

Keeping on the Move



**Old age –
not the end of the road**

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Survey findings



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Background and methodology

Under Section 99 of the Road Traffic Act 1988, driving licences expire automatically at the age of 70 and drivers must make an application for the licence to be renewed (and answer a short questionnaire). This then needs to be done every three years.

The Department for Transport has been conducting a review of DVLA's criteria and processes in the driver licensing process for older people and is expected to publish ideas in relation to changing the licensing regime in 2008.

In anticipation of the review, in August and September 2007 Help the Aged developed and disseminated a survey to gain the views of older people about their attitudes to driving. The survey was developed within Help the Aged and with the support of colleagues based in the regions and across the four nations of the

United Kingdom. Before dissemination, a small sample of older people were asked to comment on the questions and provide other inputs.

Help the Aged disseminated the survey to senior forums, pensioner groups, local Age Concern branches and through our monthly policy bulletin, *Policy Update*.

A total of 1,009 older people in the UK completed and returned the questionnaire by the deadline; a further 200 did so after the deadline had passed and they were excluded from the quantitative analysis, although some of their verbatim comments have been incorporated.

Respondents were self-selected and the sample is not necessarily a representative one. However, with the very high number of responses, Help the Aged is confident that a very strong evidence base of the views of older people has resulted.

In terms of the profile of the respondents, 47 per cent of the 962 respondents who indicated their gender were male and 53 per cent female;

21 did not indicate their age, but of those who did:

- 5 per cent were aged 59 and under
- 30 per cent were 60–69
- 44 per cent were 70–79
- 20 per cent were 80–89, and
- 1 per cent were aged 90 and over.

All but 52 indicated what type of residential area they lived in: urban (59 per cent), rural (39 per cent) and ‘the Valleys of Wales’ (2 per cent). In terms of domicile, 71 per cent lived in England, 6 per cent in Scotland, 21 per cent in Wales and 2 per cent in Northern Ireland.

The sample was evenly divided in terms of gender and fairly representative in terms of age and place of residence (although rural areas were over-represented, and Scotland under-represented).

Help the Aged believes that:

- ability, not age, should determine whether anyone is deemed to be safe on the road
- a public sector equality duty for age would help to ensure that the needs of older people were taken into account in the planning and provision of public transport services, which in turn would help secure our calls for
 - safe, accessible, reliable and affordable public transport, which would help older people to make the move from private to public transport
 - flexible provision of transport concessions (i.e. alternatives to the bus pass), which would help many older people, particularly where public transport is limited or where mobility impairments make it difficult for older people to use the bus
 - better information, advice and support, which would help older people make the move from private to public transport
 - further investment in community transport solutions for older people

- improving road safety is vital for all road users, and initiatives to promote road safety will disproportionately benefit older drivers as a whole, given that for any given accident an older person is two to four times more likely to be severely injured or to die as a result than is a young adult. Also, people aged over 80 are six times more likely to be killed in a given accident than someone aged 20–50 (mainly due to older people being more frail)¹
- free or subsidised refresher courses should be made available and promoted to people of all ages
- the design, motor and intelligent transport industries should continue to research and develop technologies to help people of all ages use the roads safely
- the current age at which a licence needs to be renewed is 70: we believe this is an arbitrary age limit and it is clear from our survey that many older people see it as discriminatory
- there is no strong case for the current licensing regime for older people to be significantly changed. Our survey showed that a small majority of older respondents were willing to accept medical testing. However, if the DVLA were to introduce further medical or driver testing, it should apply to people of all ages at regular intervals (given that, as far as we are aware, there is no evidence to indicate that older drivers are less safe than other drivers)
- the present system could be tightened up through the requirement for an independent witness or medical professional to be involved in the self-assessment process.

Help the Aged activities



Photo: Rebecca Ward

SeniorMobility

Our SeniorMobility service helps older people's groups and community transport projects to purchase vehicles and essential transport equipment. Since the service was set up in 1979 it has helped thousands of these groups with their transport needs. As well as providing financial help through price discounts and grants, the service offers free specialist advice on buying the right vehicle to suit individual needs and locality. Groups and projects can also take advantage of the worry-free and cost-effective 'turn-key' service, whereby the team deals with the purchase of a vehicle on their behalf, including all financial and legal paperwork for a nominal fee.

Advice and information

Help the Aged was approached in 2007 by the Royal College of Art Helen Hamlyn Centre to support a project entitled Keep Driving Safely in partnership with Toyota Motor Europe, which led to the creation of a series of posters aimed at older drivers. The aim of the poster series is to reassure older drivers who may be worried about continuing to drive but for whom driving

is a vital method of transport. The Charity advised on the content of the posters and on how best to communicate to older people about their concerns; it also helped to distribute the posters through its networks.

Help the Aged continued to work with the Association of British Insurers on older motorists' issues and in late 2006 supported its new leaflet on older motorists and insurance.

Later in 2008 we will be launching Voyager. The Voyager Information Service will provide a high-profile, high-quality community transport information and support service that reduces isolation and boosts the independence of the most socially excluded older people in our communities by supplying support to enable older people with restricted mobility to plan complex personal travel arrangements.

Policy and campaigning

Help the Aged continues to campaign for safe, accessible, reliable and affordable transport. We are also calling for the introduction of flexible alternatives (e.g. taxi tokens) to the bus pass for those who cannot use or do not have access to the bus network.

The issues



Photo: Rebecca Ward

Mobility needs of older drivers

Mobility is vital to the independence and well-being of older people.

Private transport in the form of self-driven cars can fulfil many needs. It is available at any hour, provides door-to-door transport, and is often seen as a symbol of independence. On the other hand, recent surveys by Help the Aged have shown that – within limitations – travel tokens and free off-peak local bus travel are greatly appreciated by the majority of older people who do not drive a car. The use of taxis by those with mobility impairments is facilitated by those local authorities that offer choice and flexibility in concessionary travel provision. There is ample evidence that getting to hospital is seen by many older people as among the most difficult journeys that have to be made.

The writer Judith Davey has recently drawn attention to the problems faced by older people who no longer have access to a car or cannot drive.² Many see the loss of a driver's licence as a 'major stressful life event'.

Older drivers: a diverse and growing phenomenon

The number of older drivers in the future – especially women is increasing rapidly. Some of the future trends identified by Leon Kreitzman for Help the Aged in 1996 are already much in evidence.³

Currently over 2 million people aged 70 and over hold driving licences in Great Britain. By 2015 this will double to 4 million.⁴

Increases in longevity will involve a significant increase in the number of 'very old drivers'. In a study published by the *International Journal of Epidemiology*⁵ 8 per cent of a Cambridge cohort of people aged 84 and over were still driving, 37 per cent had driven in the past, and current drivers had few physical disabilities or cognitive impairments. None had sight problems but 22 per cent had a hearing loss. Of those who had given up driving, 49 per cent had given up when they were over 80. The commonest reasons for giving up driving were health problems (29 per cent), and loss of confidence (18 per cent), sometimes following an accident. One-third

reported giving up driving on advice from their family or a doctor. Further evidence as to when and why older drivers give up their licences and cease driving has been furnished by the AA Foundation for Road Safety research (1996).⁶

Senior citizens vary enormously in their health and ability to meet their everyday transport needs as well as access to private and public transport. There are significant gender differences among older people – for example, in attitudes towards and expectations relating to transport.⁷

Age discrimination: older drivers not more dangerous than others

Regarding the vexed question of whether or not drivers who happen to be over 60, 70, 80 or 90 are a liability on the roads, and liable to cause accidents to other drivers or pedestrians, there is no shortage of statistics.

