

CREATING TRANSPORT SERVICES FOR AN AGEING POPULATION

Kaur, K. , Oullion, S. , Knight, C. and Woodcock, A.

Author post-print (accepted) deposited in CURVE January 2016

Original citation & hyperlink:

Kaur, K. , Oullion, S. , Knight, C. and Woodcock, A. (2015) 'CREATING TRANSPORT SERVICES FOR AN AGEING POPULATION' , 'International 'Towards a humane city' conference, Urban Transport 2030- Mastering Change'. Held 5-6 November 2015 at University of Novi Sad, Serbia. , 203-208.

<http://humanecityns.org/>

ISBN 978-86-7892-739-3

Copyright © and Moral Rights are retained by the author(s) and/ or other copyright owners. A copy can be downloaded for personal non-commercial research or study, without prior permission or charge. This item cannot be reproduced or quoted extensively from without first obtaining permission in writing from the copyright holder(s). The content must not be changed in any way or sold commercially in any format or medium without the formal permission of the copyright holders.

This document is the author's post-print version, incorporating any revisions agreed during the peer-review process. Some differences between the published version and this version may remain and you are advised to consult the published version if you wish to cite from it.

CURVE is the Institutional Repository for Coventry University

<http://curve.coventry.ac.uk/open>

CREATING TRANSPORT SERVICES FOR AN AGEING POPULATION

Kam Kaur¹, Sinead Oullion¹, Colin Knight², Andree Woodcock¹

¹Coventry University and ²Coventry City Council, UK

**Contact person: A.Woodcock@coventry.ac.uk*

Abstract: *Coventry is the 13th largest city in the UK. The most recent population estimate indicates that nearly 15% of the population is over 65 and over 2% are over 85. Recognising that an aging population will have a significant impact on public services, social and interpersonal relations, Coventry City Council, Age UK and Coventry University have joined to plan and implement the World Health Organisation (WHO) Age Friendly Cities programme to support active ageing [1]. Focusing on transport, this paper reviews the outcomes of the first two consultation workshops, articulating what works well to support older people, and where improvements need to be made in terms of transport planning, infrastructure and services.*

Key Words: *Older people, transport services, consultation*

1. INTRODUCTION

The number of people aged 60 and over is predicted to rise to 22% by 2050. This is accompanied by urbanisation. In 2007, over half of the global population lived in cities [2]. More older people are also living in cities. Population ageing and urbanization may be seen as the culmination of successful human development during the last century. As stated in the WHO Brasilia Declaration on Ageing [3] in 1996, “healthy older people are a resource for their families, their communities and the economy.” However, this resource needs to be realised and older people need to have environments which enable them to take an active place in their cities. To be sustainable and attractive, cities must provide the structures and services to support their residents’ wellbeing and productivity. Older people in particular require supportive and enabling living environments to compensate for physical and social changes associated with ageing. This necessity was recognized as one of the three priority directions of the Madrid International Plan of Action on Ageing endorsed by the United Nations in 2002 [4]. Making cities more age-friendly is a necessary and logical response to promote the wellbeing and contributions of older urban residents and keep cities thriving. This requires changes to be made in the urban environment that will enhance the quality of

life for people as they age. This requires the city (authorities, businesses and citizens), policies, services, settings and structures working in concert to support and enable people to age actively by:

- recognizing the wide range of capacities and resources among older people;
- anticipating and responding flexibly to ageing-related needs and preferences;
- respecting their decisions and lifestyle choices;
- protecting those who are most vulnerable; and
- promoting their inclusion in and contribution to all areas of community life. (n)

An age-friendly city is not just “elderly friendly” it is a humane city, providing accessibility to services for all citizen regardless of age, gender, ability and income levels, e.g. through barrier-free buildings and streets , secure neighbourhoods, good quality transport provision.

