

## TRANSPORT AND GETTING AROUND IN LATER LIFE

### SUMMARY

Getting out and about is important to older people's independence, access to services and social networks. Transport is a key factor in preventing social exclusion and enabling older people to play a role in their communities. This paper draws on research with older people aged 65-84 conducted over a two-year period. It looks at changes in older people's needs and experiences of public transport, car driving and mobility scooter use.

By

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### Key Findings

Older people's access to transport can be dependent on having the ability to use public transport or to drive, family/friends to provide lifts, or finances to pay for taxis/run a car. Those living alone, without family support, and with poor mobility can be more vulnerable to isolation, especially if their health declines.

The introduction of free bus travel made a real difference to some older people through: saving money; travelling more often and/or further afield for functional and leisure purposes; and to ease the transition from driving to using buses. Those who were unable to access public transport due to limited mobility and/or not on accessible bus routes are missing out and could benefit from alternative concessionary travel schemes.

The convenience of having a car was valued, particularly by older people with limited mobility and/or could not reach key services, families or friends via public transport routes. Some people had adapted their driving in response to declining health and decreased confidence through limiting their journeys or taking a companion.

Mobility scooters were seen as a 'lifeline' and played a key role in maintaining some older people's independence. However, issues such as the local environment, transportation and storage meant that their use was not without problems. Funding and maintaining a scooter, and the buying process, also raises issues about how older people may obtain and use a scooter that is appropriate to their needs.



## 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).

A key policy development to help remove barriers to transport has been the introduction of free off-peak local travel for people over 60<sup>1</sup> in April 2006, which in 2008 was extended to include free local bus use anywhere in England. To promote social inclusion among older people and other disadvantaged groups the Department for Transport (DfT) introduced Accessibility Planning into the local transport planning process which aims to take a more systematic and clearer approach to identify and address accessibility issues (DWP, 2008b). The 'Lifetime Neighbourhood' policy agenda highlights the importance of older people's access to facilities in their local community, and the need for environments to be accessible and inviting regardless of age, health or disability (DCLG, 2008). However, the loss of some local services, in particular local shops and Post Offices could be seen as challenging this aim by putting more pressure on the need for people to travel, whilst lack of seating or public toilets can also be barriers to getting around the local environment (Help the Aged, 2007a). The implications of the change in government and potential spending cuts for older people's transport are as yet unclear. While the new government has committed to protect free bus travel for older people (HM Government, 2010), the shift from centrally managed strategies and planning alongside pressure on Department and Local Authority budgets could impact on the provision or delivery of local accessibility and transport schemes and neighbourhood-based services.

Policy promoting active ageing, engagement, independence and accessibility among older people (DWP, 2005; HM Treasury, 2007) has tended to focus on access to public transport and car use. Most recently this includes plans to provide older people with training to maintain driving skills and on using public transport (DWP, 2009). There is less discussion about alternative ways of accessing services and facilities, one example being through mobility scooter use. This is perhaps linked to the fact that the state is not generally involved in the provision of mobility scooters for those whose health or mobility declines aged 65 and over.<sup>2</sup> However, the policy relevance of mobility scooters is likely to grow given the increasing number of older

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<sup>1</sup> From April 2010 this will be linked to changes to the State Pension Age, gradually increasing eligibility to 65 by 2020 for both men and women.

<sup>2</sup> The Motability Scheme is available to people who receive the higher rate mobility component of the Disabled Living Allowance (DLA), but claims for DLA must be made before the age of 65. Attendance Allowance which can be claimed by people aged 65 or over only provides financial assistance for personal care and has no mobility element.

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).

## THE RESEARCH FINDINGS AND IMPLICATIONS

The RILL research involved interviews with 78 households (living independently) including those in rural and urban areas with varying access to public transport and services. Just under one half (37) had a car in the household, although reflecting the national picture (ONS, 2009) more men than women were drivers.

