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Transport and Older People: Integrating Transport Planning Tools with User Needs

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sparc epsrc bbsrc

Two right hand images courtesy of Design for Health, Leeds PCT

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  - Burmantofts Senior Action
  - Caring Together in Little London and Woodhouse
  - Neighbourhood Elders Team, Garforth
  - Leeds Black Elders Association
  - Leeds Older People's Reference Group
  - Older Active People
  - Otley Action for Older People
  - Potterdale Day Centre
  - West Leeds Older People's Forum

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- Finally, SPARC who not only funded the project but also provided many valuable networking opportunities.

Contents

List of Tables

List of Figures

Abbreviations

BBSRC	Biotechnology and Biological Sciences Research Council
DfT	Department for Transport
DPTAC	Disabled Persons Transport Advisory Committee
EPSRC	Engineering and Physical Sciences Research Council
GIS	Geographic Information System
ITS	Institute of Transport Studies
SEU	Social Exclusion Unit
SOA	Super Output Area
SPARC	Strategic Promotion of Ageing Research Capacity

Executive Summary

This study was funded through a pump-priming grant from the Strategic Promotion of Ageing Research Capacity (SPARC) programme. The purpose of the project was to bring together transport and public health research in order to demonstrate how the involvement of older people can help improve tools for transport planning. The study was unique in that it brought together public health and transport planning and engineering with older people to consider how services can be more responsive to older people's transport needs.

The project had five research objectives:

1. To investigate how accessibility problems impact on older people's independence
2. To determine the extent to which currently available data sources and modelling tools reflect older people's stated accessibility needs
3. To understand how the gap between expected and perceived accessibility problems varies across different categories of older people
4. To pilot techniques that could be applied to provide a more robust measure of accessibility for older people.
5. To build new research capacity across disciplines to develop a national focus on the interactions between ageing and transport planning.

The methods were determined on the basis of 'appropriate tools with maximum output'. Focus group interviews were selected as a useful tool for reaching a large number of older people within a limited time span, for providing an arena for discussion and debate about a topical subject and for generating ideas for improving transport planning. Following the interviews accompanied walks were undertaken with older people in a range of road environments and traffic situations. The purpose of these walks was to observe and explore the way older people interact with their environment. Data from the focus group interviews and the observations were compared with the outputs from an accessibility planning tool used by local authorities to plan accessible and acceptable transport routes (Accession™). The purpose of this exercise was to investigate whether or not such tools are able to take into account the varying needs of older people. The study was undertaken over eight months.

Eighty one older people living in the Leeds district took part in the focus groups. They covered a broad range of mobility levels and used a variety of transport types, as such a reasonably rounded perspective on the issues concerned was offered. In addition six walks were undertaken with older people in their community.

The importance of independent travel

In mainstream transport planning, travel is treated as a 'derived demand' – something you only do to take part in an activity and it is the activity, not the travel, which is of value to the traveller. This study clearly found that for older people the travel itself and the feeling of freedom and purpose it engendered were often more important than the actual destination. Shopping was more than just buying food or clothes. Instead it was an experience in itself as it offered a reason to go out and interact with others. A difference in aspiration in terms of activities emerged however, with some older people planning extensive journeys while others were content with being able to access their local environment. Specific destinations that were important to reach were identified. These included hospitals, doctors, churches, friends' houses, places of worship, day centres and parks.

Engagement in transport planning issues
The study identified three typographies regarding how involved individuals are in transport provision: the Resigned Acceptors, the Frustrated Acceptors and the Involved. Those who are most engaged with the system, the "Involved", have greater control over influencing change.

Factors influencing travel
Several important findings emerged from our small study. Firstly, there were three overriding factors that influenced older people's ability to get around: physical ability, individual characteristics and the transport environment. Whilst some older people viewed their decreased ability to get around with a degree of acceptance or fatalism, clear evidence of frustration also emerged.

Older people's ability to get out and about was affected by environmental, social and psychological factors. These included: a combination of bus driver behaviour and bus design; the positioning of bus stops; difficulties getting onto the buses; the lack of formal crossings or the crossings not situated in the correct places; steps, uneven surfaces or obstacles such as parked cars or bikes being ridden on pavements; personal safety concerns; other people sharing the same environment; a fear of being knocked or falling over; experiences of taxi journeys; the prospect of giving up driving; the access bus for the more frail was seen as positive. Travelling on buses was seen as especially hazardous. This related both to the design of the buses and the way in which they were driven.

Bus travel
Bus travel is a vital travel mode to many older people. We found good knowledge of the networks and opportunities that this provides. Good experiences of drivers and operators were cited but there are many serious issues which emerge.

The vast majority of participants were aware of the recent concessionary fare scheme. A small number were confused about times but generally the rules were well understood. There was more confusion about exactly where their free bus passes were eligible and whether they could be used outside of the region. In the main participants said they did not travel any more frequently since the introduction of the scheme although some felt that journeys involving several buses were now less off-putting. However, it could be that they did not want to appear as if they were taking advantage of the scheme.

The location of bus stops within the city centre caused difficulties for those with mobility problems and bus changes or re-scheduling caused a great deal of confusion. The impact of the unavailability of buses was felt acutely by those living in rural areas. The unreliability of buses was an issue for many, particularly if this meant having to wait for long periods at bus stops. Getting on and off the bus was problematic for many and for some of the frailer participants this was an insurmountable obstacle and they had given up using the buses because of it. A major issue was how the buses were driven with many participants having experienced serious falls as a result of driver 'roughness'.

Walking
Many of the participants were used to walking as a way of getting about. This was sometimes put down to being non-drivers or being a generational issue whereby they had walked regularly all their lives. It seemed clear that whilst walking is, by definition, inherently linked to personal mobility the local environment also played a key role. A feeling that areas had not been designed to take older people's needs into account emerged from the interviews.

Informal crossings caused considerable problems for many. Problems included: the ability of older people to see far enough to safely judge when to cross (lines of sight) when crossing at or near a road junction (angle of junction); width of junction to be crossed; number of roads joining a junction; high traffic speed; high volume of traffic; traffic queues at junctions; large vehicles blocking lines of sight; curb side parking (both legal and illegal) blocking lines of sight and walking route.

Driving

Two car driver types were identified. One was a more confident driver often in the "younger old" age bracket, using their car extensively for longer journeys. Often, their principle reason for driving was to pursue pleasurable activities. The other type was a less confident driver who tended to use their car purely for necessities, for example for shopping or visiting the Doctors. Some participants had already given up driving.

Taxis

Experiences of taxis varied. Reasons for using taxis included safety (especially during the evening), help with carrying their shopping and for comfort (being a softer ride than a bus and not having to wait outside). Many were very positive about their relationship with the taxi drivers and companies. However, some participants felt they took overly long routes and felt they were not able to challenge them either because they were older people or non-drivers themselves. Experiences of being driven to unknown areas and even in one case being physically hauled out of the taxi on an industrial site were related by a number of participants.

Planning tools

Accessibility Planning is a new approach which aims to identify barriers to accessibility to key destinations for the most vulnerable in society and those, in particular, dependent on public transport. Part of the approach relies on making computer based assessments of where accessibility problems are. We tested a variety of assumptions against the reported experiences of our participants and were unable to close the gap between apparent (what the model says), actual (what older people can and do do) and perceived (where knowledge or beliefs limit actual access patterns) accessibility. More needs to be done on *understanding what public transport services older people consider as acceptable to use and under what circumstances; what levels of wait time older people are prepared to accept; and what safety margins are required for arrival times for different activities*. All of these seem highly significant in understanding what public transport accessibility really means to older people.

We were fortunate in this instance to have access to a well developed network of older people's groups with whom to discuss transport. This provides a richer perspective on current travel patterns and issues than the data-led approach. Not all areas will have such a resource or time to engage with it and in these instances, a revised accessibility mapping approach is still preferable to taking a one size fits all approach to assessing accessibility and we have provided some suggestions for modifying the software settings.

Governance and incentives

Greater thought should be given to the ramifications of incentive and regulation structures. We found examples of road safety targets potentially skewing funding and we are also concerned that punctuality targets for public transport may contribute to the behaviour of bus drivers in setting off before people are seated and in aggressive driving.

The decision-making environment is also changing with greater fragmentation of responsibilities for delivery and management of transport services, roadworks etc. than has been the case for much of the current generation of older people's lives. Many are not aware of these changes and are disconnected from the processes which they need to understand to influence change. Local authorities could overcome some of these difficulties through communication with community groups as well as their more general publicity campaigns.

Involvement in design decisions

Dialogue with older people is critical to doing things better. We heard examples of problems with bus design, bus stop design, pavement and crossing design. Where we were able to follow these up it seems that older people's needs were only partly considered. This seems like an easy and relatively cheap process change that could be implemented before local authorities commission new infrastructure or companies purchase new vehicles or other products. Many older people would welcome the chance to be more involved although they also accept that theirs is just one voice amongst many in reaching decisions.

In conclusion this study highlighted several areas of concern for older people in the road traffic environment. It also demonstrated that many older people are highly resourceful and adapt and adjust readily to changing circumstances. Not only do they adapt but they also attempt to influence change. However, it would seem that amongst older people there are 'hierarchies of involvement and personal control'. Those who are most engaged with the system, the "Involved", have greater control over influencing change. The "Resigned acceptors" and "Frustrated acceptors" appear most at risk in suffering from the current deficiencies of the service and are least well placed to challenge the current position.

Many of the issues raised by older people could be dealt with if there is sufficient will, focus and co-operation by the various agencies involved. Some of these have a resource cost but in most instances the benefits of investment will accrue to the wider community, not just older people.

Section 1: Introduction

"Transport, transport, transport – without that nothing else works"
(Consultation respondent, SEU, 2005)

1.1 Summary of Project

The purpose of this project was to bring together transport and public health research in order to demonstrate how the involvement of older people can help improve currently available tools for transport planning. The study was unique in that it brought together public health and transport engineering with older people to consider how services can be more responsive to older people's transport needs.

1.2 Background

With an ageing population, research to understand older peoples' needs and ultimately improve their lives is becoming increasingly urgent, especially in fields such as transport where older people have not traditionally been a key focus of the planning and decision making processes. According to Wixey et al. (2005, p30) "there are almost 8 million people over 65 in England and Wales, which constitutes 15% of the population. For the first time in recorded history, people aged 60 and above (at 21%) form a larger segment of the population than children aged under 16 (20%) (Census, 2001). Of those aged over 65, half are aged between 65 and 74, 35 per cent are aged between 75 and 84 and 13 per cent are 85 and over. The age group 85 and above make up 1.1 million (1.9%) of the population (Census, 2001). The proportion is set to increase further in the next 20 years as the age structure of the population changes. The projected population of Great Britain for people aged 75 and above will double from 4 million, the population now, to 8 million in 2050 (Census, 2001)."

A lack of good transport options can be a significant barrier to social inclusion and independence for older people, as demonstrated by the recent Social Exclusion Unit report on older peoples' lives and needs, and the earlier Transport and Social Exclusion Unit report (SEU, 2006 and 2003). Sixty nine percent of single pensioners (65+) and 22% of pensioner couples did not have access to a household car in 2002/3 (DfT, 2006a). Whilst the proportion of older people holding a driving licence, and therefore likely to have access to a car is increasing ("from 1989/91 to 2004, the proportion of people aged 70 and over who held a full driving licence increased from 32 per cent to 47 per cent" DfT (2006b)) the proportion without access to a car remains significant. Further, there is a substantial body of literature to suggest that older people suffer more than most from poor public transport and a badly maintained transport infrastructure, being more dependent on public transport, suffering from greater transport difficulties and feeling more insecure waiting for public transport (e.g. Dunbar et al, 2004; DPTAC, 2002). The preservation of independent mobility (here, mobility means getting around by any means of transport, e.g., on foot, by car or public transport) is particularly important to the health and mental well being older people (e.g. Maratolli, 2002 and Harris, 2002).

Glasgow and Blakely (2000) proposed that mobility qualities affecting well-being include:

- Feasibility (physical ability to use facilities),
- Safety
- The sense of personal control it provides.

Therefore for transport systems to be most beneficial to well-being they need to do more than just provide a service between two points. They need to take into account the capabilities of the people using them, how safe they make people feel and how

much autonomy they allow those using them to practice. This evidence base is further reviewed in Section 3.

The Department for Transport has recently brought forward a requirement for all local authorities to map the extent to which different sections of their population have access to a range of key services such as supermarkets, health care and employment sites (accessibility planning). However, the approach to identifying problem areas can be quite mechanistic – consisting of plotting areas that are poorly served by buses and trains with respect to journey time or cost to a number of 'key services'. However, it appears that there is a very thin evidence base on which to base an understanding of the current accessibility of older people and the key factors which define their perceived accessibility levels.

1.3 Research Objectives

The research was funded through a pump-priming grant from the Strategic Promotion of Ageing Research Capacity (SPARC) programme. This programme is a joint EPSRC/BBSRC initiative administered through the University of Reading (www.sparc.ac.uk). As a pump-priming grant, the focus of the research has been on testing new approaches and engaging partner organisations to maximise the value of the resources available.

The project had five research objectives:

1. To investigate how accessibility problems impact on older people's independence
2. To determine the extent to which currently available data sources and modelling tools reflect older people's stated accessibility needs
3. To understand how the gap between expected and perceived accessibility problems varies across different categories of older people?
4. To pilot techniques that could be applied to provide a more robust measure of accessibility for older people.
5. To build new research capacity across disciplines to develop a national focus on the interactions between ageing and transport planning.

In answering, or beginning to answer these questions, we intended to advance the processes by which organisations involved in the planning and delivery of transport infrastructure and services consider the needs, desires and capabilities of older people as part of their mainstream processes.

1.4 Research Team

This project brought together research expertise into understanding the transport needs and the aspirations of older people (Leeds Metropolitan University - LMU) with research expertise in understanding travel patterns, transport planning and the new approach to accessibility planning (Institute for Transport Studies - ITS). The technical aspects of the project focused on examining how qualitative and quantitative techniques could be applied to integrate better the needs of older people in planning decisions.

1.5 Steering Group

The project benefited from the active participation of a steering group. The group comprised a mix of local government and local advocates. Both of these elements

combined to facilitate important contacts in the course of the research and to whom we are very grateful. In particular, we are grateful to:

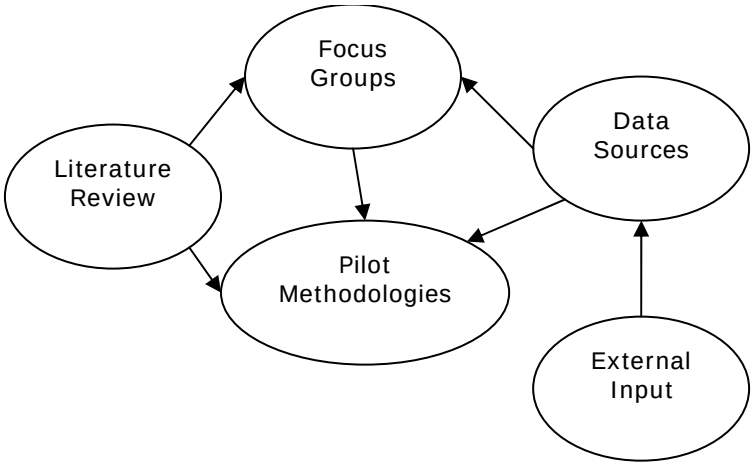
- Erica Ward at METRO (the West Yorkshire Passenger Transport Executive)
- Louise Holliday and Bronwen Holden (Leeds City Council)
- Jack Anderson (Leeds Older Peoples Forum)
- Susan Chesters, Trude Silman and Bob Stephenson (Leeds Older People's Reference Group)

Section 2: Methodology

The methodology adopted in this project is depicted in Figure 2.1.

The methods were determined on the basis of 'appropriate tools with maximum output'. The initial literature review identified related interventions, behavioural studies, theoretical concepts and development of methodology. These articles provided a basis for determining effective methods for the fieldwork. Focus group interviews were selected as a useful tool for reaching a large number of older people within a limited time span, for providing an arena for discussion and debate about a topical subject and for generating ideas for improving transport planning. In-depth interviews would have provided more detail and more depth but it was agreed that one to one interviews would not be feasible within the time span. In addition, in-depth interviews are less successful in generating ideas. Focus groups were therefore deemed more appropriate. Following the interviews accompanied walks were undertaken with older people in a range of road environments and traffic situations. The purpose of these walks was to observe and explore the way older people interact with their environment. During the walks the participants were asked questions about potential difficulties or hurdles in their environment. Data from the focus group interviews and the observations were compared with the outputs from an accessibility planning tool used by local authorities to plan accessible and acceptable transport routes (Accession™). The purpose of this exercise was to investigate whether or not such tools are able to take into account the varying needs of older people. The study was undertaken over eight months.

Figure 2.1: Project Linkages



2.1 Literature Review Methodology

The literature search aimed to answer the following questions using existing data sources:

1. What accessibility problems do older people face, and how do they impact on their independence?

2. What variations in accessibility problems (expected, perceived and actual) were there across different categories of older people?

The aim was to search for perspectives both from the aspect of health promotion and transport planning – to that end, the two researchers co-ordinated their research efforts to fit their particular specialities. Keywords and search terms were agreed, having been chosen to capture all the various terminologies for older people and transport (see Appendix 1). Search databases were then chosen. This included:

Reviews
- Cochrane Database
- Campbell collaboration
- Centre for Reviews and Dissemination at York University

Academic Databases
- Health Promis
- Academic Search Elite
- Science Direct
- Web of Science

Government Bodies/ Organisations
- Department for Transport and other Government department publications
- National Electronic Library for Health
- World Health Organisation website

Other Organisations (Age and Transport Related)
- Department for Health website
- Sustrans
- Social Exclusion Unit
- Help the Aged Publications
- Other Age Related Charities including Age Concern, Anchor Trust
- Oxford Institute of Ageing

The results were then saved to Endnote to create a shared library. Abstracts were read, those with any relevance were sourced in full and the most relevant findings included into the literature review.

2.2 Focus Group Methodology

The aim was to conduct between six and eight focus group interviews with older people in the Leeds District.

Area selection
The research team aimed to conduct the groups both in areas perceived to have particular problems in terms of their transport system and those that were seen to be well-served. A mixture of urban, suburban and rural areas (considering the constraints of the area) was also desired as was some diversity in terms of ethnicity and gender. A range of sources were asked to suggest potential study areas; West Yorkshire METRO and the Transport Planning department of Leeds City Council provided a "top-down" view whilst the Leeds Older People's Forum[1] offered a more "bottom-up" approach. In all, twelve potential areas were identified.

