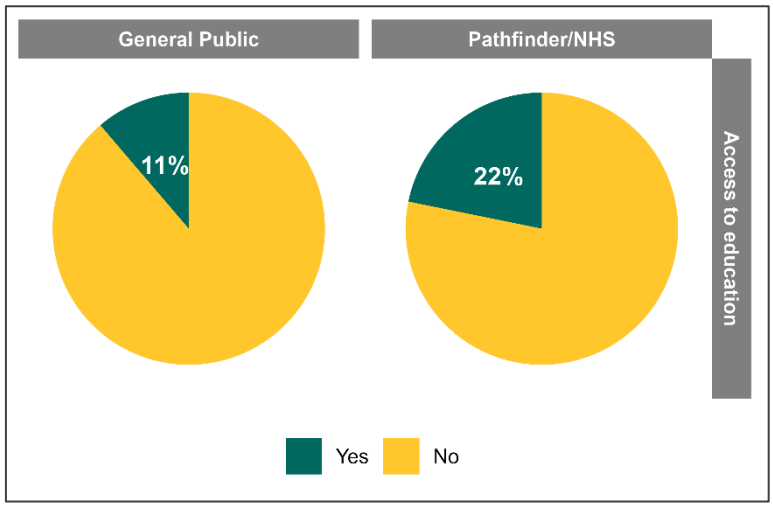
Some participants also found that the Pilot encouraged them to travel to work more, instead of working from home, and this brought additional benefits including social inclusion and spending at local businesses:

"...It [the Pilot] has also led to me going into the office more and this has helped me to make more social connections at work, it also encourages me to buy lunch or go for a drink after work at local businesses." General Public Participant

6.5.2 Access to Education, Early Learning and Childcare

Of those who indicated benefits from improved access to employment as a result of the Pilot, 44 no. participants said they had *started or were scheduled to start in employment*. A further 70 no. participants said the Pilot had resulted in them *taking steps towards work, education, training, including having completed applications, interviews, volunteering and gained confidence*. A relatively small percentage (11%) of the General Public cohort, compared with 22% of the Pathfinder/NHS cohort reported a benefit in accessing education, due to the pilot. This is shown in **Figure 6-14**.

Figure 6-14 – Benefits of Improved Access Education – by Cohort



Source: HDRC (2026)

Participant open responses also suggest the Pilot was important for supporting access to education, with comments from students highlighting ease of attending existing classes due to reduced financial burden, starting new classes and also travelling to campuses even on non-class days. Notably, some participant responses refer to no longer qualifying for the Young Persons' Free Bus Travel Scheme (available to young people resident in Scotland and aged 5-21 years old) as a key concern for being able to afford travel:

"It has been a huge relief not having to worry about the costs of my necessary journeys (university and work) each week. As a Scottish student over the age of 21, losing access to free buses last November, it was a big adjustment suddenly having to cover public transport costs and budget for these when dependent on SAAS[25] and a part-time job. It has encouraged me to go into university even on non-compulsory days as

[25] SAAS refers to funding provided to higher education students by the Student Awards Agency Scotland

I know I am not spending up to £5 on transport each day. I feel much more relaxed about my weekly budget." - *General Public Participant*

"I have attended far more classes and educational opportunities as there is no longer a financial barrier to attending." - *General Public Participant*

These findings highlight how removal of the cost barrier to public transport allowed student participants improved access and engagement in their further education.

Of those who indicated benefits from improved access to education or training opportunities as a result of the Pilot, 30 no. participants said they had *started or were scheduled to start in education or training*.

The additional open responses to this question gave some further insight to participant experiences:

"I've been able to gain more development in my career by using my travel card to attend talks & events as part of my job" - General Public Participant

"I have attended far more classes and educational opportunities as there is no longer a financial barrier to attending." - General Public Participant

Many participants also reflected on the Pilot's impact on accessing early learning and childcare, and described benefits in travelling with children/dependants to access settings including family centres and nurseries. Benefits were seen for both participants and their children, in terms of social inclusion and learning and development, as seen across the following insights provided by participants:

"It's been a God send for me as my kids play football and I can get to a lot of places with all the transport on offer.. thanks for this big help." - Pathfinder/NHS

"Thank you this card has been so helpful for me to take my kids to the community and beyond, [and] also for taking my kids to their activities." - *Pathfinder/NHS*

"The scheme has saved me money and stress for getting back and forth to nursery and weekly activities with my toddler. I've found it really handy for short journeys that are a bit too far for him to walk but he's too big for a buggy. So accessing a bus has

made that stress free. I do feel like I've added more outings into our week for the library/ park/ shops than I would have without the card." - General Public Participant

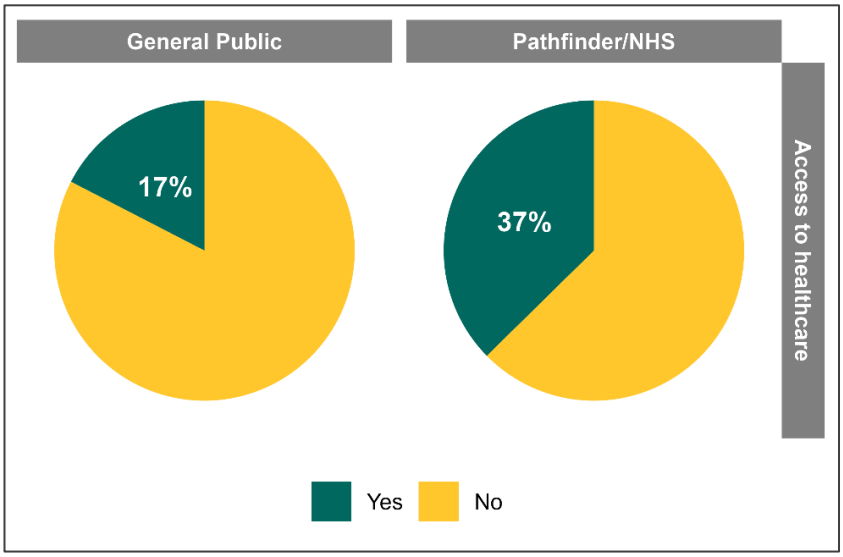
One particular response illustrates how a participant feels improved access to public transport (due to the Pilot) has increased their child's social skills:

"The pilot works really well for my situation. Using public transport more often has helped me get out of the house and has also improved my children's social skills because they're out and about more." - Pathfinder/NHS Participant

6.5.3 Access to Healthcare

Participants reported that fare-free public transport helped improve access to healthcare services; benefits from improved access to healthcare were reported by over one third (37%) of Pathfinder/NHS participants and 17% of the General Public cohort. This is shown in **Figure 6-15**.

Figure 6-15 – Benefits of Improved Access to Healthcare - by Cohort



Source: HDRC (2026)

At baseline participants recruited through the NHS, who were actively attending healthcare sites for treatment, were asked a supplementary question around missed healthcare appointments. Of the 151 participants in this sub-cohort, 13% said they had previously missed healthcare appointments due to the cost of transport.

The open-ended responses indicate that the fare-free travel supported access to healthcare by reducing transport-related barriers to attending appointments. Several participants reported that the pilot helped them access healthcare appointments and arrive on time. In particular, participants highlighted the benefits of integrated ticketing which they found to make travelling between appointments easier, allowing them to leave and return to hospital during the day, without concerns about purchasing

additional tickets to travel and the associated costs. Some quotes from participants are provided below:

"Having the card has been fantastic, especially as it has allowed me to use services operated by different bus companies and other modes of transport. I am going through chemotherapy at the moment, which includes hanging around in the hospital, between appointments, and the card has allowed me to get out and do things in the hours between those appointments. This has been great for me and has made things easier." *General Public Participant*

"The pilot has been fantastic. I regularly need to attend hospital appointments but struggle to afford to do so and I have frequently had to rearrange and cancel appointments. This has enabled me to attend the appointments... I could not be more grateful and happier." *Pathfinder/NHS Participant*

"This pilot project is really a saviour for me and family. We have frequent visits to hospital due to my baby's hearing loss. This saves lot of expenses." *Pathfinder/NHS Participant*

As evidenced in participant responses, the removal of transport costs and integrated ticketing were key features of the Pilot and the ZoneCard functionality which made accessing health appointments easier and alleviated financial stress and worry for those in treatment.

