

AGE FRIENDLY TRANSPORT For Greater Manchester

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Age Friendly Transport for Greater Manchester: Executive Summary

Background and Methodology

Mobility and travel is important to older people, reduced mobility is linked to poorer mental and physical health for a variety of reasons. There is a decline in driving in later life and walking and using public buses are common modes of transport for older people throughout the Greater Manchester (GM) area. GM has a higher than average amount of deprivation and healthy life expectancy is lower than the English average. Keeping people active and mobile from a younger age, especially through walking, cycling or using the bus, can reduce the impact of this inequality in later life. Workshops were set up in six different locations in GM (Tameside, Bolton, Bury, Oldham, Wigan, Salford) with older people and advocates. Each workshop got participants to identify and prioritise key issues they have with transport and mobility, followed by discussions on solutions to these issues.

Issues with transport identified

Walking

1. Poor quality pavements. – poor upkeep and maintenance were noted with a risk of falls.
2. Obstructions on pavements – including parked cars, cyclists and mobility scooters.
3. Pedestrian crossings – length of time given to cross was seen as too short and crossings often placed in wrong place with a lack of dropped kerbs and issues with blistered paving.
4. Speeding traffic near to pedestrian area – making it unpleasant, dangerous and difficult to cross
5. Lack of benches and toilets
6. Poor street lighting (especially an issue in Wigan)
7. Pollution (especially an issue in Wigan)

Cycling

It would help cyclists and also pedestrian and drivers if dedicated cycle paths were built.

Public Buses

1. Bus driver awareness of older people's issues – especially drivers driving off before the person had sat down, not being sympathetic to older people struggling with their pass or with bags and not stopping close enough to the kerb for people to easily board and alight.
2. Poor bus service - including the bus stop being poorly cited not close to residential areas (esp Wigan and Oldham) or the bottom of hills (esp Wigan) and unreliability of service (esp. Oldham) and difficulty swapping between buses with different operators (all areas).
3. Poor bus stops – poor signage and information (esp. Oldham and Bolton) and lack of seating.
4. Poor quality buses – Drop down mechanisms that fail and lack of grab rails on the bus.
5. Extending free bus pass to before 9:30am - especially for hospital and doctor appointments.

Community transport and ring and ride services

There was some ambiguity over who was eligible to use community transport. Some people even discussed not knowing community transport existed at all. Second, some felt the service was too inconvenient and unreliable, taking too long to travel to places.

Railway service

Highest priority area was lack of help, tickets being confusing and not getting a seat. More minor priorities were accessibility at railway stations and cleanliness of trains.

Driving

Difficulty getting a blue disabled badge if needed on a temporary basis was noted. Lack of drop off points near health centres and bus stops was also discussed. Finally cars parked on the road and on pavements can be an issue to drivers.

Policy

Not being involved in decisions affecting transport was frequently noted. Coupled with this was feeding back, including lack of confidence in reporting and time taken to make any changes. Underinvestment in areas outside of London was a very common and very important issue.

Solutions

The participants ranked the solutions around priority and how long it would take to implement. Priority areas are those that older people felt need to be done first and would have highest effect included: training for frontline public transport staff, concessionary bus pass to operate before 9:30, developing Transport Action Group, implementing a community toilet scheme and take a seat campaign and having audio-visual bus stops. There were then two groups where a strategy would be needed in order to reach the goal and where a slightly longer term plan would be required, these included auditing local areas, reforming local bus services, general pavement improvements, bus buddy scheme, Independent Transport Networks and low emission plans. Information sharing website.

Recommendations

Recommendations based on these were developed in five key areas

- Recommendation 1: Staff working in transport to be trained in older people's issues
- Recommendation 2: Getting more older people involved in transport planning and design
- Recommendation 3: That other sectors help manage transport demand better
- Recommendation 4: Community resources and support
- Recommendation 5: Demonstrator communities

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Aims and objectives of the project



Aim

To provide detailed guidance on supporting an age friendly transport system for Greater Manchester to complement the work of the Greater Manchester Ageing Hub.