[1] The Leeds Older People Forum supports over 116 voluntary sector organisations in the area. This includes over 40 Neighbourhood Network Schemes that support over 25,000 older people annually. For more information visit www.opforum.webeden.co.uk

Access strategy

In order to identify potential participants the Leeds Older People's Forum provided contact details of organisations for older people in the twelve identified areas. They also emailed a flyer about the project (Appendix 2) to all their member organisations. A member of the research team then contacted each relevant organisation to discuss conducting a focus group and sent an information pack where necessary. On the day of the focus group every participant was informed that taking part was voluntary, given an information sheet (see Appendix 3) and any queries discussed.

This strategy proved successful and ten focus groups were held between May and July 2006. Seven were with the organisations identified by the forum, two contacted the research team pro-actively and one was with a city-wide group - the Older People's Reference Group[2]. Only one organisation refused to take part due to time pressures. The majority were with pre-existing groups (for example coffee mornings or seated exercise classes). In Otley a suitable group was not available and therefore an invitation to attend was placed in a local older people's newsletter resulting in eight attendees. A list of participating organisations is shown in Table 4.1.

Schedule development

The focus group schedule was developed collaboratively with the steering group. An initial draft was based on the issues raised in the literature review. This was then amended in following discussions with the steering group. One concern was that issues over public transport might dominate the discussions; the facilitator therefore made it clear at the start that all the different ways they might "get about" were to be included in the discussion.

The final schedule is attached as Appendix 4. The starting questions asked participants about all the activities they did and how they got there. Any activities they felt unable to participate in were also probed in order to uncover any unmet needs. The participants' perceptions of the different transport types they used were then discussed. Following a suggestion by the steering group levels of confidence and whether they had had any experiences that had put them off travelling were explored. Specific issues covered included their perceptions of the free bus fares that had just been introduced, how they planned their journeys and whether they planned to change how they travelled in the future. Finally they were asked for recommendations on what would help them and other older people get about better in their area.

In practise the schedule worked well; participants discussed the subject matter freely and it was felt that most aspects were included. One difficulty was that where groups had very strong opinions about an issue (particularly the bus service) it was difficult for the facilitator to keep to the agreed schedule. In these circumstances the facilitator let them air their feelings before returning to the other questions. One point of interest is that in some groups the organiser of the group also wished to participate in the discussion. The researcher attempted to negotiate that this was not the case as it was felt they sometimes directed the conversation rather than let led the participants lead. Having said that with the

[2] The Older People's Reference Group aims to help improve health and community care services for older people in Leeds. It holds regular meetings and includes a sub group for minority ethnic elders. For more information visit www.leedsinvolvement.org.uk/oprg

less able groups the organisers were often helpful as they were able to help control the more vocal members and assist those less to vocalise their thoughts. In addition, often they were older people themselves so it seemed unreasonable to exclude them from the discussion.

Analysis

All the focus group interviews were recorded with the participants' permission. Initial notes were made, followed by full transcripts or very detailed notes. The data was analysed using the Framework method as described by Ritchie, Spencer and O'Connor (2003). Transcripts were coded and during analysis eight themes emerged (as agreed by two researchers); these were then ordered into matrices, synthesised and abstracted with higher order themes emerging. All participants were assured that their confidentiality would be protected and to that end quotations and notes were anonymised.

2.3 Pilot Methodologies

Following the focus groups described six walks were undertaken with older people around their local community. Older people from selected areas, who had participated in the focus group interviews, were invited to take part in the walks. The objective of the walks was to discuss issues regarding pedestrian access to common destinations with older individuals, and observe difficulties they experienced. The participants were briefed on the purpose of the walk and consent was obtained. They were then asked to select a local destination they frequently accessed on foot for us to walk to. The volunteers were asked to highlight negative aspects of the walking environment en route, and the interviewer asked about specific issues they had observed on the return trip, if volunteers had not already raised them. The route taken was recorded on a street map, issues noted down, and illustrative photographs were taken.

2.4 Timings

The central part of the study was undertaken over seven months (table 2.1)

Table 2.1: Timing of study elements

Time	Detail
February 2006	Planning and preparation
March – April	Literature review
May – July	Focus group interviews
August – September	Walks and modelling
October	Conference
November – December	Report

2.5 Ethics

The study conformed to the SRA ethical guidelines[3] by ensuring protection for the research participants from undue harm as well the protection of the research team members. In addition secure information management was established to ensure confidentiality of research data. The study did not require ethical approval through the university ethics committees as the participants were not considered to be a 'vulnerable' group. The local ethics coordinators were able to sign off the

[3] Social Research Association (2003). Ethical Guidelines, SRA.

project. However, good practice was adhered to by contacting older people through recognised ‘gatekeeper’ organisations, by ensuring that researchers were able to deal with unexpected situations such as someone getting upset during an interview, and by not subjecting participants to danger during the accompanied walks. In order to protect the researchers, two researchers were present at all interviews and walks. In addition an up to date chart of the fieldwork was maintained to map the whereabouts of the researchers during the fieldwork.

Section 3: Literature Review

With an aging population, research to understand older peoples' needs and ultimately improve their lives is becoming increasingly urgent, especially in fields such as transport where older people have not traditionally been a key focus of the planning and decision making processes. According to Wixey et al. (2005, p309) "there are almost 8 million people over 65 in England and Wales, which constitutes 15% of the population. For the first time in recorded history, people aged 60 and above (at 21%) form a larger segment of the population than children aged under 16 (20%) (Census, 2001). Of those aged over 65, half are aged between 65 and 74, 35 per cent are aged between 75 and 84 and 13 per cent are 85 and over. The age group 85 and above make up 1.1 million (1.9%) of the population (Census, 2001). The proportion is set to increase further in the next 20 years as the age structure of the population changes. The projected population of Great Britain for people aged 75 and above will double from 4 million, the population now, to 8 million in 2050 (Census, 2001)."

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The Department for Transport (DfT) has in recent years brought forward a requirement for all local authorities to map the extent to which different sections of their population have access to a range of key services such as supermarkets, health care and employment sites, and to develop partnerships and initiatives to overcome problems identified. The process is known as Accessibility Planning (DfT , 2004a; DfT, 2004b). However, the approach to identifying problem areas outlined in the Accessibility Planning Guidance (DfT, 2004a) that is most commonly adopted by local authorities is currently quite mechanistic – consisting of plotting areas that appear to be poorly served by buses and trains with respect to journey time, distance or cost (see Appendix 6 for a list of core national indicators).

Accessibility, which, with its shared responsibilities and broad coverage of issues is as much about land use planning and location decisions as it is about transport. Transport is fundamental to Banister and Bowling's (2004) "building blocks" for quality of life. They found that, "long standing illnesses are common (about 62% of their study sample), but it seems that many of these illnesses do not impair mobility, and the elderly are able to accommodate to [sic] them (a disability

paradox).” Such adaptation is likely to require a positive, not to be defeated attitude towards life, and as such, activities to maintain (or raise) older peoples' confidence when travelling may be as important as provision of services. So for example, exercise classes that maintain fitness and confidence may do more for accessibility than changing a bus route. The lesson here is that transport planning for older people needs to take a broad view of Accessibility Planning. This was always the intention in theory, but it may be that frameworks and guidance will be needed to achieve this in practice, especially to inform the nature of the broad view.

Mollenkopf et al (1997, p309) identified two spheres of influence on older peoples' mobility and accessibility, again suggesting a broad view is needed. On the one hand the research “found a clear connection between the social situation of elderly persons and specific mobility patterns: if they are tied into a closely meshed network of family or friends, then they are away from home more frequently than when this is not the case. After everyday errands and walks, the most frequent goal of their trips was being together with relatives and friends and this is, at the same time, first among their most important leisure activities outside their homes. These socially motivated activities are only partly compensated for by other activities away from home by those elderly persons who live alone and do not have any children.” By ending on “children,” Mollenkopf et al (1997) are suggesting that family is most fundamental to older peoples' travel in this sphere, but there is also an implication that older people do develop coping mechanisms, for example, taking part in “other activities away from the home.” (*Ibid*.) These might include voluntary or community work, classes, or other activities to keep the individual busy, especially where children may live a long distance away from their parents, as is increasingly the case. Whilst these activities may only partially compensate for lack of pure socialising, this corroborates Bannister and Bowling's (2004) view that attitude to life is a fundamental “building block” for quality of life, and further that it can influence the degrees of isolation brought about by mobility and accessibility difficulties. On the other hand, there are external restrictions on mobility. “One reason for difficulties can be found in the respective spatial or technical conditions which exist in each case: conditions which can be improved through appropriate structural, organisational or technical changes. Just as important are, however, impairments which can be traced back to the lack of interpersonal relationships, to a deficit of mutual respect and consideration in the public sphere and in traffic as an area of social activity” (Mollenkopf et al, 1997, p309). The researchers conclude that “these problems are much more difficult to solve” (*Ibid*.), but incorporating older peoples' views into the decision making process will be a key step.

Overall, it can be seen that older people have a significant need to access the external environment, be out and about, and able to engage in social activities outside of the home, especially with family and friends. It is clear that the emphasis here is not necessarily on functional travel to meet practical needs, although these are obviously important. However, it is these practical needs that the policy context tends to focus on. It is likely that this stems from long held beliefs within the transport profession that travel is a derived demand (i.e., trips are made on the basis of need to access destinations for practical purposes). Derived demand can be interpreted as including destinations such as friends and families homes, or other meeting points, but within the decision making context, there is a tendency to concentrate on more practical trip purposes. The notion of derived demand is increasingly challenged within the transport profession (Mokhtarian and Salomon, 2001; Mokhtarian et al, 2001). More research appears necessary to understand the extent to which the journey itself is of value to older people and in what circumstances.

Section 4: Focus Group Findings

This section presents the focus groups' findings. Section 4.1 presents information about the participants; their gender, ethnicity, health, mobility and group location. Section 4.2 offers information about the activities they participate in (or wish to). Following this, section 4.3 covers the theme of personal security and safety whilst 4.4 presents information on walking and the issues participants face as a pedestrian. Section 4.5 presents the findings about the bus service and 4.6 covers car driving. Other types of transport (including lifts, taxis and the access bus) are covered in section 4.7 whilst 4.8 presents the participants' recommendations in regard to helping them and their peers get about better. These themes are then drawn together in order to present what the key influences are affecting older people's ability to get about.

4.1 The Participants

Eighty one older people participated in the ten focus groups (see Table 4.1). The majority (70) were female with only 11 males. Ten of the older people were of Black & Minority Ethnic (BME) origin[4]. All participants lived independently or in sheltered housing. Whilst some still lived with their spouses a large number lived alone, often having been widowed. This profile is potentially related to the strategy of accessing participants via existing older people's groups[5]. This would appear to have a tendency of attracting fewer men than women - despite efforts to select groups where men were more likely to be present. Eighteen participants were current drivers whilst at least five had driven previously but had now given up (see Table 4.1). Group size varied from four to eleven.

The organisations which groups were held with are listed in Table 4.1. In the main they were organised by Neighbourhood Network Schemes and comprised a number of purposes;

- Three were general friendship groups or coffee mornings for older people
- Two were held after seated exercise classes
- Two were held at day centres – one for older people with mental health problems another for older black people
- Two were held with members of older people's reference groups or forums
- One group was arranged specifically by a Neighbourhood Network Scheme as there was no suitable pre-existing group in existence

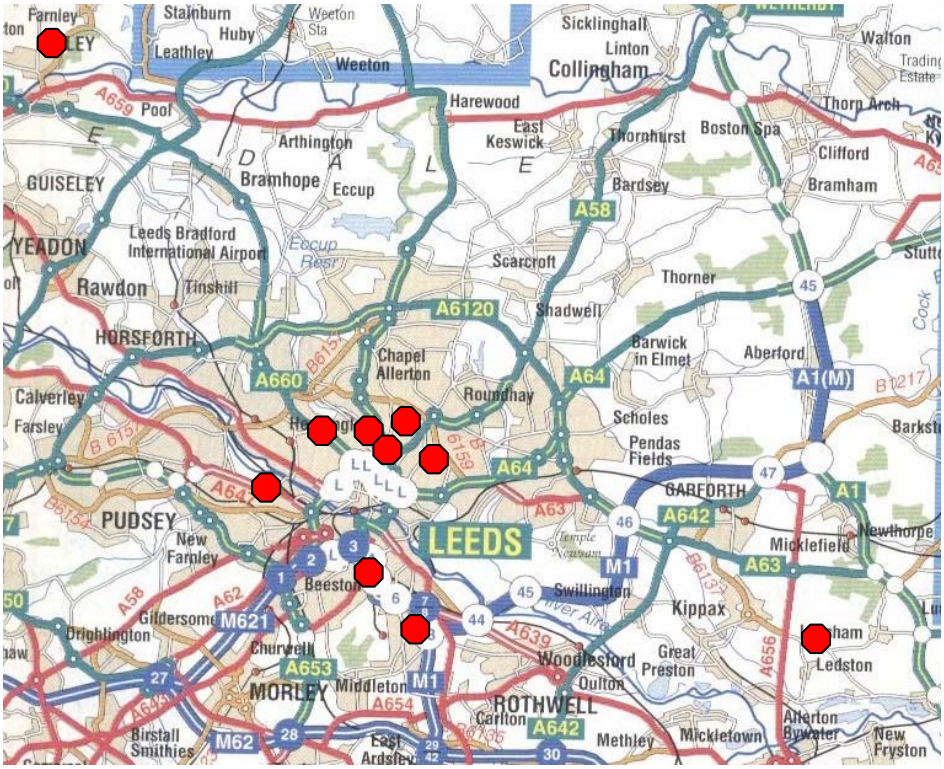
The focus groups were held in a variety of locations both in and around the city of Leeds (see Figure 4.1). In the main, these were urban locations but one was held in a rural area east of the city and another in the market town of Otley. As the groups were based on neighbourhood networks attendees tended to live close by. Two exceptions to this were the West Leeds Older People's Forum where participants lived across West Leeds (from Farnley to Armley) and the Older People's Reference group where attendees lived across the whole of the city.

[4] 4% of older people in the UK are from non-White ethnic minority groups (Census, 2001).
[5] It also partly reflects the demographics of UK older people. There are currently 85 older men per 100 older women in the UK (Census, 2001).

Table 4.1: Focus Group Details

Participating organisation	Number of attendees	Levels of driving
Burmantofts Senior Action	Eight women	No drivers
Older Active People	Seven women	No current drivers but a few former drivers
Caring Together in Little London and Woodhouse	Nine women	No current drivers
Leeds Black Elders Association	Seven women, two men	One current driver (male)
Leeds Involvement - Older People's Reference Group	Four women, one man	All current drivers
Potterdale Day Centre	Six women, two men	Three current drivers – two men, one woman.
West Leeds Older People's Forum	Nine women, two men	Three current drivers – two women, one man
Otley Action for Older People	Five women, two men	Three current drivers – two male, one female
Belle Isle Elderly Winter Aid	Eleven women, two men	No current drivers but one former male driver
Ledstone, Ledsham and Ledstone Luck Friendship Group	Four women	Three current female drivers

Figure 4.1: Focus Group Locations



Deprivation Statistics

The areas where the groups were held covered a range of deprivation levels. Three groups were in the 10% most deprived areas in the UK (see Table 4.2) whilst others were relatively affluent – Otley for example is the third least deprived ward in the Leeds district. The Leeds Involvement Group has not been included in these statistics as participants originated from across the city rather than within the immediate neighbourhood. The deprivation statistics shown are at ward level and not at the more detailed super output area (SOA) level. This is because SOAs focus on a very limited geographic area and participants in the same group could have emanated from a number.

Table 4.2: Deprivation Statistics

Wards (pre 2004) that focus groups were held in	Index of Multiple Deprivation (Leeds rank) [6]	Index of Multiple Deprivation (National Rank) [7]
Burmantofts	4	444
Headingley	21	4388
University	7	666
Harehills	3	429
Beeston	9	1070
Armley	12	1660
Otley	31	6807
Middleton	10	1339
Garforth & Swillington	24	5054

Source: Leeds Initiative, 2004

Health and Mobility

Levels of health and mobility varied from the fit to the frail. In part this reflected the group types – some catered specifically for those with mobility issues picking up and dropping off participants – thus attracting less mobile participants. Others required attendees to travel there independently and tended to consist of the "younger old".

Signs of decreasing mobility were evident in many *"we can't do what we used to do" (*Focus Group 8[8]*).* Perhaps the most commonly cited cause of this was issues with joints - ranging from bad backs, knees, ankles, hips or feet. Whilst some had had operations or accidents, in the main there seemed to have been a more gradual process. In addition, general pain or discomfort emerged frequently as an issue as was being "wobbly" or feeling unsafe on their feet. These issues led to difficulties getting up (for example from benches), standing for any length of time or walking (especially up-hill). Many spoke of being very slow. Carrying items was also a common difficulty. Motorised scooters and walking sticks or frames were used by a small number of participants.

Mobility was also affected by other health issues including osteoarthritis, osteoporosis, balance problems, Parkinson's disease and high blood pressure

[6] Based on ward level statistics. 1 is most deprived, 33 least deprived.
[7] 1 most deprived, 8414 least deprived.
[8] The focus groups have been coded numerically – to maintain anonymity this has been done randomly and does not relate to chronological / alphabetical order.

leading to black outs. The concept of "hidden disabilities" (Focus Group 2) also emerged – this was defined by one participant as appearing fit to other people but in fact being very frail. In her case she had osteoarthritis and a disabled arm which meant she was unable to hold onto rails etc to steady herself. A number of participants suffered from visual impairments; including being certified blind, having one glass eye and another having a detached retina. Problems with hearing affected some.

A couple of the older people who had had recent operations spoke optimistically about returning to a higher level of fitness or mobility. Others however seemed to view their decreasing mobility as inevitable – resulting in a combination of frustration whilst also thinking they had to accept it;

"*We can't change the fact we can't walk as well as we did, we just have to accept it as best we can*" (Focus Group 10)

This decreasing mobility clearly impacted on their ability to get around - many spoke of having to stay in more or rely on others. For some of the fitter participants this was not yet the case but many seemed aware of potential future difficulties. This was often introduced by mentioning older acquaintances who suffered from such problems; one woman described how her neighbour had gone from being fit and independent to now requiring assistance whenever she wanted to go out. This led on to the issue of variability amongst older people. It was strongly felt that "lumping" all older people together was inappropriate as this covered a wide spectrum of motilities and hence varying transport requirements.

Relationship to their local area

The relationship between the older people and their environment emerged as a theme of some importance. Many participants had lived in the same area for much of their lives and were very familiar with it. This familiarity offered practical assistance by for example, knowing the safest places to cross a road. In addition it seemed to confer a feeling of confidence and a sense of security in their ability to get around. However this could be undermined by a variety of factors, some of which are discussed in the next section.