6.5.4 Case Study: Kieran

Kieran's experience highlights how the Pilot allowed him to access new opportunities, particularly **new employment opportunities**. Having the ZoneCard allowed him to travel for **job interviews** he would have previously been restricted from due to transport costs.

Kieran lives in Glasgow's West End and was studying part-time and looking for work during the pilot. He is now employed.

Case Study

Support to access employment

Before the pilot

Kieran was on a low income during the pilot and transport took a significant share of his budget. He took part to save money, make travel more convenient and gain opportunities to explore new places.

Living near a transport hub, he regularly used different modes, though usually chose the train because he found it reliable and affordable.

During the pilot

Kieran used the pass on most days and more often than expected for college, job interviews and towards the end of the pilot to get to work. It also helped him explore parks, shops and other places he might not
otherwise have considered.

He used the pass for every form of transport and found he could choose the most convenient mode without worrying about separate tickets. Savings supported everyday costs including food and occasionally going out.

The difference it made

- The pass gave Kieran freedom and reduced financial pressure while he was seeking work. He attended all available job interviews, including those farther away, without worrying about the cost of getting there.
- He also saved time by using public transport for journeys he might previously have walked. Exploring increased his awareness of routes and introduced parks he plans to visit again.
- Kieran considered buying a ZoneCard, but it did not suit his travel pattern once in work. He particularly valued having it during his job search because it removed stress and barriers to attending interviews.

6.5.5 Summary of Outcome 4

Benefits were reported across both participant cohorts, but were strongest among Pathfinder/NHS participants, who were more likely to experience barriers to mobility at baseline, and were more likely to report improved access across all service types when services were grouped by employment and development, education, healthcare and childcare.

- Responses show that employment and employability outcomes were supported, with participants reporting the pilot allowed them to attend

interviews, travel to work, take on additional shifts and access training or courses.

- Participant responses suggest the Pilot was important for supporting access to education, with students highlighting ease of attending classes due to reduced financial burden, starting new classes and also travelling to campuses on non-class days.

- Participants described being more able to attend hospital and other healthcare appointments. The benefits of integrated ticketing were discussed and the ZoneCard was said to make travelling between appointments easier, and reduced worry about transport costs.

- The pilot also made it easier to travel with children and dependants to school, nursery, community activities, family visits and leisure opportunities, suggesting overall benefits to families and carers.

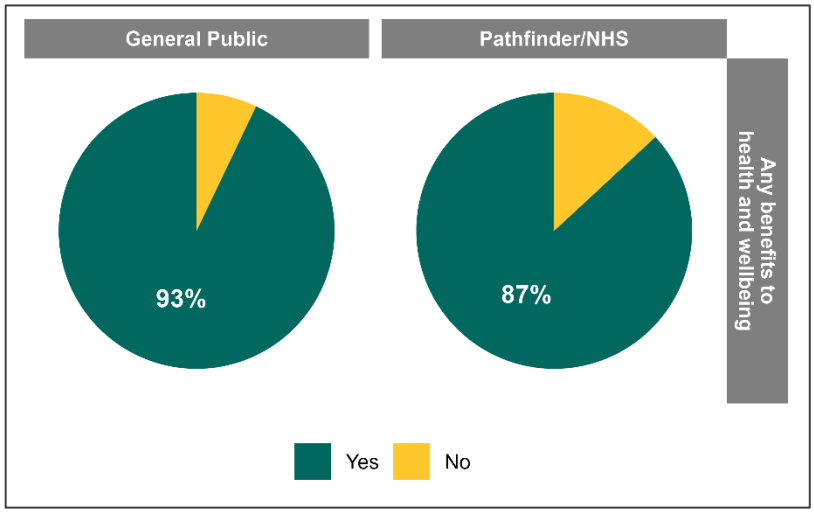
The findings indicate that fare-free public transport and integrated ticketing can play an important role in improving access to services and reducing inequality. The strongest benefits appear to be among participants with greater baseline barriers to mobility, suggesting that targeted support may be particularly effective for groups experiencing financial, heath-related, or social barriers to travel.

6.6 Outcome 5: Improved Health and Wellbeing

By the end of the Pilot, 93% of General Public participants and 87% of the Pathfinder/NHS cohort, reported they had benefited from increased access to at least one of several health and wellbeing opportunities, as a result of fare-free public transport. The responses indicating a health or wellbeing benefit as a result of the pilot are shown in **Figure 6-16**.

Figure 6-16 - Overall Benefits of Fare-Free Public Transport on Health and Wellbeing – by Cohort

The benefits participants experienced were linked to physical and mental health, as well as other areas of life, relating to a sense of agency over travel decisions, building confidence using public transport, and social inclusion.



Source: HDRC (2026)

The physical and mental health benefits experienced by participants are discussed in turn below.

6.6.1 Physical Health Benefits

Many participants amongst the General Public cohort self-reported that their physical health improved due to getting more exercise during the Pilot, by walking more to reach public transport stations and stops. This was, for example, instead of driving a car for their journeys:

"...I've discovered new ways of getting to places I would previously have chosen to drive to. Journey takes more than twice as long but I can enjoy reading/ working / get some steps in, instead of sitting in the car." - *General Public Participant*

"The biggest benefit for me is that it has made me walk more. I'm happy to walk somewhere knowing that I can jump on a bus or train if I get tired or run out of time. I absolutely love it and will miss having it! I think if I had it even longer my car usage would reduce even more especially in the better weather." - *General Public Participant*

Some participants found they walked less during the Pilot as being able to take public transport reduced their need to walk as a mode of transport. In some cases, this led to healthier outcomes, where participants described a decrease in physical strain:

"*Having the opportunity (as a non-driver) to be able to use the train, bus and subway has been great. Walking everywhere with kids has taken its toll on my body and*

caused injuries, stress and exhaustion. Being able to have transport for at least some of the journey means I am getting a rest and also have been saving money which means I've been able to afford my day out." - General Public Participant

"It has totally changed my life. I've been struggling with postural orthostatic tachycardia syndrome and have had to walk to and from uni every day as I can't afford the bus. Having this pass has reduced my fatigue and risk of passing out. It has allowed me to travel more and come home for lunches." - General Public Participant

These responses highlight that the Pilot had a dual benefit to physical health as it encouraged some participants to drive less and walk more, as well as reducing the physical burden felt by some other participants who could now use public transport instead of walking as transport.

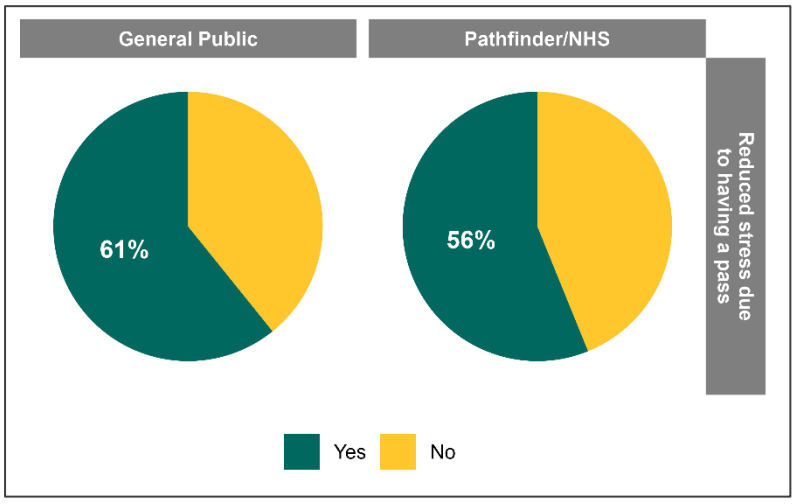
6.6.2 Mental Health Benefits

The pilot demonstrated strong mental health benefits for a high proportion of participants. The benefits range from reduced stress to social inclusion and are discussed in turn in the sections below.