Objectives:

- To review the Greater Manchester Transport Strategy 2040 and associated documents in terms of an ageing population, offering support, gaps, opportunities and weaknesses.
- To review strategy, policy and initiatives (and other existing literature) in Greater Manchester (and as appropriate other areas) addressing transportation issues pertinent for an ageing population, addressing gaps, opportunities and weaknesses.
- To generate best practice in transportation and mobility solutions for an ageing population and to address their feasibility, generalisability and desirability for the Greater Manchester area.
- To ascertain views of local residents on potential transportation and mobility solutions for their region.
- To develop recommendations for transportation and mobility change for older people in Greater Manchester.

Output

This report will

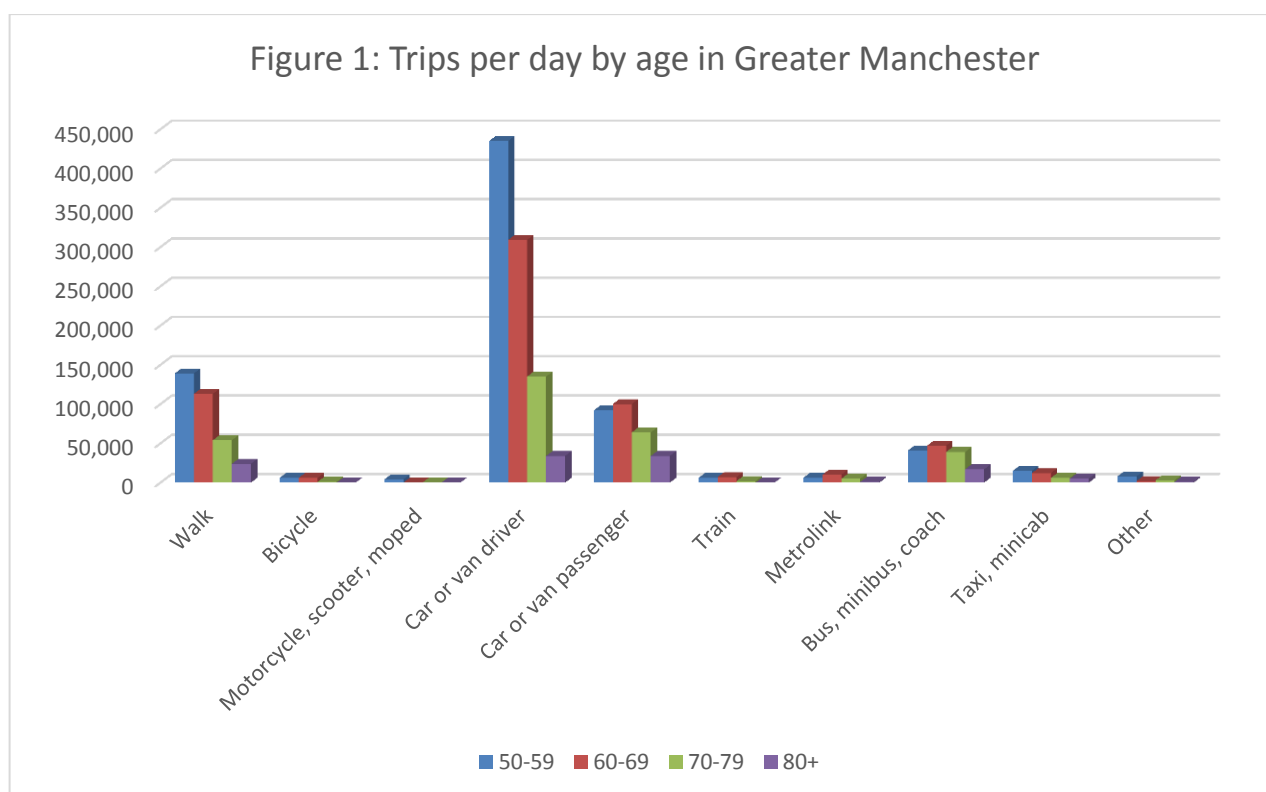
- Highlight opportunities, gaps and weaknesses in current transport policy and provision in Greater Manchester in terms of an ageing population;
- Identify key transport issues pertinent to older people in Greater Manchester
- Showcase best practice transport and built environment solutions for enabling older people's mobility and their applicability to Greater Manchester
- Document older people's views on potential mobility solutions for Greater Manchester
- Identify recommendations for an age friendly transport system for Greater Manchester with a vision that looks short, medium and long term, highlighting where solutions might plug-in to current initiatives and where new enterprise is needed.