The House of Lords is just one authority that has expressed the view that older drivers do not pose significant excessive risk of injury to other road users compared to drivers of other ages, particularly young drivers:

in spite of the decline in function associated with normal ageing, research internationally (including the UK) showed little increase in the incidence of road traffic accidents with advancing age. (5.19)⁸

Professor Desmond O’Neill from the Department of Clinical Gerontology at Trinity

College Dublin told the Lords Committee ‘all the crash data suggests that older drivers are the safest drivers and this is largely accounted for by strategic decisions on driving, limiting driving at night, for example, and in bad weather, and avoiding complex traffic situations, and by withdrawing prematurely from driving . . . For the moment self-regulation seems to be effective, certainly from a public health/safety point of view.’⁹

The Department for Transport review of the evidence also states that ‘nowhere are there any statistics demonstrating that older drivers have anything like the number of accidents that young drivers in the 17 to 24 age bracket do’.¹⁰

It is suggested that statistics based on all severities should be examined. Indeed, data using these statistics actually showed either no increase or a decrease in casualties among older drivers despite the rapid increase in their overall numbers.

Brake, the road safety charity, says:

Young drivers are at a much higher risk of having a crash than older drivers and are therefore at risk of losing their lives or being seriously injured on the road, often killing or injuring their young passengers or other road users too. In GB in 2004, 151 car drivers aged 16–19 and 291 aged 20–29 were killed. Thousands more were injured. The figures . . . show how the number of young people killed or injured in 2004 compares to car drivers in other age groups.

The table below comes from the Brake website.¹¹

Car drivers	8–11	12–15	16–19	20–29	30–39	40–49	50–59	60–69	70–79	80+	All ages
Killed	0	0	151	291	200	133	98	68	79	82	1,106
Killed or seriously injured	1	23	1,153	2,914	2,035	1,518	1,134	662	509	310	10,402
All severities	1	71	11,017	33,581	29,324	21,115	13,518	6,546	3,843	1,669	122,045

That said, when you take into account miles driven, there are some statistics which imply that older people are more likely to be killed or seriously injured in road accidents than younger people. However, as the Department for Transport's literature review conclusions point out (as does the House of Lords evidence cited above), one major and often overlooked reason for this is the increased physical frailty of the older driver (and not necessarily, as is so often assumed, because older people pose a higher risk on the roads). In an accident, an elderly person is two to four times more likely than a young adult to be severely injured or to die as a result. People aged over 80 are six times as likely as someone aged 20–50 to be killed in an accident.¹²

The transition from driving

In a paper published by the Brookings Institute in 2003, Rosenbloom dispelled what she deems to be certain 'myths' about older people and their transport needs and behaviour. These are reproduced in full in *Local Bus Services and Travel Concessions: the experiences and views of older people*, page 7 (Help the Aged, 2007).

Rosenbloom's view is that:

(1) there is no inevitable 'progression' from driving to public transport to walking to special transport. In physical terms driving is often the easiest way for older people to get around – long before they lose the ability to drive, they may be unable to board or otherwise use public transport, or walk to a bus stop

(2) older people who drive do not always meet their own mobility needs. Evidence shows that long before they cease driving people begin to adjust their travel patterns to cope with personal limitations: for example, not driving at night or to congested areas. Rosenbloom believes that we currently underestimate the impact of reduced driving and overestimate the impact of driving cessation, because cessation is viewed as a single point in time after which mobility falls drastically. In fact, long before they give up

driving, older people gradually lose mobility as they reduce their driving

(3) not all loss of mobility skills is permanent. In reality, abilities and needs vary over time, depending on how well people are, what the weather is like, what time of day or year it is, and what journey is being made. There is evidence that many older drivers use public transport. The existence of such options before an individual ceases to drive may make older people more willing and able to use other transport options when they do stop driving.

Of course, it is accepted that impairments tend to increase with age. The changes in functional capabilities as they affect the older driver are set out in great technical detail in the Department for Transport's 2001 publication *Older Drivers: a literature review* (chapter 4).¹³ This includes detailed analysis of visual, movement and cognitive impediments that older drivers may experience at different times in their lives.

It is further suggested that instead of asking whether and why older drivers have more accidents than middle-aged drivers, perhaps we should be asking which older drivers are more likely to have accidents and under what circumstances.

Also included in this review are the 'coping' or 'compensatory' strategies employed by older drivers in their driving behaviour in terms of how, when and where they drive. Situations that are perceived to be risky are avoided and greater caution is exerted when driving in such circumstances.

Does the licensing regime need changing?

There appears to be some support in the DfT and the DVLA for changing the existing arrangements in relation to older people, hence the review. As noted above, the statistics on risk and older drivers are open to widely differing interpretations. The fact that some 'unfit' older people (and younger people, for that matter) who should not be driving 'slip through the net'

and have well publicised accidents, and the fact that the present system has been in operation for some years, does not necessarily mean that it is not effective. Nor does it imply that it cannot be improved.

It is true that many countries are changing their system: for example, New Zealand, where the compulsory driving test for 80-year-olds was deemed to be discriminatory and abolished. However, drivers have to obtain a medical certificate to confirm their fitness to drive at 75, 80 and every two years thereafter. In addition, there is a 'Safe with Age' package of subsidised refresher driving courses on offer. There is enormous variation of practice within the EU.