It is important to note that *other people sharing the same environment were found to either enhance this confidence or threaten it*. On the positive side this included being helped across roads or friends providing company to travel with or visit. Other people's behaviour however often had a more negative affect. Participants talked about being worried that they would get knocked over (by for example groups of drunken people) or experiencing physical violence (either actual or heard about). It also included other people's use of space that conflicted with theirs, for example teenagers cycling on the pavements, behaving badly in public or "*drug users and alcies*" (Focus Group 9) in the park. At times other people whilst not behaving aggressively still disturbed their sense of familiarity with the area. An example is where a high density of students in the area meant they no longer knew their neighbours. Another was people who were not felt to share their culture – for example, 'foreign' bus or taxi drivers who at times made some participants slightly more wary or "*add(ed) another layer of worry*" (Focus Group 5).

Independence was raised by a number of participants, in particular amongst those who felt frustrated by their perceived lack of it. A number felt they were dependent upon others and this was strongly disliked; "*I've had my own independence, I'd like to be able to get on, on my own*" (Focus Group 1). A desire to be able to do things when and where they wanted was clear; *"if I want to go shopping, I want to go shopping when I want to go shopping"* (Focus Group

4). How they perceived their independence varied considerably however. In the discussion on shopping (see section 4.2) it becomes clear that many desired active help and support whilst others simply wanted the infrastructure that would enable them do it themselves.

4.2 Activities

Given the wide range of older people who took part in this project, it is perhaps not surprising that the types of activity they participated in varied greatly. These included going into town, meeting friends, day-centres, church, coffee mornings, bingo, gardening, reading, doing cross-words, volunteering, campaigning, days out in various places within Yorkshire, dancing and walking in parks. Shopping featured dominantly - this will be covered in detail later in this section.

The amount of activity participated in also varied substantially. Some participants were very involved in campaigning activities (often but not always for older people) serving on various forums, reference or neighbourhood groups. Others were less involved with their communities but still very active themselves - visiting local shopping centres or towns nearly every day. This tended to include a bit of shopping and maybe lunch out "*fish and chips by the river*" (Focus Group 3) with friends or family. Others stayed closer to home but shared a common belief that doing something every day was important "*just to get out of the house*" (Focus Group 3). This picture of an active engaged older person is however not the case for all the participants. Many of the less mobile and more dependent older people participated in organised activities e.g. coffee mornings run by voluntary activities or trips out but other than that their activities seemed limited. Home based activities dominated, for example, doing the cross-word, reading magazines or watching television. One participant called herself and her peers the "*sitting brigade*" (Focus Group 7) – she described herself killing time between making tea, going to the toilet and then more sitting.

A difference in aspiration in terms of activities clearly emerged. Some had reached a stage in their life where they no longer wished to travel as far;

"when my husband was alive we went all over … but I don't want it anymore I'm not bothered, … I just want to be in x and do what I'm going" (Focus Group 10).

This participant was 86 and claimed to have settled down a lot in the past year - for her, local transport was especially critical. Others still clearly yearned to be able to travel widely and be as active as possible in their chosen area. One talked about wishing to travel to Australia whilst another wanted to be able to carry on campaigning in London. Her comment; *"I've got a lot of life left to live yet" (Focus Group 10)* tallied with that of another woman who was actively engaged in the community; "*although I'm older it don't mean to say I'm brain dead*" (Focus Group 4).

The importance of being able to take part in activities and see people was stressed by many. Some of the more mobile were able to achieve this by themselves – one active widower described how she went somewhere every day as she "*just had to get out of the four walls and see other people*" (Focus Group 3). One less mobile woman described her local voluntary organisation as; "*like a life-line, it's something you get, oh, I'm going to the centre today*" (Focus Group 4). The idea that you should differentiate between "*vital*" and social needs was dismissed by one participant;

*"There's nothing worse for your mental health if you can't get around and see your remaining friends and families, and ... the outside world.. It's not a trivial thing" (*Focus Group 5*).*

For many the trip out was far more important than the actual destination. One group described how they would go to the bus station, see where the next bus was going to and that was where they would go. In line with this when participants were asked what activities they missed or found difficult to get to, it was "*company*" "*somebody to talk to*" (Focus Group 7) or a general ability to get out and about that seemed to featured most prominently. Destinations that they wished to be able to reach easier included parks (Temple Newsam and Golden Acre were frequently mentioned as was, more generally, somewhere "pretty" to walk), churches and the market (this was seen as both friendly and good for browsing). The swimming pool was also mentioned as was, fairly regularly, hospitals.

Another issue raised by participants was their inability to get out during evenings and weekends. Reduced evening bus services meant getting to entertainment venues (e.g. the theatre or the cinema) was difficult. Sundays emerged as a very lonely day for those with no families to spend it with and the limited bus and train services exacerbated this issue. One widower described Sunday as;

"*the most miserable day of the week, because you don't see anybody, you don't talk to anybody and you can't get out because there's no buses*" (Focus Group 3).

Shopping

Shopping emerged as an important activity for nearly all the participants. It was often problematic though because of the location of the shops and difficulties with carrying. For drivers this was not an issue and some gave lifts to others or did their shopping for them. Those who did not drive but still shopped independently tended to travel to the shops by bus or on foot and then return in a taxi - they also seemed to modify their buying behaviour so they had to carry less *"(I do) a bit of shopping, I can't carry a lot … so I go most days" (Focus Group 9).* Being taken shopping by others (generally their families or a voluntary organisation) was a common strategy for the less mobile. Some did this for their main shop but also "topped up" at other times themselves.

It became clear that shopping as an activity served many purposes. Not only did it serve a functional purpose (the buying of food, clothes etc.) it also seemed to provide structure to the day or week – it was in essence a reason to go out and keep in touch with normality. One woman whose son did her main shopping for her said:

"I just go round Morrison's for something to do I guess... pick up a few odds and ends on the way" (Focus Group 3)

In addition, it provided an opportunity to interact with others – this was particularly (but not exclusively) the case with the organised shopping trips;

"it's more like a social thing, you know it's not just to go shopping, you see your friends, you go for a coffee" (Focus Group 4)

For some, being able to shop for themselves seemed to signify their own independence. For them, having to rely on others was not a satisfactory experience – they wanted to be able to do it when they wanted to (see quote in section entitled "relationship to local area") and be able to spend time browsing;

"it's lovely to go shopping but if you're with a relative they're in a rush and you haven't enjoyed the experience of actually going shopping and meeting friends" (Focus Group 1)

"I love to go out and shop on my own because then it's my own time" (Focus Group 3)

For others however, often the less mobile, being taken shopping by others was a more positive experience. They tended to emphasise the social side and the convenience;

"(it's) smashing ... you do your shopping, you bring it back, they'll take it into your flat for you … the only thing they don't do is pay for it!" (Focus Group 3)

These different requirements led to the conclusion that an assisted shopping service was necessary for those with more severe mobility problems. For those who were still mobile though being able to do their own shopping was far preferable.

The idea of shopping on the internet was raised in one group. This was perceived negatively – partly because they were unsure about how to use the technology but also because they wanted to be able to see what they were buying. Minimum orders were also seen as a potential issue. Besides which, as discussed before, they liked the shopping experience. The market was perceived positively being friendly or "*homely*" offering good produce and a chance to browse. The issue of the cost of shopping did not emerge overtly on a frequent basis. However concerns were raised over the cost of organised shopping trips and the supermarkets that they visited for example Sainsbury's, whereas in general there seemed to be a preference for "value" brands such as Morrison's and Asda. This could however relate more to traditional shopping preferences within Leeds than cost.

4.3 Personal Security and Safety

Fear of crime

Personal security concerns emerged in some, but by no means all, of the groups. Actual experiences of being attacked were communicated and it was clear that the effects of these were long lasting. One victim described how "*it never leaves you*" (Focus Group 8) whilst another spoke about no longer taking any chances or going out alone. For others it was more a nebulous feeling of vulnerability; many were wary of going out alone, no longer feeling safe in their environment. The more physically frail were concerned about asking for help should they get into difficulties.

Certain situations exacerbated these concerns. For some it was specific areas for example walking past a set of railings where teenagers hung out or an unkempt park with graffiti in it. A particular cause of concern was waiting at bus-stops. Only the more confident or active went out after dark and very few would do so using public transport, instead taxis or lifts were used or more commonly they did not go out. The issue of taxis is discussed further in section 4.7 but it is important to note that whilst many participants relied on taxis to transport them safely many had security concerns over the taxis themselves. Cases of drivers taking circuitous routes emerged with some regularity with participants (particularly non-drivers) feeling unable to question or confront them. In one case a taxi driver had verbally abusing a participant and then forced her out of the taxi and left her in a deserted area. Some overcame this issue by always

travelling with another person or using familiar taxi companies. Being in town during the evening when there were groups of rowdy or drunk people made some participants feel very nervous. It was recognised that they may not be a target themselves but being uncertain on their feet amongst the "*general mayhem*" was described as "*very alarming*" (Focus Group 5).

The frailest participants rarely mentioned personal security concerns, potentially because they were unlikely to go out on their own. On the contrary the more active participants had an increased likelihood of being exposed to risky situations and fairly frequently raised concerns. It was felt that a more visible police presence would help allay these fears.

Personal safety concerns

A fear of being knocked or falling over emerged in nearly all the focus groups, particularly amongst the more frail participants. Whilst the cause was principally health related, for example blacking out due to blood pressure issues, it was exacerbated by the environment in which they lived or travelled.

Travelling on buses was seen as especially hazardous. This is covered in more detail in section 4.5 but in the main this relates both to the design of the buses and the way in which they were driven. The former issue meant that getting on the bus was difficult, if not dangerous, due to the high steps. In addition, a lack of grab rails in the first section of the bus meant they could not hold on. This, combined with rough driving meant that the fear or being flung down the bus was very real to many participants. This was particularly the case when setting off, stopping or "*swinging*" around corners. In many of the focus groups one or more participants had had a bad fall whilst travelling by bus. For the more frail this was particularly frightening, and they talked about not "*daring*" to use them anymore (Focus Group 10 and 6).

Walking in the local area also posed many hazards in relation to falling over (discussed in section 4.4 in more detail). This related both to the built environment and to other people using the same space. Uneven pavements causing a trip hazard featured heavily whilst leaves making the surface slippery and ginnels[9] being badly lit and poorly maintained were also mentioned. Other people also impacted on how safe the environment felt - this consisted of motorists driving too fast when they were trying to cross the road (sometimes through red-lights) and cyclists being on the pavement.

A general sense of the older people feeling out of step with their local environment emerges from this theme. The "*roughness*" of the buses and general busyness was very difficult for the frailer participants to cope with. Clear evidence of attempting to cope with such obstacles was shown however the effect of one bad experience could be very considerable. Many of the participants who had fallen on the bus or felt threatened in a certain environment did not put themselves into that situation again. As one woman said *"you don't need more than one bad experience"* (Focus Group 5). The effect of this is that they became constrained in their ability to get out and about; their transport options reduced and they became more dependent on others.

[9] A local term for alleyways.

4.4 Walking

This section covers the findings about walking from the focus groups. This was subsequently explored in more detail by undertaking accompanied walks – see section 5.1 for these results.

The amount people walked depended largely on their mobility levels (see section 4.1). Some of the less mobile hardly walked at all, citing issues such as having had a leg "*split open*" (Focus Group 6) or being very nervous about losing their balance. Those suffering general discomfort or pain still tended to try and walk but clearly found it difficult and were often very tired afterwards. Some use of sticks or walkers was evident but this seemed fairly unusual – when probed, one woman said she couldn't use a stick as she only had one good arm and needed to be able to carry things. Others suffered no such problems, often walking every day and in one case up to seven miles.

It was difficult to gauge how far participants walked; when asked it was generally given in terms of time. Those suffering some mobility issues often seemed to manage about 20 minutes but assessing distance from this proved difficult. It was estimated (by another participant) that one 86 year old woman who frequently walked to her local shops covered about a mile each way. Most of the less mobile said that they now walked less than they used to. On the contrary the "younger old" often appeared to walk more since their retirement.

Various coping strategies to manage tiredness were shown. Taking regular breaks by sitting on a wall or a bench where available emerged – although this did not always fully refresh participants many saying they were still tired afterwards. Having a reserve option in case of getting too tired was also discussed. One woman talked about making a decision that she would get a taxi if she got too tired – this seemed to liberate her to go out. Another said the lack of a local taxi rank made her hesitate about going out as she then had no way of getting back should she became tired or the weather changed.

Many of the participants were clearly used to walking as a way of getting about. This was sometimes put down to being non-drivers (which they were in the main) or being a generational issue whereby they had walked regularly all their lives. Indeed, most walked for a purpose whether into town, to the shops or to an activity. There was less evidence of walking purely for leisure although exceptions included walking with a spouse, a friend or a dog. Most of the participants however enjoyed walking saying "*they were very fond of it*" (Focus Group 10). Some described how they got to see more whilst walking (compared to travelling by bus or car) and it was particularly pleasurable in good weather or in a nice place. Those who could no longer walk as much missed their previous mobility. A strong belief that walking was good for you also emerged; participants talked about how "*it keeps your muscles going*" (Focus Group 9) and how you should "*use (your) legs while you can" (Focus Group 10)* One talked about walking to help her get over "*down spells*" (Focus Group 6).

The major problem with walking that emerged in the groups (other than personal mobility) was difficulties crossing the road. Participants regularly talked about being fearful of crossing roads with fast or heavy traffic *"you really take your life in your hands trying to cross"* (Focus Group 5). This was a particular problem for those with visual problems or who walked very slowly. Having cars bear down on them when they were in the middle of the road were described. Parked cars exacerbated difficulties crossing roads as it affected visibility for both drivers and pedestrians;

" I can't get across the road hardly, there's so many cars parked … there's that many cars parked that you're half way across the road looking one way and forgetting the other" (Focus Group 6).

Due to these safety concerns formal crossings were used as often as possible. It became clear that many participants planned their journey around them;

"there's a crossing there so I can make it, when there's a crossing I'm alright. ... I'm alright where I know where I am and where to cross" (Focus Group 9).

Crossings not being in certain obvious places, for example, outside a post office heavily visited by older people caused annoyance. Problems with the crossings themselves also emerged. These included not being allowed enough time to cross the road – the lights turned when they were half way across. During periods of heavy traffic cars were found to remain on the crossing even when the lights were green for pedestrians. One woman with visual problems struggled to see the lights clearly.

Other issues that made walking difficult in the local area (additional to those discussed in section 4.3) included:

- Lacking pretty or desirable places to walk in. Local parks felt unkempt and intimidating due to, for example, graffiti or defaced seating.

- A lack of benches. This was important for the less mobile participants as they provided a respite when tired. One woman described planning her journey around the location of benches due to her husband's frailty.

- Pavement obstructions. These included people cycling on the pavement (this was particularly scary as they came up fast from behind) and cars being parked on them. This left them nowhere to walk;

"what with cars on the pavements... where do we walk? … We haven't got any chance have we? We'll have to get wings and learn how to fly!" (Focus Group 9)

- Inadequate pavements. Participants talked about changing their route to avoid areas with bad paving. This included them being too steep, narrow, badly maintained (with sloping or uneven surfaces) or even not being where they wanted to walk.

- Steps or extremely contorted journeys. Long deviations, often with steps, were noted; one example was trying to reach a supermarket by the ring road that involved many steps and bridges. It was felt that such routes had been designed for only the most agile walkers.

It seems clear that whilst walking is, by definition, inherently linked to personal mobility the local environment also played a key role for these participants. A feeling that the area had not been designed to take older people's needs into account emerged strongly.

4.5 The Bus Service

The bus service stimulated the most animated discussions in a number of groups, seemingly reflecting the central role that it plays in many older people's lives. A great deal of frustration with the service was evident, some aspects of which had resulted in many no longer feeling able to use it. This section will focus initially on patterns of bus use and then present the various issues that arose.

Patterns of use

Bus use emerged as being strongly linked to both mobility levels and car ownership. Some of the more active non-drivers travelled widely on the bus visiting towns around Leeds (e.g. Otley, Dewsbury, Wakefield) shopping centres, the town centre, hospitals and the railway station; *"you name it and I go"* (Focus Group 3). Others were more limited in their scope but regularly travelled into town or to shopping centres. Travelling by bus was at times combined with other forms of transport, for example going to the shops on foot and returning by bus. The main reason for using the bus was that there was no alternative; *"it's a matter of forced to use them ... if you want to go anywhere"* (Focus Group 9). Having said that, some who lived near major bus routes were relatively happy with the service and made extensive use of their free pass. Very few used the buses during the evening or after dark due to the personal security concerns described in section 4.3.

Frailer or less mobile older people tended to use the bus far less. Some still attempted to do so, albeit cautiously, but others had stopped altogether. The reasons for this are discussed in more detail later but include finding it difficult to get to the bus stop (or from the bus stop to their destination), being unable to get on board or being afraid of falling over on the bus. As expected, car drivers used the bus less frequently, although as discussed in section 4.6 they did sometimes use them for specific journeys such as going into town.

Free bus pass

The vast majority of participants were aware of the recent concessionary fare scheme meaning it was now free for them to travel by bus after 9.30am within West Yorkshire. A very small number, mainly less frequent users, were confused about times (i.e. whether it was still free after 3.30pm) but generally the rules were well understood. There was more confusion about exactly where their free bus passes were eligible and whether they could be used outside of the region, for example, within Lancashire. This sparked some debate, with proficient users talking about how using particular routes meant you could travel greater distances.

The scheme was described by some as "*marvellous,*" (Focus Group 9) many saw it as a definite perk and a few joked about how using it as much as possible was a challenge. It had enabled one woman to shop every day rather than weekly which made it easier to carry her purchases back. In the main however participants said they did not travel any more since the introduction of the scheme although some felt that journeys involving several buses were now less off-putting. It was, however, noted that many participants seemed defensive about this – it could be that they did not want to appear as if they were taking advantage of the scheme. The 9.30am start time caused some issues with regards to visiting hospitals for early appointments – other times were said to be unavailable due to high demand. Some also felt it resulted in over-crowding as

all the older people *"the twirlies[10]"* (Focus Group 9) now waited until after 9.30am to travel.

