

## PUBLIC TRANSPORT SURVEY FOR PARENTS WITH CHILDREN AGED 5-13

### Your Children

1. Please indicate how many children you have within the following age bands

Aged 5-6

Aged 7-10

Aged 11-13

2. Which school/s are your children currently attending ? (please tick one box only)

- Primary School Only*  
 *Secondary School Only*  
 *Primary and Secondary School*

## Primary School Children

3. **Does your school insist that an adult/older sibling brings and collects your children from school? *Please tick one box only.***
- Yes
- No
4. **Is your child currently in year 6 at primary school?**
- Yes
- No
5. **When your child starts secondary school how will they usually travel to and from school?**
- School bus provided free of charge by the council*
- Bus service requiring payment of a child fare*
- Walk*
- Cycle*
- Tram*
- Train*
- Car*
- Taxi*
- Other*
6. **When your child leaves primary school this summer which secondary school will they be attending?**
- The designated school for your catchment area*
- Another school within the area*
- Other*
7. **What is the name of this school?**

School Name and Location

## Child Concessionary Fares



SYPTE: Transport Data & Research Survey

If your child is a South Yorkshire resident and under 16, they are eligible for a MegaTravel Pass. The MegaTravel Pass entitles pass holders to concessionary travel on buses, trams and trains in South Yorkshire. If your child is aged 5-16 and lives in Barnsley they are eligible for a Mega Travel Mi Card. The Mega Travel Mi Card entitles them to travel to and from the borough of Barnsley at a reduced rate of 40 pence a journey. The Mega Travel Mi Card also entitles them to discounted travel in the rest of South Yorkshire.

8. If your child/ren are in secondary education (and/or primary education in Barnsley) do they have a South Yorkshire Mega Travel Pass or a MiCard Pass (Barnsley only)?

	Yes	No	<i>Not Aware of these products</i>
Mega Travel Pass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MiCard Pass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

# Independent trips - Journeys made when your child is not accompanied by an adult

## INTRODUCTION TO INDEPENDENT JOURNEYS

9. At what age would you consider allowing your child/ren, or did you allow your child/ren to travel independently,
- 7-10
- 11-13
10. Do you have any children aged 7-10 who make any independent trips?
- Yes
- No
11. Do you have any children aged 11-13 who make any independent trips?
- Yes
- No
12. If no, please select the main reason:
- |  | 7-10                     | 11-13                    |
|--|--------------------------|--------------------------|
| Don't have any children between these ages | <input type="checkbox"/> | <input type="checkbox"/> |
| Too young to travel alone                  | <input type="checkbox"/> | <input type="checkbox"/> |
| Not safe                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| No independent travel requirements         | <input type="checkbox"/> | <input type="checkbox"/> |
| Too expensive                              | <input type="checkbox"/> | <input type="checkbox"/> |

## Independent Trips - Journeys made when your child is not accompanied by an adult

Please only answer this question if you have children who make independent journeys.

13. For your child who makes the most independent trips, how often does your child/ren travel by each of the following forms of transport? *Please tick one box for each row*

	<i>Very Frequently</i>	<i>Frequently</i>	<i>Occasionally</i>	<i>Rarely</i>	<i>Never</i>
Bus: Public Transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bus: School Service	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Train	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



# Accompanying Your Child/Children On Journeys

**This section asks questions about family trips where you all travel together.**

16. How often do your child/ren travel accompanied by an adult or an older sibling (brother or sister) for each of the following forms of travel? *Tick one box in each row.*

	<i>Very Frequently</i>	<i>Frequently</i>	<i>Occasionally</i>	<i>Rarely</i>	<i>Never</i>
Bus: Public Transport	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cycle	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Train	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tram	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Car	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Taxi	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

17. Of these journeys with whom and how often are these journeys made? *Tick one box in each row*

	<i>Very Frequently</i>	<i>Frequently</i>	<i>Occasionally</i>	<i>rarely</i>	<i>Never</i>
Parent/s or Guardian/s	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Older Sibling (brother or sister)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Granparent/s	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other

18. **What are the three main reasons for your child/ren making family journeys? Tick one box for each row**