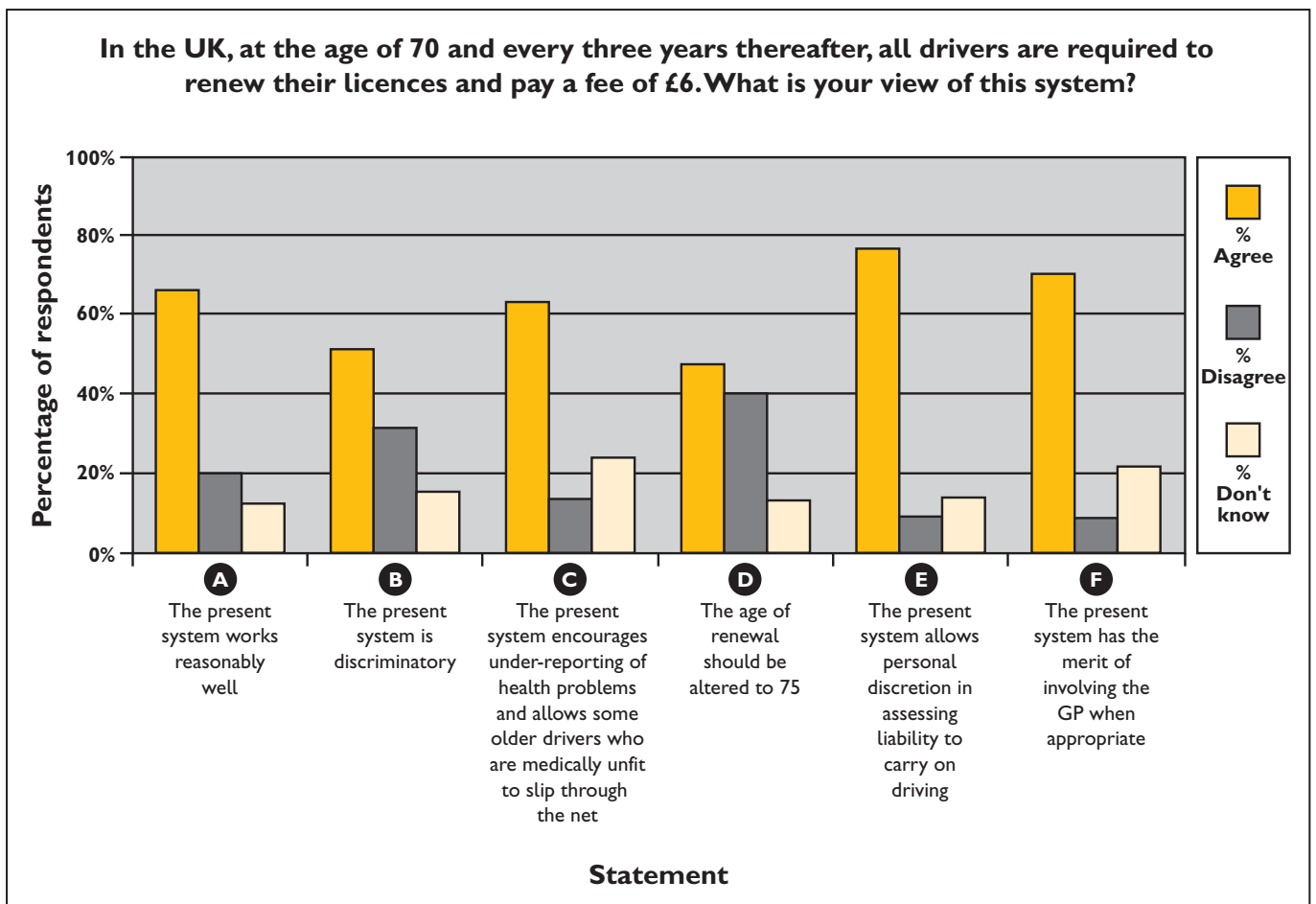
However, based upon the evidence set out above and from our survey, Help the Aged supports the status quo in terms of licensing. The Charity opposes any change which would single out drivers over 70 for compulsory driving or even medical tests (the DfT has itself conceded that

the age of 70 is 'somewhat arbitrary' in any case).¹⁴ We welcome only proposals which will not lead to age discrimination – less favourable treatment or disadvantage on grounds of age that is not objectively justified, or the denial of rights or opportunities on age grounds, or the use of stereotypical images of older individuals.

We would not oppose any well thought-out and evidence-based procedural changes that 'tighten up' the present system.

The Charity also supports non-discriminatory good practice in related fields such as car insurance and is working with the Association of British Insurers through its insurance and age working group. We support a system that detects unfit drivers (of any age) and prevents them from posing a risk to themselves and other road users.

The Charity backs efforts and extra resources being devoted to enabling older people to



continue to drive safely, including government and local authority schemes to help and support older people, both before and when they have to cease driving. For example, these might include research and projects which encourage and enlighten older people as to how to access public transport, and claim travel concessions to which they are eligible.

Isolation and older drivers

Isolation and loneliness are growing problems in the UK. In 2007 Help the Aged found that 13 per cent of older people felt often or always lonely, while in 2006 that figure had been 8 per cent. The same survey found that 22 per cent of older people were effectively isolated as they needed help to get out and about but did not have it.¹⁵ Isolation and loneliness are not necessarily adjuncts to ageing but life events associated with older age, such as leaving work, health decline and bereavement, do put people at greater risk.

There is evidence that individuals who have driven all their lives tend to be more isolated in old age when they are forced to stop driving.

Survey results

Photo: John Cobb



Type of transport used

More significant than the background of respondents – for the purposes of this study, at least – was the respondents' characteristics relating to travel, transport and driver status. A total of 80 per cent of the sample drove a vehicle to get out and about in the last year.

In addition:

- 68 per cent walked
- 8 per cent cycled
- 48 per cent were passengers in a car
- 64 per cent used a bus
- 40 per cent went by train
- 29 per cent travelled by taxi or minicab
- 6 per cent used community transport and
- 2 per cent used an electric scooter.

A total of 81 per cent reported that they had access to a car they could drive, whereas 9 per cent had given up driving more than three months ago, and 1 per cent more recently. Nine per cent had never driven.

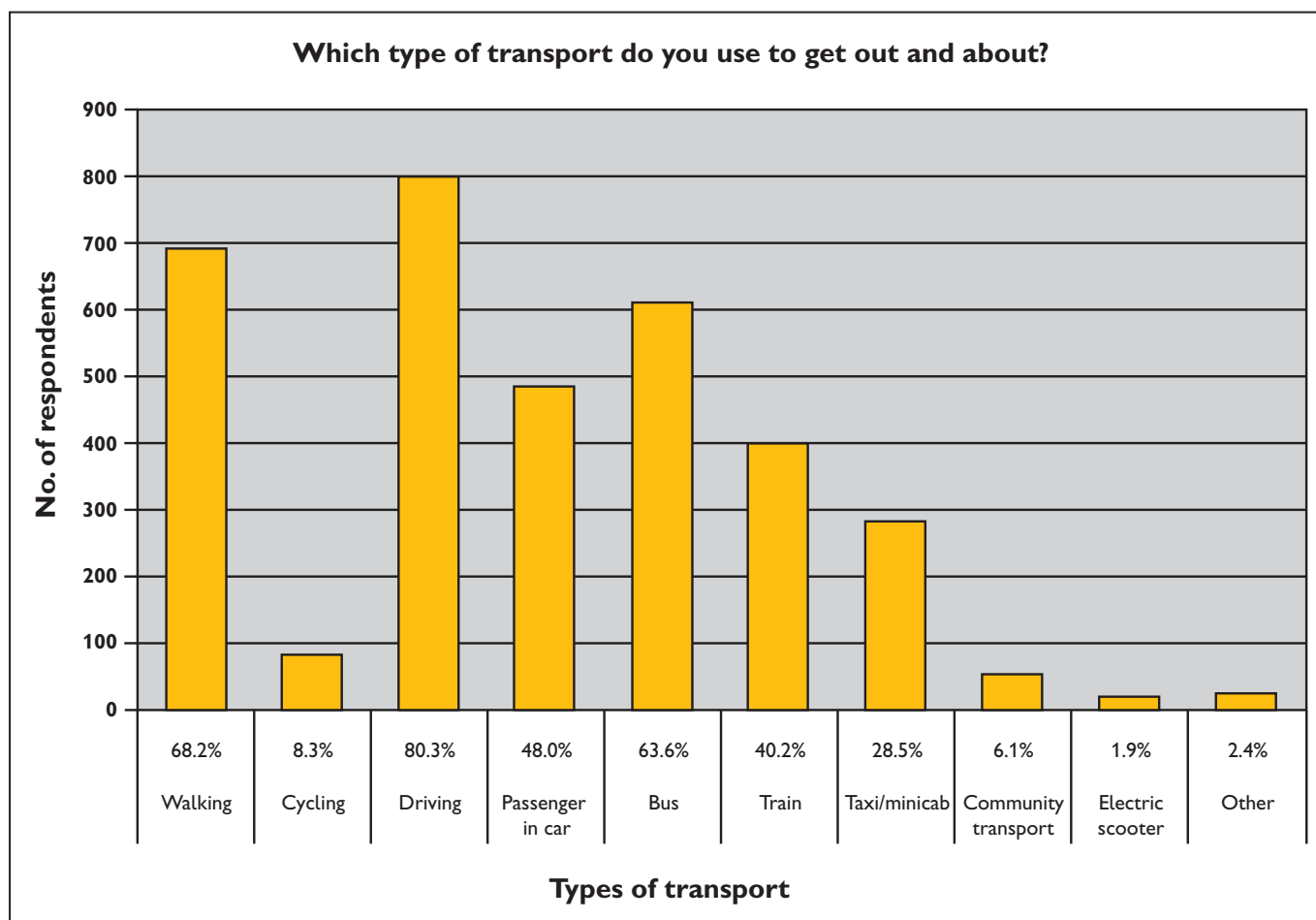
The fact that drivers and those having access to a car were 'well represented' in the sample is not surprising or harmful to the survey/study, which was designed to find out the experiences and views of older people in relation to possible changes in the regulation of driver licensing.