Two additional issues arose. One was a fairly widespread belief that the scheme had resulted in services being cut. Many were unsure about the validity of this but talked about how the introduction of free fares had coincided with service reduction. The second issue is that the scheme had caused some annoyance where the bus service was perceived to be poor; "*people are complaining that the buses are free but they've no bus"* (Focus Group 4). Some said they'd prefer to pay a reasonable fare and have a regular accessible service;

"I'd rather pay, I would if it means taking buses off to get a free service I'd rather pay. 35p was all we paid wasn't it. And if we got four buses in a day it was only £1.40" (Focus Group 3)

Bus route scheduling

The issue of where buses went caused a great deal of discussion. Bus changes or re-scheduling caused a great deal of confusion. One blind woman had been considerably distressed when a bus stop was re-located as she no longer knew where she was and could not use her normal crossing points. Others cited examples where bus services had been cancelled without warning leaving them stranded. This may be related to the fact that many participants didn't tend to consult time-tables or use on-line route planners (discussed later) but instead relied on previous knowledge or word of mouth.

A notable issue arising in many groups is that participants felt the emphasis was on buses going directly into town on major routes. This led to two major difficulties. The first was travelling across neighbourhoods, for example, from Armley to Pudsey or Harrogate Road to Roundhay Road. It was felt a circular bus route was needed to assist this – a previous service had done this but had recently been altered. The second major issue was accessing bus routes from estates. It was felt that buses running through or into estates had been reduced which made reaching bus stops difficult or impossible for those with mobility problems. More "*leafy*" suburbs such as Cookridge were also felt to have a poorer service because of an assumption that residents were able to drive, whereas this was not the case for many older inhabitants, particularly women.

The location of bus stops within the city centre also caused difficulties for those with mobility problems. It was noted that the large pedestrian area meant it was a long walk from the bus stops to some of the shops. Examples include Leeds Market where a bus stop had been removed and St Johns shopping centre – both important locations for older people and within the city centre. One positive factor was the free city centre bus that helped link up some of the centre areas. Other particular problems included accessing parks such as Temple Newsam or Lotherton Hall by bus.

Interchanges were almost universally disliked. These meant having to leave extra time to be sure of making connections, turning a relatively simple journey into something more arduous. It also made it more difficult to figure out the journey. One example was travelling from Belle Isle to the White Rose Shopping Centre – previously there had been a direct bus route (of approximately three miles) but due to a bus route being cancelled it now necessitated going via the city centre and changing – a seven mile journey. Many participants had previously used it as a site for connecting to other local towns so it was particularly frustrating.

[10] Am I too early?

The impact of the unavailability of buses was felt acutely by the rural focus group. The cancellation of a daily bus service into Leeds meant that one 82 year old woman was no longer able to get into the city to visit her last remaining friend (other than going via Castleford which was unacceptable to her). Until then she had done this weekly;

"I'm just completed isolated … there used to be a bus at 5 to 10 that used to go to Leeds. And I could catch that and meet my friend, my friend would meet me off the bus. But they took it off. And I just, I just can't get out…" (Focus Group 1)

Some felt that many of these issues stemmed from privatisation. This had meant that there was no longer a complete service and many areas (the unprofitable ones) were now underserved.

Timing of buses

The unreliability of buses was an issue for many bus users, particularly as this meant having to wait for long periods of an unknown amount of time at bus stops. This could be a distressing experience if there was nowhere to sit, the weather was unpleasant or if they felt unsafe. One participant bemoaned how her friend's bus was regularly late;

"she'd be stuck at the bus stop for half an hour in the cold and the rain and waiting for a bus that never came" (Focus Group 5)

Long waits were felt to be particularly unfair for frailer older people;

"they're having terrible trouble … it comes two hours late and they're all stood there waiting with this stuff for the freezer, de-frosting, it's just not right" (Focus Group 2)

The impact could be long-lasting. One woman described how she'd had to wait half an hour at a bus stop with nowhere to sit, she'd returned home and never used the bus again. The issue of buses "*missing*" or "*knocking*" i.e. not stopping when they should was also frequently mentioned by participants. It is difficult to ascertain what an acceptable amount of time to wait is but a service every ten or 15 minutes tended to be mentioned positively whilst having to wait half an hour or more raised questions about whether they would continue to use the service. This is particularly the case if they suspected the bus would "*miss*", as this would mean having to wait twice as long.

The issue of services being reduced during "off-peak" periods such as Sundays and over the Christmas holidays was raised by many. Both are times when being able to visit friends and family is particularly important. In addition, limited evening services made accessing entertainment venues such as the cinema or the theatre difficult.

Getting on and off the bus

Nearly every group mentioned that *getting on and off the bus was problematic. For some of the frailer participants this was an insurmountable obstacle and they had given up using the buses because of it.* Others still struggled to get on with the assistance of friends but it would appear to be a humiliating experience; "*she just can't get up, I have to stand at back and push her up"* (Focus Group 9).

Buses with a step that lowered or 'kneeling' buses made getting on far easier. However participants were not able to rely on this facility either because older

style buses still operated or because drivers of the new style were either unable to get close enough to the kerb or they simply did not operate it;

"they don't do it, they don't seem to drop it for elderly people at all. Pushchairs, they say wheelchairs but not elderly people, you've got to help yourself up" (Focus Group 3).

The meant that some of the less mobile bus users had to wait for the next bus with a lowering step to arrive without knowing when this would be. Some participants felt the more accessible buses were inappropriately located. An example was given where accessible buses ran on a commuter route but not along one going past some sheltered housing. One participant's wife had been wheelchair bound and not being able to get onto buses had caused them considerable difficulties. He described how they often had to wait for an accessible bus for a long time, meaning it could take them two hours to reach a nearby town. His wife was only able to be without oxygen for a limited amount of time a day so this curtailed their ability to travel considerably.

Bus drivers' behaviour and attitude

Being afraid of using the bus emerged as an important theme in this study. A major factor in this was how the buses were driven;

"(they're) like grand prix drivers, sudden braking ... everybody is hurled forward, I don't know how we survive on the buses, I really don't" (Focus Group 5).

"every bend that he went round to the left we went over the kerb, I was just hanging on for dear life" (Focus Group 2).

Setting off before they were seated emerged consistently; *"the driver puts his foot down and I fall over trying to grab hold" (Focus Group 2).* In addition most participants felt that they had to stand up whilst the bus was still going to get off or the driver would not stop; "*you can be flung the length of the bus if you're not very careful"* (Focus Group 9). Injuries or accidents appeared commonplace; at least six participants had experienced serious falls themselves and three had close friends or relatives who had done so. One talked about falling flat on her face when the driver braked suddenly and she was trying to get off. Another said she had badly hurt her hip as it jerked when she got on. Neither had used the bus again. One woman with osteoporosis said she still used the buses but it was clearly with apprehension; *"if I fell down I'll be bound to break a bone"* (Focus Group 2).

Many attributed these experiences to the drivers, describing them as "*dreadful*" (Focus Group 2) or "*awful*" (Focus Group 3) However many acknowledged that there was a great deal of variability; *"some of them couldn't care less but some are very nice" (*Focus Group 9). Positive examples were cited of drivers making special efforts for them such as helping them with their bags or making additional stops. Upon further consideration it was felt that the drivers themselves were pressurised to keep to time;

"*all the driver is concerned about is I need to get to my next check point… and I've got this old woman on the bus who's staggering to the bus... so he's off"* (Focus Group 4).

One participant talked about how she felt drivers saw older people as a nuisance because of how slow they were but as she said; *"we see it as a nuisance too, but we're stuck with it!"* (Focus Group 10).

Bus design

A contributory factor to feeling unsafe is bus design. A lack of grab rails at the front meant there was nothing to hold when they got on. This was particularly the case with the more modern buses that had an area for wheelchairs or prams at the front. The latter often spilled out of their allocated area meaning older people had to negotiate their way around them whilst the bus was moving. The seats were also perceived to tip forward and be made of slippery material contributing to some participants sliding off them when the bus braked.

Information provision

Some participants were very knowledgeable about their regular bus routes due to many years of experience; "*you get into a way don't you, you know where it is"* (Focus Group 9). Changes to the routes however caused great confusion; *"you don't know which blimming bus is coming to Jimmy's and which isn't"* (Focus Group 9). Some routes seemed far easier for participants to understand (for example the circular routes) compared to others involving, for example, one way streets.

Finding out about routes they did not use regularly however proved more difficult. In the main participants said they would ask the drivers, visit the bus station or ask other people they knew. Some were also aware that they could ring up METRO. Timetables were greeted with scepticism and were seen as being difficult to understand – driver's crib sheets were seen by one participant as more understandable, potentially because they only featured one route on them. When prompted, some were aware of the texting service (which gives real time information about buses) but nobody had used it and it was greeted either with derision; *"I don't want a text message I want a bus"* (Focus Group 5) or hilarity. A number of participants did have mobile phones but they were rarely used; *"it's under a cushion because I don't like to use it!"* (Focus Group 9). Similarly the internet was only accessible to a couple of participants and they had not contemplated using it to find out about buses. Displaying real time information at bus stops was seen as a far preferable option, being described as; *"far superior, they have it in London and Preston, I think it's brilliant"* (Focus Group 5).

Almost universally buses were referred to by their numbers. Route names (for example the amber line) were rarely used and caused irritation if they got in the way of displaying the number. Having the numbers clearly displayed was important for many, particularly those with poor eye-sight and it was pointed out they also needed to be on the rear of the buses so that if they were approaching from behind they knew whether to speed up to catch it. Displays inside buses were very helpful in areas they did not know.

In summary therefore, the buses were used heavily by many. However there were significant barriers to use for the more frail participants. They experienced significant difficulties either in being able to reach the buses or to then be able to use them. Whilst some of the barriers are clearly complex issues that require compromise (for example route planning) others seem to require a greater level of consideration for older people and their needs. It was accepted by many that at some stage of frailty or immobility they would not be able to use a public bus. However they felt that some aspects of the local service forced them to stop using them before it would otherwise be necessary.

4.6 Car driving

Eighteen participants were car drivers. Seven of these were men (out of the 11 that attended in total). In four groups there were no drivers at all; this is clearly not a representative sample but these groups tended to be in more urban, working class areas. The women in these groups talked about never having had an opportunity to drive or not wanting to - in some cases their husbands had driven when necessary. This appeared to be accepted as the norm.

Current driving patterns

Two typographies emerge from amongst the car drivers. One is a more confident driver often in the "younger old" age bracket. Some travelled extensively in their cars citing journeys to France, Scotland or down south. Often, their principle reason for driving was to pursue pleasurable activities such as visiting relatives, going on holiday or generally just having the freedom to "go off" when and where they wanted. Many were experienced drivers and had driven extensively for much of their lives. For these drivers using their cars for practical purposes seemed less critical. Some, since retirement had more time and being still fit and active they chose to walk or use the bus rather than the car for certain routine journeys. One woman said her car barely left the drive but when she did use it, she tended to drive a long way. The picture for rural drivers is slightly different as they were more dependent on their car for routine trips. In addition a small number of participants just kept a car for emergencies or in case of decreased mobility.

The other typography that emerged is that of a less confident driver who tended to use their car purely for necessities, for example for shopping or visiting the Doctors. They were often less mobile and hence the trips they found necessary to undertake in their cars had become more numerous. They tended to resist unfamiliar journeys and often only drove locally – for example one woman only drove to a nearby supermarket, doing both hers and other people's shopping. They were also more cautious and used assistance; the same woman had a friend who helped her navigate and negotiate difficult junctions, she was clearly very apprehensive about any changes in her journey. The typographies are demarcated to some extent by levels of fitness and mobility. However another important factor is previous car use – some of the latter may have driven for a long time but they had only ever used their cars for "necessary" journeys rather than automatically driving every day.

Other changes in driving patterns emerged. Many (from both typographies) had stopped driving into town and now used the bus instead. This was not necessarily due to age or ability but also because of high parking costs, free bus fares and a desire to be more environmentally responsible. The complicated road system in the city centre (particularly the one way sections) proved difficult for many to negotiate – particularly if they no longer did it regularly. However it was pointed out that this was not a problem exclusive to older people! Using an automatic car rather than a manual also emerged.

Giving up driving

Some participants had already given up driving. A few had been forced to; two for medical reasons (a detached retina and Parkinson's) whilst another had lost her license. Others cited circumstances such as failing to master a new car or making a conscious decision to stop due to finding the increased traffic difficult to manage and then receiving a free bus pass.

Amongst many ex-drivers there was a level of acceptance about having to give up. One woman said; *"I think we were surprised, because we didn't miss it all that much really"* (Focus Group 2). One man with a detached retina said; *"we loved travelling but I was just told no more driving, so that's it"* (Focus Group 2). He strongly disagreed with the notion that you had to limit your horizons once you had given up driving, citing examples of going on holidays with his wife and just recently travelling to Huddersfield on public transport practically for free. For some, giving up had been more challenging. One man with Parkinson's initially said; "*time's change don't they, so you adapt*" but later talked about how at first he had felt; *"anchored to the home"* (Focus Group 3). Others simply said they missed it *"very much"* (Focus Group 10). How readily giving up was accepted seemed to depend partly on attitude (the man with a detached retina had clearly made great efforts to remain active) but also on the availability of other transport options. One ex-driver who lived on a major bus route commented; "*we see more of the countryside in a sense, you can just get on a bus and go anywhere"* (Focus Group 3). This is clearly not a possibility for everyone – as seen in section 4.5.

The thought of giving up caused great concern for current drivers. Many stated their intention to continue driving as long as they were allowed; *"I'm going to carry on as long as I can … whether I'll be medically able, fit enough to do so, I don't know"* (Focus Group 4). One ex coach driver (who still drove as a volunteer) said how nervous his annual test made him;

"I think I can do without… but going for my annual medical is the one thing, I go shaky … till I come out clutching my bit of paper, that day's shot for me" (Focus Group 2).

Another enthusiastic driver clearly struggled with the thought of giving up;

"*I would, I make no bones …me and my wife, we like to get off and get away. It's, I'd just have to stop local… or use coaches you know…"* (Focus Group 2).

Driving competence

Participants' opinions on the competence of older drivers diverged widely. Some felt older drivers were less safe; *"we don't see as well, our reactions are slow, we don't hear as well"* (Focus Group 5). Anecdotes about unsafe older drivers were related;

"they can barely stand up and they haven't got an adapted car. How on earth can you react if there's an emergency?" (Focus Group 2)

Others were strongly defensive of older people's driving saying how they could anticipate future problems and tended to drive more sensibly as; *"our experience is greater"* (Focus Group 5). One point of agreement was that the amount of driving people did also affected ability – only driving infrequently meant drivers tended to lose confidence and ability.

Knowing when one became unsafe was acknowledged as being very difficult. One woman said; "*you've got to recognise if you have a problem and a lot of people don't ... my husband did not realise..."* (Focus Group 2). It was noted that people were very sensitive about their driving abilities;

"*You can criticise me wife, criticise your husband, but don't criticise my driving. It's an old adage is that but it's true, people don't like to be criticised about how they drive"* (Focus Group 2).

It was agreed by many that addressing the issue of unsafe drivers was necessary and that this needed to be done fairly. How this could be achieved in practice was less clear. Compulsory re-testing was suggested by a number of groups but doubts over how it would be applied were evident. Participants were very uncomfortable when discussing it – one group argued in favour of it initially but then backtracked, saying how it would be unfair as it wasn't just older drivers that were unsafe. There was also some nervousness about how it would be applied to them personally – there was a great sense of relief when they realised that having to re-apply for their license was some years away!

The transition from driving to non-driving appears therefore to be an issue of great interest. At a personal level this includes how committed drivers cope with losing their ability to drive – particularly if they are not able to use public transport. In addition how, or whether it is fair, to assess older people's ability to drive is another important debate.

4.7 Other Transport Types

Access Bus

The Access Bus is "a dial-a-ride, door-to-door bus service for people who have difficulty using conventional public transport" (WYMETRO, 2006). The idea of such a service was widely supported for those no longer able to travel independently. One participant whose neighbours used the Access Bus described it as; "*just the sort of service they need*" as the "*driver called for them, helped them with the steps and then brought in their shopping*" (Focus Group 5).

Problems with the operation of the access bus were however evident. One issue was that it always seemed to be full, as one woman said; "*it's good for those who can manage to access it*" (Focus Group 4). It was felt that the service probably did not have enough capacity but also that "*regulars*" occupied existing places. Difficulties getting through on the phone were frequently cited, those "*in the know*" were thought to have prior knowledge of when to ring. The service was also perceived as being too inflexible. Two women described having to leave church early in order to catch the bus back home – if they were not out on time the driver would come and look for them in the church. Similarly, because the access bus only went to certain areas on set days friends were unable to visit a day centre together. Another limiting factor was only being able to use the service once a week. This meant that if an older person used it for their shopping one week they then couldn't use it again for a social activity. As the organiser of a day centre pointed out, this did not fit with their objective of tackling social isolation.

The quality of the service was also sometimes found lacking. The Access Bus had failed to pick up one frail woman for her return journey on a cold December day meaning she had to ask her Vicar to come and pick her up (Focus Group 10). This was not a unique problem – a couple of other participants had heard similar stories and so chose not to use the service. A final point is that many participants were unaware of the service and amongst those who had heard of it there was confusion over who could use it (some thought it was only for disabled people) or what it could be used for. The service was compared unfavourably to that in other areas such as Sheffield or Lancashire. The Access Bus is discussed further in Section 5.3.

Taxis

The use of taxis was widespread. Some used them very frequently; "*they call me the taxi lady*" (Focus Group 8). Many used them less but it was clear they still

played an important role; "*I'd be lost without them*" (Focus Group 3). Reasons for using taxis included safety (especially during the evening), help with carrying their shopping and for comfort (being a softer ride than a bus and did not require having to wait outside). Taxis were often used for journeys that were difficult to negotiate by public transport either because buses did not come into their estate or did not drop them near enough to their destination. A few participants also used them as a "safety net," for example if something started to hurt they could get a taxi rather than walk or get the bus home.

Many were very positive about their relationship with the taxi drivers and companies. One laughingly talked about how they always seemed to know where she was going whilst another said how good they were with her neighbour; "*they carry her shopping, they are marvellous with her, I have to say*" (Focus Group 5). Others were less positive about the standard of service; examples of them beeping their horn rather than coming to the door were given (this was problematic for those with hearing problems) and failing to help them with their shopping or to get in and out were discussed.

Not trusting taxi drivers or feeling they were not in control emerged as an important theme. Some participants felt they took overly long routes and they did not feel able to challenge them either because they were older people or non-drivers themselves. Some became quite distressed talking about journeys into unknown areas whilst others spoke about generally feeling "wary" (Focus Group 7). One had been involved in a very unpleasant experience (see section 4.3) where she had been verbally abused and then ejected from the taxi. One coping strategy was always to travel in taxis with another person.

The cost of taxis was raised as an issue in a few of the groups. Being charged more than they had expected was the most commonly raised issue. This tended to arise when they had used a different taxi company to usual, for example the black and white cabs outside the train station or hospitals. For one more rural participant the cost was clearly prohibitive, she had had to pay £8 to get to her local Doctors surgery that was only about half a mile away. The increased costs over holidays such as Christmas also caused difficulties.