### Use of Public Transport and Free Local Off-peak Bus Travel

Older people are more likely to use public transport than other age groups. 69 per cent of people aged 65 plus do not have a car, increasing to 88 per cent of poorer single pensioner households (Help the Aged, 2007b). The RILL research findings highlight the importance of public transport for those who are able to access and use it, for example, among those older people with good levels of mobility and on accessible bus routes. Furthermore, the timing of the research interviews – in 2005 and 2007, either side of the introduction of free local off-peak bus travel – allows an insight into the impact of the policy on older people's quality of life. Unsurprisingly the introduction of the free bus pass was welcomed by participants, reflecting increasing take-up rates<sup>3</sup>. The benefits included:

- saving money. This was most keenly felt by those on low incomes who were already regular bus users – while they did not necessarily change their use, they noticed the financial difference from paying reduced fares to free bus travel;
- access to a wider range of shops, markets and restaurants, allowing them to 'shop around' to save money;
- being able to meet up with friends and family at no cost;

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<sup>3</sup> The take-up rate of concessionary fare passes among people aged 60 and over increased from 56 per cent in 2005 to 68 per cent in 2007. The latest figure is 73 per cent for 2008 (DfT, 2009).

- 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 transport is not just about getting from A to B for older people. Transport plays a central role in enabling older people to have social contact, which in turn, enhances and enriches their quality of life. As Marsden et al., (2008) also note, travelling to and from places is much more than just meeting a basic need – it is an experience in itself.

Reflecting findings by Knight et al., (2007) the RILL research shows that health status appears to be a dominant factor that affects transport choice and use. Help the Aged (2008a) note, for example that 45 per cent of older people do not use buses due to mobility problems. Indeed, several participants whose mobility had deteriorated had stopped using the bus at all as they could no longer get on or off the bus, walk to the stop and around their destination, or carry things. The RILL findings show that, for those older people with limited mobility who have difficulty using the bus or getting to the stop, and/or are not on accessible bus routes in particular in rural locations<sup>4</sup>, public transport was not seen as an option. This meant that they were missing out on the benefits of the introduction of free bus travel. In such circumstances, the car remains the main mode of transport. This is the case whether it involves driving a car themselves, relying on lifts from family and friends or

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<sup>4</sup> Only 56 per cent of people aged 60 and over in rural areas had taken up the concessionary fare pass compared to 74 per cent in large urban areas, and 91 per cent in London Boroughs (DfT, 2009).

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**

There are an increasing number of older drivers on the roads in England, with over two million people aged 70 and over holding a driving licence. This is likely to double to 4.5 million by 2015 (Age Concern, 2006). A key factor in the rise is the increase in women who hold driving licences – between 1995/97 and 2008 the proportion of women aged 60–69 holding a licence increased from 45 to 67 per cent (DfT, 2009).

The RILL research also highlights the popularity of having a car in the household and that the car was generally seen as convenient and valued especially by those older people with limited mobility who can drive to get to less accessible places. The RILL research findings point to the continued convenience of the car for many older people who do not live on easily accessible bus routes, and whose services and facilities such as GP's and families and friends are not accessible via public transport routes. In these cases, people wished to continue to drive as long as they were able, even where the cost of running and maintaining a car was sometimes noted. Furthermore, where choice was available, people did value their cars for the ability to convey them where they want to go and when.

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<sup>5</sup> The study took place in central England so does not include Underground tube travel.

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.

The RILL research reinforces calls for alternatives to the free bus pass for those unable to access the bus to use for taxis, community transport or dial a rides (Help the Aged, 2008b). The findings show that such options could enable the most disadvantaged and isolated to access shops, facilities and services and to get out and see other people. However, only a minority of local authorities offer a range of alternative concessionary arrangements and some councils have decided to withdraw these schemes (Help the Aged, 2009). While the Department for Transport is encouraging local authorities to consider options to extend transport accessibility for older people (DfT, 2010b), funding concessionary travel is considered an issue by some (Help the Aged, 2009).

### Mobility Scooters – Perceptions and Use

The RILL research findings show that those older people who had obtained a mobility scooter during the research really valued them, particularly in order to get to local shops and to see friends and relatives. They were viewed as a 'lifeline' and a way of enabling them to do what they wanted to do, when they wanted to do it. However, the findings also show that there were some barriers to acquiring a scooter, particularly among older women with limited mobility who feared crashing, falling off, or anticipated problems controlling a scooter. In many cases this was related to not being able to drive and a lack of confidence and experience in using the roads. However, this may change as younger generations of women who presently drive get older.



The RILL research also found some limitations to using a mobility scooter. These include:

- The local terrain – some pavements are not suitable for mobility scooters owing to uneven surfaces and raised kerbs. Some people's scooters could not cope easily with steep hills.



- 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

such assistive technology, and more generally ensure that the needs of older people are (and are seen by older people themselves as) included in the design.

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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 available as a free download from [www.jrf.org.uk](http://www.jrf.org.uk).

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