- *Reduced Stress*

Approximately 61% of the General Public cohort and 56% of Pathfinder/NHS reported that having a free travel pass reduced feelings of stress. This is shown by cohort shown in **Figure 6-17**.

Figure 6-17 - Reduced Stress Reported due to having a Free Travel Pass



Source: HDRC (2026)

It was particularly important for participants who cited worry and stress associated with the costs of transport and with rising costs of living more generally. Participants mentioned feeling less financial stress due to the Pilot, and that

having fare-free travel provided a sense of ease and reassurance that they could always get home:

“Having access to free public transport has removed a significant amount of stress that I would normally associate with travelling (particularly the cost). Knowing that I could always get home, even if I was short of money, has given me a strong sense of reassurance. Overall, this has ... helped me feel more at ease in general.” - Pathfinder/NHS Participant

“It has reduced worry and stress about getting places and the monthly cost of the transportation that I usually pay.” - General Public Participant

One participant mentioned how the reduced financial stress has allowed them to engage in leisure activities they would ordinarily be unable to participate in:

"It has greatly helped with stress I usually feel financially near the end of the month when funds are low & I have to account for my work travel. It has also allowed me to regularly attend events for my hobby within Glasgow that I would generally be unable to due to the financial stress." - General Public Participant

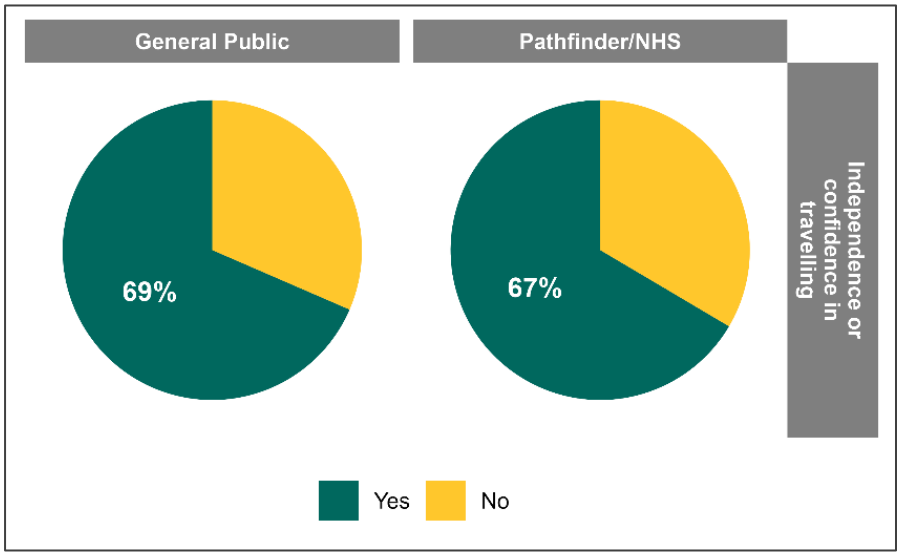
Additionally, one participant highlights how the integrated ticketing helped alleviate stress associated with usability of public transport:

"I have social anxiety. This card takes away issues over getting off at the wrong place or tapping off in a busy queue so I am able to manage keeping calmer to get off the bus without it pulling away on me." - Pathfinder/NHS Participant

- *Increased Agency, Choice and Confidence*

One of the most significant benefits of the Pilot was an increased ability to exercise greater choice and agency over transport decisions. **Figure 6-18** shows that just over two-thirds of participants from both cohorts (69% for General Public and 67% for Pathfinder/NHS) reported an improved sense of agency over their travel due to participating in the Pilot.

Figure 6-18 - Improved Sense of Agency / Confidence Reported due to having a Free Travel Pass



Source: HDRC (2026)

Prior to the Pilot, unaffordable public transport fares acted as a barrier for many participants, often limiting their transport choices and leading them to use modes of travel that were less suited to their needs, preferences, or circumstances. This lack of choice was described to have negative consequences for wellbeing, particularly when participants felt unable to make decisions that best supported their needs:

"The bus is far too expensive but I need to take it to get to certain places. The train is okay price wise, but it does not come as often and I usually need to swap stations from [Glasgow] Central to Queen Street which can be time consuming. Although the prices of the train does add up eventually. I cannot drive and it makes things quite difficult for me." - *General Public Participant*

As the Pilot removed the cost barrier to public transport uses, participants were able to make transport decisions based on what worked best for them, rather than what they could afford. Having the agency to choose how and when to travel not only improved access to opportunities but also contributed to a greater sense of independence, control, and wellbeing:

"The opportunity of free travel has removed that [cost] barrier and as a result has improved my wellbeing. I still walk when I can, but [I] am more able to make a decision that benefits me." - *General Public Participant*

"Being part of the pilot has meant I have had to weigh up the cost of travel less and consequently, felt able to travel more freely than I would have without the pilot. I have

been able to get places quicker and felt positive about saving time." - *General Public Participant*

The ability to decide how they travelled allowed participants to better manage their time, reduce stress, and tailor journeys to their personal circumstances. For some, this translated into more time for themselves, and less time spent enduring stressful or inefficient travel experiences:

"It's almost a relief to have flexibility and control over something as simple as how I get to work and being able to shape that journey in a way that suits me. I've been doing more and I get more time to myself that I would have spend sitting in traffic on a bus.." - *General Public Participant*

Increased confidence in using public transport was also cited as a key benefit from the Pilot, also shown in **Figure 6-18** above. Participants reported using public transport more and, as a result, feeling more confident on different modes and services:

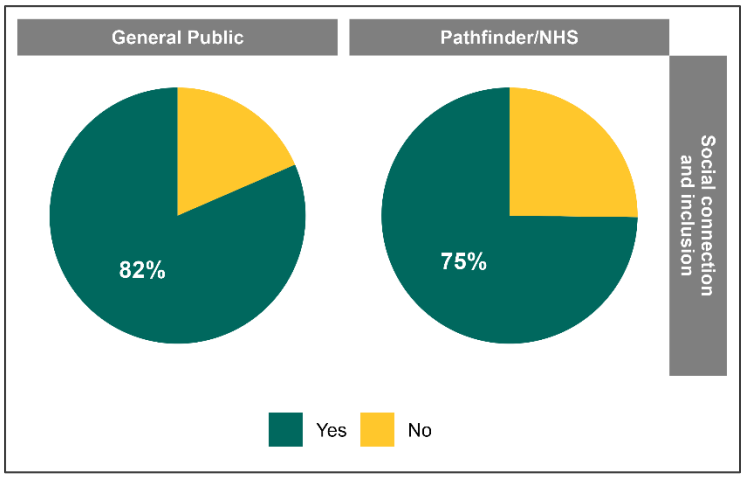
"*The pilot has exceeded my expectations it has given me so much confidence and freedom as I've travelled to places I wouldn't normally have gone, visited cultural events and gave me the opportunity to participate in more sport events. I have tried different modes of transport and I now am an expert on bus routes."* - *General Public Participant*

"Easy to use, improved confidence on public transport has meant i am even more likely to keep these habits long term." - *General Public Participant*

- *Social Inclusion and Connection*

The ability to engage in more social activity throughout the pilot was a recurring theme within the feedback. As **Figure 6-19** shows, the pilot allowed for both cohorts to participate more fully in society; this was true for 82% of General Public and 75% of Pathfinder/NHS participants.