The Age-friendly Cities Programme helps cities prepare for two global demographic trends: the rapid ageing of populations and increasing urbanization. In 2006, WHO brought together 33 cities in 22 countries for a project to help determine the key elements of the urban environment that support active and healthy ageing. The resulting *Global Age-friendly Cities Guide* [5] outlines a framework for assessing the “age-friendliness” of a city. In this, 8 domains were identified as having a bearing on the health and quality of life of older people - outdoor spaces and buildings, transportation, housing, social participation, respect and social inclusion, civic participation and employment, communication and information; and community support and health services. A 5 year plan for continual improvement of cities was outlined (see Figure 1 below, adapted from Cycle of WHO Global Network of Age friendly cities.) based on a participatory, action learning model.

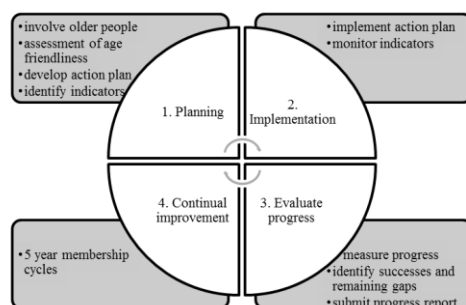


Figure 1: Continual improvement cycle

2 TRANSPORTATION AND AGE FRIENDLY CITIES

Transportation, including accessible and affordable public transport, is a key factor influencing active ageing. In their global consultation processes, 16 transport areas were noted by WHO as shown in Figure 2, along with a checklist to assess the age-friendliness of each factor. The paper outlines the initial steps Coventry are making towards implementing the recommended improvement cycle and looks at the emergent transport priorities for an age friendly transport provision in the city.

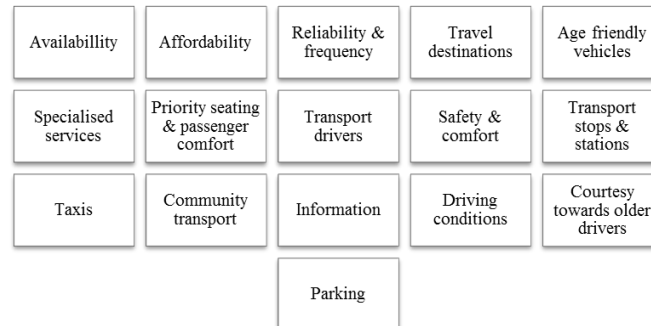


Figure 2: Transport priorities from WHO consultation on age friendly cities [5]

3. THE COVENTRY PROGRAMME

The programme began formally in October 2014. A variety of activities and events have been conducted in order to achieve the WHO outputs for year 1-2 including:

- the establishment of a governance board chaired by the Coventry City Council cabinet lead for Health and Social Care;
- A scoping study across existing Age Friendly Cities in the UK. From this 6 key ingredients emerged as being necessary to support the programme: political leadership and commitment, partnership working, engagement and co-creation with older people, project management, research and evaluation and communication;
- Mapping of organisations who provide services across the age friendly domains who will be key to implementing plans;
- Raising awareness with stakeholders of the initiative and how they can get involved.
- Working closely with Coventry Older Voices (an active group of older people in the city who campaign for the voice of older people to be heard) to shape programme development
- Stakeholder engagement (older people, local statutory and voluntary organisations).
- An age friendly baseline assessment engaging 2,000 stakeholders. This determined the following priorities:
 - Responding to loneliness and social isolation
 - Developing skills in understanding and using information technology to access information
 - Having a one stop shop for information
 - Embedding intergeneration relations and activities
 - Improving the perception of older people as active citizens
 - Better access to buildings, more amenities (e.g. public toilets and sitting areas)
 - A need for more minority ethnic volunteers.

Partnership themed working groups were established for the selected priority areas, with involvement of older people to develop detailed themed action plans to make improvements in the areas raised and to oversee their implementation and evaluation. Priority domains to focus on in 2015/16 (identified through a voting process by stakeholders) were social participation, communication and information, transport.