Lifts from family and friends

A notable number of participants talked about others giving them lifts. In the main this was family members but it also included friends, voluntary organisations and fellow church members. The main destinations for lifts were shopping, church or the doctors. Some clearly enjoyed being given a lift and saw it as a sociable outing, a chance to see their family; "*it's a bit of a day out, I have something to eat up there, then he brings me home, it's easy*" (Focus Group 9).

Others pointed out that it was not always convenient for their working children; *"they can't just drop everything"* (Focus Group 10). This was particularly the case for doctor's appointments that they may get given on the day. One woman who was taken shopping by her daughter only accepted lifts with some reluctance; "*I can't be living in their pockets all the time*" (Focus Group 1) whilst one man said he would only ask for a lift from his daughter if it was important. These participants were clearly frustrated by their perceived dependence on their family for lifts; they talked about preferring to have the means to travel independently.

Trains

A few of the groups mentioned travelling by train but it was a far less usual form of transport than taxis or buses. Some felt very positive about using the train calling it their; "*favourite form of travel*" (Focus Group 3). Getting onto the

trains was easier than getting on a bus as the conductors would help them and they could use ramps if requested. The main difficulty with using trains was getting to the station. One reason was that the bus stops were some distance from Leeds Train Station (for example at the Corn Exchange). This walk (plus the low frequency of buses) meant that Belle Isle residents allowed up to 1.5 hours to catch a train even though they only lived about three miles away. It was acknowledged that the free city centre bus had helped to some extent but this did not run on a Sunday.

A specific issue regarding access to trains arose in the Otley group. Buses could only drop them off at one side of their local train station (Menston) and those with mobility problems could not reach the other side as it required crossing a foot-bridge. Catching a train to Leeds therefore necessitated first catching a train in the opposite direction (to Ilkley) then waiting for it to change directions and go back, via Menston, to Leeds. This added half an hour to an 18 minute journey and caused great frustration – particularly as there was a road to the required side of the train station but buses were denied access as it was private.

Scooters

A small number of participants had mobility scooters, using them to go to the shops, the library or just to get out and about. They talked positively about the increased independence their scooter had given them. One described hers as "*super*" saying how she even did her gardening from it (Focus Group 10). Another used hers to travel the couple of hundred yards to her car as this was steeply up-hill. Some limitations did exist including them being unpleasant to use in bad weather, not being able to get up and down kerbs and uneven pavements making for a bumpy ride. Owning a scooter however required having a storage space with power, something not everybody had, indeed it was noted that many sheltered housing facilities did not have such facilities despite the increasing popularity of scooters. In two of the groups a debate arose over whether having a scooter led to a reduction in walking; all those with scooters were adamant that this had not been the case for them.

Other forms of transport

Voluntary organisations provided transport for many of the older people. This mainly consisted of taking them to day centres or group activities although a number also ran shopping trips. These were praised by the older people using them (although often the organisers were present which could have biased the responses). Under capacity was clearly an issue with many older people talking about not being able to get on the shopping bus or take part in group activities because of this. Organisers felt that they there was a clear need for them to provide such services due to their knowledge of the local situation and the lack of accessible provision from other bodies;

"We may be lacking the transport but … one thing that is successful in Leeds, is that older people do have the opportunity to access services in their community because of the neighbourhood networks. I mean if the neighbourhood networks weren't there, there would be more of a problem with transport. And I think that is also why Metro and other agencies get away with not delivering" (Focus Group 4).

A perceived lack of funding therefore caused great frustration and other cities were felt to have a far superior community transport provision. Such a provision was felt to be necessary because of the inevitability of commercial bus services not being accessible to all areas and all people.

Shopping buses provided by supermarkets were raised in some groups. These were generally positively received as they offered a door to door service and assistance with carrying groceries therefore maintaining independence for some older people. These services however were not universally available or widely known about and it was often those areas with poor public transport that were not covered by the shopping buses (for example the rural areas). Shop Mobility was discussed once; its positioning was seen as inappropriate as it was some distance from bus stops and only had very limited disabled parking.

4.8 Participants' Recommendations

Influencing change

A key theme that emerged from the focus groups was that participants often felt they were not able to influence their local transport provision. Some welcomed the opportunity to "*get things off their chest*" (Focus Group 9) in the focus groups but there was a great deal of cynicism about whether things would actually change. One group said that they didn't think providers; "*are going to bother*" (Focus Group 8). This was often put down to a lack of funds or the fact that they were older people; *"because it's the elderly, they don't want to know … maybe they're hoping that one by one, we'll just drop off!"* (Focus Group 1). Some were fatalistic about their decreased mobility;

"we can't change the bus route, we can't change the fact we can't walk as well as we did, we just have to accept it as best we can" (Focus Group 10).

Many tended to have no clear plans in terms of their future mobility. They talked about hoping they would cope but not being sure what would happen day to day. Their suggestions for change often seemed deliberately unrealistic; for example finding a big strong man to carry them around, or having a helicopter!

Many participants had actively attempted to influence change. This included corresponding with MPs over local bus routes, writing to Metro or the bus company over proposed route changes on behalf of themselves and others plus featuring in the local paper. None had managed to change a decision and one had only received a reply when she had actively chased it; she had written on behalf of a number of people about a bus route they regularly used that had been cancelled, the response was; "*it was better going a different route*" (Focus Group 3). One participant had praised a particular bus route only for it to be discontinued soon afterwards showing, she believed, that; "*they obviously don't listen"* (Focus Group 3). One group in particular was very involved in attempting to change provision via forums for older people. There was a feeling that they were listened to but little had happened and it took a very long time, one described it as; *"drip, drip, drip*" (Focus Group 5). One success was noted – that of access to a crossing being tarmaced. Another group was extremely frustrated feeling they had been consulted regularly but; *"nothing ever happens, I think that's the message"* they *"want(ed) action"* (Focus Group 4). Many who had been involved for some time did not feel that Metro was able to influence change as they did not have the necessary power or funds.

Whilst the majority therefore felt change was desirable their reactions to this differed. Three typographies were identified:

1. The resigned acceptors. These people felt fatalistic about their ability to change the system and resigned to their decreasing ability to get around.

2. Frustrated acceptors. This typography were frustrated by the system but were unaware or how to influence it or unable to. One visually impaired woman for example felt extremely impassioned about her local environment but was not aware of how she could effect change or pass her views on. When asked she was very eloquent with many practical ideas.

3. The involved. These were "fighters," people who were actively campaigning to influence decisions either through formal channels (for example forums) or informally (writing to providers). They often felt their impact was minimal but were still committed to trying.

Specific recommendations for improvements

Bus service

Recommendations from participants are listed below. In relation to:

Bus design:

- Lower or no steps
- A hand rail for when they get on

Bus drivers:

- Drivers to be "*kinder*" (Focus Group 10) or have "*more manners*" (Focus Group 9)
- Drivers to be required to wait until they were seated before setting off
- Conductors on buses (especially double decker ones to manage security concerns)

Bus routes:

- Buses to access local streets in the style of a "hopper" bus
- A community bus service that would feed from estates into main routes was requested. It was felt this would have to be subsidised.
- Cross city journeys to be improved, potentially by a service similar to the free city centre bus.
- Provide a weekly "shopper" service into town for outlying areas, even if it was not possible to provide a daily service
- Route changes to be kept to a minimum
- Evening services to be more regular

Information provision:

- Real time information at bus-stops
- Information about changes improved
- Time-tables to be clearer – in the manner of bus driver crib sheets

In general it was felt that the providers needed to be more receptive to their customers; *"(they) should listen to what the bus users like and within reason, fit in with their wishes*" (Focus Group 3).

Assisted transport

The idea of a bus specifically for older people was raised in a number of groups. This was seen as a service that would pick them up from home, take them back and it would be more "comfortable" than public transport. Many said they felt most older people would be willing to pay for this but others were concerned that people with mobility problems had to pay for many services and this would therefore be unfair.

This vision did appear to be very similar to the current access bus provision. It could be however that they were unaware of this service, or the operational difficulties mentioned earlier, prompted them to suggest a new, better service.

The idea of giving tokens for older people to access other types of transport e.g. taxis was suggested by one group. It was felt this would offer them "*freedom*" to use the types of transport that were accessible to them.

The local area

Recommendations often centre on improving crossings. This included:

- Bleepers on crossings
- The green man to stay longer and therefore allow them more time to cross
- More crossings in line with where they wanted to go

Other recommendations included:

- Smoother, more even footpaths. It was recognised by many that this was already being done and there was strong support for it.
- Less parked cars on pavements and near crossings
- More visual policing in order to improve personal security
- Better facilities for older or disabled people in parks

4.9 Synthesis of the Focus Group Findings

The issue of transport was discussed with 81 older people living in the Leeds district. They covered a broad range of mobility levels and used a variety of transport types, as such a reasonably rounded perspective on the issues concerned was offered. Potential limitations in terms of the sample included the fact that recruiting from pre-existing groups meant the most socially isolated may not have been included and men were less well represented than women. The study was contained geographically. Therefore some of the issues raised may be specific to the area, although many would seem to be potentially transferable.

The importance of being connected

The importance of being able to get out and about emerges strongly from this study. For the majority this was critical to their well-being. It enabled them to maintain connections with their families, friends and neighbours, keep in touch with "normal" life and retain their independence. These findings support Gabriel & Bowling's survey that found that social relationships and the ability to be independent were significant contributors to Quality of Life (2004). Perhaps most critical was *the finding that it was often the travel itself and the feeling of freedom and purpose it engendered that were more important than the actual destination.* This fits with Freund's belief that being "free to come and go" was an essential part of being alive and the desire to be mobile was not eradicated with age (2003). In this study, whilst some older people viewed their decreased ability to get around with a degree of acceptance or fatalism, clear evidence of frustration also emerged.

Specific destinations that were important to reach were identified. These included hospitals, doctors, churches, friends' houses, day centres and parks. This is a wider range than currently covered by accessibility planning which only includes the first two identified (Appendix 6). Importantly, this study found that *shopping was more than just buying food or clothes. Instead it was an experience in itself as it offered a reason to go out and interact with others.* Whilst some of the less mobile participants welcomed assistance, for many it was important that they could do it "their way" and it appeared to symbolise their ability to cope or independence. More generally however, participants wished to be able to access

locations that were pleasurable to spend time in, the most commonly mentioned were parks to walk in or shops / towns to browse in. Jansen and Von Sadovsky (2004) identified a number of restorative activities that impacted on older people's Quality of Life. In this study it was found that whilst there was some commonality between what participants wished to access, it also depended on their previous life and experiences.

For accessibility planning to make a useful contribution in terms of enhancing older people's quality of life changes are clearly needed. Notably, a broader range of destinations needs to be included and these need to extend beyond the merely functional. There will still be limitations with such an approach, however, as what older individuals wish to access will depend upon their personal tastes and backgrounds.

Factors influencing older people's ability to get out and about

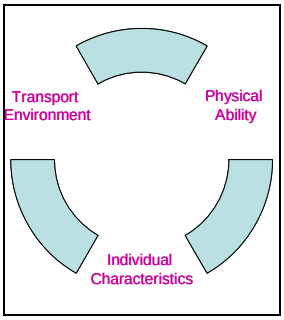
Older people as a group encompass a wide range of mobilities. However many common barriers to getting out and about did emerge, particularly for the frailer old person. In 1998 Carp proposed that mobility qualities need to be feasible, safe and provide a sense of personal control in order to positively affect well-being (Glasgow and Blakeley, 2000). This study has identified a number of areas where this is clearly not the case for older people in the Leeds area. These are listed below:

- A combination of bus driver behaviour and bus design made public buses too dangerous for the frail to use.
- The positioning of bus stops meant the less mobile could not reach the bus routes or their destinations at the other end. Difficulties getting onto the buses were also widespread.
- Crossing the road was a significant hazard. Formal crossings were often not situated in the correct places or there were not enough. Many did not allow them enough time to cross.
- Pedestrian journeys were often blighted by steps, uneven surfaces or obstacles such as parked cars or bikes being ridden on pavements.
- Personal safety concerns made many very nervous of either being knocked or falling over. In addition, personal security concerns meant the majority would not venture out in the dark.
- Taxis were widely used but many were wary of the drivers and the lack of control they had over the journeys.
- For drivers, the prospect of giving up was very worrying. A lack of planning for this eventuality was clear.
- The concept of the access bus for the more frail was seen as positive. However operational difficulties and under capacity limited its effectiveness.

Overriding Themes

Three overriding factors, illustrated in Figure 4.2, influenced older people's ability to get around.

Figure 4.2: Factors Affecting Older People's Ability to Get Out and About

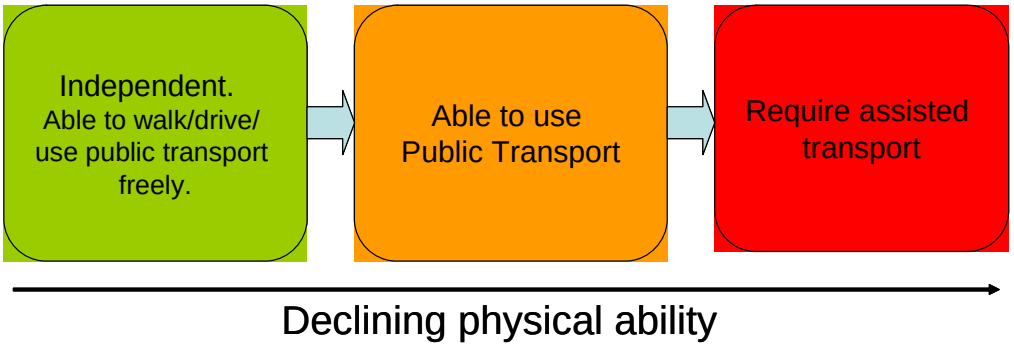


1. Physical ability. The process of physical decline clearly showed through in the focus groups. From initially being able to travel independently (whether by car, on foot or on public transport) this progressed to only being able to use public transport and then ultimately requiring some form of assisted transport (see Figure 4.3). How accessible and acceptable public transport is affects how long they wished to remain driving for and when they started to need assisted transport.

2. Individual characteristics. A key finding is that there was a feeling of a lack of control over transport provision with ill thought out decisions proving particularly frustrating. It was felt that suggestions for improvements were either not listened to or executed because of a lack of will, understanding or funding.

Three typographies regarding how involved individuals are in regard to transport provision were identified. These were Resigned Acceptors, Frustrated Acceptors and the Involved. This affects how involved and knowledgeable they were in regards to local provision.

Figure 4.3: The Impact of Physical Decline on Transport Use



3. The transport environment is the third factor identified. This includes the transport provision, the built environment and other people within the same environment. Rosenbloom talked about the need for a "person environment fit" (Glasgow and Blakeley, 2000). The current environment described in this study clearly does not fit with many older people's needs. The desire for a gentler, more comfortable environment where older people felt at ease and their needs were considered is clear. There was a feeling that many providers or influencers did not have a clear understanding of what these needs were and that systems were designed for the fit and able bodied rather than those experiencing increased frailty.

Section 5: Pilot Methodologies

5.1 Walks with Older People

Following the focus groups described previously a number of walks were undertaken with older people around their local community. This section of the paper reports on the purpose and process for these walks, and provides an overview of the issues raised, and recommendations arising from the walks.

The objective of the walks was to discuss issues regarding pedestrian access to common destinations with older individuals, and observe difficulties they experienced. The process for each walk was to brief the participant on the purpose of the walk and obtain consent, as well as ask them to select a local destination they frequently accessed on foot for us to walk to. Volunteers were asked to highlight negative aspects of the walking environment en route, and the interviewer asked about specific issues (including positive aspects) they had observed on the return trip, if volunteers had not already raised them. The route taken was recorded on a street map, and issues noted down, and illustrative photographs were taken.

Six walks were undertaken in the Leeds area. Four were within a city environment, in deprived areas; one was in a village south of the city that also experienced a relatively high deprivation rate, whilst the sixth was in a wealthy market town to the north of the city, where deprivation rates were low.

Of the six volunteers, five were female reflecting attendance at the previous focus groups used to recruit volunteers. Two volunteers had no mobility impairments, whilst others experienced a range of visual, auditory, physical and mental impairments that negatively affected their mobility.

The issues raised and observed during the walks fall into three categories: crossing roads, issues with other people's use of pavement space, and the physical condition of pavements. Crossing roads was clearly the dominant issue, with everybody raising this. Most issues were with informal crossings[11], which could be interpreted as evidence that there are insufficient formal crossings, or that those provided do not meet older people's needs, by for example, not following lines of desire. Problems with informal crossings are listed here, and the most significant issues according to our volunteers are illustrated in Figure 1:

- The ability of older people to see far enough to safely judge when to cross (lines of sight – these may be blocked due to buildings)
- Width of junction to be crossed,
- Number of roads joining a junction,
- High traffic speed,
- High volume of traffic,
- Traffic queues at junctions,
- Large vehicles (either parked at side of road, or queuing) blocking lines of sight,
- Curb side parking (both legal and illegal) blocking lines of sight and walking route.

[11] Any crossing point selected by the pedestrian where there is no formal way of stopping the traffic flow, including locations where dropped curbs have been provided in isolation.

Figure 5.1: Wide and Multi-arm Junctions

Illustration A is a particularly wide junction that took over a minute to cross with our volunteer. It became apparent *when crossing junctions that where younger people speed up to cross the road quickly, older people often are not able to*, making crossing roads a frightening experience. Illustration B conveys another frightening experience, especially for those with visual or auditory impairments who are less able to monitor approaching traffic from multiple directions simultaneously. Illustration B includes dropped curbs with tactile paving that informally guides pedestrians to the 'safest' crossing point, but such informal crossings do not help monitor traffic from multiple directions, or alert vehicles to the presence of pedestrians crossing the road.

Problems with formal pedestrian crossings are considerably fewer in number, and include timing being too short on crossings controlled by traffic and pedestrian lights, and the pedestrian lights being difficult to see for those with a visual impairment. It is notable that only those experiencing visual and/or physical mobility impairments cited problems with formal crossings. However, this does not reduce the severity of the problems. If a pedestrian is in the middle of the road, with no central reservation, when the pedestrian lights change to red, and the traffic lights turn to green the traffic may start to advance, creating a potentially hazardous situation for the older pedestrian.

With regard to uses for pavement space, there were many informal and sometimes illegal uses of this space that often impaired progress for pedestrians, and presented a safety hazard for older individuals. These uses are listed here, and are illustrated in Figure 2:

- A car park,
- A bicycle lane, or bicycle park,
- A place to keep domestic waste bins,
- A dog toilet,
- A garden extension (overgrown hedges) or place for the hedge clippings,
- A speed track (for mobility scooters).