	<i>Very Frequently</i>	<i>Frequently</i>	<i>Occasionally</i>	<i>Rarely</i>	<i>Never</i>
To/From Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Shopping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leisure (Leisure Centre / Sporting activities)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Entertainment (Cinema / Concert Venue / Sports stadium)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Visiting friends/relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hospital/Doctors/Dentist	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Journey Purpose (Please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other

19. **How are those journeys made? Tick all that apply.**

	<i>Bus: Public Transport</i>	<i>Bus: School service</i>	<i>Cycle</i>	<i>Walk</i>	<i>Train</i>	<i>Tram</i>	<i>Taxi</i>	<i>Car</i>
To/From Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure (Leisure Centre / Sporting activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment (Cinema / Concert Venue / Sports stadium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting friends/relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital/Doctors/Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Journey Purpose (Please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other



## Car Journeys

20. **Do you travel by Car?**

Yes

No

21. **Do you own a car?**

Yes

No

22. **Thinking of the types of journey you would normally make by car with your child/ren, which could you make by public transport? *Tick all that apply***

To/From school

Shopping (Town/City Centre)

Shopping (Out-of-town Retail Park/Centre)

Leisure (Leisure Centre / Sporting activities)

Entertainment (Cinema / Concert Venue / Sports stadium)

Visiting Friends/Relatives

Hospital/Doctors/Dentist

None

23. Of those trips you indicated could be made by public transport, why do you prefer to use the car? *Tick all that apply.*

	<i>Cheaper</i>	<i>Shorter time</i>	<i>More convenient</i>	<i>More reliable</i>	<i>Safer</i>	<i>No public transport available at the times I travel</i>	<i>Public transport not close enough</i>	<i>Other</i>
To/From Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping (Town/City Centre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping (Out-of-town Retail Park/Centre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure (Leisure Centre / Sporting activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment (Cinema / Concert Venue / Sports stadium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visiting Friends/Relatives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital/Doctors/Dentist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Please specify below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other

24. What are the three top things which encourage you to use public transport (bus, train or tram) more both with your child/children and for them to travel independently. Please enter rankings of 1 to 3 for both family travel (below) and child travel (Q40) with 1 being the most important.

	Very Important	Fairly Important	Neither	Fairly Important	Very Unimportant	Don't know / N/A
Cheaper fares for families	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Improve service quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More services at the weekend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If it was safer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less overcrowding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More direct services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other

25. Child Travel:

	Very Important	Fairly Important	Neither	Fairly Unimportant	Very Unimportant	Don't Know / N/A
Improve service quality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More services at the weekend	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If it was safer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Less overcrowding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
More direct services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other (Please specify below)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other

26. **Where, and for what reason do you and your child/ren travel to the following destinations in your spare time using the car? Tick all that apply.**

	<i>Barnsley</i>	<i>Doncaste r</i>	<i>Rotherha m</i>	<i>Sheffield</i>	<i>Meadow hall / Cen tretainme nt</i>
Shopping (Town/City Centre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping (Out-of-town Retail Park/Centre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure (Leisure Centre / Sporting Activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment (Concert Venue / Sport Stadium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

27. **Where, and for what reason do you and your child/ren travel to the following destinations for shopping or leisure purposes using public transport (bus, train or tram)? Tick all that apply.**

	<i>Barnsley</i>	<i>Doncaste r</i>	<i>Rotherha m</i>	<i>Sheffield</i>	<i>Meadow hall / Cen tretainme nt</i>
Shopping (Town/City Centre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping (Out-of-town Retail Park/Centre)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leisure (Leisure Centre / Sporting Activities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment (Concert Venue / Sport Stadium)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Tickets

28. **If you have used the bus, tram or train in the last year, which tickets do you normally purchase? *Tick one box only***
- Single/Return
  - Travel for free
  - Sheffield CityWide
  - Park and Ride ticket
  - Travelmaster
  - Railmaster
  - An Operator travel card
  - Family Ticket
  - Other
  - Not Sure
29. **If your child/ren have used the bus, tram or train in the last year, which tickets do you normally purchase? *Tick one box only***
- 70p (Mega Travel Pass)
  - 40p (Micard Travel Pass)
  - Operator Child Day Ticket
  - Operator Child Weekly Ticket
  - Operator Child Monthly Ticket
  - Child Travelmaster
  - Zero Fare Pass
  - Other
  - Not sure
30. **Where do you normally buy your travel ticket(s) from? *Tick one box***
- On bus/tram/train
  - Operator Website
  - Travel Information Centre
  - Kiosk: self service
  - Other