24 participants completed the WHO checklist for transport, in which factors were rated as either falling ‘short of the mark’ of being age friendly (red), having room for improvement (amber), of being generally well provided (green). Figure 3 shows room for improvement in the age friendliness of all transport provision. 25% of the participants expressed especial concern over parking and drop off areas, traffic flow, helpfulness of taxi drivers, voluntary transport service provision, maintenance of transport stops and stations, accessibility of parts of the city by public transport, frequency, cost and reliability of public transport. However, the mix of results and subsequent discussions in consultation events showed that there were also areas of good practice, such as modern fleets, concessionary travel.

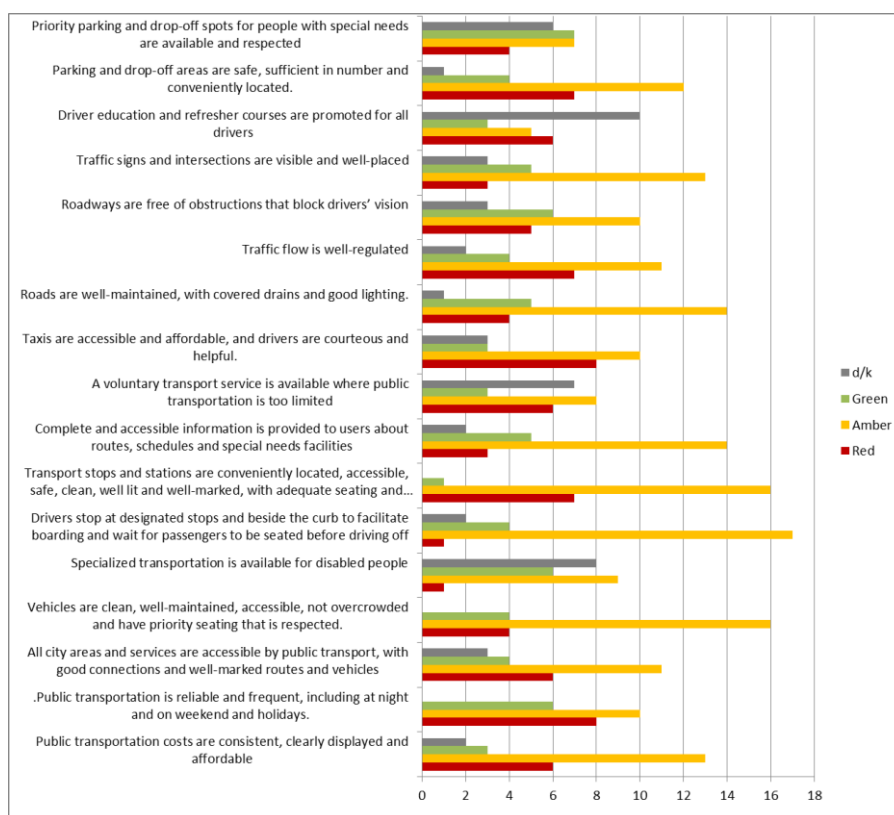


Figure 3: Priority areas identified in relation to transport

4. DESIGNING TRANSPORT TO REDUCE PROBLEMS ASSOCIATED WITH OLD AGE

Rather than focusing on how to make the design of transport better per se, the focus of the programme is on how access to transport can be improved to reduce isolation and/or enable active healthy ageing. The following tables show the key points to emerge in consultations.