Figure 5.2: Uses for Pavement Space

Several of these uses are beyond the transport realm, but the project steering group suggested that a community warden system could help to tackle such problems. Some of the issues were also surprising. Particularly, intimidation caused by mobility scooters approaching from behind on the pavement was frequently mentioned. Older pedestrians, especially those with auditory impairments found this, and cyclists on the pavement frightening. It is perhaps surprising that mobility scooters are sometimes used inconsiderately given so many older people use them to maintain their independence over longer distances.

With regard to the condition of pavements, a range of issues were raised. Solutions to issues such as tactile paving being painful to walk on (to the extent that people find ways to walk around it) are not clear since such measures provide accessibility for others. However, these issues are the subject of on going engineering research elsewhere. Other issues listed are primarily concerned with maintenance. The issues are listed here and illustrated in Figure 3:

- Tactile paving painful to walk on,
- Slope to create dropped curb aggravates mobility impairments,
- Broken/uneven paving:
  - Tactile paving,
  - Broken paving slabs,
  - Holes in tarmac,
  - Poor quality repairs
  - Cobbles,
- Public litter bins reducing pavement space,
- Enclosed or narrow footpaths,
- Poor drainage.

Figure 5.3: Condition of Pavements

With regard to positive attributes of pedestrian environments, volunteers favoured pedestrian only routes, benches to provide rest stops, and local authority re-surfacing programmes (i.e., smooth pavements). Pedestrian routes were different to pedestrianised areas found in town and city centres that can increase walking distances; instead routes were segregated footpaths providing direct links between streets and areas of the town, often taking shorter routes than the roadside pavements. These routes were found in the small market town, and were part of the historic built environment, since most were old alleys. Beyond this, there were no other notable differences between the environmental issues raised on the different walks. One assisted walk highlighted the importance that mental health issues appears to have due to its impact on the way an individual copes with declining mobility. This warrants further investigation.

The recommendations arising from the walks with older people include:

- More formal pedestrian crossings (with central reservations),
- Enforcement regarding use of pavement space,
- Greater awareness of older people's needs amongst the wider population, and consequences of their actions for older pedestrians,
- Greater awareness of older people's needs amongst planners and engineers,
- Greater consultation with older people when making planning decisions,
- Prioritising deprived areas for investment,
- A high quality pedestrian environment that would benefit all, not just older people, consisting of:
  - More space for pedestrians,
  - Segregated routes / pedestrianisation over small areas,
  - Shorter routes that follow lines of desire,
  - Benches.

The Local Authority Perspective on Pedestrian Crossings

Following on from the walks, an interview was conducted with the engineering department of the local authority to discuss the key findings and recommendations in relation to walking. The engineering department has responsibility for safety schemes and crossings, and thus the meeting focused on the process for implementing new pedestrian crossings (both formal and informal[12]) and the extent to which these procedures considered the needs of older people.

Pedestrian crossings are generally provided in response to requests from council members, and the general public and in response to accidents. However, there are more requests for formal crossings than the authority has resources to build. Resources are allocated based on the relative safety records of the different sites. For a formal crossing to be approved there is a design criteria standard of pedestrian and vehicle flow to be met which suggests there is a case for a crossing. It was acknowledged that the lack of crossing opportunities for older people in particular may mean that the number of pedestrians using an informal crossing point is below the true demand. Ad hoc corrections to the pedestrian counts can be made by the engineers but this is a matter of engineering judgment, and informal remedial actions are considered where ever possible when a formal crossing cannot be justified.

Applications for an examination of the case for an informal crossing will always be looked at by the authority. This implies that those older people we categorised as 'involved' are more likely to influence this process than the resigned acceptors who believe that the council will never do anything for them. A number of the example crossings presented to the engineer were deemed worthy of action. However, it was acknowledged that there is no process to consider whether a junction is safe from the perspective of an older person rather than from the perspective of the engineer conducting the site visit. It was suggested that training on what to look for would be beneficial.

In summary, the local authority appeared receptive to the idea of better guidance for design for older people. Current approaches would seem to underestimate the problems that exist for older pedestrians, particularly those with some form of mobility impairment. The engineer suggested that the road user hierarchy was still very much dominated by the private car.

5.2 Assessing Public Transport; Accessibility for Older People

As described in the introduction and literature review, the UK Government now requires all local authorities to conduct a process known as Accessibility Planning (see Jopson et al., 2007 for a fuller account). "Accessibility planning focuses on promoting social inclusion by tackling the accessibility problems experienced by those in disadvantaged groups and areas. *These might include the availability, affordability and accessibility of local public transport and the design, location and delivery of non-transport services.*" (DfT 2004b, emphasis added).

In order to facilitate an initial analysis of accessibility problems the Department for Transport commissioned the development of a sophisticated Geographic Information System (GIS) software model (Accession™) which is fully integrated

[12] Here informal crossings are crossing points where dropped curbs and/or tactile paving, pinch points, platforms or other such measures guide pedestrians to cross at a particular point, but there is no formal way of stopping the traffic flow.

with UK public transport routes and timetabling information. It is possible within the model to include bus, rail, LRT, walk and cycle modes and to provide comparative shortest path journeys by car. Accessibility can be examined for any day of the week and any defined time period. As with any GIS system it is possible to overlay other information such as socio-economic data and destination sets to further develop analysis. In particular, the emphasis within the UK has been to examine the degree to which the population can reach key facilities within a given time threshold. The Department for Transport has developed a series of core measures of accessibility described in Appendix 6. This section reviews how effective the software is at representing public transport accessibility for older people.

5.2.1 Calculation of Accessibility

To calculate the journey times between origins and destinations the software makes the following assumptions as a default:

1. Perfect knowledge of the options available to the user
2. Services run to schedule
3. All services can be used
4. An acceptable walk distance to a bus stop of 800m
5. A willingness to walk 500m to interchange to another service
6. An average walk speed of 4.8km/hr

Walking within the model can be represented by crow-flies distance between origins, destinations and public transport stops or by making pedestrians walk through the network on the shortest path route. Where crow-fly walks are assumed the distances are multiplied by 1.4 to be more representative of real distances walked. The walk times estimated take no account of the ease of crossing roads, the availability of formal crossings and delays caused by vehicular traffic. These are all assumed to be incorporated in the average walk speed set. It is acknowledged that the assumptions within the model might need to be varied for different groups of the population and particularly older people (e.g. SDG, 2005). Little research is available on which to base any alternative assumptions (Burnett, 2005).

5.2.2 Default Settings Assessment

This element of the research attempted to identify how useful the accessibility mapping is for identifying accessibility issues for older people. In conducting the focus groups and accompanied walks, we identified a series of origins and destinations for which the participants noted a particular difficulty accessing by public transport. The procedure was then to produce outputs from the Accession model using the default settings. Then, in the light of the findings of our research, we developed a set of model assumptions deemed to be more representative of older people. A further accessibility analysis was conducted and the outputs compared. These were then compared with the concerns raised by the participants and discussed with the steering group to determine whether the accessibility outputs were indeed useful. To illustrate this, one example analysis is given below. It corresponds to a journey from a comparatively low-income area of Leeds just to the North East of the city centre out to a hospital in the North East side of the city. It is not the nearest hospital to the origin point but one which the participant had to make journeys to. Figure 3 shows the accessibility plot contours for journey times to the hospital under the default settings. The origin and destination points are also marked.

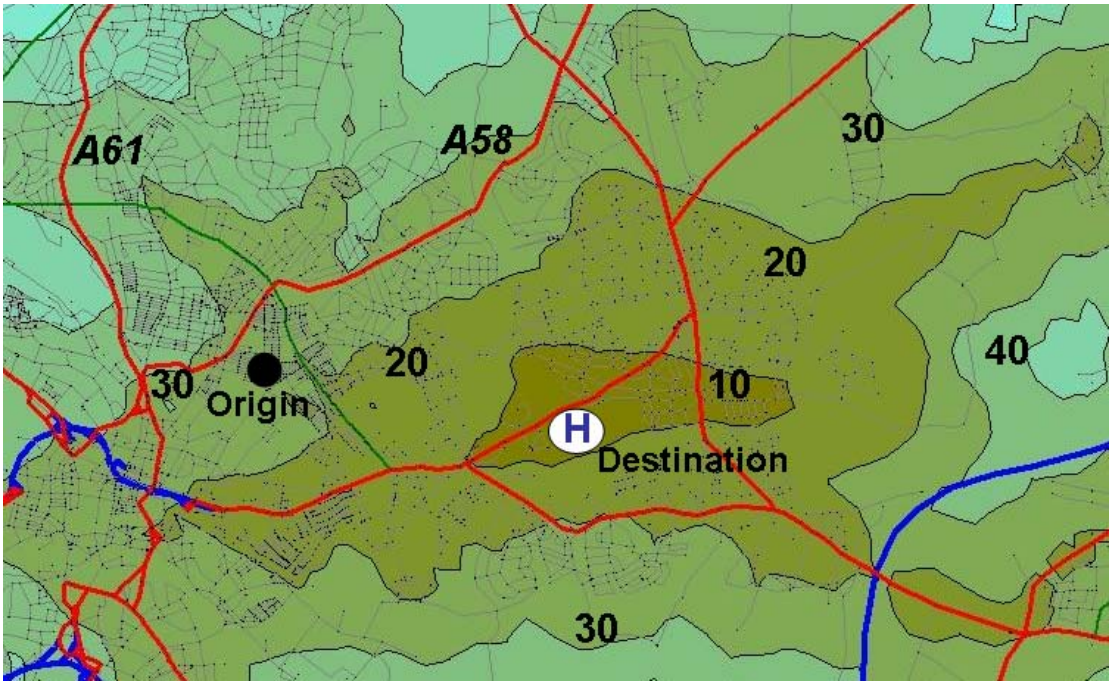


Figure 5.4: Access to Hospital Default Settings (minutes)

The default settings suggest a journey time for the participant of around 25 minutes from door to hospital main entrance. This does not appear excessive and would certainly not be identified as an area of concern by the local authority as there are many parts of the city, particularly on the periphery that have lower levels of access than this to hospitals. It is therefore of interest to examine how different this looks under a set of assumptions more realistic to older people.

5.2.3 Revised Settings Assessment

A series of default assumptions were listed above and these are examined in turn here:

1. *Perfect knowledge of services* – our focus groups found a very high degree of knowledge about the services available, timings and routes amongst the regular public transport users. However, knowledge was based on experience and word of mouth and so may prove weaker on less-used routes and for non-formal interchanges.
2. *Services run to schedule* – the focus groups contained substantial discussion surrounding the lack of reliability of many services. Where services were infrequent this was seen to be a particular issue and examples were given of very long wait times as a result of services not arriving. Participants clearly do not believe that services run to schedule and would not plan their journeys on that basis. The steering group suggested that a wide margin of error was built in for essential trips to services such as the hospital – perhaps as much as the journey time itself.
3. *All services can be used* – a substantial proportion of the bus fleet in Leeds is now low floor and therefore should be accessible to older people with mobility difficulties. However, there is variability from day to day on many routes as to the degree of coverage of low floor services. It is certainly not the case that all buses can be used.
4. *800m is an acceptable walk distance to a bus stop* – because of the large variability in personal health and mobility amongst older people this is only likely to be true for a proportion of older people. Jones and Wixey (2005) found evidence of older people walking further than their nearest bus stop in order to

access routes with higher frequencies. It was felt, based on the experiences of our route walking and from the literature that 500m was a more realistic walk distance.

5. *500m is an acceptable interchange distance* – this seems a very optimistic assumption. The focus groups most often highlighted major interchanges such as bus stations and retail centres as places where interchange occurred. These are places with good levels of shelter and regular services. Informal interchange elsewhere in the network did happen but this seemed more likely to be at the same stop or an adjacent stop to the one which the initial service used dropped off at.

6. *Walk speed is 4.8km/hr* – the same caveat on variability within the population exists here as in point 4 above. In the focus groups the respondents were unable to provide a clear idea of how long it took them to walk to various places but there was a clear feeling that this was substantially longer than it used to take them and that this could be a source of frustration. The accompanied walks found examples of older people walking less than half the pace that the researchers would typically manage. We assumed that a walk speed of 2.4km/hr was more representative.

7. *Shortest-path walking is adopted* - It is worth noting that for a variety of reasons such as personal security and gradient that older people in particular are less likely to walk the shortest path route than other age groups (Envall, 2006, Jones and Wixey, 2005).

On the basis of this assessment we ran the accessibility model again with a 500m maximum walk distance to a bus stop, a 50m interchange distance, walking through the network with an average speed of 2.4km/hr. No allowances could be made to exclude services that might be deemed to infrequent to be reliable or that might not be accessible. The results are shown in Figure 4.

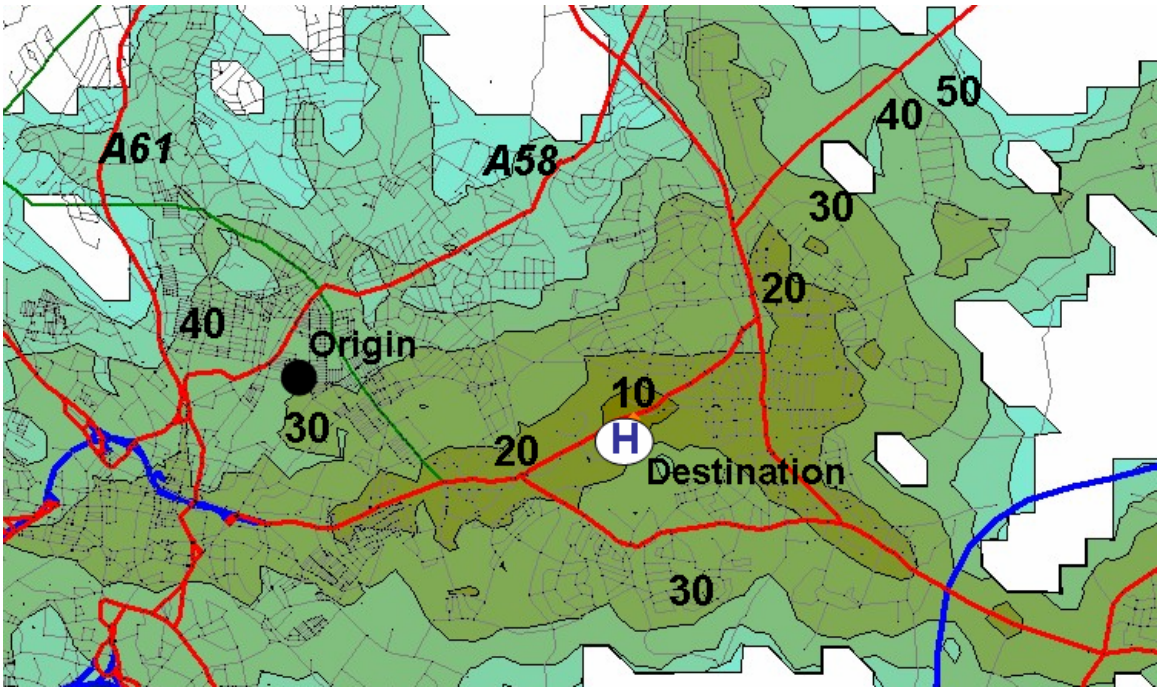


Figure 5.5: Access to Hospital Revised Settings (minutes)

This more restrictive set of assumptions, as would be expected, demonstrates a much reduced set of accessibility contours for the hospital. In particular there are a number of areas now (unshaded) which have public transport journey times of over 60 minutes or that are not accessible within the constraints set. Whilst the

accessibility for the origin point of concern has worsened to between 30 and 40 minutes it still does not appear to be an area that has particularly poor accessibility. However, the equivalent journey time by car is 9 minutes which would suggest a substantial penalty.

A further example of this approach is given in the Appendices. In this instance, the analysis relates to access to a secondary shopping centre to the West of the main city centre. Again, the analysis shows that, even with the most restrictive assumptions, accessibility for the area in which the participant lived to the centre appears excellent, with an anticipated journey time of under 20 minutes.

It is not clear why the difference between measured and perceived accessibility differs so much. It may be as a result of the very different real and pragmatic approach to journey making that is adopted versus the assumptions made – although even with this there is a substantial perceived gap. One possible explanation is that the accessibility for the residents concerned has declined over time. This is in part due to the withdrawal and redefinition of bus services and, in part, due to a decline in their physical mobility. It may now therefore feel more difficult to access a location than it used to and this defines the perception of accessibility. Further research is required to understand the perception of accessibility as this is what defines the travel horizons and, therefore, one of the main aspects of ability to participate.

5.2.4 Summary

Accessibility Planning is supposed to identify barriers to accessibility to key destinations for the most vulnerable in society and those, in particular, dependent on public transport. Whilst our efforts to make the software provide a more realistic representation of the constraints of a less mobile older traveller have improved the representation of accessibility to a degree there are still *several shortcomings*. These relate in particular to: *understanding what public transport services older people consider as acceptable to use and under what circumstances; what levels of wait time older people are prepared to accept; and what safety margins are required for arrival times for different activities*. All of these seem highly significant in understanding what public transport accessibility really means to older people.

We also note that the current approach to Accessibility Planning highlights a set of key destinations that are more pertinent to those involved in school and work. Whilst access to healthcare and supermarkets are also included it was noted in our study that older people aren't always ill and on their way to the doctors! An often quoted destination of great importance was places of worship and, as a number of these had recently closed, travel was acting as a barrier to participation in the associated community of worshippers. In conducting this accessibility assessment we did not include the variety of occasional transport services such as community transport, voluntary transport, patient transport services and lift giving which all go to make up a very important part of the set of services that older people use in traveling. The main reason for so-doing was the desire to assess the ability of older people to take part in society without feeling the need to be reliant on special services, as is often expressed by older people we spoke to.

In the light of these findings we currently caution against the reliance on accessibility mapping as providing a good first means of identifying problems for older people in an urban context. It may still have a role in identifying problems for communities at the very edge of the urban-rural boundary. However, it does

not appear necessary to have a complex model to identify that sort of gap. We were fortunate in this instance to have access to a well developed network of older people's groups with whom to discuss transport. This provides a richer perspective on current travel patterns and issues. Not all areas will have such a resource or time to engage with it and in these instances, a revised accessibility mapping approach is still preferable to taking a one size fits all approach to assessing accessibility.

5.3 The AccessBus

Mainstream public transport forms an important part of the transport networks of many of the older people in our study. There also exist a range of other transport services that complement or, where substantial barriers exist, replace these. These include taxis, lifts from friends and relatives and specialist transport services. One specialist transport service in Leeds which created substantial discussion was the AccessBus. This section describes the AccessBus, summarises the key comments from the focus groups and then reports on the outcomes of an interview with the organisation responsible for developing and delivering the AccessBus.

