WHAT HOPE IS THERE FOR US AS OLD FOGEYS IN THE FUTURE? A REVIEW OF TRAVEL BEHAVIOUR OF OLDER PEOPLE: CURRENT TRENDS AND FUTURE PROSPECTS.

Kiera Mc Donald
University of Ulster

Julian Hine
University of Ulster

Neale Blair
University of Ulster

Abstract
Within the next 15 – 25 years the UK and Irish populations aged 65 years and over will increase considerably; inversely, the population aged less than 16 years will decrease though at a significantly higher rate. Perception, accessibility, service options, modal choice, urban or rural domiciliary location, income and social inclusion are all factors believed to affect the travel behaviour of older people, with the effects tending to increase with age. In the context of the island of Ireland, limited research has been carried out specifically to ascertain the changes in travel behaviour which result from ageing and also how the needs of an ageing population in terms of their travel behaviour can be met in an age of austerity. This paper firstly examines the linkages between mobility and lifestyle choices for older people through an international review of the research literature and then, through a review of policy responses on the Island of Ireland, addresses areas of key concern, whilst at the same time recognising that older people's transport needs and lifestyles are increasingly diverse. The paper concludes by identifying the gaps in the research literature and ways in which praxis should change.

Keywords: older people, travel behaviour, accessibility, social inclusion, mobility, lifestyle

INTRODUCTION: THE DIVERSITY OF TRAVEL EXPERIENCES AMONGST OLDER PEOPLE
People are living longer, are active for more years, and have access to more transport options than ever before. Upon retirement, people can expect that they will have at least 10 – 20 years of an active and enjoyable daily life with few health issues. [1] Mobility can reduce with age and lifestyle changes as people get older. Older people will have a massive impact on our planning and government policies of the future in terms of, for example, transportation planning, and resource planning and healthcare, and policy makers and planners need to react to this changing trend as early as possible in order to be able to meet the demand of an older demographic. [2] The purpose of this paper is to discuss current research into travel behaviour of older people and the linkages between mobility and lifestyle and to identify potential future research opportunities.

According to UK National Statistics, the number of people aged 65 and over has increased by 1.7 million people, from 15% of the total population in 1984 to 16% 2009. It is also predicted that this percentage will increase to 23 % by 2034 and, during the same time period from 1984 – 2034, those aged 16 yrs and under will decrease from 21 % to 16 %. [3] According to Irish National Statistics, the young population has been the highest sector for many decades but has been on the decline since 1961. The older population has been on the increase and going forward from the last census in 2006, it is expected that the older population as a percentage of the total population will increase significantly as the levels of young people fall dramatically. Official Irish statistical predictions indicate that there will be
1.4 million older people (aged 65+ years) in 2041 which will make up 22% of the total Irish population. The total number of older people on the Island of Ireland as a whole is expected to reach 1.89 million in 2041 which is an increase of 169% and this sector will make up 23% of the total population compared to 12% in 2006. [4] This trend is common throughout many Western countries and will have huge policy implications for the future. Through the statistics collected for the Travel Survey of Northern Ireland and the National Travel Survey in Great Britain, current trends in trip purpose and modal choice for older people can be seen. (Source GB National Travel Survey 2009 & Travel Survey of Northern Ireland 2007 – 2009 In-depth Report). [5, 6] As can be seen in Fig 1 below, older people make most of their trips by car, where possible, and the main trip purpose is for shopping.

Fig 1: Travel Trends for People aged 60+ years from NTS and TSNI Statistics 2007 - 2009

However, the Government indicators widely used, such as journey length, purpose, time and modal choice can, in some instances, mask the behaviour and preferences of older people. Given the variance in indicators used in the UK to identify travel behaviour and how they are weighted towards the working sector of our population, travel behaviour survey methodology should ensure that trends can be identified for the older section of our population in a transparent manner in order that specific trends can be recognised exceptional to older people. [7] Already the UK is challenging the age of retirement, the UK Government phasing out the default retirement age from April 2011 and moving this from the long held belief that this retirement would come sooner, rather than later, and that it would be long and enjoyable. [8] Older people now are more likely to consider working later in life, partly for financial reasons, but also because they believe that they are still useful and still have something to offer to society. [4] This also aids their quality of life as they are socialising on a regular basis and have a reason to leave the house every day. Many older people are dependent on Government assistance in many areas of their lives, from public transport to the voluntary sector and grant-aid. [9]