Reducing isolation through transport

Barriers	Consequences
<ul style="list-style-type: none"> • Bus routes do not cover all the city e.g. no services to sheltered flats, • Unreliability of public transport (buses missed out, cancelled) • Concessionary fares only at certain times • Frequency of service throughout the day (eg after 6) • Clarity and availability of transport information • Cost of taxis/willingness/ability to take wheelchairs • Passenger attitudes towards older people • Volunteer schemes/community transport not available • Ring and ride service provision inadequate for some • No transport to churches on Sunday • Accessibility of bus stops – too far from where people live • Lack of consultation about changes to service provision • Lack of (knowledgeable) staff at the bus station • Lack of transport interchange – bus station is not used by all operators 	<ul style="list-style-type: none"> ▶ Social isolation increased if people have poor access to services ▶ Increased reluctance to use public transport ▶ Limitations to travel times ▶ Limitations to travel times ▶ Increased isolation because cannot find out information easily ▶ Cost and unavailability may reduce travel choice ▶ Journey made unpleasant ▶ Reliance on poor services ▶ Lack of trust in the service ▶ Hard to maintain social networks ▶ Travel becomes more difficult and represents a barrier ▶ Service provision may fail to support journeys people want to make ▶ Increases in confusion and isolation as key information is hard to find ▶ Travel between services and making connections is difficult to maintain social networks

Enabling healthy ageing through transport

Barriers	Consequences
<ul style="list-style-type: none"> • Poorly maintained pavements • Poorly maintained cycle paths • Provision of transport to hospitals poor from certain areas • Poor design of transport stations and stops – lack of shelters and seating • Poor driver skills and awareness e.g. not waiting to sit down, not stopping by dropped kerbs • Signage and time to cross road inadequate leading to confusion and stress • Shared spaces (traffic and pedestrians) perceived as dangerous for those with mobility and perceptual problems 	<ul style="list-style-type: none"> ▶ Health and safety , reduction in walking and cycling ▶ Difficult to get to appointments, increased stress ▶ Discomfort ▶ Health and safety issues relating to bumps, grazes and strains ▶ Stress in crossing roads, reduction in walking and cycling ▶ Stress in crossing roads, reduction in walking and cycling, do not enter areas

Given the information presented above, and through the establishment of a local age friendly transport theme group with representation from key transport provider organisations and two members from the Coventry Older Voices, the areas recognised for improvements will be taken forward through the development of an agreed action plan over the next few years. Priority areas will include more age friendly transport, increased accessibility, reliability and affordability of transport provision across the city, development of new initiatives e.g. volunteer transport and incentivised taxi voucher schemes, looking at innovative ways to travel in the city centre, parking and drop off areas, improving the quality of transport information at all levels, schemes to improve driving confidence and ways to ensure needs of walking pedestrians and cyclists are met.

5. CONCLUSIONS

The theme of transport was voted as the most significant issue amongst stakeholders in working towards an age friendly Coventry. In addressing the age friendly programme, the active involvement of local stakeholders has been prioritised from day 1. Working in close cooperation with Coventry Older Voices, representing over 300 older volunteers in the city, has ensured that the challenges to be addressed are a true reflection of the needs of the local population, for example each consultation event has included a minimum of 50% older people, giving them the opportunity to talk directly to transport providers, counsellors and city council staff. The consultation events have highlighted the strong interrelationship between access to transport and social inclusion with the majority of concerns focused on access to transport - at reasonable prices and with a more varied choice of routes, with access to hospital as a concern mentioned consistently. The collective engagement, commitment and active support from partner organisations and transport providers, in taking responsibility and addressing risks and challenges as they arise will be key to ensuring progress is made through implementation, planning and evaluation stages.

If successful, transport as an enabler can improve healthy active ageing transporting older people to access community social activities, which is a real need in the city, can play a significant part in reducing isolation and has widely benefits for health and social care.

6. REFERENCES

- [1] (<http://www.who.int/ageing/publications>)
- [2] United Nations Population Fund, 2007. Urbanization: a majority in cities. New York. Accessed from www.unfpa.org/pds/urbanization.htm in [5]
- [3] Brasilia Declaration on Ageing. *World Health*, 1997, No. 4: 21. in [5]
- [4] United Nations, 2002. Report of the Second World Assembly on Ageing, Madrid, 8–12 April 2002. New York, in [5]
- [5] WHO, 2007. Global Age Friendly Cities: A guide, WHO. Accessed from <http://www.who.int/ageing/publications>