Figure 6-19 – Social Inclusion Reported due to Pilot Participation



Source: HDRC (2026)

Participants mentioned being able to socialise, attend events, visit friends/family, due to free use of public transport:

"It's saved me a lot of money and because I had [a] free zone card, I was able to travel to [the] Southside (Pollok) to take my daughter to soft play with her cousin... [I] would not usually be able to do without saving for couple weeks." - Pathfinder/NHS Participant

"I have made more of an effort to get out and socialise (both in a business and personal context) due to the ease of travel." - General Public Participant

"I enjoy the freedom of knowing that I can travel freely without having to consider financial impact or make compensatory sacrifices. I've visited friends and spent the savings on groceries and cooking better food for the family." - General Public Participant

6.6.3 Case Study: Sharon

Sharon's story highlights the positive impact the pilot had on health and wellbeing. Access to free transport enabled her to explore new places and opportunities, which **contributed positively to her mental health and overall quality of life**. The pilot also supported her physical wellbeing by providing a practical alternative when walking was difficult, or when adverse weather conditions could have affected her health.

Sharon is aged 55–59, lives in Glasgow's East End, has arthritis and provides regular unpaid care for her grandson.

Case Study

Rediscovering freedom and the outdoors

Before the pilot

Sharon doesn't have access to a car and uses buses and trains for shopping and providing unpaid childcare. She often walks because she can't afford public transport, though longer walks can worsen her arthritis and keep her at home for days.

She looks after her grandson every weekend and without a lift, collecting him by public transport is a significant cost. She also avoids bus travel because services often feel unreliable.

During the pilot

Sharon used the pass a lot more than she thought she would, travelling daily for shopping, visiting friends and cultural and leisure trips.

It gave her more freedom to explore places she would not previously have visited, especially with her grandson. Together they visited museums, galleries, parks, the Science Centre and Braehead.

She found that the card worked easily across transport modes, overcoming her concern that some services might not accept it.

The difference it made

- Going to new places, getting fresh air and breaking up her usual routine improved Sharon's mental health and helped her rediscover herself. She described this as an opportunity to 'rediscover myself'. Being able to take a bus when arthritis or bad weather made walking difficult also supported her physical wellbeing.
- She used the money saved to provide financial support to her children and buy treats for her grandson. Removing travel costs also made planning days out simpler and encouraged curiosity about unfamiliar places.
- Cost now limits how often Sharon gets out, but she feels that the £2 fare cap will make a difference and hopes to obtain a disabled person's bus pass. She is trying to remain active and values public transport more, which is helped by her improved knowledge of routes and timetables.

6.6.4 Summary of Outcome 5

The Pilot was observed to have delivered a range of health and wellbeing benefits by reducing the cost barrier many participants were experiencing with public transport fares. The findings show that fare-free travel supported not only practical access to places and services, but also wider wellbeing outcomes linked to independence, confidence, reduced stress, social inclusion and quality of life.

Participants' physical health was supported in contrasting ways. While some participants walked more as part of public transport journeys, others experienced reduced physical strain because they no longer had to walk long distances when public transport was unaffordable. This was particularly important for participants with health conditions, caring responsibilities or limited mobility. Participants also experienced numerous mental health benefits during the pilot as fare-free travel reduced the worry and stress linked to travel costs and wider cost-of-living pressures; allowed travel decisions based on convenience rather than affordability; relieved some instances of social exclusion; and increased confidence using public transport modes.

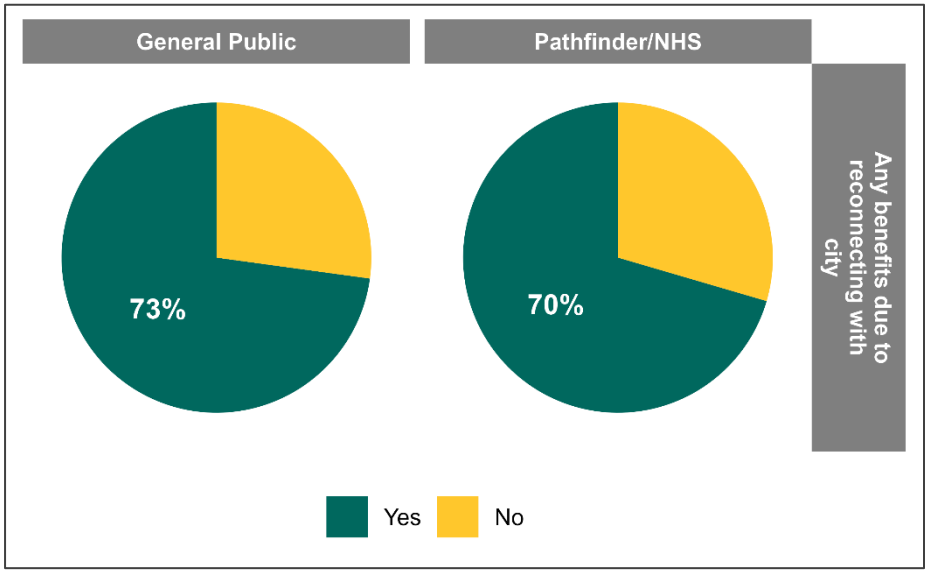
These responses highlight how fare-free travel provided participants with an increased sense of agency, autonomy and control over their transport choices and household budgets, with broader positive implications for health and wellbeing. By contrast, the responses also show how without cost of travel interventions, high transport costs in Glasgow create significant economic, social, and practical challenges for some residents.

6.7 Outcome 6: Reconnecting with the City

In both quantitative and qualitative research, the Pilot was found to support participants in 'reconnecting with the city', as fare-free travel helped them feel more able to explore different parts of the city, visit places they had not been to for some time, and engage more fully in cultural, recreational, and social activities.

Across the cohorts, 73% of General Public and 70% of Pathfinder/NHS participants reported experiencing benefits in relation to reconnecting with the city during the Pilot period. This response is seen in **Figure 6-21**.

Figure 6-21 – Benefits in Reconnecting with the City Reported due to Pilot Participation



Source: HDRC (2026)

The findings discussed below include an increase in the number and range of places visited by participants across Glasgow during the pilot period, as well as the wider benefits and opportunities they experienced in relation to 'reconnecting with the city'.

6.7.1 Number of Places Visited

The baseline and follow-up surveys explored whether participants visited a greater range of places in and around Glasgow during the Pilot. Participants were asked in survey 1 which of Glasgow's wards and / or the surrounding local authority areas they tended to travel to during a 'typical week', with the survey 2 and 3 follow-up questions similarly asking which wards and other local authority areas participants had visited in the preceding weeks of the Pilot.

Table 6-1 summarises the average number of places visited beyond participants' own local areas[26], both within Glasgow and including the six neighbouring local authority areas which are included in the fare-free travel zone (ZoneCard Zone 2). The neighbouring local authority areas comprised South Lanarkshire, North Lanarkshire, Renfrewshire, East Renfrewshire, West Dunbartonshire and East Dunbartonshire.