The effect that this ageing population will have on public expenditure and allocation of resources will be profound. Policy will have to take account of the medical and welfare needs of an ageing population. The introduction of large-scale care home operations has been evident for a number of years in Great Britain and is something which is becoming increasingly common in Ireland. [10] The older person, whilst trying to be independent for as long as possible, would see the move into a care home as being a last resort. Whilst living in their own homes, they will need assistance as mobility and health deteriorate and this need will have to be met by the State or by friends, family and the community. [11, 12] Regardless of ability, older people have expectations as to how much mobility they would like to have and how often they are able to utilise this. A care home would be seen as the end of the road when the help from family, friends and the community can no longer help the older person to remain domiciled in their own home and maintain their well-being and quality of life. [13] This requires resources and funding and current expenditure policies are not weighted towards this sector of the population. However, where funds are available, Government policy, for example, has been geared towards care in the community or domiciliary care. [14] Along with this care policy, older people have also benefited from free travel passes and subsidised rural and community transport services but is this enough to keep the older population active and mobile? [15]
In terms of research, travel behaviour amongst older people is very important as there are linkages with other areas which will affect travel behaviour. Mobility, well-being and accessibility are all interconnected and can have a major effect on travel behaviour. [16] If one is affected, all can be affected and this can reduce the quality of life experienced by an older person. International studies have looked at various elements on this theme and have produced interesting results which indicate that this is a worthwhile and critical area of study, particularly when taking into account the fact that the population is ageing and it is important to understand what factors affect the travel behaviour of older people and how the effects of those elements can be controlled in order to prolong a healthy and active lifestyle. [17] International research into older age has looked at this from many angles and interdisciplinary work is moving forward so that a greater understanding is gained from the cause and effect and how to make life easier and keep older people mobile, for example, the work carried out in the UK supported by the four research councils entitled the ‘National Collaboration on Ageing Research’ (NCAR) and the ‘New Dynamic of Ageing’ which looked at the quality of life of older people, the science of ageing and clinical studies around healthy ageing. [18] It is recognised that travel behaviour of older people does not solely resonate around a transport perspective and that there are other factors at play. Perception, disposable income, marital status, social inclusion, urban or rural domiciliary location are just as important as accessibility, service options, modal choice and the built environment and current research has identified this. [19, 20]

THE RESEARCH EVIDENCE

A lot of the original activity stemmed from research by health professionals and their governing bodies. Research has been documented from Scandinavia, Australia, Canada, The Netherlands, Germany, UK, Ireland and USA. [21] Led by research in the fields of psychology, gerontology, social science, social geography, health and, in recent years, transportation, there are many common aspects that have arisen in the literature in terms of the research that has been documented in the various journals and books. [22] The review of current literature, to date, however, has revealed nothing specifically with regards to the linkages between mobility and lifestyle choices of older people and how this affects their travel behaviour in Ireland, which makes this research all the more unique and important. When the literature talks about older people and mobility, terms which occur time and time again include depression, isolation, loss of independence, social exclusion, housebound, loss of friends, lack of social interaction, deciding on essential and non-essential trips, being a burden to others, lack of opportunities and so on. [23, 24] Larsen, Urry and Axhausen [25] argue that the focus should move from these negative perspectives to a more positive focus on successful adaptation to new challenges and changing abilities. [25] It is possible that some of the adaptation is displayed as a lack of interest or low aspirations for mobility and trips. If older people begin to feel that they are of no use to society and have nothing left to offer, or that their reduction in mobility or abilities means that they are now a burden on their families or society, or that they just cannot do what they used to do, they retreat, choosing what is essential to their lives and discontinuing what is not.