How do older people travel in Greater Manchester?

As expected the number of trips fall as people age. At ages 50-59 people make 752,000 trips (2.3 trips per person per day), at 60-69 they make 606,000 trips (2.2 trips per person per day), 70-79 make 309,000 trips (1.9 trips per person per day) and 80 plus make 116,000 (1.2 trips per person per day).

People over 50 make 32% of all trips in Greater Manchester.

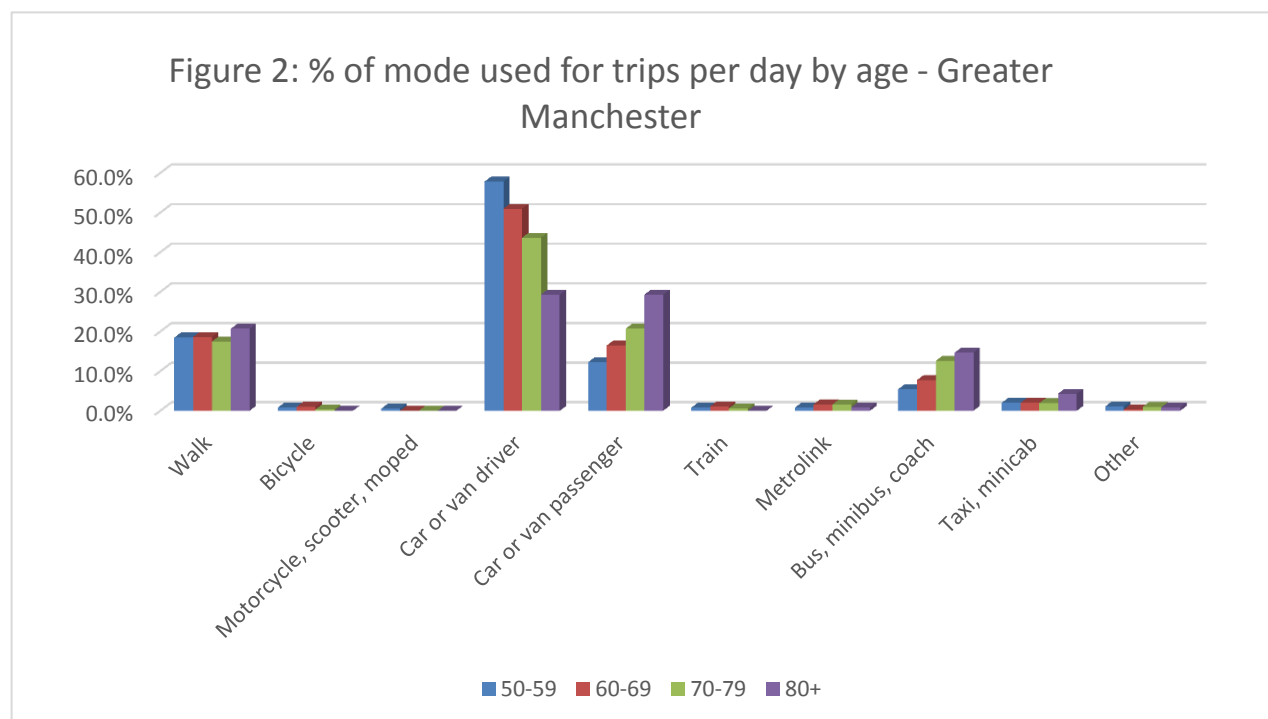
As can be seen in figure 1, a decrease in walking and driving can be seen uniformly with increasing age. However, using bus, minibus or coach and car or van passenger increases at 60-69 (from 50-59) and then reduces for 70-79 and then 80+ categories of age.



The percentage of using each mode for each trip made shows the pattern more clearly in figure 2. As people age then being a passenger and using a bus, minibus or coach become more important to them in terms of total modes of transport used. Walking stays relatively stable and car or van driver decreases.

Hence people are reducing the amount they drive for the trips they make, with it being replaced by being a passenger in a car and using buses, minibuses or coaches for 60-69 year olds and then reducing altogether for the 70+ and 80+ age groups. Yet being a passenger and using bus, minibus or coach becomes a greater issue as a total of the trips made.

There are approximately 11,000 registered community transport users and there are approximately 550,000 journeys are undertaken across GM in a year. Hence these are very important modes of transport to get right for older people.