[26] Glasgow's ward boundaries are used to define a participant's local area

Table 6-1 - Average Number of Places Visited beyond Participants' Local Area - by Survey Wave and Cohort

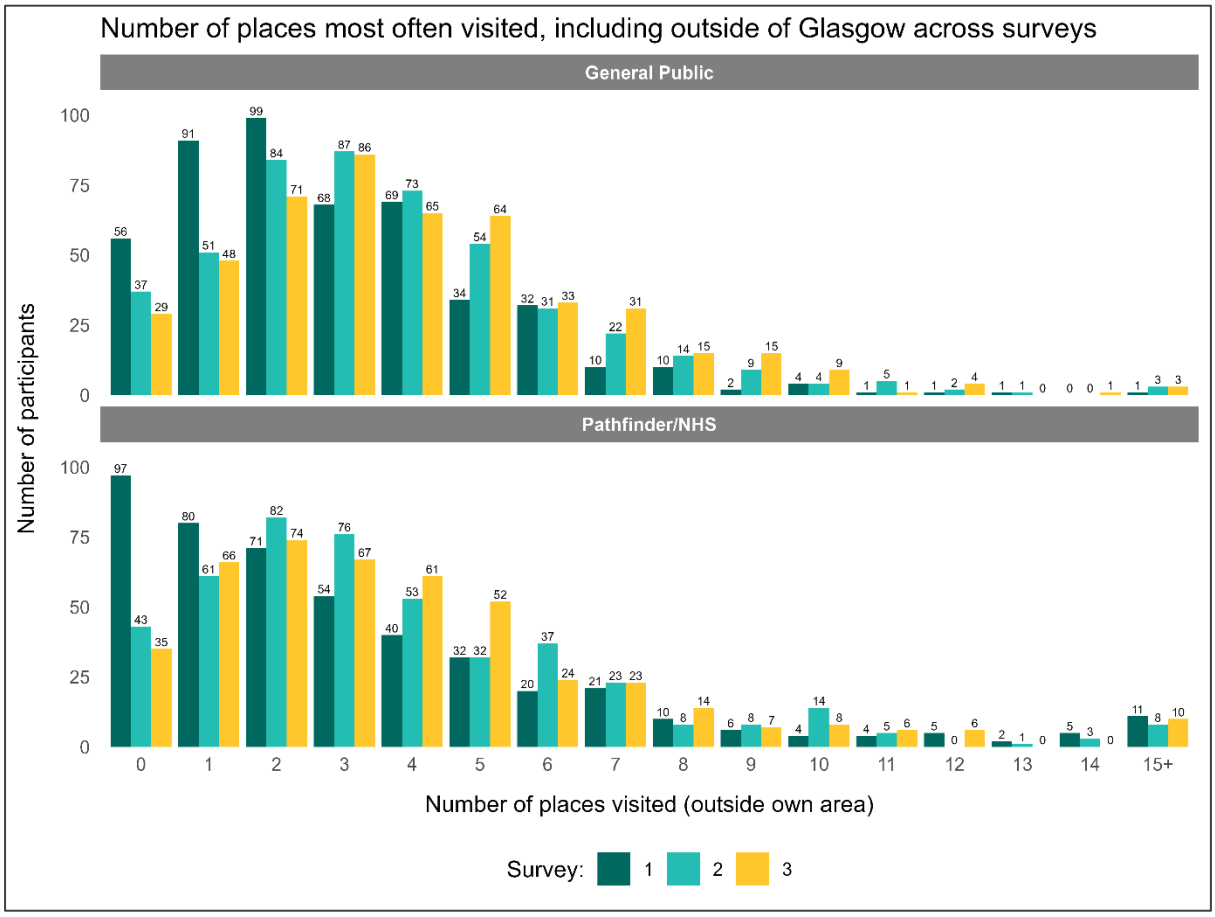
Places Visited	**Participant Cohort**	**Survey 1** (baseline)	**Survey 2**	**Survey 3**
Within Glasgow	General Public	1.7	2.2	2.4
Within Glasgow	Pathfinder/NHS	1.8	2.1	2.1
Glasgow and neighbouring areas	General Public	2.9	3.7	4.0
Glasgow and neighbouring areas	Pathfinder/NHS	3.6	3.8	4.0

Table 6-1 shows participants of both cohorts reported visiting more places beyond their local areas during the Pilot.

Within Glasgow, the average number of places visited by the General Public group increased from 1.7 at baseline to 2.4 by survey 3 (+0.7 increase) and for Pathfinder/NHS participants from 1.8 average number of places at baseline to 2.1 by survey 3 (+0.3). When adding visits to places beyond Glasgow, both cohorts reached an average of 4.0 places by survey 3, an increase from baseline of +1.1 for the General Public group and +0.4 for the Pathfinder/NHS group.

Figure 6-22 shows the distribution of the number of places visited both within and outwith Glasgow, across the three survey waves, for both cohorts. The number of places visited is indicated along the horizontal axis and begins with '0' to represent travel only within a participant's local area.

Figure 6-22 - Number of places Visited (including outside of Glasgow) - by Survey Wave and Cohort



Source: HDRC (2026)

Figure 6-22 indicates relatively high numbers of participants at baseline reporting either travelling locally or only visiting a small number of other places (1-2 places). A sharp drop-off in the number of places visited thereafter is seen at survey 1. Surveys 2 and 3 show that, with access to fare-free travel, increased numbers of participants from both cohorts visited more places in and around Glasgow. This is reflected in increases in the higher categories (3 places and more), at surveys 2 and 3. These findings suggest that unlimited access to fare-free transport encouraged more travel around the city as the Pilot progressed.

6.7.2 Cultural, Social and Sporting opportunities

Reflecting on the pilot period at survey 3, participants reported benefits and opportunities they had experienced in relation to increased access to social, cultural or sporting/leisure opportunities.

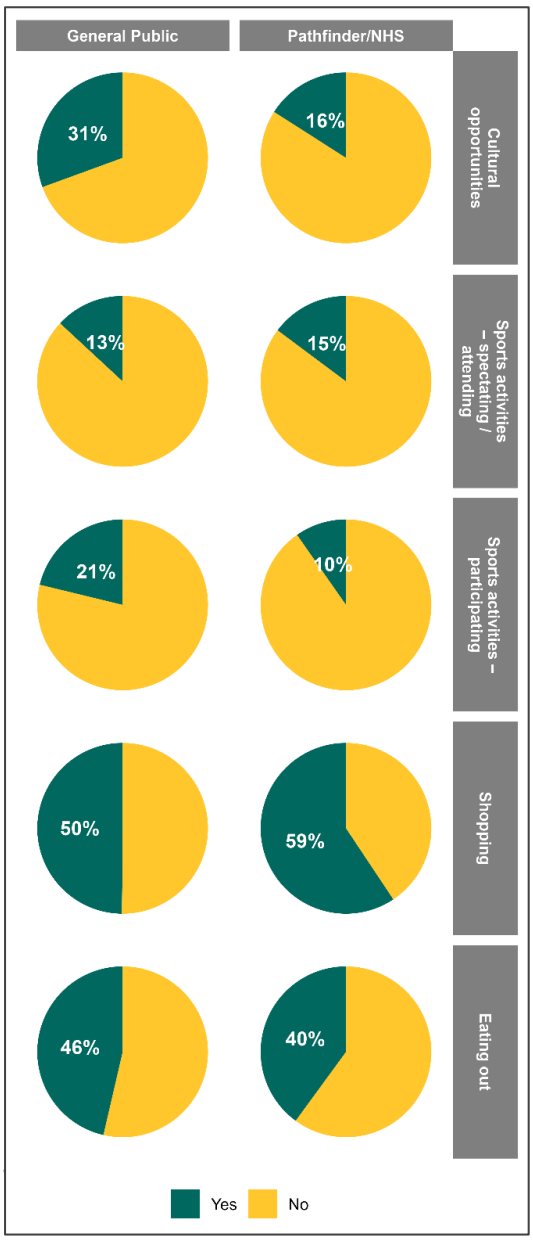


Figure 6-23 – Improved access to cultural, social and sporting opportunities, by type

Figure 6-23 shows that almost a third (31%) of General Public participants reported benefiting from cultural opportunities, with around half (50%) of this cohort also benefiting from improved access to shopping and eating out (46%) venues. Attending sports activities received a lower response rate (13%), though this was higher for participating in sport at 21%.