5.3.1 What is the AccessBus?

AccessBus is run by METRO, the West Yorkshire Passenger Transport Executive. The METRO website (www.wypte.com) explains what the bus is and how it works:

"AccessBus is a dial-a-ride, door-to-door bus service for people who have difficulty using conventional public transport. Each year around 500,000 journeys are made on AccessBus vehicles, which are equipped with ramped access or passenger lifts and the most up-to-date safety equipment."

AccessBus is provided free of charge to eligible West Yorkshire residents. Services operate between 9am and 5.30pm, Monday to Saturday and from 9am to 5pm on Sundays. A limited evening service is available to groups of five or more.

Metro has recently introduce new, specially developed computer systems which make it easier for AccessBus users to contact the team and help to reduce call waiting times at peak periods. And new route-planning system is helping Metro's AccessBus team to ensure they make the best use of the AccessBus fleet.

Who can use AccessBus?

Anyone of any age who is unable to use conventional public transport or who has extreme difficulty in doing so due to a disability can register for the free AccessBus service. Passengers can take a companion with them if they require assistance while travelling or at their destination.

Where do AccessBus services go?

Most people use AccessBus to travel to their nearest shopping centre and back, visit family and friends and to attend functions at social clubs, luncheon clubs and churches." (www.wypte.com)

5.3.2 What Issues Were Raised?

Section 4 described the role of the AccessBus in supporting some of the older people in our sample. However, there were mixed reactions to the service from users and non-users. For users:

- It was perceived to work well for those who use it regularly but:
  - It suffered from a lack of spontaneity
  - It is limited as it can only be used once a week
  - It creates issues of timing e.g. participants had to leave church services (and other activities) early
  - There were some concerns about reliability (e.g. one lady left stranded)

Given that users would like access more than once a week it underlines the importance that some people give to the service. It was noted that when the service is not available older people pay a lot of money for taxis which perform a similar role.

For non-users:

- There is a lack of understanding of how the system works:
  - E.g. “Have to be disabled”
  - Doesn’t come here
  - Can’t book them regularly
  - Can’t use them to go to hospital appointments

An interview was held with METRO to discuss these issues and to talk about current considerations to revise and enhance the Access Bus system.

5.3.3 What might be done?

As a free service, METRO is constrained by finances as to the number of buses and therefore routes it can offer. Whilst there is a very large database of registered users, there is a core of regular users that are able to book repeat journeys using the bus. METRO accepted that the system works well for those people already engaged with it but that getting entry into the “club” of users was difficult. Indeed, METRO estimated that approximately 95% of the journeys AccessBus makes are regular, repeat journeys and that only a third of registered users actually use the service.

METRO were interested to hear of the lack of understanding about the system and felt that communication through the very active community of older people’s groups offered the best route to try and overcome these misperceptions. However, given the constraints over system availability, overselling the service had its difficulties.

A review of AccessBus has recently been undertaken. Resources are likely to be invested in a slight expansion of the number of services available. Despite this, it was still accepted that some communities were unlikely to have a service on the time and sometimes day that they would like and that these problems may be more acute in the communities located further out from the urban core. Paradoxically, these communities include those with the worst scheduled public transport services and therefore most in need of an alternative. A more radical reconsideration of the best way in which the subsidy could be spent had been dismissed as the current substantial club of regular users were likely to form a vociferous objection to any major changes.

In many ways, this mirrors some of the findings of the walking study. Those who are most engaged with the system, the “Involved”, have greater control over influencing change. The “Resigned acceptors” and “Frustrated acceptors” appear most at risk in suffering from the current deficiencies of the service and least well placed to challenge the current position. The principal impacts of a lack of AccessBus are a reliance on

alternative forms of transport, in particular taxis. There are cost and therefore equity issues surrounding the current patterns of service provision. All of this goes to highlight the difficulties currently faced by bodies such as METRO in trying to fill the gaps between mainstream provision and the needs of older people. It also highlights the problems of institutional inertia where any changes to the AccessBus provision will have a major impact on part of the older community that relies on the service in its current form. An issue of concern in considering any major overhaul is the impact that any disruption to travel patterns for the most frail with have on their decision on whether to continue accessing the services they currently use the AccessBus for. We are not able to shed any further light on this.

Section 6: Summary of Findings

The importance of independent travel

In mainstream transport planning, travel is treated as a 'derived demand' – something you only do to take part in an activity and it is the activity, not the travel, which is of value to the traveller. This study clearly found that for older people the travel itself and the feeling of freedom and purpose it engendered were often more important than the actual destination. Shopping was more than just buying food or clothes. Instead it was an experience in itself as it offered a reason to go out and interact with others. A difference in aspiration in terms of activities emerged however, with some older people planning extensive journeys while others were content with being able to access their local environment. Specific destinations that were important to reach were identified. These included hospitals, doctors, churches, friends' houses, places of worship, day centres and parks.

Engagement in transport planning issues

The study identified three typographies regarding how involved individuals are in transport provision: the Resigned Acceptors, the Frustrated Acceptors and the Involved. Those who are most engaged with the system, the "Involved", have greater control over influencing change.

Factors influencing travel

Several important findings emerged from our small study. Firstly, there were three overriding factors that influenced older people's ability to get around: physical ability, individual characteristics and the transport environment. Whilst some older people viewed their decreased ability to get around with a degree of acceptance or fatalism, clear evidence of frustration also emerged.

Older people's ability to get out and about was affected by environmental, social and psychological factors. These included: a combination of bus driver behaviour and bus design; the positioning of bus stops; difficulties getting onto the buses; the lack of formal crossings or the crossings not situated in the correct places; steps, uneven surfaces or obstacles such as parked cars or bikes being ridden on pavements; personal safety concerns; other people sharing the same environment; a fear of being knocked or falling over; experiences of taxi journeys; the prospect of giving up driving; the access bus for the more frail was seen as positive. Travelling on buses was seen as especially hazardous. This related both to the design of the buses and the way in which they were driven.

Bus travel

Bus travel is a vital travel mode to many older people. We found good knowledge of the networks and opportunities that this provides. Good experiences of drivers and operators were cited but there are many serious issues which emerge.

The vast majority of participants were aware of the recent concessionary fare scheme. A small number were confused about times but generally the rules were well understood. There was more confusion about exactly where their free bus passes were eligible and whether they could be used outside of the region. In the main participants said they did not travel any more frequently since the introduction of the scheme although some felt that journeys involving several buses were now less off-putting. However, it could be that they did not want to appear as if they were taking advantage of the scheme.

The location of bus stops within the city centre caused difficulties for those with mobility problems and bus changes or re-scheduling caused a great deal of confusion. The impact of the unavailability of buses was felt acutely by those living in rural areas. The unreliability of buses was an issue for many, particularly if this meant having to wait for long periods at bus stops. Getting on and off the bus was problematic for many and for some of the frailer participants this was an insurmountable obstacle and they had given up using the buses because of it. A major issue was how the buses were driven with many participants having experienced serious falls as a result of driver 'roughness'.

Walking

Many of the participants were used to walking as a way of getting about. This was sometimes put down to being non-drivers or being a generational issue whereby they had walked regularly all their lives. It seemed clear that whilst walking is, by definition, inherently linked to personal mobility the local environment also played a key role. A feeling that areas had not been designed to take older people's needs into account emerged from the interviews.

Informal crossings caused considerable problems for many. Problems included: the ability of older people to see far enough to safely judge when to cross (lines of sight) when crossing at or near a road junction (angle of junction); width of junction to be crossed; number of roads joining a junction; high traffic speed; high volume of traffic; traffic queues at junctions; large vehicles blocking lines of sight; curb side parking (both legal and illegal) blocking lines of sight and walking route.

Walking along the pavement had other problems, such as tactile paving which can be painful to walk on, slopes to create dropped curb aggravating mobility impairments, broken/uneven paving, public litter bins reducing pavement space, enclosed or narrow footpaths, and poor drainage.

Driving

Two car driver types were identified. One was a more confident driver often in the "younger old" age bracket, using their car extensively for longer journeys. Often, their principle reason for driving was to pursue pleasurable activities. The other type was a less confident driver who tended to use their car purely for necessities, for example for shopping or visiting the Doctors. Some participants had already given up driving. A few had been forced to, others cited circumstances such as failing to master a new car or making a conscious decision to stop. Amongst many ex-drivers there was a level of acceptance about having to give up rather than resentment

Taxis

Experiences of taxis varied. Reasons for using taxis included safety (especially during the evening), help with carrying their shopping and for comfort (being a softer ride than a bus and not having to wait outside). Many were very positive about their relationship with the taxi drivers and companies. However, some participants felt they took overly long routes and felt they were not able to challenge them either because they were older people or non-drivers themselves. Experiences of being driven to unknown areas and even in one case being physically hauled out of the taxi on an industrial site were related by a number of participants.

Planning tools

Accessibility Planning is a new approach which aims to identify barriers to accessibility to key destinations for the most vulnerable in society and those, in

particular, dependent on public transport. Part of the approach relies on making computer based assessments of where accessibility problems are. We tested a variety of assumptions against the reported experiences of our participants and were unable to close the gap between apparent (what the model says), actual (what older people can and do do) and perceived (where knowledge or beliefs limit actual access patterns) accessibility. More needs to be done on *understanding what public transport services older people consider as acceptable to use and under what circumstances; what levels of wait time older people are prepared to accept; and what safety margins are required for arrival times for different activities*. All of these seem highly significant in understanding what public transport accessibility really means to older people.

We also note that the current approach to Accessibility Planning highlights a set of key destinations that are more pertinent to those involved in school and work. Whilst access to healthcare and supermarkets are also included it was noted in our study that older people aren't always ill and on their way to the doctors! An often quoted destination of great importance was places of worship and, as a number of these had recently closed, travel was acting as a barrier to participation in the associated community of worshippers. We were fortunate in this instance to have access to a well developed network of older people's groups with whom to discuss transport. This provides a richer perspective on current travel patterns and issues than the data-led approach. Not all areas will have such a resource or time to engage with it and in these instances, a revised accessibility mapping approach is still preferable to taking a one size fits all approach to assessing accessibility and we have provided some suggestions for modifying the software settings.

Governance and incentives

Greater thought should be given to the ramifications of incentive and regulation structures. The impacts of safety targets on decisions for pedestrian crossing investments is one example. We are also concerned that punctuality targets for public transport may contribute to the behaviour of bus drivers in setting off before people are seated and in aggressive driving. Other regulations (such as not parking at or near bus stops) are not sufficiently enforced. This can defeat the benefits gained from having a low floor bus fleet. Route quality is not just about the infrastructure provided but how it is used.

The decision-making environment is also changing with greater fragmentation of responsibilities for delivery and management of transport services, roadworks etc. than has been the case for much of the current generation of older people's lives. Many are not aware of these changes and are disconnected from the processes which they need to understand to influence change. Local authorities could overcome some of these difficulties through communication with community groups as well as their more general publicity campaigns. We could not accept the arguments put to us that informing bus users about proposed service changes for their bus routes on board the bus was now too difficult due to the ways in which buses run different routes. Given the levels of public subsidy which go to support concessionary travel greater accountability and customer service must be levered from the system.

Involvement in design decisions

Dialogue with older people is critical to doing things better. We heard examples of problems with bus design, bus stop design, pavement and crossing design. Where we were able to follow these up it seems that older people's needs were only partly considered. This seems like an easy and relatively cheap process change that could be implemented before local authorities commission new infrastructure or companies purchase new vehicles or other products. Many older people would

welcome the chance to be more involved although they also accept that theirs is just one voice amongst many in reaching decisions.

Concluding remarks

In conclusion this study highlighted several areas of concern for older people in the road traffic environment. It also demonstrated that many older people are highly resourceful and adapt and adjust readily to changing circumstances. Not only do they adapt but they also attempt to influence change. However, it would seem that amongst older people there are 'hierarchies of involvement and personal control'. Those who are most engaged with the system, the "Involved", have greater control over influencing change. The "Resigned acceptors" and "Frustrated acceptors" appear most at risk in suffering from the current deficiencies of the service and are least well placed to challenge the current position.

Many of the issues raised by older people could be dealt with if there is sufficient will, focus and co-operation by the various agencies involved. Some of these have a resource cost but in most instances the benefits of investment will accrue to the wider community, not just older people.

Section 7: Steering Group Feedback

Two members of the steering group have contributed their thoughts on the project and its findings. These are included below:

Bronwen Holden
Project Manager,
Promoting Healthy and Active Life in Older Age

Whenever older people are asked what contributes to a good quality of life, transport and being able to get about always come near the top of the list. "Being able to get out and about" is one of the ten aspirations identified by older people in Leeds to guide the city's 5 year strategy to promote health and active life in older age: *Older Better*. Improving access to transport was prioritised for action in the strategy's first year. The Leeds Local Area Agreement, taking priorities from *Older Better*, has also set targets for improving access to transport for older people in its three year action plan.

These are important steps. But they are not enough. As a society we need to start listening and responding to how older people themselves experience the street environment and "getting about" in their everyday lives. It has been very encouraging to be part of the Steering Group for this research project which has listened to older people from a wide diversity of backgrounds and a range of ages and disabilities and has distilled from this common themes- often expressed with wit and candour in older people's own words. Some of the findings make disturbing reading.

Important themes include

- A common experience of helplessness in the face of transport planning and policy decisions which appear to ignore older people's interests- despite the fact that many are frequent and determined users of public transport.
- Feeling "pushed out" by an environment (on public transport and outside in the street) which is out of step with older people's needs.
- The importance of a supportive transport and street environment to people as they age- it is essential to facilitating independence, promoting well-being, and counteracting isolation. Older people's quality of life is being adversely affected by what they find when they go out on the street or try to travel.

Listening and capturing older people's experience is the first step. Now it is important that ways are found to impact on policy making and planning, to narrow the gap between older people's needs and aspirations and their current experience recorded here.

Susan Chesters
Member of the Leeds Older People's Reference Group

Many older disabled people have difficulty in getting out and about, yet doing so is vital, not only for accessing services of all kinds, but also to avoid loneliness and depression. The research has identified many of the difficulties older people encounter.

A high proportion of older people rely on walking and public transport. Many hazards of walking have been noted. I would like to see more pedestrian crossings on busy roads near bus stops – perhaps every other bus stop?.

Public transport in Leeds is largely on buses. There are very few suburban train routes. Incidentally, the proposed trams would not have made a great improvement because only three routes would have benefited. Bus travel for disabled people is potentially dangerous. They are rarely given time to sit down before the bus moves. Seats near the exit/entrance would be helpful, but prams, stairs and luggage occupy the space. Older people would benefit from using a trolley for shopping, but there is no space for them. Drivers have been criticized for being inconsiderate, but the same is true of passengers. Small notices near the front seats suggesting they be given up to the elderly and disabled are regularly ignored. All too often, no one offers a seat even to a visibly disabled person.

The most disabled people are unable to use the usual buses. Some, but by no means all, are supported by family and friends. Otherwise there are taxis, which are expensive, or the Access bus, which is oversubscribed. Voluntary organizations may provide some transport, but it is not available everywhere. Severely disabled people who become housebound are at risk of becoming lonely and depressed. Improving transport for them should be a priority

Section 8: Issues for Consideration & Recommendations

Under-pinning issues for older people's mobility, transport and travel

Travel is fundamental to older people's quality of life, not just a means to an end. Older people are even prepared to travel longer distances to avoid something unpleasant.

Older people want to be involved in transport planning. Their expectations of transport are reasonable and realistic; they recognise that other people have needs as well.

There is a large group of older people who do not know or are unable to access ways of influencing transport planning, and as a consequence are at risk of social exclusion.

One bad experience as a pedestrian, driver or passenger has a significant impact on an older person's future behaviour.

Sudden, unexplained changes to bus routes or timetables can cause significant problems and difficulties for older people, particularly if they have any form of disability.

Older people want to be able to access main stream, not just special, transport. Buses are the cornerstone of public transport for older people.

Taxis (private hire) are a vital part of older people's means of accessing services and recreational facilities.

Many older people do not know where to go to complain about a transport service, or where to seek advice if they do not get a response to their initial complaint. The transport service environment is very different compared to 20 – 40 years ago.

Scooters provide additional access to the external environment. Older scooter drivers frequently use them as an 'add-on' to walking. Walking is often the preferred mode of getting out and about, and scooters are only used when the distance is too great. Not all residences can store scooters.

Recommendations for action

Transport planners and transport providers need to be aware of and have an understanding of how older people move in the environment. Limitations include restricted movement or reduced pace and sensory impairment.

Street and transport design[13] need to take account of older people's needs; older people must be consulted so that their needs are understood.

A community led approach to transport planning is likely to be more revealing than purely the application of accessibility planning tools, particularly in urban areas.

[13] Including trains and railway platforms

Training for bus and taxi drivers about issues relating to older people and travel must be developed, funded and implemented on a regular, ongoing basis. This should be accompanied by enforcement of street rules and national policy requiring bus companies to take into account older people's needs.

An accredited standard for bus and taxi companies monitored and enforced by local authorities would give older people more protection.

There should be enforcement of pedestrian areas as pedestrian areas – pavements are for walking on, ***not*** parking, leaving rubbish, cycling on etc.

More segregated high quality pedestrian areas should be developed and maintained. Older people should be consulted about the design of such areas. Seating is important for accessibility and should be provided and maintained.

Information about bus routes and timetables must be accessible to older people. The print must be readable and the information must be provided in places where older people are most likely to see it. This is particularly important in relation to changes to established routes and times.

Transport service providers should explore ways of providing an accessible and acceptable route for older people to make suggestions, comments or complaints regarding transport.

Scooters are a 'lifeline' for some older people. Consideration needs to be given to the availability of storage places (access to a power source) in sheltered housing and other purpose built housing for older people.

Rules are needed regarding where scooters can be driven. A scooter, driven carelessly on the pavement can be a hazard for (older) pedestrians.

In conclusion many of the solutions suggested by older people are low-cost, easy to implement and would benefit others in addition to older people. Older people are part of society, not a different and difficult sub-culture. When we embarked on this study we had no idea what we would find. However, we certainly did not expect such great differences and such ignorance about the transport needs of older people. We have described and listed the issues and the potential solutions that older people provided us with. One thing is absolutely clear from this study: there is an urgent need for major change in the planning and delivery of transport infrastructure and services so that older people's views are heard and their needs taken account of.

References

Bannister D and Bowling A (2004), 'Quality of Life for the Elderly: the Transport Dimension,' *Transport Policy,* 11, pp 105-115.