The figures are largely commensurate with those across UK as a whole and especially large metropolitan districts. Hence, note the reduction in bus use at 70 may not be as pronounced as it is in other smaller towns and more rural areas in the UK (DfT, 2016; Mackett, 2018).

In terms of trip purpose, the biggest decline, as to be expected, is with commuting followed by business trips, which declines sharply with age in absolute numbers (figure 3) and % of trips made (figure 4).

Increases in trips made for leisure such as shopping, sport and entertainment, holidays and personal business increase at 60-69 year olds in total trips (figure 3). Shopping and personal business although fall in total trips, continue to increase as a % of total trips for 70-79 and 80 years and over (figure 4).

Visiting friends decreases for 70-79 and 80+, as does escorting others. Both are highly valued activities (Musselwhite and Haddad, 2010). Visiting family and friends is cited in previous research as something older people want to do more of but are stopped by transport barriers (Mackett, 2018).

This again is largely commensurate with the national picture (DfT, 2016; Mackett, 2018)

Looking ahead on figure 5 the number of trips will continue to grow fairly uniformly for the oldest age groups of 70-79 and 80+ years. The younger age groups will see dips – 50-59 year olds in 2022, recovering in 2033, and 60-69 year olds in ten years later. Most notably is the growing number of trips made for older people over the next 20 years which is estimated to grow from 1.8m in 2014 to 2.2m in 2039, almost a 25% increase.