Use of private cars and value of driving for mobility, independence and quality of life

The experience of the large majority of respondents who were drivers is important, especially in relation to the frequency in use of their vehicles, any adjustments made to driving behaviour as they got older, and 'reliance' on their cars in terms of their daily lives.

A total of 73 per cent reported that they used their car 'every day or most days', and 23 per cent 'several times a week'. Therefore, a massive 96 per cent can be said to be using their cars very frequently, whereas only just over 2 per cent used their vehicles 'less than once a week but at least once a month'.

From the verbatim comments written on the questionnaire it is clear that for many respondents car ownership and driving play a vital role in their lives. Without a car many older drivers would feel that their mobility and independence were severely compromised, and would be unable to make the sort of journeys they were used to making in the locality in which they lived.



'Would not be able to visit hospital, family, and shops – it would be devastating.'

'Closed local amenities mean my car is essential.'

'I have been driving for forty years, so would miss it very much if I had to give up.'

'Having recently given up driving, I am more housebound and have lost all my independence.'

'If I was unable to drive my car, I would be a very sad pensioner.'

'Holidays such I have enjoyed for many years would be out of the question. I would no longer be able to enjoy my twice-weekly game of golf.'

'I would have to give up my voluntary work, as access by bus at the right times is impossible.'

'It gives me independence. If I had to give up driving, I would be lost.'

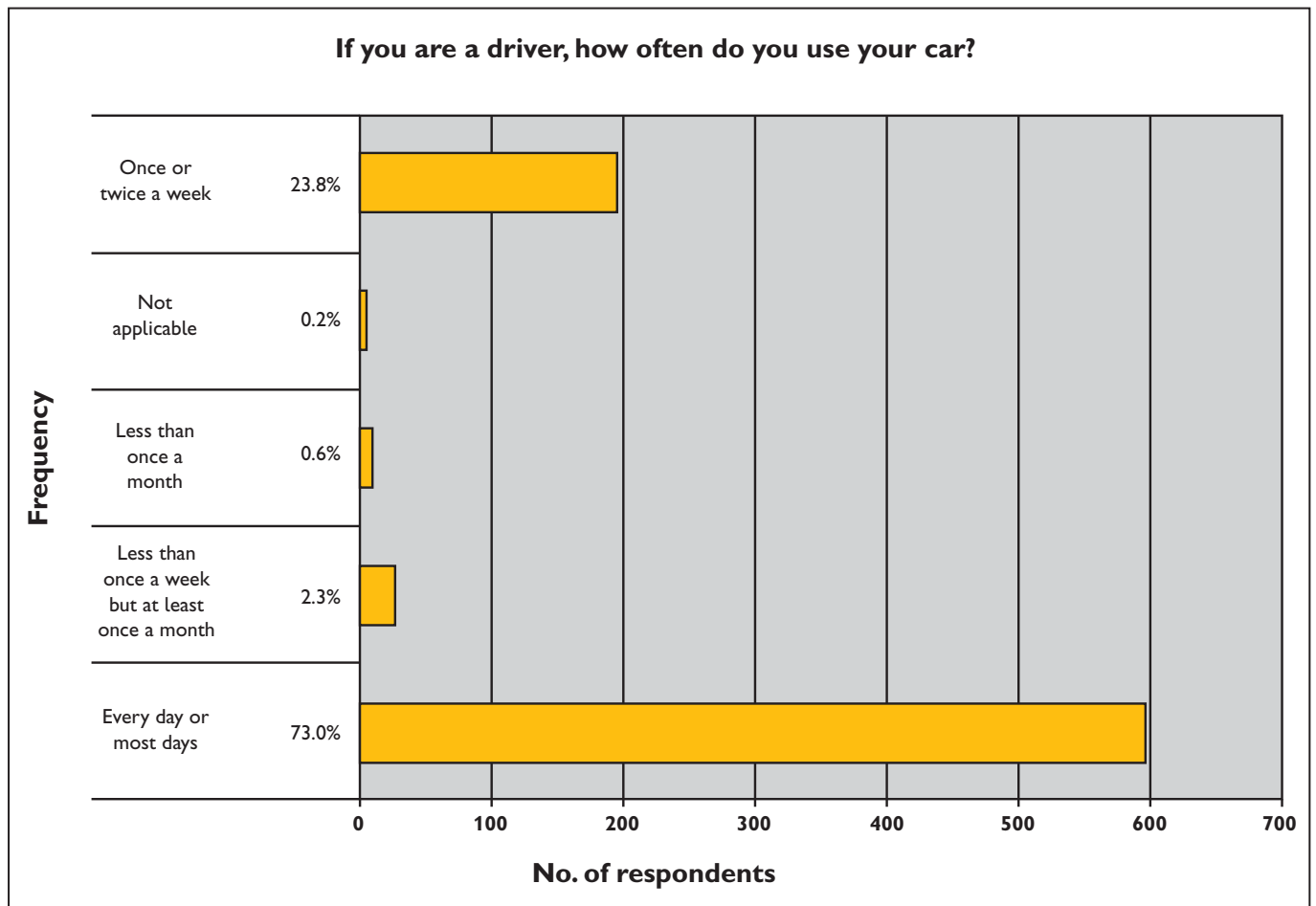
'It would be very difficult to attend our numerous hospital appointments without our car.'