By improving the transport systems for older people, it is possible to encourage and assist older people to stay relatively mobile which increases their mobility into later years and can reduce the necessity for assistance from society. [26] As older people assess their needs and their abilities, they decide which trips are essential and which are not. Within this, they will also decide which trips can be grouped together in order that fewer days are spent out negotiating the built environment with limited mobility, creating a trip chain. [27] Older people recognise that they cannot do as much as they used to do, so they do as much as they can, making allowances for their reduced mobility and capabilities. As they get older, they will also reduce the complexity of their trips and make fewer stops within the trip chain. When there is a high complexity within the trip chain, the dependence on the car increases, as opposed to public transport usage. [21, 28] The trip destinations and opportunities are affected by land use and spatial planning and this will have an effect on the spread of trips in a particular area. [29] Accessibility to these opportunities is dependent on the mode of transport chosen and availability, and public transport is not always available to all trip destinations. Nutley [30] made extensive research into two rural areas of Northern Ireland over a 22 year period and much of his findings related to the general populous and not to older people and so his results are skewed towards those below 65 years of age and their
travel behaviour. One trend he did pick up on was the propensity towards car usage and how this extended the trip distance and that this was not created by a reduction in public transport operations. [30]

Men and women who are older and single have been found to be non-drivers as opposed to drivers. Life expectancy of women is greater than that of men, therefore, women who were driven by their husbands suffer the greatest loss in mobility when their husband dies as they have lost their driver and many of those women do not drive themselves. [13] The GB National Travel Survey and the Travel Survey for Northern Ireland show trends of licence ownership per age and gender (See Figs 2 & 3 below.) It is clear that the number of women holding licences is increasing through every age range and over time, however, it is also very clear that those who hold a driving licence into retirement, are holding onto that licence for as long as possible and are continuing to drive well into old age. [5, 6] In previous studies, the propensity to use public transport was higher but in the future this is expected to decline as there will be more men and women who have had driving licences all of their lives and are still driving, as demonstrated below. Those people who live alone will curb their travel behaviour more so than those who live with a spouse or another person, for example. Whilst car use is the favoured mode of travel, it is recognised that community transport operations should increase but the question is whether older people will use it or not. In terms of car use, there are certain barriers to its use which impede the usefulness of this mode. [2] Parking and congestion are two significant factors which affect car usage on journeys to particular urban locations and, in particular, during peak times. [28]

Fig 2: GB National Travel Survey Data for Full Driving Licence Holders, 1975 – 2009

Fig 3: Travel Survey of Northern Ireland Statistics: Male & Female Full Driving Licence Holders, 1999 - 2009

For both TSNI graphs: Figures are not currently available for 17-29 and 21-29 age groups separately. However, the figures for the 17-29 age group are available: 66% of males aged 17-29, 53% of females aged 17-29 and 59% of all persons aged 17-29 held a full car driving licence. Equivalent 2007-2009 figures are 63% of males aged 17-29, 53% of females aged 17-29 and 58% of all persons aged 17-29 held a full car driving licence. Source: Travel Survey of Northern Ireland In-Depth Report Jan 2011

Driving cessation is something that drivers know they will have to face one day but they hope that that day is far away. [31, 32, 33] Driving is seen as complete independence, the ability
to carry on with everyday trips at ones’ own pace and under ones’ own steam, especially when not having to rely on anyone else is very important to older people. [26, 34, 35] There are a lower percentage of women able to drive as it was more socially acceptable that men drove, however this is changing as the number of women holding licences is fast on the increase, as shown above. Men will find it hardest to give up driving as research has shown that women have more to do in the surrounding area of their own home and, when they go out, they are more social and have more activities to go to and more options to get there. [36] Another factor with regards to the importance of driving is that some older drivers are the designated driver for a group of older people and they feel that the others are dependent on them and need them to make sure that they all are able to do everything that they want to do.

