



## INTRODUCTION AND BACKGROUND

This paper draws on research conducted for the Joseph Rowntree Foundation (JRF) by the Centre for Research in Social Policy (CRSP). The project, 'Planning and Deploying Resources in Later Life' (RILL), involved in-depth interviews with people (aged 65-84 at the first interview) two years apart to explore their changing needs and resources as they move through later life. The research took a holistic approach to demonstrate the range of different structural, social and individual resources that people drew on to help manage. As such, the findings cut across many policy areas (Hill et al., 2009). The purpose of this paper is to focus on the findings that relate to older people's access to a range of transport and the impact that being able to use transport (or not) can have on their wider well-being. The findings contribute to policies concerning the independence and participation of older people in society. The paper examines changes in various aspects of older people's transport use including:

- public transport use;
- car driving; and
- mobility scooter use.

## The Importance of Access to Transport for Older People

Being able to get out and about enables older people to maintain their independence and well-being through accessing goods, services, social networks, and leisure activities, as well as to contribute to society through voluntary and informal community and caring activities. The role of transport as a facilitator to access can be crucial and is recognised as an integral part of the 'active ageing' policy (DWP, 2005) and a more recent strategy to help people 'make the most of their later years' (DWP, 2009). Furthermore, transport and the ability to travel is a key factor in preventing social exclusion and loneliness amongst older people. Older people with no use of a car or van are more excluded than older people as a whole (Social Exclusion Unit, 2006), and the oldest older people are most isolated. Just under a quarter (22.6 per cent) of people aged 80 and over do not have access to a car and rarely use public transport (DWP, 2008a).



people using them (see Barham et al., 2006) to maintain their independence and well-being. While recent DfT consultation on the legislative, technical and registration aspects of controlling mobility scooters is based on safety concerns, it also recognises that they will increasingly be a 'vital lifeline' as the population ages (DfT, 2010a).



travelling further afield to visit different places more frequently. The introduction of the free bus pass changed how some older people used the buses from being purely functional to more leisure and social use; continuing to get out after a health or driving scare had knocked their confidence in driving; and easing the transition from driving to using buses before having to stop driving.

This latter point is an increasingly important issue, particularly as Smith et al., (2006) note that people who drive are often unfamiliar with public transport and experience problems with it after they give up driving a car. The RILL research shows that being able to use the buses for free was a key factor in encouraging some older people to leave their car at home and use the bus instead. For many, who were previously unfamiliar with using public transport, bus travel was a pleasant surprise.

The RILL research highlights how public trans

using taxis, which also have financial implications and/or can impact on feelings of independence (see below).

Train travel<sup>5</sup> was less common among participants and was used on a more irregular basis than buses. In one case a local train journey had been replaced by bus following the introduction of free bus travel. However, several participants had recently made long distance train journeys for the first time in years to go on holiday, or to visit family who had moved. Having a taxi or lift to/from the station was useful, although finding a seat on busy trains was a concern, and not being able to take a mobility scooter meant having to hire one at the destination. However, journeys (including disrupted connections) had been eased by the helpfulness of staff to direct and assist with changing.

## **The Value of a Car and Changing Driving Habits in Later Life**

A few participants were driving more since the first wave of research, either through acquiring a car or resuming driving after their health had improved. This had made a huge difference to their lives by being able to visit friends and relatives spontaneously, and resume leisure activities that had been on hold. Conversely, a participant who had given up their car (because of perceived risks on the road and the costs involved) was able to use the bus pass to get into town, but found it more difficult to visit family and friends who did not live on a direct bus route.

The research shows that driving habits could change in a relatively short period of time. Some older people had decreasing confidence in their own abilities to drive, especially on busy roads and/or after dark. This was raised particularly after an illness, difficulties with their eyesight, and an experience of getting lost. In some cases driving was considered more frightening than in the past and this was associated with a loss of enjoyment in driving (see also Smith et al., 2006). However, some of those older people who had experienced declining health had adapted their driving habits by:

- taking someone with them on their journeys in case of emergencies;
- driving less frequently;
- driving in the daylight; and
- driving to only familiar or nearby places.

### **The Implications of not Having a Car or Access to Public Transport**

Some older people without a car of their own and whose mobility had become more impaired were now less able to get out and about. This was predominantly the case among the oldest of the older women who had never driven. In these instances there was increased reliance on lifts from friends, neighbours and families, and community/hospital transport. These participants felt more dependent and burdensome because they often had to wait for others to collect them – they knew that their needs depended on the ability of others. The only alternative for many older people without family or friends nearby was to arrange for taxis to take them to hospital appointments or to access other services. This also has financial implications for those who were in financially constrained circumstances.