'I live four miles from the nearest post office, shop and doctor. Life would be very difficult without a car.'

'My husband drives and I rely on a car for shopping and travelling outside our local area. Without a car our quality of life would be diminished.'

'Due to both my wife and I suffering from arthritis, a car means we can get out and about and is more convenient than public transport.'

'Driving is the quality of my life.'



'I have less fear of crime and disorder when cocooned in my vehicle.'

'The car gives us freedom and independence... Without it life would become very narrow.'

'Need to drive to see children.'

'Being severely disabled, my wife and I rely on our car. Driving for both of us is a blessing.'

'We are over four miles from the nearest bus stop, so the car is essential. We have no shop, no post office, no school, no pub. I have stopped driving long journeys, but we are 12 miles from the nearest station.'

'I would not go out very much, which would mean giving up all my voluntary work with older people.'

'Housebound without a car, and social life reduced to nil, so the car is essential to us. Would lead to isolation and depression as kith and kin living long distances away.'

'Not being able to drive would make it difficult, if not impossible, to go to my allotment, and difficult to visit my friends and relatives.'

'I would be like a fish without water, probably stuck at home and totally reliant on other people.'

'Having a car allows us to come and go as we like.'

'A car enhances mobility and independence. It has become essential to well-being. Colleagues, friends, relatives all benefit by getting lifts. It is more necessary [now] than when I was younger.'

‘Driving gives me the freedom to travel when and where I wish. I enjoy driving and would feel excluded if it was curtailed.’

‘Without a car my quality of life would plummet.’

‘I couldn’t manage without my car. I would become a second-class citizen.’

‘Devastating, particularly during cold, wet weather, and having to struggle with shopping bags on and off buses, and then walk quite a distance to my own front door.’

‘Essential. I live in a small Exmoor village with a very infrequent bus service.’

‘Life would be unbearable without a car.’

‘My car is everything to me. I live on my own, and it is my only means of mobility. I have had an accident-free driving career.’

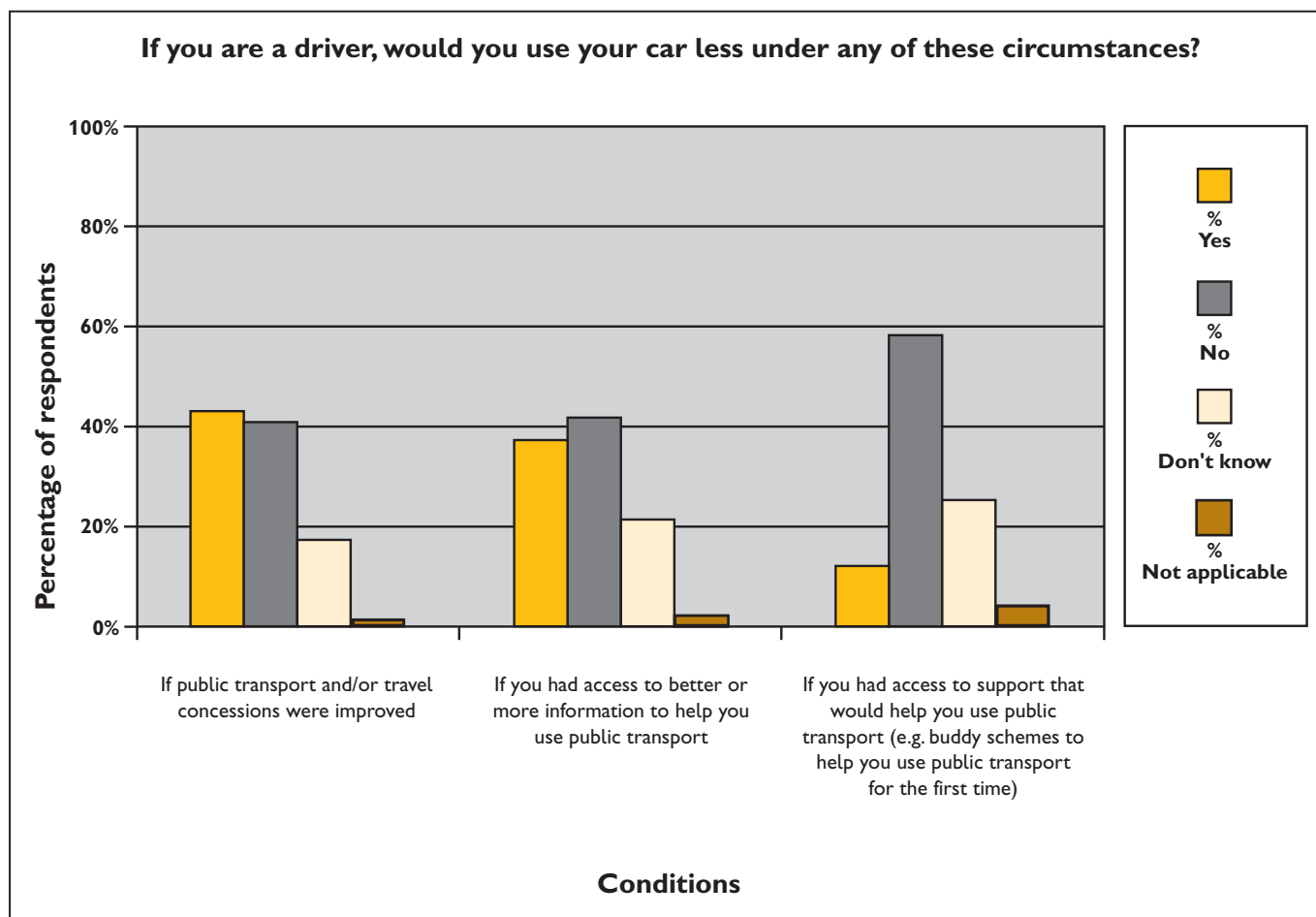
‘Haven’t been able to drive for the last two and a half months due to a broken bone in foot. Too much time housebound, not able to get out – days without speaking to anyone.’

‘I would be totally isolated. I have arthritis but can take my husband of 82 by car to the doctor’s and hospital.’

Willingness to switch from car to public transport

Help the Aged was keen to understand the willingness of respondents to switch from car to public transport if, for example, public transport were improved or access made easier.

The responses were mixed but respondents were generally more negative than positive in terms of a willingness to switch. Many of the 486 drivers who answered this question clearly were not well-disposed to the idea of greater use of



public transport and less use of a car, and certainly did not overwhelmingly support the proposition of a 'buddy scheme' to help them use public transport for the first time (only 11 per cent favoured this).

In terms of more and better information to help use public transport, 37 per cent indicated that this might make a difference but 40 per cent said that it would not lead them to use their car less. The only factor that would encourage a majority to switch from driving to public transport use was an improvement in services and/or travel concessions (41–45 per cent).