‘Self-Regulation’ is a term that crops up a lot in various research articles pertaining to older drivers. [31, 32, 34, 37, 38] It relates to the older driver recognising their reduced abilities and adapting to them. It is recognised that 70 is the age after which the accident risk increases for older drivers and as the age increases the amount of self-regulation increases. Older drivers begin to curb their driving to suit their abilities. As they begin to self-regulate and recognise that their mobility and physical abilities are deteriorating, it can have a marked effect on their confidence and can affect them psychologically as there is so much importance placed on independence. [38, 39, 40] When health affects driving, the older driver modifies their driving technique in order to keep driving for longer. If they recognise that their eyesight is not as good as it used to be, they will slow down so that they have more time to look around. If they recognise that they take longer to react to situations, they will leave a greater distance between them and the car in front. They will adapt their driving style to meet their changing abilities. [37] Through studies, it has been identified that they will do this for as long as possible as the thought of giving up driving is not something that they want to acknowledge. Many will deny that they have a problem when faced with it. Some will not even be aware that they are adapting as they will subconsciously adjust how they drive. As they adapt they will also start to change their driving habits, for example, by reducing the length of trips made and stop driving at night or in peak hours. There is also a strong fear that some of the problems that they are facing whilst driving, which may cause them to stop driving, may also affect whether they can use public transport or not. [33, 34, 41, 42, 43, 44]

It is widely accepted that accessibility and the built environment play a key role in understanding why people choose not to use public transport, cycle or walk. No matter how much money is put into making public transport more attractive and accessible, if people cannot reach the stops or stations safely they will not use the available public transport system. [45] In suburban and rural situations, people can be transport disadvantaged or experience transport poverty where there is a lack of transport options to take them to whatever activity they want to attend, be that constrained by physical options or financially. [46, 47] Similarly, if they do not feel safe and secure when out of their homes, particularly in their own locale they will not leave their homes as often, if at all. [48] Street design in itself can also be a barrier to mobility. [49] In the study by Baldwin Hess [45], older people were also found to have problems with what the actual walking distances are compared with what they perceive the walking distances are and they also have a tendency not to walk in the most direct route so that they can avoid any hazards or barriers to their route. [45] Studies have shown that older people tend to have more accidents when they have to interact with traffic around pedestrian areas. It was found that they are less confident when they have to interact with traffic than when they interact with other pedestrians. This can be helped through traffic calming, segregation of road users and reduced speed limits in areas where vehicles interact with pedestrians. [50] The built environment and how it is managed can have a marked effect on outdoor physical activity in terms of the amount of activity (whether it is walking or cycling) and how long the older person will spend outside. [50, 51]

In terms of rural areas, pedestrians find that there is a lack of continuous pavements, if any at all. Where the area becomes more rural, there is less likelihood of pavements. Older people have to walk on the roads to reach bus stops, or to go to local shops or amenities. Public transport services in these areas are minimal, sporadic and uncoordinated, or non-existent. Most people have to rely on friends and family for lifts, or taxis which are extremely expensive. The distances that older people have to walk to stops in rural areas can also be
prohibitive and many older people don’t have access to community transport or even know about community transport operations in their area. [23] Many older people live in homes that they have lived in for many years, and whilst personally mobile, these homes suited them, as their mobility decreases the same homes are now isolating. The homes and the areas in which they are located can often have been designed for car users. People grow attached to their communities when living there for so long and there is a reluctance to move closer to the urban areas when mobility and well-being decline. They prefer to ‘age in place’. This exacerbates the accessibility problems that they experience as they begin to feel the loss of independence and social interactions which can then lead to depression. [13]

A lack of social interaction is seen as a loss of activity and an increase in isolation. This is then linked with a lower quality of life or standard of social interaction. This common theme is widely recognised by many health professionals that the quality of life is restricted when access to transport is reduced or eliminated for medical reasons or other reasons and a person becomes housebound. Social activities are extremely important as they create a platform for interaction with other people for a common purpose. These activities extend from going to a GP appointment, hairdressers, bank or supermarket, to attending social evenings or gatherings such as leisure, sporting and cultural events. [7, 52] People cope better when they have a purpose in life, and vice versa, and that proactive coping helps build relationships and social interaction which promotes better and healthier well-being, as reported by Sougleris and Ranzijn [53]. However, their study was carried out amongst older people living in Adelaide, Australia, who attended social activities and it, could therefore be said, that they had a purpose in life and were proactive with a good level of well-being. [53] It must, however, be recognised that the effects of social exclusion on well-being are not solely from the lack of accessibility to transport. There are other factors which exacerbate this situation and transport disadvantage is just one mitigating factor. [54, 55]