Storage and transportation – some scooter users had no easily accessible storage space (including housing specifically designed for older people) and in some cases had to store them blocking an exit or keep them dismantled. This meant having to reassemble the scooter when it was needed which could prove difficult. Furthermore, participants had found that holiday coach companies do not transport mobility scooters on their vehicles which makes it difficult for these people to maintain their independence once at their destination.

Wet weather use – to use the scooter in wet weather it was necessary to buy a separate rain cover which could incur considerable extra cost.

There are also more general issues regarding financing and acquiring a suitable and safe scooter. A buoyant second hand and private sales market has led to concerns about people obtaining a scooter without advice about its suitability, or their ability to operate it (BBC News Online, 2005; BHTA, 2007). Furthermore, questions have been raised about the techniques used by some home sales companies in terms of pressure, unclear pricing, and the failure to carry out an assessment of need (Guardian, 2008; Which, 2008). This is reflected in one participant's experience of aggressive sales techniques and poor after-care service, including high call out charges and poor quality of information and workmanship.

## The Wider Environment

The RILL findings also show how changes to the built environment can impact on older people getting around. The closure of a bus station resulted in lack of seating at replacement bus stops and longer distances to walk to shops and hospitals which made it more difficult for people to access the services they required. Furthermore, aside from practical problems, not taking into account the needs of older people can leave them feeling excluded from their local environment. One participant felt that the redevelopment of a city centre (including pizza bars and a casino, but limited seating) was not really for her as *'it's a young person's place now'*.

## OVERALL MESSAGES

The RILL research findings highlight the importance of mobility to older people's quality of life – from free and accessible public transport through to more costly private transport and access to mobility scooters. All of them can enable older people to maintain their independence, through local services, social networks and the ability to participate in wider society.

However, access can be dependent on having sufficient resources available such as health/mobility to use public transport or allow them to drive, family/friends to provide lifts, or finances to pay for taxis/run a car. Those living alone, with no family nearby, and with poor health and mobility can become even more vulnerable to isolation, particularly if they experience further health decline.

Given the importance of getting around for older people, different forms of transport could form an integral part of personalised support packages that are being introduced for those with care and mobility needs, who are unable to drive or access standard transport services.

There is a need for improved choice and flexibility in concessionary travel. The RILL findings show that older people who are unable to access free public transport (due to their restricted mobility or a limited bus service) cannot benefit from the bus pass – many of whom have health problems and need to access GP's and hospital appointments frequently. Local and health authorities need to make these services more accessible and should provide a range of alternative concessionary travel schemes. Reflecting the requirements of the DDA to promote equality for disabled people, a more proactive approach which considers from the outset the range of transport needs across older people would enable better access to the concessionary scheme for those currently most disadvantaged.

Health is a key factor influencing changes in driving behaviour and feelings about driving. The RILL findings reflect views that many older people consider age itself to be the wrong criteria on which to base driving license renewal – currently at 70 under

DVLA regulations – an alternative would be to base it on older people's ability to drive and their driving record (Help the Aged, 2008a).

The RILL research findings highlight that lack of confidence can be a barrier to older people continuing driving, using public transport or using a mobility scooter. This suggests a need for the proposed refresher training, advice and support for older drivers, as well as training on using public transport (DWP, 2009). A key issue will be how to target such services to ensure they are taken up and are accessible to those who need them most. It will be important to market these services to ensure that they are portrayed in a positive and enabling way, so that people *want* to take them up.

The value of mobility scooters to older people's independence can be immense. However, provision is not without problems, including cost. One way of broadening access would be to include a mobility component in the Attendance Allowance that would enable those aged 65 and over to get help purchasing a scooter if their mobility declined. There may also be some scope for incorporating this element into individual budgets. Furthermore, government could help to improve the buying and selling process leading to better informed and appropriate purchasing.

Proposed changes to the regulation of mobility scooters are designed to benefit users' (and others') safety. However, it is important to consider ways to enable older people to acquire and confidently use mobility scooters, given the existing obstacles identified by the RILL research findings, and to balance any barriers that additional controls may bring.

The Lifetime Homes, Lifetime Neighbourhoods Strategy (DCLG, 2008) aims better to meet the needs of older people in the future. Given the increasing number of mobility scooters, there is likely to be even greater demand for housing and local environments to consider the needs of scooter users. It is hoped that mobility scooter storage will be considered in older people's housing. Furthermore, the findings highlight the need for a well planned environment that can accommodate

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## For further information

The full report, **Managing Resources in Later Life: Older people's experience of change and continuity** by Katherine Hill, Liz Sutton and Lynne Cox, is published by the Joseph Rowntree Foundation. It is



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