Despite the majority being unwilling to consider switching, these findings suggest that significant numbers of people would, with a little help, move from private to public transport. It is clear that better information, more reliable transport, travel concessions and buddy schemes could actually help millions of older people to make the switch (see below).

Driving adjustments by older drivers

It has often been suggested that drivers make adjustments as they grow older. They may drive less frequently and/or selectively: for example, tending to avoid long journeys, motorways, driving at busy times, at night or in bad weather. This strategy, if followed by large numbers of drivers in their 70s and 80s, may explain why accident rates, when calculated on the basis of miles driven, may be higher than if calculated on a *per capita* basis. Respondents who were current drivers were asked if indeed they modified their driving in this way.

Fifty-eight per cent indicated that they had modified their driving behaviour with age, but a large minority claimed not to have done so. A slightly higher proportion of women and rural dwellers 'adjusted' their driving. Predictably and significantly, the survey results showed a greater willingness/readiness to make adjustments to driving behaviour as they got older:

- respondents aged 60–69: 42% yes, 57% no

- respondents aged 70–79: 62% yes, 38% no
- respondents aged 80–89: 79% yes, 21% no
- all six of the respondents aged 90+ claimed to make adjustments.

Age and driving

With regard to the principle of assessing the ability to drive, the survey shows clearly that older people believe it should be a matter of capability and not age *per se*.

Overall 93 per cent agreed with the statement 'People should be assessed by their ability to drive rather than their age'. Only 4 per cent disagreed. Over 90 per cent agreed across all age groups, genders and locations.

Some of the comments from respondents on the issue of age and driving were:

'Quality of driving should be assessed on ability not age.'

'Statistics show most accidents are caused by those under 25.'

'Drivers between 17 and 20 cause more accidents than older drivers.'

'I find that a lot of young "boy racers" throw away the Highway Code when they pass their driving test. I have driven for 46 years without an accident.'

'I have mainly seen bad driving amongst drivers under 30.'

'There are fewer accidents among older drivers per rata than among 17- to 25-year-olds.'

'Is there any real substantiated evidence that older drivers are more of a risk on the roads?'

Current DVLA regulations

The survey asked two questions about the current system operated by the DVLA in relation to (1) medical conditions and (2) renewal of driving licences in the UK.

Over 90 per cent of respondents (correctly) deemed the statement ‘All licensed drivers in the UK – regardless of age – are required to notify the DVLA if they suffer from any medical condition that would affect their ability to drive’ to be true. A tiny fraction thought it was false and a small minority were ‘don’t knows’. Only for the 80–89-year-olds did the percentage who knew the correct answer to this question fall to less than 90 per cent, and even then 88 per cent were aware of the requirement.

The twin issues at the heart of the core of the ‘Keeping on the Move’ survey were (1) what the respondents thought of the present system of DVLA licence regulation, and (2) specifically what their views were on potential changes to it.

Respondents were asked whether they agreed or disagreed with six specific statements about the present system whereby, at the age of 70 and every three years thereafter, all drivers in the UK are required to renew their licences. (As several respondents pointed out, the £6 fee for renewal was removed a few years ago.)

To our knowledge this is the first time that older people, and older drivers specifically, have been asked for their views on the arrangements that affect them and their legal right to continue driving. While those in authority have often given their verdict on current arrangements – sometimes on the basis of evidence – surely those on the receiving end should have an opportunity to express their views?

Key findings of the survey in relation to the present regulatory system of renewing a driver licence at 70 and every three years thereafter were as follows:

- two-thirds of those surveyed (605 respondents out of the 790 who expressed an opinion) agreed that the present system ‘works reasonably well’, whereas 20 per cent disagreed

- only just over a half of respondents (436 in total) thought that the current arrangements were discriminatory, 32 per cent that it was not; 128 were ‘don’t knows’
- 63 per cent of the 904 who answered this part of question 7 agreed that ‘the current system encourages under-reporting of health problems and allows some older drivers who are medically unfit to slip through the net’. Only 13 per cent disagreed, while 24 per cent were ‘don’t knows’, which is a clear indication that a majority of older people regard as less than perfect the present system for preventing ‘medically unfit’ drivers from continuing to hold a licence
- a (surprisingly) small majority – 47 per cent compared to 39 per cent – was in favour of altering the age of renewal to 75
- the highest level of agreement was recorded in relation to the statement that the present system allows personal discretion in assessing liability to carry on driving. The current system of ‘self-certification’ is obviously known about and is seemingly appreciated
- 70 per cent agreed that the current system had the merit of involving a GP when appropriate; less than 10 per cent disagreed.

Since those respondents in their 70s, 80s and older will have experienced the present system of licence renewal at first hand their views are of particular interest.

A higher proportion of older senior citizens believe that the present regime works well – 72 per cent of 70- to 79-year-olds and 79 per cent of 80- to 89-year-olds. While their views as to whether the system is discriminatory or not are similar to those of the younger cohort, slightly fewer believe that it leads to under-reporting of health problems. Older respondents also tend to believe that the current system allows personal discretion in assessing capability to carry on driving. (66 per cent for 60- to 69-year-olds, 79 per cent for 70- to 79-year-olds and 84 per cent for 80- to 89-year-olds). A similar trend is discernable in relation to views expressed as to the desirability or not of

involving the medical profession in the process of licence renewal.

Perhaps none of the above inter-age group findings is surprising, but what emerges strongly is that the older age groups clearly see merit in the present system – and to a greater extent than their younger counterparts. It is perceived to work well, and allow personal discretion.

The desirability or non-desirability of tests for (older) drivers

The next section of the survey asked respondents if they agreed or disagreed with possible ‘tests’ being imposed by the DVLA on older drivers. These are tests which are used in other countries and sometimes advocated for the UK. Although no details of the precise nature of driving or medical tests was given, this did not stop all but a relatively few respondents from indicating their views on this vexed issue.

The overall findings showed that older people disagreed – by a margin of two to one – with compulsory driving tests, agreed (by a narrower majority) that a compulsory medical test should be introduced, and by a ratio of nearly three to one that regular driving or medical tests would be acceptable if applied to drivers of all ages.

Again, some variation was discernable in the views of subgroups within the 967, 974 and 977 respondents who answered these three questions respectively.

As far as the acceptability/desirability of compulsory driving tests was concerned overall:

- 61 per cent disagreed
- 31 per cent agreed
- 8 per cent were ‘don’t knows’.

All age cohorts recorded similar percentage answers to this question. Male respondents opposed driving tests as a higher rate than females (69 per cent compared to 57 per cent) and urban residents more than rural ones (64–59 per cent).

Agreement that medical tests should be introduced was also evident overall:

- 57 per cent agreed
- 37 per cent disagreed
- 6 per cent were ‘don’t knows’.

A slightly higher proportion of younger respondents agreed with the introduction of compulsory medical testing: 61 per cent of 60- to 69-year-olds agreed, whereas for 70- to 79-year-olds the comparable figure was 57 per cent and for 80- to 89-year-olds it was just 50 per cent. This finding may conceivably be interpreted as the result of greater trepidation among the more aged at the prospect of medical tests for themselves as older and possibly less fit drivers. None the less, a majority of all ages lent their support for this policy option, with women again marginally more in favour than male respondents.