Cultural and sporting opportunities generally received lower positive responses from Pathfinder/NHS participants when compared to the General Public cohort: 16% reported benefiting from cultural opportunities and 10% from participating in sport, although 15% reported attending sport activities which was slightly higher than for General Public participants.

The findings suggest that shopping (59%) and eating out (40%) were considered by the Pathfinder/NHS cohort as important opportunities that emerged from the Pilot.

These findings are reflected in the themes found through qualitative research. Comments and insight from participants are grouped by the most common destinations discussed ('nature, leisure and amenities', 'shopping and eating out') and, more generally, 'getting out more'.

- *Access to Nature, Leisure and Amenities:*

Improved access to nature, leisure activities and everyday destinations such as shops was a frequently cited benefit of the pilot. By removing the financial barriers associated with public transport, participants reported being able to visit green spaces to spend more time outdoors, explore new places in other parts of the city, and to visit cultural

attractions, recreational facilities and local amenities that may otherwise have been inaccessible or visited less often due to cost. For some, it also reduced feelings of isolation by enabling them to take part in experiences that would otherwise have been financially out of reach, and helped them maintain greater independence in their daily lives:

"I have started travelling more to green spaces to enjoy walking in the countryside, going more walks than usual, visiting more places of interest e.g. galleries etc. I have thoroughly enjoyed having this card as it makes me want to do more and get out and about, I do not feel as isolated and want to take part, explore and enjoy newer challenges." - Pathfinder/NHS Participant

Healthier lifestyle choices were made possible by easier and more affordable access recreational facilities and reducing reliance on private cars:

"It encourages me to use public transport to access the gym and otherwise to think twice before getting into the car to visit somewhere." - General Public Participant

For families, free travel increased opportunities to access parks, museums and other destinations that provide recreational, educational and developmental benefits:

"It's been super easy and really efficient for myself and my little girl. We have taken bus trips to visit different museums and parks that are far beyond walking distance for her." - Pathfinder/NHS Participant

"The pilot has made me more aware of my carbon footprint. Being able to get around without creating emissions takes away the guilt of adding to my environmental impact. [..] Being able to visit friends and family in areas that would normally be difficult to get to without the pilot." - General Public Participant

- *Access to shopping and eating-out opportunities*

Participants also noted the pilot improved their access to essential day-to-day activities such as shopping. For some, this increased independence and reduced financial pressures by enabling more regular trips to local shops without incurring additional transport costs.

“Really enjoying using the card, I am able to go places I wouldn't usually and I can go to the shops more regularly as otherwise I would not be able to go so often due to the cost, I simply cannot afford it.” - Pathfinder/NHS Participant

“I've loved the ability to use different modes of transport and having flexibility to choose between trains , buses and subway which before I would not have. It's also enabled me to shop in different areas of the city I usually wouldn't venture to.” General Public Participant

“I thought having the free pass was brilliant because it was so straightforward to use. I could travel without worrying about bus fares, which saved me a lot of money, meaning I had more to spend on the food shop.” - Pathfinder/NHS Participant

Some participants, while exploring the city, were able to visit new cafes or restaurants.

“I have said yes to so many new opportunities (exploring new areas of the city/trying new cafes and restaurants/going to sports clubs) because I don't have to worry about the extra cost of getting to these things via transport.” - General Public Participant

- *Access to the night-time economy*

Several participants noted the ability to use their ZoneCard for travel to/from evening activities, enabling them to travel safely home at night and reduce their reliance on taxis:

“I was recently diagnosed with epilepsy so it's not safe for me to drive or even cycle (which used to be one of my main forms of transport) losing that took a huge impact on my life, emotionally and physically. I was less able to reach places and would often turn down social events due to being unable to get there in time or not being able to get home safely at night. This has given me the freedom to get somewhere and actually afford a taxi home or get a bus/train home safely.” - General Public Participant

“The stress of planning and paying have been greatly reduced. I am much more inclined to rely on public transport over taxis when I am tired/late at night than before, as the benefit of free and easy travel now out ways/matches the safety and ease of a private vehicle. It is now worth saving the money completely, over spending slight more for convenience.” - General Public Participant

“I felt safer coming back home after work or meeting friends and being able to choose public transport instead of walking along at night, which I have to do sometimes to save money” - General Public Participant

“I have made visits to friends that i would have normally driven for but meant we could go out and have a meal and alcohol and get the train home.” - General Public Participant

- *Getting out more*

Open-ended responses reveal that the Pilot broadened the options of places respondents could visit and allowed them to 'enjoy' 'experience' and 'engage' with new places and activities:

"I think it has given much more freedom to move around the city. Cost of living just doesn't allow me to purchase three modes of transport in one day. Having the zone card has meant this is not a concern and it has allowed me days out that I wouldn't have bothered with otherwise." - General Public Participant

"The pilot has been fantastic.... it has.. given me the possibility to travel outside my local area and visit friends, places and shops I wouldn’t normally be able to. I could not be more grateful and happier." - Pathfinder/NHS Participant

“I've found the pilot extremely helpful and it has helped me save a lot of money while traveling to interviews, attending my course, and helped me to explore the city more and visit parks, cafes etc that I wouldn't normally due to costs.” - Pathfinder/NHS Participant

6.7.3 Case Study: Mary

Mary’s experience of the Pilot highlights how access to fare-free public transport can **encourage more frequent travel, visits to new places, and exploring destinations** that may previously have been beyond reach.

Mary is aged 45–54, lives alone, works part-time and has a mild neurodevelopmental disability.

Case Study

Exploring more places and less isolation

Before the pilot

Mary uses public transport every day for work in the city centre, shopping and visiting friends. She mainly travels by bus because it is convenient, reliable and feels safe, although she finds fares very expensive.

She did not know what to expect from the pilot or how much she would use the pass.

During the pilot

Mary used the pass for travel to work and visiting friends, including friends in hospital, and for more leisure journeys than expected. Her travel became more varied and she travelled further to new destinations.

She explored art galleries, parks and outdoor places, walked more for leisure and used trains more often. Looking at the train map encouraged her to discover places she had not known were there.

The difference it made

- Mary said taking part in the pilot made her "want to explore more places because I had the pass" which helped her feel less isolated. Visiting new places and spending less time alone at home had a strongly positive impact on her mental health.
- She saved money for household bills and found journeys easier to organise and plan. The experience also changed her view of how beneficial and important transport is for different people.
- Mary explores less since the pilot ended but uses public transport to get to more places than before, particularly for events. She "realised there were more opportunities out there" and remains motivated to travel.

6.7.4 Summary of Outcome 6

Overall, the measurable evidence suggests that participants travelled more widely, within and outside of Glasgow, and more frequently during the Pilot. While the increase in places visited, as measured through the survey self-reporting, was modest, the qualitative evidence shows that the Pilot had meaningful benefits for many participants, supporting them to reconnect with their city and take part in activities – including activities related to the city's night-time economy - that may otherwise be out of reach.

By enabling access to nature, leisure, cultural activities and everyday amenities, fare-free public transport may support healthier, more active and connected lives, while also reducing the risk of social isolation and exclusion.

7 Perceptions of and Issues with Public Transport Use

7.1 Overview

Participants identified issues with using public transport in both the baseline and follow-up surveys. Despite removal of the cost barrier, many of these issues were seen to persist in the later surveys and were often described by participants to be long-standing issues which they suggested improvements are needed to address.