# Information

## Onboard Website

32. Onboard is a dedicated travel website for pupils, parents and teachers, providing information on travel tickets, passes and how to plan journeys including to and from school. Before taking part in this survey were you aware of this website? (INSERT LINK TO WEBSITE) *Tick one box only.*
- Yes
- No
33. Is this site a useful tool for your children to plan their own journeys? *Tick one box only.*
- Yes
- No
- Don't Know
34. Do you think you would find this a useful tool for your children to plain their own journeys? *Tick one box only.*
- Yes
- No
- Don't Know

## Information and Journey Planning

35. If you are planning a journey using public transport (bus, train or tram) and needed more information, how would you find it? *Tick all that apply.*

- Timetable leaflets
- Information at stops (bus, train, tram)
- Information at Interchanges
- Travel Information Centres
- Operator Website
- Traveline (telephone enquiry line)
- Journey planner on the internet
- YourNextBus (real time information service via mobile/WAP/internet)
- Onboard Website





## About You

**As a public body SYPTE is committed to addressing the transport needs of the South Yorkshire population and to monitor this it is talking to a wide range of people, we would appreciate it if you could answer the following questions on a voluntary basis.**

37. Please select the appropriate age category to you.

- 16-17
- 18-24
- 25-34
- 35-44
- 45-54
- 55-59
- 60-64
- 65-74
- 75+

38. Are you?

- Female
- Male

39. District you live in. *Tick one box only*

- Barnsley
- Doncaster
- Rotherham
- Sheffield
- Other (Please specify below)

Other

40. Postcode

41. **How many cars are there in your household? *Tick one box***

- None
- One
- Two
- Three or more

42. **What is your access to a vehicle? *Tick one box***

- I am the only or main driver of a vehicle
- I share use of a vehicle
- I am not able to use a vehicle

43. **Including yourself, how many adults in total aged 16 or over live in your current home?**

- One
- Two
- Three
- Four
- More than Four (Please specify below)

44. **How many children aged 15 or under live in your home?**

- One
- Two
- Three
- Four
- More than Four (Please specify below)

45. **Do you use any of the following? Tick all that apply**

- A smartphone/tablet with internet access
- A mobile phone without internet access
- Internet access at work
- Internet access at home
- None of these

46. **Which one of these best describes what you are doing at present? Tick one box.**

- Employee in full-time job
- Employee in part-time job
- Self-employed, full or part-time
- Full-Time education
- Unemployed and available for work

47. **To which one of these groups do you consider you belong? Tick one box.**

- White - British
- White - Irish
- White - Any other white background
- Mixed/Dual Heritage - White and Asian
- Mixed/Dual Heritage - White and Black African
- Mixed/Dual Heritage - White and Black Caribbean
- Mixed/Dual Heritage - Any other mixed background
- Asian or Asian British - Bangladeshi
- Asian or Asian British - Indian
- Asian or Asian British - Pakistani
- Asian or Asian British - Any other Asian background
- Black or Black British - African
- Black or Black British - Caribbean
- Black or Black British - Any other Black background
- Chinese or Chinese British - Chinese
- Chinese or Chinese British - Any other Chinese background
- Any other ethnic group
- Prefer not to say

48. **Do you consider yourself to have a disability or long term health condition (which has lasted at least 12 months or is likely to last at least 12 months) that affects your day-to-day activities? *Tick one box.***

- Yes
- No
- Prefer not to say

49. **Which, if any, of the following relate to your disability/health condition? *Tick all that apply.***

- Mobility related
- Visual related
- Hearing related
- Hidden disability
- Learning disability
- Mental health service user
- Speech/language impediment
- Other
- Prefer not to say

50. **Would you be happy to be contacted via email about future surveys?**

- Yes (please write you email address in the box below)
- No

*Email address:*