As noted above, regular driving or medical tests would be acceptable to a majority of those older people participating in the survey if they applied to drivers of all ages: 65 per cent agreed, 25 per cent disagreed and 10 per cent were unable or unwilling to offer an opinion. This then is a popular option among older people in general and older drivers in particular, probably because it is seen as non-discriminatory in terms of age. It is unlikely to be perceived as favourably by other age groups.

Not surprisingly, imposing a small fee for older drivers to take medical or driving tests was not greeted with any enthusiasm. Overall, 68 per cent disagreed with this suggestion, 27 per cent agreed and 5 per cent were ‘don’t knows’. Men were slightly more opposed than females, and, for whatever reason, those in the age group 70–79 were the most opposed (72 per cent disagreed)

The general conclusions from the answers to this set of questions are that medical tests are more acceptable than driving tests if older drivers are to be singled out for a test-based driving licence renewal system. But there is also a clear preference for all drivers to be subjected to these tests in the event of their being

introduced. Also, drivers should not incur any expense in the process.

The written comments of respondents in relation to tests for (older) drivers were varied and mostly of a pragmatic nature. There was however a clear message in many of the comments – that testing should not discriminate against older drivers unfairly.

'Any new regulations must not discriminate on age grounds, but based on driving ability.'

'A driving licence should only be taken away when there is a good medical reason to do so.'

'All drivers should be re-tested every five years.'

'There should be no formal tests for older people. Assessment should be based on a 30-minute drive with a qualified person.'

'At the age of 75 I think drivers should prove their ability to drive, and then be clear for three years.'

'Motor insurance companies are the best source of statistics to show which age groups are the most generous. It seems like blatant discrimination to select older drivers as the ones to require a re-test.'

'I am 88 years old, been driving since I was 17, and never had an accident, parking or speeding fine. I was a driving instructor for 40 years and am sure I would know when I was unfit to drive. I am sure that there are some older drivers who should not be driving – I have seen them. A test would be a good idea, but at no charge. There could be driving restrictions on those who are found to have medical conditions.'

'As a 68-year-old and former HGV driver, I am more capable of driving without any form of medical checks – I will know when I am unable to drive.'

'There needs to be a greater sense of responsibility by older people to tell the truth about their medical condition.'

'Would it be possible to introduce a more restrictive driving licence for older people – for example, one that excluded motorway driving or night driving? Although difficult to enforce I suspect older drivers would honour these limitations. The system might work better than the current "all or nothing" arrangement.'

'Have no objection to minibus drivers having a test at the age of 70, but the charges often act as a disincentive to such drivers to continue. It would be fairer if all minibus drivers had to take regular tests.'

'I am angered that people should be discriminated against simply because of age. A good driving history is more important. All drivers should be subject to a test if found guilty of a driving offence.'

'Random driving tests for drivers of all ages.'

'I am a very good and patient driver and would welcome a driving test.'

'Age is just a milestone on life's highway. Everyone with a driving licence, regardless of age, should have a medical check. A fee should be charged before retirement. It should be free for pensioners.'

'It should be your responsibility to know when your time is up to give up driving and revert to public transport or other means.'

What should be done to support older drivers?

Question 13 of the survey asked what should be done to support older drivers to keep on driving as long and as safely as possible while question 5 solicited the views of drivers on what aspects of public transport would have to be 'improved' for them to use their car less. Both questions sought views and suggestions as to how the overall mobility of senior citizens could be enhanced.

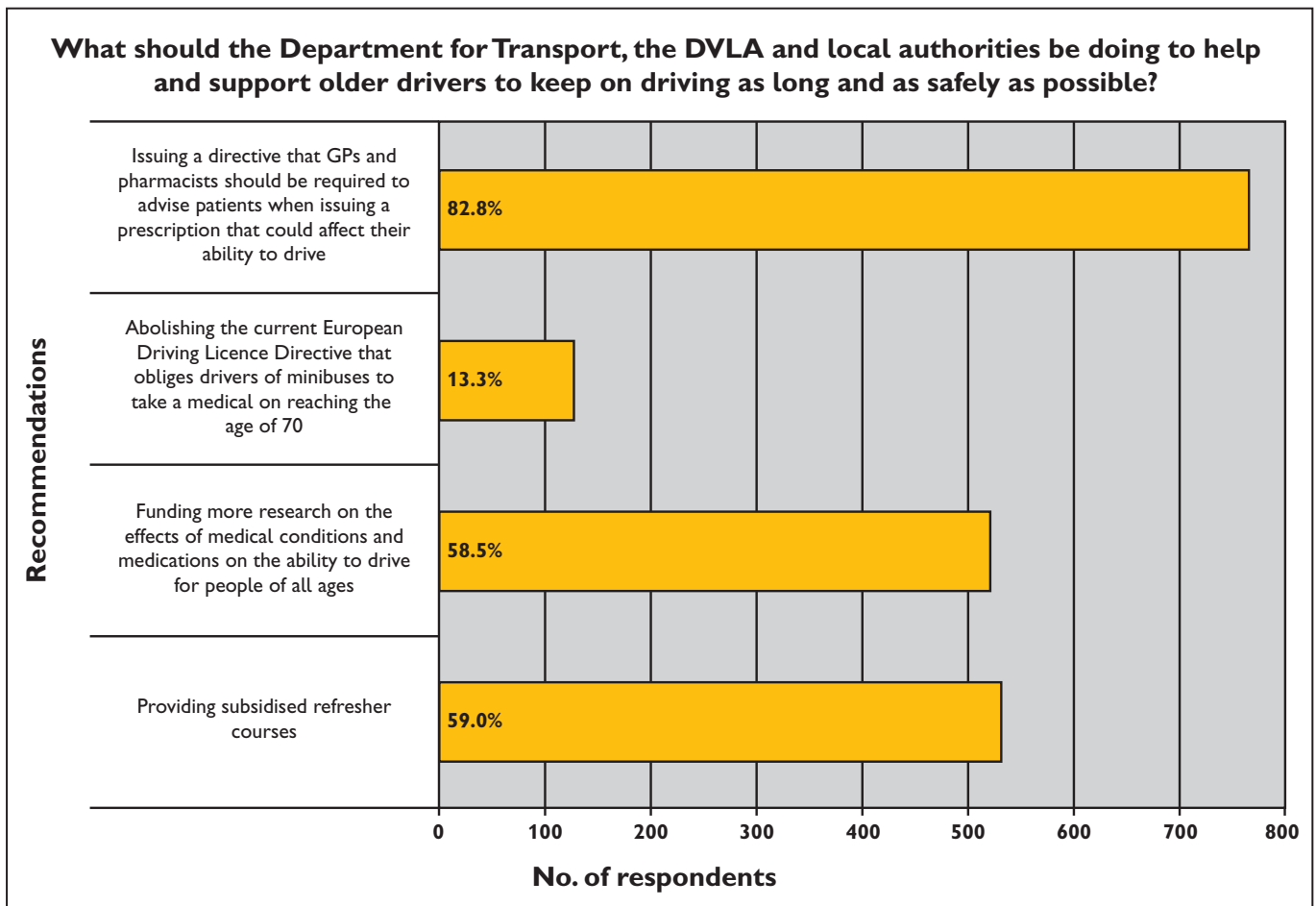
With regard to what the Department for Transport, the DVLA and local authorities should be doing to support older drivers, respondents were asked to tick any of the suggestions. Many indicated their approval of several of the options presented.