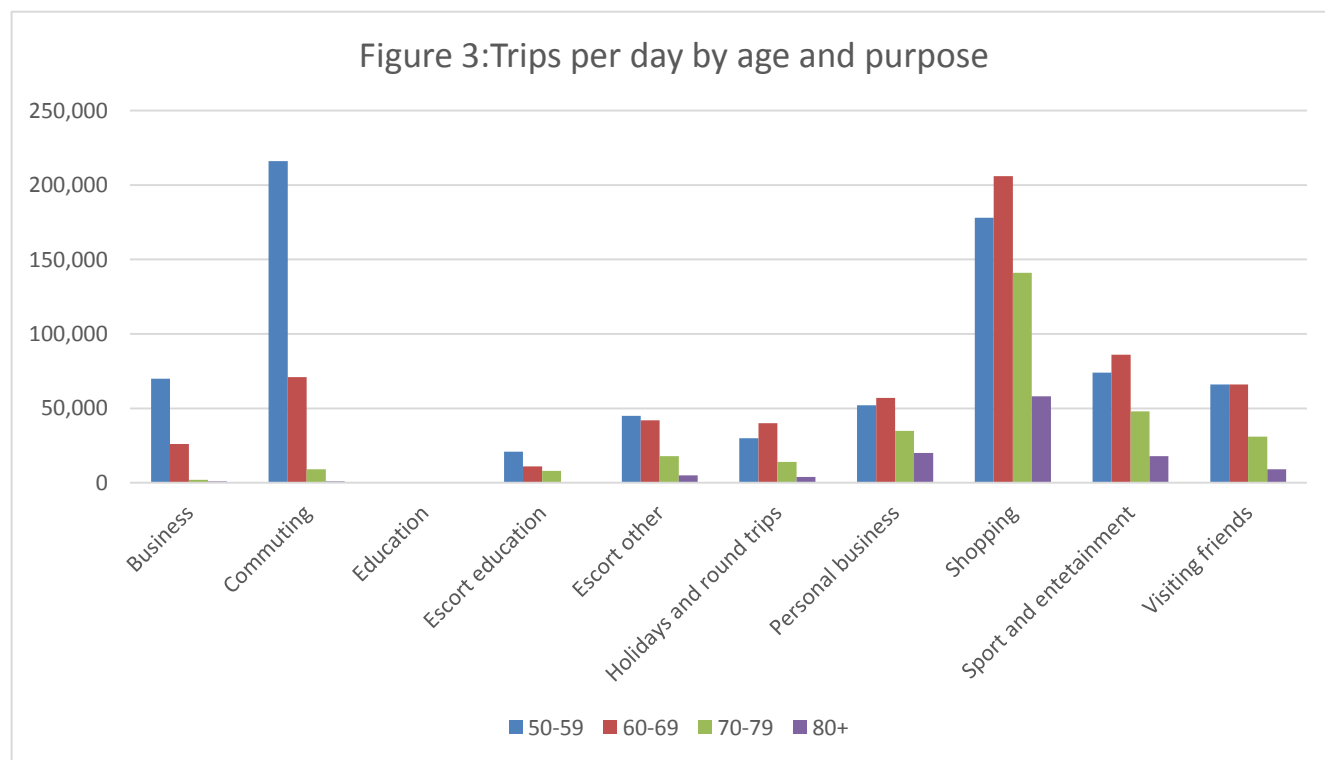


Figure 4: % Of trips made by age and purpose

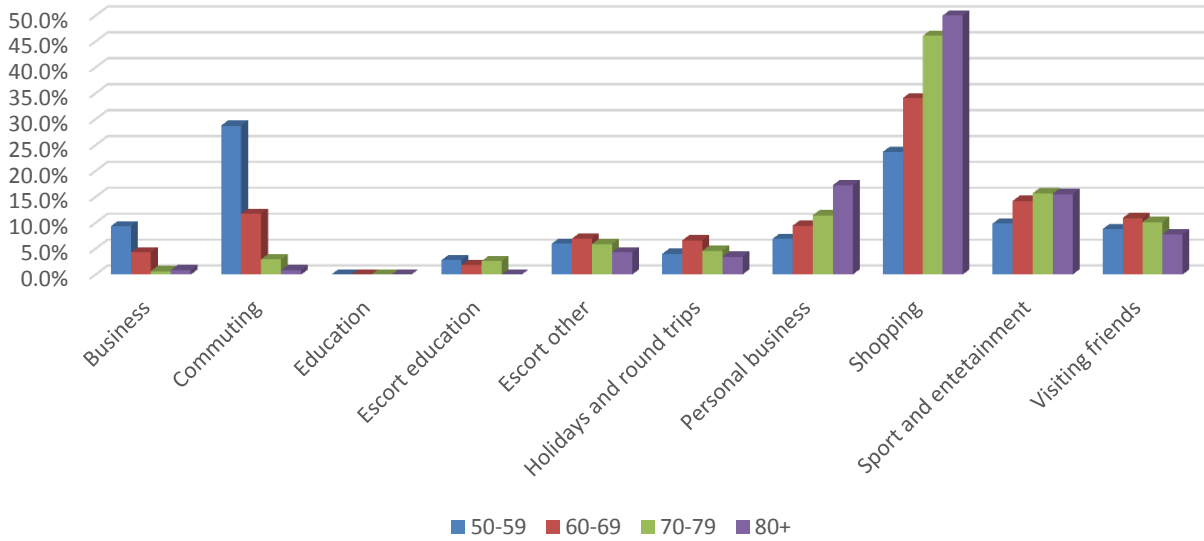
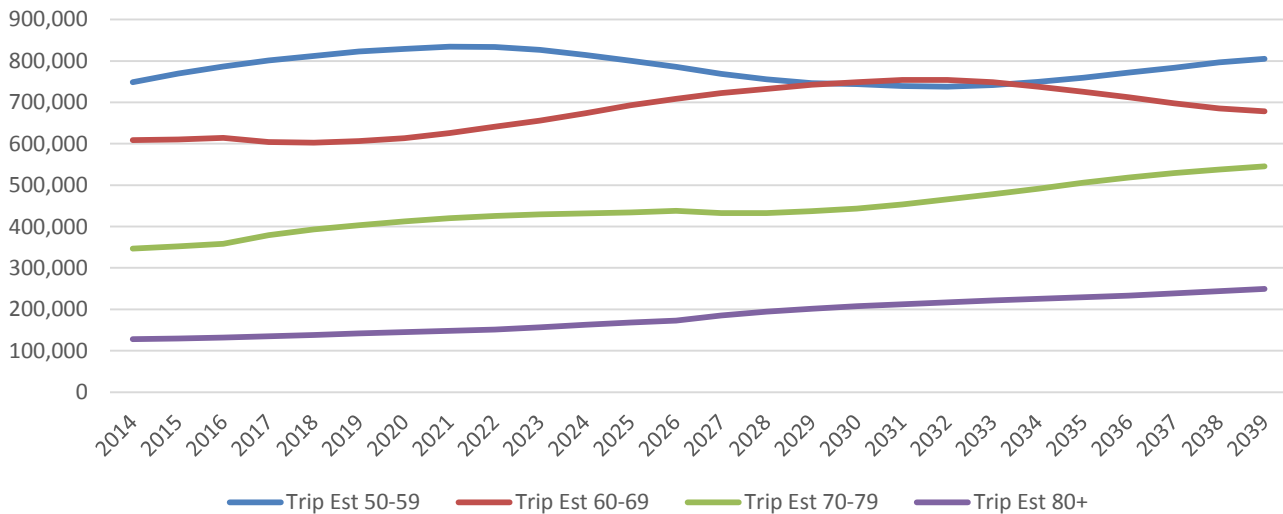