There is a clear connection between social exclusion and personal well-being. If older people cannot or do not go out, then their quality of life / living goes down. It is important to assess how much social support they get, for example, how much help older people get from friends and immediate family. How much do they participate in their community? [20, 24] Above all, older people need to feel safe and secure in their environment in order to promote well-being and mobility. They need to feel safe in their homes, on the streets and on public transport. They also need to feel that they can trust the people who live in their community because if they do not trust their neighbours, this will add to the anxiety felt that will immobilise them and make them stay at home or have to travel further to interact socially. [52, 54] Perceptions of dangers outside of the home can lead to problems with mobility as a lack of sustained movement will quicken the onset of mobility problems. [48, 56, 51]

There is also a connection between the economies that can be created from providing or improving public transport opportunities to meet the expectations of older people in order that they will maintain their lifestyles and keep as active as possible, and the possible reduction in the cost of care for the elderly and how their lives and welfare could be improved. [26] As health or mobility becomes affected or impaired, people will rationally and automatically make decisions as to what they think they are capable of and what they are not capable of. [57, 48] Those activities that they maintain, they will adapt in order that they are less difficult for them to achieve or complete. This could be in terms of using taxis more than they would have before, or choosing alternative shops to shop in which are closer or more accessible.

POLICY

Mobility, accessibility and old age have been on the political agenda for a number of decades now. In the UK, equality and anti-discriminatory measures were brought to the fore with the Disability Discrimination Act in 1995 (and subsequent amendments). In Ireland, the initiative has been driven by the National Development Plan and they also brought in legislation in 2005 under the Disability Act. Both of these Acts look to promote equality and accessibility for all. Both Governing bodies in Northern Ireland and Ireland have issued papers relating to the issue of growing old. The Office of First Minister and Deputy First Minister in Northern Ireland issued the paper “Ageing in an Inclusive Society” 2005, whilst the Irish Government released a similar consultation entitled “National Positive Ageing
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Strategy” Consultation and it is currently in the analysis stages, however they have released a paper “In our own Words” 2010 giving a synopsis of views collected during the consultation period. Ireland also has the Transport 21 capital investment framework from 2006 – 2015, the Transport Sector Action Plan on Age Friendly Transport Services, launched in 2007, and the Rural Transport Programme in 2006. In Northern Ireland, the Assembly has put in place the Accessible Transport Strategy for Northern Ireland 2015, published in 2015, the Regional Transport Strategy 2002 – 2012, and the Rural Transport Fund launched in 1998. [4] All of these strategies have inclusion of older people incorporated into their goals and objectives. What is critical is how this will play out in the new economic situation that both Governments now find themselves through the current recession. AgeUK and AgeNI have both released response papers to UK strategy and AgeAction Ireland made a submission to the Irish consultation. In the UK, AgeUK and AgeNI have found that the promises laid out in Government papers have not been followed up by actions in many instances and both have been very critical of this. [15, 58]

When discussing how social policy can learn from social exclusion and the situations which exacerbate mobility and accessibility problems, attention is drawn to how much public transport costs, how accessible the vehicles are and how accessible the stops are, how accessible the built environment is and how often the services operate. In terms of Government policy decisions and resource planning, it is crucial to understand and aid a better quality of life and social inclusion. It is crucial to understand that the longer people remain active and social, they are able to remain independent for longer and can be more of an active stakeholder in their community. Studies talk about ‘ageing in place’ and this is crucial to enhance the quality of life and choices that older people have, if older people are able to age where they want to, grow old in their own homes and have a good quality of life and autonomy and independence as long as possible. [57] Both Governments have implemented free travel for older people through the use of a pass, helping to aid journey options without the burden of cost. In research carried out in Scotland, it was found that whilst uptake was very strong, usage was a lot lower and they queried whether the money would be better spent subsidising bus operations, for example, as a lot of trips are lost because buses don’t run in the evenings and weekends and are not operated on convenient or useful schedules. Overall the Scottish research found that those who were eligible for a pass were still unable to use the bus due to lack of accessibility to the bus stops and onto the bus itself, including the driver not allowing enough time for them to find a seat and get seated. [59]