Burnett A (2005), *In The Right Place, Accessibility, Local Services and Older People,* London: Help The Aged [online] http://www.helptheaged.org.uk/NR/rdonlyres/D90BB5FC-FE57-4BC3-A8CE-5C696E968541/0/in_the_right_place.pdf (April 2006).

Department for Transport (2006a), *Focus on Personal Travel,* London: The Stationary Office [online] http://www.dft.gov.uk/stellent/groups/dft_transstats/documents/downloadable/dft_transstats_037493.pdf (March 2006).

Department for Transport (2006b), *Transport Trends*, London: Department for Transport [online] http://www.dft.gov.uk/stellent/groups/dft_transstats/documents/downloadable/dft_transstats_035650.pdf (March 2006).

Department for Transport (2004a), *Guidance on Accessibility Planning in Local Transport Plans,* London: Department for Transport [online] http://www.dft.gov.uk/stellent/groups/dft_localtrans/documents/pdf/dft_localtrans_pdf_033615.pdf (March 2006).

Department for Transport (2004b), *Full Guidance on Local Transport Plans: Second Edition,* London: Department for Transport [online] http://www.dft.gov.uk/stellent/groups/dft_localtrans/documents/pdf/dft_localtrans_pdf_504005.pdf (March 2006).

Disabled Persons Transport Advisory Committee (DPTAC; 2002), 'Attitudes of disabled people to public transport: research study', [online] http://www.dptac.gov.uk/research/apt/index.htm (March 2006).

Dunbar, G., Holland, C.A. abd Maylor, E.A. (2004) *Older Pedestrians: A Critical Review of the Literature*, Road Safety Research Report No 37, London: Department for Transport [online] http://www.dft.gov.uk/stellent/groups/dft_rdsafety/documents/page/dft_rdsafety_030574.pdf (March 2006).

Envall, P. (2006) 'Accessibility Planning: A Chimera?', Draft PhD. findings, Institute for Transport Studies, University of Leeds, unpublished.

Freund, K (2003,) 'Mobility and Older People,' *Generations,* **27**, 68-69.

Gabriel, Z and Bowling, A (2004), 'Quality of Life from the perspectives of older people,' *Ageing and Society,* **24,** 675-691.

Glasgow, N and Blakely, RM (2000), 'Older Nonmetropolitan Residents' Evaluations of Their Transportation Arrangements,' *Journal of Applied Gerontology,* **19**, 95-116.

Harris, A. (2002), Transitional Issues, *Proc. Mobility & Safety of Older People Conference*, Melbourne, 26-27 August 2002.

Jansen, DA and Von Sadovszky, V (2004), 'Restorative activities of community-dwelling elders', *Western Journal of Nursing Research,* 26**,** pp 381-404.

Jones, P and Wixey, S (2005), Measuring accessibility as experienced by different socially disadvantaged groups, [Online] http://www.wmin.ac.uk/transport/download/SAMP_WP8_Final_Summary_Report.pdf (March 2006).

Jopson A, Woodward J, Cattan M and Marsden G (2007), 'Transport and Older People: Integrating Planning Tools with User Needs; Literature Review', SPARC Deliverable 1, Leeds: Institute for Transport Studies, University of Leeds, [Online] http://www.its.leeds.ac.uk/projects/sparc/

Maratolli R (2002), Health Issues for Older Road Users, *Proc. Mobility & Safety of Older People Conference*, Melbourne, 26-27 August 2002.

Mokhtarian PL and Salomon I (2001), 'How Derived is the Demand for Travel? Some Conceptual and Measurement Considerations,' *Transportation Research Part A,* **35,** pp 695-719.

Mokhtarian PL, Salomon I and Redmond LS (2001), 'Understanding the Demand for Travel: It's Not Purely 'Derived',' *Innovation,* **14**(4), pp 355-380.

Mollenkopf H, Marcellini F, Ruopilla I, Flaschenträger P, Gagliardi C and Spazzafumo L (1997), 'Outdoor Mobility and Social Relationships of Elderly People,' *Archives of Gerontology and Geriatrics,* **24,** pp 295-310.

Ritchie, Spencer and O'Connor (2003) *Carrying out Qualitative Analysis*. In: Qualitative Research Practice, a guide for social science students and researchers. Ed: Ritchie and Lewis. London, Sage Publications.

Social Exclusion Unit (SEU; 2006), *A Sure Start to Later Life: Ending Inequalities for Older People*, Social Exclusion Unit Final Report, London: Office of the Deputy Prime Min [online] http://www.socialexclusion.gov.uk/page.asp?id=573 (March 2006).

Social Exclusion Unit (SEU; 2005), *Excluded Older People*, Social Exclusion Unit Interim Report, London: Office of the Deputy Prime Minister.

Social Exclusion Unit (SEU; 2003). *Making the Connections: Final Report on Transport and Social Exclusion,* London: Office of the Deputy Prime Mini [online] http://www.socialexclusion.gov.uk/downloaddoc.asp?id=229 (March 2006).

SDG (2005) *Yorkshire and Humber Accessibility Criteria, technical guidance on the use of the criteria tables*, Final Report by Steer Davies Gleave, April 2005

Wixey, S., Jones, P., Lucas, K. and Aldridge, M. (2005) User needs literature review [online] http://www.wmin.ac.uk/transport/download/SAMP_WP1_Literature_Review.pdf

WYMETRO (2006) AccessBus, Explanatory Guidance http://www.wymetro.com/AccessibleTravel/AccessBus.htm

Appendices

Appendix 1: Keywords and search terms for the literature search

Main Concepts	Population A	Impact Of B	Impact On C	Impact On D
Alternatives	"Old* People" (A1)	Transport (B1)	Independence (C1)	Accessibility (D1)
	Old* Person* (A2)	Public Transport (B2)	"Social Inclusion" (C2)	Access (D2)
	Elderly (A3)	Private Transport (B3)	"Social Exclusion" (C3)	Mobility (D3)
	Retired (A4)	Travel (B4)	"Social Integration" (C4)	"Barriers to participation" (D4)
	Pensioner* (A5)	Bus$ (B5)		"Access to Services" (D5)
	Ageing (A6)	Train$ (B6)		
	Aged (A7)	Car$ (B7)		
	Gerontology (A8)	Pedestrian$ (B8)		
	OAPs (A9)	Driv$ (B9)		

Appendix 2: Flyer sent to Participating Organisations

Are you interested in the issue of transport and Older People?

If so, we'd love you to be involved in a project that aims to help put the needs of Older People at the heart of transport planning.

The Project Aims to:

- Investigate how accessibility problems impact on older people's independence
- See how current transport planning tools can be improved to take into account older people's needs.

Who's Involved?

The project is being run jointly by the Centre for Health Promotion at Leeds Metropolitan University and the Institute of Transport Studies at Leeds University. We're working with West Yorkshire Metro, the Leeds Older People's Modernisation Team and Leeds City Council. It is funded by SPARC – a government research body promoting ageing research.

What does taking part involve?

We're aiming to hold a number of focus groups in the Leeds Metropolitan District during May and June 2006. These will discuss what transport people currently use, how they feel about these types of transport and how they could be improved. They will take about 1-1.5 hours and refreshments will be provided.

The findings will then be used to see how current transport planning tools can be improved. The project will finish in October 2006 and all participants will receive a copy of the report.

How can we take part?

If you'd like to contribute to this project we'd love to hear from you. We can either arrange a focus group at your centre or come to one of your already existing groups – whichever is most convenient for you.

Please contact **Jenny Woodward** by **Friday 12th May** if you have any questions or are interested in taking part.

Tel: 0113 283 2600 ext 4372
Email: J.L.Woodward@leedsmet.ac.uk
Website: www.its.leeds.ac.uk/projects/sparc

*Right: The Project Team. (*L to R): Greg Marsden, Jenny Woodward, Mima Cattan and Ann Jopson.

We do hope you feel you can contribute. Your support will help us learn more about Older People's transport needs and to improve transport planning tools to take older people's needs into account.

Appendix 3: Participant Information Sheet
(Re-formatted for the report)

Transport and Older People:
A Leeds Based Research Project

Information for Participants

Transport and Older People

A lack of good transport affects the lives of many older people. This research aims to:

- Find out how problems getting to places affects older people's independence
- See how transport planning can be improved to take into account older people's needs.

What will we be doing?

In May and June 2006, we will be holding a number of discussion groups in Leeds.

A member of the research team or an organisation we are working with may have already contacted you to ask if you are willing to take part. *Please note that taking part is always voluntary; you can refuse at any time.*

Who's Involved?

The project is being run jointly by:

- The Centre for Health Promotion at Leeds Metropolitan University
- The Institute of Transport Studies at the University of Leeds.

We're working with METRO (the body who co-ordinate public transport in West Yorkshire), the Older People's Modernisation Team and the City Council. It's part of the independent SPARC programme of ageing research.

What will happen if I take part?

Each group will last about 1 – 1½ hours. You will be asked by a member of the research team to talk about:

- How you get about at the moment
- How you feel about these different ways of getting about
- What you feel could be improved to help you get about better

The discussion will be recorded to help with accuracy but we will check you are okay with that first. Recordings will be destroyed as soon as the project is finished.
All information will be stored safely and only the researchers at the University will have access to it. Anything you say is strictly confidential. This means that *your name will not be used at any point.* Any comments, quotes or experiences used in reports will be anonymous.
It is not anticipated that there will be any risks in taking part in this project.

What might this do for me?

The findings will be fed back to our partner organisations (METRO, Leeds Older People Modernisation Team and Leeds County Council) and other interested organisations and individuals.

The information will then be used to help change the way in which the needs of older people are included in transport planning. However we cannot guarantee to directly affect public transport provision or local policies. The results may also be written up in academic journals and presented at academic conferences.

The Research Team

The team members are (from left to right):

- Greg Marsden
- Jenny Woodward
- Mima Cattan
- Ann Jopson

We hope you feel you can contribute to this project. Your support will help us put Older People's needs at the heart of transport planning.
If you have any questions please contact us using the details overleaf.

If you would like to receive a copy of the research report please fill in your details below and post to:

Jenny Woodward
Centre for Health Promotion Research
Faculty of Health
Leeds Metropolitan University
Civic Quarter
Leeds
LS1 3HE

Your Contact Details
Name: ……
Address: ……..
……
……..
……..
Postcode: ……

Reports should be available in October 2006

NB: Contact Details for all the research team were also provided

Appendix 4: Focus Group Schedule

Background

1. Explanation about project – aims / process / who's involved (hand out info sheet)
2. Detail consent (hand out forms) / right to withdraw / confidentiality / recording

3. Ground Rules: Please try to speak one at a time – everyone will get a chance to speak

Introductions

Go round group and ask them to introduce themselves (name badges). Include marital status / where they live / whether they work or volunteer at all.

1) How did you get here today?

- Why that particular type of transport?

Activities

2) What do you like to do with your time at the moment? Or How do you spend your time at the moment?

Prompts:

- Leisure /social
- Volunteering / **working** / community
- **Seeing friends or family** / **grand-parenting**
- Exercise / going for a walk
- **Shopping** *(maybe probe this re social context)*
- At home

3) Are there any activities that you *don't* do now but you'd like to?

- Prompt: Places you'd like to visit / people you'd like to see
- Probe: Why is that?
- Probe: What is the effect of that on you?

Transport

4) How would you normally get to these activities? *(go through 3 types of activities – functional e.g. shopping / leisure or social / working or volunteering)*

- Prompts: Walk; drive; get the bus/train; get a lift
- How far are you prepared to travel for these?

5) Thinking about transport type x (*Facilitator to pick out some common transport types – to include PT)* **why do you choose this way of "getting about"?**

- Probe: what do you like about this way of travelling?

6) Is there a way you'd like to "get about" but can't?

- Probe: why is that?

7) Are there any services you use that could be in a better place for you?

- Prompt: health or community services?
- Probe: what's wrong with where they are placed?

8) Since the 1st April, senior citizens have been able to travel free on off-peak buses within West Yorkshire. Has this had any impact on you or how you travel?

9) How confident to you feel generally about getting about?

- Probe: what makes you feel less confident?

10) (Have you had any experiences or heard of anything that has put you off travelling in a particular way?)

Information / Planning

11) How do you plan or organise your journeys?

- Probe: How good is the information that's available?
- Probe: Do you use the internet at all to plan your journey? Or mobile phones (particularly text messaging)?

Future

12) (Thinking about the future, do you have any plans to change how you travel at all?)

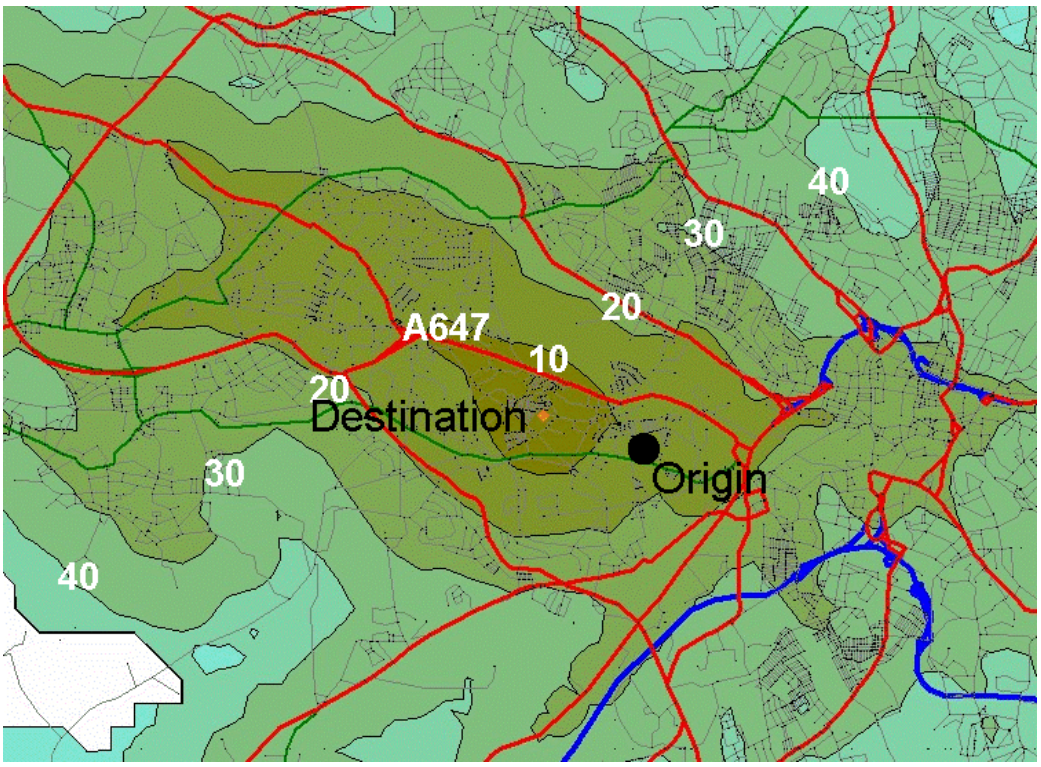
Recommendations / Improvements

13) What do you think could be done (if you could wave a magic wand!) **to help you and other Older People get about easier in the area?**

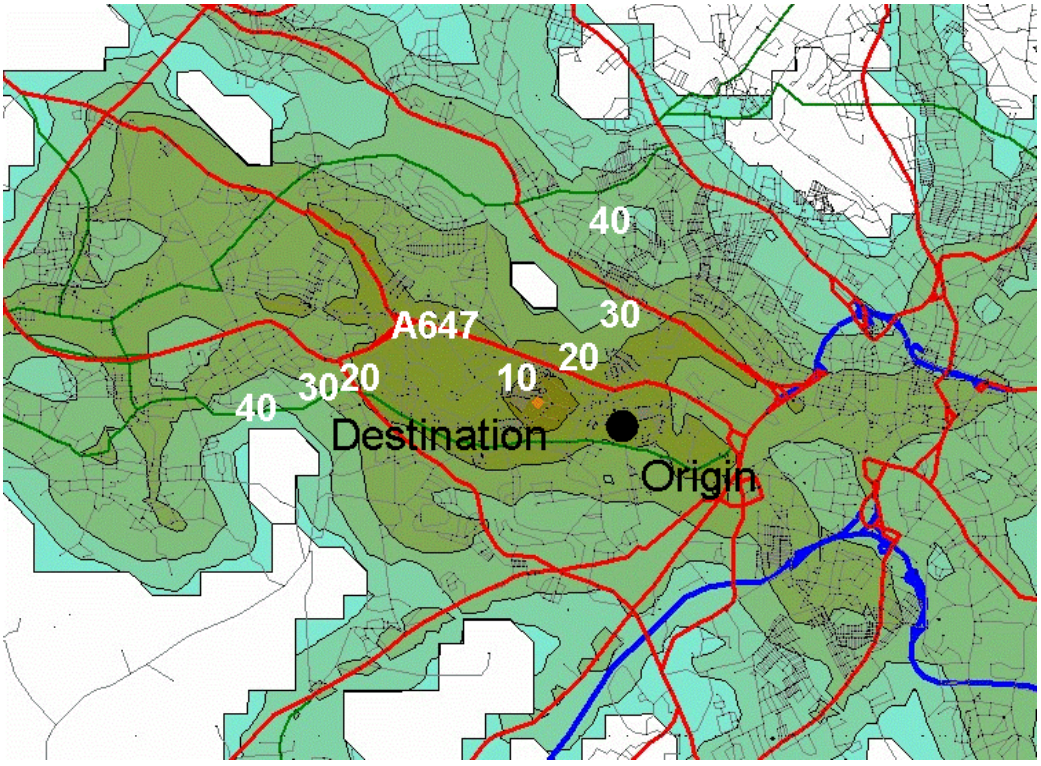
- Probe: In terms of walking?
- Probe: In terms of the roads or traffic?
- Probe: In terms of using Public Transport?

Close group and thank

Appendix 5: Armley Plots



Default Settings Plot for access to centre of Armley



Revised Settings Plot for access to centre of Armley

Appendix 6: DfT Accessibility Measures

% of a) pupils of compulsory school age [26] ; b) pupils of compulsory school age in receipt of free school meals within 15 and 30 minutes of a primary school and 20 and 40 minutes of a secondary school by public transport

% of 16-19 year olds within 30 and 60 minutes of a further education establishment by public transport

% of a) people of working age (16-74); b) people in receipt of Jobseekers' allowance within 20 and 40 minutes of work by public transport

% of a) households b) households without access to a car within 30 and 60 minutes of a hospital [27] by public transport

% of a) households b) households without access to a car within 15 and 30 minutes of a GP by public transport

% of a) households; b) households without access to a car within 15 and 30 minutes of a major centre by public transport