Of the 918 who completed this question nearly 60 per cent favoured providing subsidised (driving) refresher courses and funding more

research on the effects of medical conditions and medications on the ability to drive for people of all ages. While only 13 per cent agreed with abolishing the current European Driving Licence directive that obliges drivers of minibuses to take a medical on reaching the age of 70, a massive 83 per cent favoured the issue of a directive that GPs and pharmacists should be required to advise patients when issuing a prescription that could affect their ability to drive.

These are no 'academic' issues, rather important ways that older drivers can be assisted to keep their driving licences and use their cars to get out and about in the ways described in the fourth section of the report.

Again, there appeared to be no major variations in the responses as between different groups of respondents. A slightly smaller proportion – but still over 50 per cent – of 80- to 89-year-olds were in favour of providing subsidised refresher courses. Women liked the idea of such courses



more than men did (65 per cent vs 53 per cent) and rural dwellers more than urban (62 per cent vs 57 per cent). Of course, such courses do exist in many parts of the UK, but the survey did not explore to what extent respondents knew about them and/or had been on one.

The question about drivers of minibuses presumably affected a small proportion of respondents and was less salient to their immediate personal concerns. The other finding worthy of note is that further medical research and more systematic advice were deemed to be constructive suggestions.

Public transport as an alternative to driving



Photo: John Cobb

For many people public transport does not offer a realistic alternative to the use of a private car. In rural areas the bus service may be inadequate or non-existent. In urban areas a bus journey may be seen as an arduous and/or unsafe experience. Many of the 45 per cent of people aged 70 and over who suffer from some mobility impairment are unable to get to bus stops or get on and off public transport.

As noted in *Local Bus Services and Travel Concessions*, published by Help the Aged early in 2007, there are serious barriers to the greater use of buses by older people, and for many driving or getting a lift in a car or taxi is a much-preferred option for getting out and about. Some of the comments from survey respondents illustrated these points quite cogently:

'I used the bus last week, and was appalled that the driver didn't wait for me to sit down, even though I walk with crutches. I almost fell in the aisle. I rang the bell to get off, the sign lit up, but he passed my stop and I had to walk a long way back, which took me three-quarters of an hour – a dreadful experience which I shall not be repeating. I was exhausted and upset.'

'We live four miles from the nearest bus stop.'

'I would not be able to go out after 7pm as there are no buses after that. What a miserable existence in retirement.'

'Living in a rural area with limited public transport, it is a necessity to be able to drive.'

'Car use will only reduce when we get a user-friendly joined-up transport system. I rarely see a bus in my village.'

'Transport in Norfolk is dire so I need to use a car.'

'Public transport can be cold, infrequent and badly timed. If it was well run, less people would need to use public transport.'

'No direct link to local hospital.'

However, for others, particularly those who are younger and fitter (and especially now that local bus travel is free for over-60s in the UK), public transport should offer a viable alternative, even to those who are in possession of driving licences and have access to private vehicles. What initiatives would encourage drivers to use their car less? When a driving licence has to be

relinquished, for whatever reason, what mechanisms are there to facilitate the transfer to public transport?

In the survey 856 drivers expressed their views on three options which they thought would encourage them to use their car less. While it is true that a majority (43 per cent compared to 40 per cent) claimed that improved public transport and/or travel concessions would encourage less car use, the other two options commanded less support. Only 35 per cent said they would be influenced by better or more information to help them to use public transport, while 12 per cent liked the idea of support in the form of a 'buddy' scheme to help them use public transport for the first time.

It is clear that there is considerable resistance on the part of many older drivers to getting out of their cars and on to public transport. However, there appears to be greater enthusiasm among 'younger' older people for some of the measures offered in the survey. For example, among those aged 60–69, 53 per cent ticked the box to agree that improvement in 'public transport and/or travel concessions would result in their using their car less', while 50 per cent indicated that they would use their car less if they had better access to information on public transport. Among the older two cohorts none of the three options produced a majority in favour. Those drivers in their 70s and 80s, especially those with mobility impairments, seemed reluctant to consider ways to facilitate greater use of public transport, mainly because they do not see buses as meeting their needs.

Policy implications

The survey provided a snapshot of the expressed experiences and views of a sample of older people – 80 per cent were drivers across the UK. Few such surveys exist.

Car ownership and frequent use was a characteristic shared by a large majority of respondents. In most cases public transport was considered a far less desirable form of transport. Older drivers, especially, maintained

that they made 'adjustments' to their driving habits as they aged.

Respondents firmly believed that drivers should be judged on the basis of their capability to drive and driving record rather than age *per se*, therefore DVLA regulations should be based on this premise wherever practical.

Those surveyed were apparently well aware of the main elements of the present system with regard to medical conditions requiring notification and renewal. They believe the present system of 'self-certification' works reasonably well, even if it sometimes allows under-reporting of medical conditions in the renewal process. Merits of the status quo which were cited by many respondents included the amount of discretion given to the applicant, and the involvement of the medical profession. These features of the current system should be preserved in any changes being discussed by the Department for Transport and DVLA. The imposition of fees would not go down well with older drivers.

Medical tests were favoured over driving tests, and preferably for all drivers. The views expressed indicated support for the sort of system which has recently been introduced in New Zealand and elsewhere – free medical tests for older drivers, accompanied by government funding for refresher courses.

Any new proposed system which singled out older drivers for costly driving and other tests at a given age would be resented and should be resisted. The element of discretion, and the involvement of the medical profession, should be maintained.

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For many older people, using public transport as an alternative to private cars is simply not an option, either because local public transport services are lacking or because of their own physical impairment. A 2007 Help the Aged survey of older people's attitudes to driving showed that being able to continue driving their cars is often a key factor in maintaining independence and well-being; it also highlighted that the current requirement for licence renewal at 70 is regarded by many as discriminatory, especially in the light of statistics that show that older drivers are less likely to be involved in accidents than other age groups. *Keeping on the Move* puts the case for better support for older drivers as well as for those who are willing and able to make the transition to public transport.

Fighting for disadvantaged older people in the UK and overseas, **WE WILL:**

COMBAT POVERTY wherever older people's lives are blighted by lack of money, and cut the number of preventable deaths from hunger, cold and disease

REDUCE ISOLATION so that older people no longer feel confined to their own home, forgotten or cut off from society

CHALLENGE NEGLECT to ensure that older people do not suffer inadequate health and social care, or the threat of abuse

DEFEAT AGEISM to ensure that older people are not ignored or denied the dignity and equality that are theirs by right

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