There are many voluntary operations running which are dependent on Government subsidy and there are many older people who are dependent on the services provided, but in a time of austerity, it is becoming increasingly evident that services are being run that are not being utilised and other much needed services are not operating because the funds do not exist. The Rural Transport Fund helps services provided by Translink and other community transport operators in Northern Ireland to provide services which would otherwise be commercially unviable. Across the border, the Rural Transport Programme aims to try and achieve the same goals and objectives. Community transport is an important factor in this which has been recognised by both Governments as it is more flexible and able to pick up the shortfall that the public operators cannot achieve, however, the public operators are very wary of their operations. Health Trust transport is another avenue open to older people but this service will be in the forefront as Governments on both sides of the border implement austerity measures in their budgets and funding is cut from health budgets.

POTENTIALS GAPS FOR FUTURE RESEARCH

It can be seen that an opportunity does exist for further research based on the current gaps in the research for the Island of Ireland and older people’s travel behaviour and how it is connected and affected by mobility and lifestyle. Further research will be carried out to compare travel behaviour and the linkages between mobility and lifestyle choices of older people in urban, rural and cross-border regions on the island of Ireland to assess the trends and suppressed demand levels in these areas. It is also important to incorporate technology into the research in order to define the difference between revealed and stated trips in each of these three study areas and remove the problems of under-stating of trips. GPS is a more accessible tool for research and is easily incorporated and has become more affordable to
researchers. [60, 61, 62] Most of the literature focuses on urban areas and using paper travel diaries for trip identification and details, and this could be developed and further refined to get more accurate data for comparison on the island of Ireland. The study by Stopher [62] confirmed that if this research into travel behaviour was carried out over a number of years, it would also identify where respondents have started to adapt their lifestyle to changes in their health and mobility. When this is mapped out over time it is possible to show user-defined changes in travel behaviour. [62]

Cross border movements of older people are of great interest and have not been extensively documented in the literature for older people and their travel behaviour. On the basis of cooperation on many different levels already taking place between the Governments of Ireland and the UK, analysis will help to identify potential areas where funding and cooperation could be targeted in cross border areas to try and make use of limited resources on both sides of the border in improving facilities and accessibility for older people. There is also further research potential that will look at suppressed demand and how much suppressed demand there is with the services and options in place and how this could be improved for older people. Reduced mobility has the potential to suppress demand where options are not available to meet that demand and this has an effect on the lifestyle that person is able to lead and how it affects their travel behaviour.

Further research will identify the comparative picture that results from the investigation into rural, urban and cross-border situations on the island of Ireland and will document the perceptions and reality of older people in those areas and how future policy and funding can be guided to relieve difficulties in mobility and lifestyle in order to keep older people more active for longer so that they have a better quality of life, particularly when that life is expected to reach 85 – 89 years of age as a matter of course. Another aspect to be considered will be with regards to access to community transport resources and private transport resources and how they interact with public transport services in these areas, for example, and how they can satisfy the shortfall in scheduled services. Another analysis will be tailored around the localised belief that where opportunities or resources are not available and there is a lack of knowledge of potential opportunities, the local population will not request them and, therefore, demand is suppressed by this lack of knowledge of resources available, particularly in rural areas. Ignorance is not bliss when the quality of life can be restricted. A further investigation issue with regards to the effect on travel behaviour is that of driving cessation on the island of Ireland and what effect this has on travel behaviour and the potential it has to curb lifestyle through a reduction in mobility options. Above all, this research will look at the potential for mobility and lifestyle, and whether the current reality meets the expectations of older people and how they will achieve their demand for mobility and lifestyle in old age.

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