This chapter discusses the most common issues experienced by participants, including the provision, availability and capacity of public transport services, and the existing ticket and fare offering.

7.2 Difficulty Reaching Places

Many participants mentioned an inability to get from one part of the city to another using public transport, without having to change service or mode. Journeys by public transport are more likely to involve more than one mode and interchange (the act of transferring between modes, services or routes) is therefore an important part of a journey, and passengers' overall experience.

The key difficulties participants reported around interchanging between services and the overall integration of the public transport network are as follows:

- The lack of coordinated timetables between transport modes and operators makes journeys by public transport harder to plan and can see passengers experience long wait times when changing services. Some participants who own a car said that everyday journeys were often longer by using public transport, as opposed to driving.

- The lack of facilities for interchange across the city requires passengers to change services out of station areas and walk to different stations and stops, with variations in walking distance, journey time, safety and accessibility depending on location. During the Pilot this saw large variations in how participants experienced journeys and was particularly impactful on mobility impaired and disabled people, and for parents with children and prams who find access to some stations is limited.

Quotes from participants, provided as part of open-ended responses to the survey, are included below and illustrate how these difficulties impact the use public transport and getting around the city:

"I have really appreciated having the zone card and hope to have more opportunities to use it next week. It does make transport easier especially with children but there are still journeys that are too difficult, e.g. West end to South side." - *General Public Participant*

"I mostly travel with my daughter who is a wheelchair user, I find it difficult to access buses when [there is] another wheelchair or pram [onboard]. Most train and subways stations are not accessible." - *General Public Participant*

"I don't drive so usually rely on buses to get to other neighbourhoods but these take a long time. Getting West from South and even East from South takes a long time - if there were more options for quicker transport times between these parts of the city this would also greatly benefit the people of Glasgow and Southside." - *General Public Participant*

"Some…journeys were between 1/2 and a third longer by public transport. On 2-3 occasions I was about to wait for a bus and then saw it was not to you for around 20 minutes and chose to walk or cycle." - *Pathfinder/NHS Participant*

7.3 Lack of Integrated Ticketing and High Fare Prices

Many participants described how, normally, to fulfil journeys by public transport they often require to buy more than one ticket a day, from more than one operator. This is described to be costly and, in some circumstances, cost acts as a barrier to using public transport services. Participants described limiting their travel to one mode (i.e. bus), or having to walk long distances to avoid transport costs completely. Many advocated for an affordable integrated ticket, similar to Transport for London's Oyster card which offers fare capping.

Examples of how the lack of integrated ticketing and high fare prices impacts residents' lives is provided below. Some support for an affordable integrated ticketing solution is also exemplified:

"It is beneficial to have this kind of card which allows the person to use different kind of transportation at the same time, especially in Glasgow we have different companies which cover buses and it doesn't give me freedom to choose the bus that I have to use […] I [would usually] need to buy another bus pass for another bus company. Many thanks for offering us this kind of cards." - Pathfinder/NHS Participant

"It really has been transformational for me and gave me much better social mobility. I can hop on any bus and don't have to stand in the rain letting buses I could get pass as I don't have a pass for them." - General Public Participant

"It [the ZoneCard] made my journeys more efficient and allowed me to plan routes based on convenience rather than money, i.e., combining bus and subway to reach certain areas of the city without worrying about the extra cost of multiple tickets. […] An integrated ticketing system and a publicly owned transport network are very much needed in Glasgow - the infrastructure is already in place. It doesn't need to be free necessarily, but it needs to be affordable at the very least." - General Public Participant

"Love it! It's so easy to use. I definitely think a Zone Card (or something similar like in London with tapping on/off) would be so helpful in Glasgow. The thing that makes it so expensive is that they're all separate services so you have to buy individual tickets for each. It would be great to have a cap on Apple Pay like in London where the buses, tubes and trains are all connected." - General Public Participant

7.4 Frequency and Reliability of Services

Public transport users who expressed lower levels of satisfaction with services referred to problems with service frequency and reliability. Infrequent services and those which don't keep to the timetable can result in frustration, long waiting times and having to rely on other forms of transport to get to destinations. Some of these problems experienced by participants are described below:

"The buses and trains from [location] aren't frequent enough for me not to use my car. Having more options and reliable services would encourage me to use public transport more frequently." - General Public Participant

“The buses I rely on to get to and from work are incredibly unreliable and include lots of waiting around. What is a 20 min car journey for me can be 2 and a half hours by bus, due to their reliability.” - General Public Participant

Limited operational hours, particularly in reference to the subway, or reduced hours of public transport services in evenings were often also cited as a key barrier to use. This was particularly frustrating for participants at the weekend where public transport services are reduced, and for those who rely on public transport to get to work and may work different shift patterns:

“The subway is great for my location. But at the weekends it is not regular and the Sunday schedule is atrocious. No other city in the world has as little subway services as ours on the weekend.” - General Public Participant

“My dissatisfaction with trains is due to them not operating at the hours I need them to commute to work.” - Pathfinder/NHS Participant

The city’s evening and night bus services similarly received comments noting that services are very limited. Several responses indicated a lack of awareness that night bus services operate in the city:

"Glasgow could do with a night bus service or more consistent buses throughout the city at night. It is a nightmare trying to get anywhere on a bus after 8pm, which is saying something because they're already a travesty before 8pm." - General Public Participant

“I am very dissatisfied with the buses, they are very expensive at £3.25 for a single ticket, they can be very unreliable, and their timetables often mean I cannot use them - for example, the 8 bus stops running at 8:50pm, so I cannot use it when going to evening social activities. The lack of night buses means I can't use them after a late night out either.” – General Public Participant

One participant directly reported in survey 2 having tried out the Night Bus service during the Pilot, but in survey 3 confirmed they would discontinue using it in future due to the anti-social behaviour of other passengers:

“I have been getting the Night bus instead of paying 20quid to get out of town after work on saturdays." – followed with*: “The only thing that is bad about bus journeys is the amount of antisocial behaviour. Because I had the card I got the night buses from work but I dont think I will again.”* – *General Public Participant*

7.5 Summary

While the Pilot removed the cost barrier to travel, participants reported that many wider challenges affecting public transport use remained unchanged. The most commonly cited issues related to the difficulty of travelling between different parts of the city, particularly where journeys required multiple services, interchanges, or lengthy travel times. Participants also highlighted concerns about service frequency and reliability, noting that infrequent, delayed, or poorly coordinated services often made public transport less attractive than driving.

Many participants enjoyed the integrated nature of the ZoneCard and highlighted how, pre-Pilot, the absence of integrated ticketing and the cost of multi-operator travel were significant barriers to their normal use of public transport. Many of this group expressed support for a more affordable, integrated ticketing system.

8 Discussion and Conclusions

8.1 Overview

Overall, the findings demonstrate how the provision of fare-free public transport in Glasgow increased access to public transport, and supported more frequent and sustained use of the city's public transport services, including by regular car drivers. Throughout the fare-free travel period, participants made a total of **51,416 journeys** using public transport.

This chapter discusses how the benefits of the Pilot extended beyond the expected increase in access to and use of public transport, and how the findings illustrate that affordable public transport can address issues of equity experienced in Glasgow and better enable people to access the services, relationships and opportunities that support a healthy life. The findings of the Pilot also give qualified confidence that a fare-free public transport scheme could result in such benefits across a wider population.

Some limitations of the Pilot were recognised early on in this report. Most relevant to the findings are the short duration of the Pilot and, being a Pilot, the absence of a control group. The measurements of this non-controlled evaluation should therefore not be interpreted as estimates of the size of changes that would occur under a potential full-rollout of fare-free public transport in Glasgow.

8.2 Summary of Findings

Over the course of the Free Public Transport Pilot, several positive changes were seen which were in line with the expected effects of fare-free public transport. Use of public transport increased in both the representative General Public cohort and also amongst the Pathfinder/NHS cohort. Reported changes in main mode of transport, from private car/van use, active travel and taxi use, were consistent with a modal shift to public transport.

From identified baseline barriers to public transport use which included unaffordable public transport fares, participants reflected on the Pilot's positive contribution to addressing many of these, including through financial savings and increased choice and flexibility in using public transport. Access to integrated ticketing, made possible

by the ZoneCard product, was highlighted as a key benefit of participation in the Pilot and participants across both cohorts frequently highlighted the ZoneCard was also as a convenient and stress-reducing facilitator of public transport use.

Some barriers to accessing and using public transport remained throughout the Pilot period and were identified by participants who reflected on hours of operation, frequency of service, journey times, lack of joined up cross-city routes and general areas of improvement needed. These issues were suggested as needing to be addressed 'hand in hand' with cost-of-travel interventions.

8.3 Wider Social and Economic Impacts

Free and accessible public transport is an important determinant of health and wellbeing as it enables people to access the services, relationships and opportunities that support a healthy life. Beyond simply connecting people to destinations, evidence suggests that transport enables access to healthcare, employment, education, nature and leisure opportunities, supports social inclusion and a sense of belonging, as well as improving physical and mental health (*Niedbalski, 2026; Donoghue et al. 2017; Wright et al. 2009; Arcury et al., 2005; Whitley et al., 2019; Coronini-Cronberg et al., 2012; Reinhard et al., 2018; Webb et al., 2012, 2016*). Indeed, access to transport is recognised as an international priority, and included in the World Health Organisation's International Classification of Functioning, Disability, and Health (WHO, 2013). Therefore, transport can significantly affect quality of life, and its limitations or inadequacy may have a negative impact on health and wellbeing.

The findings of the Free Public Transport Pilot in Glasgow are consistent with this evidence and reflect the importance of accessible transport for health and wellbeing. Beyond increasing use of public transport, the Pilot evidenced positive outcomes in other areas of life including removal of barriers to travel, improved access to services and opportunities, as well as supporting social inclusion and improved connectivity.

The cost of transport was a significant barrier to travel, particularly for people on low incomes or managing competing household expenses. By removing fares, the Pilot reduced the financial burden associated with travelling and gave participants greater freedom to make everyday journeys and travel decisions. Improved access to services and opportunities was a key benefit - as people felt more able to attend healthcare

appointments, travel to classes, to work and attend interviews, as well as feeling more at ease when travelling with children/dependents. The Pilot also supported people in reconnecting with the city. By removing the need to weigh up the cost of each journey, the Pilot made spontaneous trips and everyday outings more achievable. Participants felt more able to leave home, explore different places such as nature, leisure and cultural venues, and generally engage with activities beyond their immediate surroundings. This increased opportunities for recreation, relaxation, exercise and enjoyment, while helping people feel more connected to the city and its communities.

Improved social connectedness was also a key benefit as the Pilot allowed people to maintain social relationships and participate in community and recreational opportunities. These opportunities can strengthen relationships, reduce loneliness and support a sense of belonging. The physical and mental health benefit was also apparent as participants noted that they were either walking more as part of everyday journeys or walking less which reduced physical strain. The removal of fares also reduced anxiety and stress associated with deciding whether a journey is affordable.

Of note is that the Pilot allowed participants to have a greater sense of freedom, agency, and decision-making over their transport choices, with broader implications in their day-to-day lives. Participants felt they were able to make decisions that benefitted them, rather than being restricted by costs of transport. This suggests that the benefits of free or accessible transport extend beyond the practical function of the public transport networks, but rather is instrumental in influencing individuals' capacity to make independent decisions and engage with their communities on their own terms. As such, accessible transport serves as a mechanism through which broader outcomes, including enhanced autonomy, social inclusion, connection to place, and participation in economic and civic life, can be achieved.

Beyond health and wellbeing benefits, the Pilot was also evidenced to encourage a mode shift from using cars less and public transport more. This could help support Glasgow to meet Net Zero ambitions by reducing car dependency, congestion and transport-related emissions, while supporting more sustainable travel choices.

The Pilot’s key findings suggest that the benefits of free travel extend beyond reaching destinations. By reducing financial barriers to mobility, it can help people access

services and opportunities, maintain relationships, improve their wellbeing and participate more fully in city life. These benefits are particularly important for people experiencing financial hardship or transport disadvantage, although the extent to which they are realised will also depend on the availability, accessibility and reliability of public transport services.

The Pilot demonstrates that accessible travel delivers benefits that extend into everyday life and are important for equity, inclusion, cohesion, participation, sense of belonging, accessibility and the environment. Taken in combination with existing evidence of the importance of public transport to health and wellbeing, these results provide strong support for the success of the FPTP in improving public transport use, access to services and opportunities, social connection, wellbeing and health among the people of Glasgow.

8.4 Conclusion

Overall, Glasgow's Free Public Transport Pilot was considered highly successful and beneficial for participants and their families.

Positive benefits of the Pilot were felt widely across the participant cohorts, and some benefits were felt more significantly amongst by the Pathfinder/ NHS cohort, who were more likely to experience barriers to accessing and using public transport in everyday life. The main benefits included cost savings, improved access to a wide range of services and opportunities, and increased agency and choice over travel, in terms of how and when and where. At the policy level, the Pilot was also seen to advance the Council's objectives of net-zero carbon emissions, by encouraging short-term modal shift to public transport modes, and reducing socio-economic inequalities prevalent within Glasgow by increasing equal access to transport, and therefore opportunities of life. The level of modal shift from private cars to public transport modes seen during the Pilot can also support wider benefits to the city's transport network, as fewer private vehicles on the road can help to ease traffic congestion and create the conditions for more reliable and efficient bus services and connections to other public transport modes.

The main negative issues were largely related to the provision, integration and availability of public transport services which were described by participants at

baseline and, while provision of the multimodal ZoneCard alleviated some issues of integration, these issues persisted and remain to be resolved by network improvements and wider access to affordable smart and integrated ticketing. While a temporary impact, the Pilot was also impacted by disruption to the city's transport network caused by a significant fire adjacent to Glasgow Central Station, on Union Street, and some participation and travel activity were affected by this, highlighting a lack of resilience in the public transport network.

The findings of the Pilot provide qualified confidence that introduction of a fare-free public transport scheme could result in the observed benefits across a wider population and make positive contributions to the objectives of achieving Net Zero carbon emissions by 2030 and reducing persistent socio-economic inequalities in Glasgow. The Pilot also identified that the benefits of any further cost-of-travel interventions would be significantly enhanced by wider public transport network improvements and efforts to develop a more integrated public transport offering, including integrated ticketing, and that improvements in these areas could bring impactful change particularly for vulnerable user groups. It is noted that the Scottish Government and SPT are progressing work in these areas with recent interventions including the £2 bus fare cap and the removal of peak rail fares, while a bus franchising model for local services across the Strathclyde region and the Clyde Metro programme remain in development. Together these interventions are anticipated to make a demonstrable difference to public transport provision in the area, all of which would be further enhanced by better integration and ticketing.

The Council recognises that transport interventions tend to be evaluated in mode specific silos and that evaluating the collective contribution of these interventions, from public transport service improvements to wider changes to transport governance, fare policies and improvements to other modes, will be important in ensuring the city's sustainable transport network is attractive and accessible to all, to drive sustained modal shift.

Further analysis of the fare-free intervention is planned, including analysis of travel diaries completed by the General Public cohort. This will include information on trip origins and destinations, travel times, travel methods, and journey purposes, and will inform further transport policies and interventions for the city.

[END]

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