Figure 5: Projected change in total number of trips by age in Greater Manchester



There are just over 100,000 people aged over 65 in the Manchester City area, 2000 of which are aged over 90, 6000 aged over 85 and 24,000 aged over 75 years. In the wider Greater Manchester area, there are 365,000 older people, making up around 15% of the population. Stockport, Wigan, Trafford, Bolton, Tameside and Bury have the highest (and higher than average) percentages of people aged

over 65 in their populations. Tameside, Wigan and Rochdale have a high percentage of disability among their populations.

In terms of social aspects of Greater Manchester in relation to ageing, Greater Manchester has a higher than average amount of deprivation - 36% of Greater Manchester population live in 20% of UKs most deprived neighbourhoods. In particular Manchester stands out as the main local authority with a high number of areas of income deprivation (Phillipson and Rubery, 2014). Healthy life expectancy is only 39% in Manchester which is in the bottom 5 of the country. There has been an increase in people living with long term conditions and this is set to continue. Manchester has the second highest number of hospital admissions amongst the Core Cities between 2013 and 2014 for all ages (160,400 admissions). Admissions have been especially high around acute services (esp. falls and stroke). In addition, people are likely to stay in hospital longer in Manchester recovering from these conditions than in other places around the UK. Self-reported quality of life with respect to health (including mobility, self care, usual activities, pain/discomfort and anxiety/depression) among the over 65s is lowest in Manchester but is lower in all GM areas compared to the average for England with the exception of Bury, Stockport and Trafford (Phillipson and Rubery. 2014).

Keeping people active and mobile from a young age, especially through use of walking, cycling or using the bus, plays a role in decreasing these inequality issues. There needs to be appropriate use of cars, but more importantly an improvement in walking environment and bus services, especially for an ageing population. There will also be growth in single person living – huge issue for people sharing lifts, which often happen in couples.

Importance of mobility in later life

Across the globe we live in an ageing society. Western countries especially are seeing rapid ageing due to a combination of people living longer because of better health and social care, and lower birth rates. This results in both a higher number and a higher percentage of people in their later years. There are now 840million people over 60 across the World, representing 11.7 per cent of the population. In 1950, there were only 384.7 million people aged over 60, representing only 8.6 per cent of the global population (United Nations (UN), 2013). Projections suggest that by 2050 there will be two billion people aged over 60, representing 21.2 per cent of the global population (UN, 2013). The rate of increase in older people is faster in wealthier countries. For example, 25% of the UK's population is likely to be over 60 by around 2030 (Office for National Statistics, 2013). Figure 6 illustrates the ageing of the UK population. It shows historical change between 1980 and 2014 as well as projections to 2050. There has been a large increase in the number of people aged 60 and over since 2000, and the number of people aged 75 and over increased from 3.2 million in 1980 to 5.2 million in 2014 and is set to increase to 11.6 million by the middle of the century. By contrast, the number of under 30s has been fairly stable since 1980, although there was a decline between 1980 and 2000 which has now reversed (with a significant contribution from inward migration). Numbers are set to increase into the future, albeit at a lower rate of increase than older adults, and thus most of the projected growth in the population is expected to be of those aged 60 and over.

Transport is more important to older people than ever before. In most wealthy and many low and middle income countries, high levels of mobility are traversed in order to stay connected to communities, friends and family and to access shops and services. The car has been central to this hyper-connectivity, affording more choice over the location of work and home. Society has become so organised around the car, that those without a vehicle can become socially excluded. Such institutional car-ism occurs without acknowledging the wider negative consequences of priority planning around the car, including excluding non-car users, pollution, severance of communities and accidents and associated casualties.

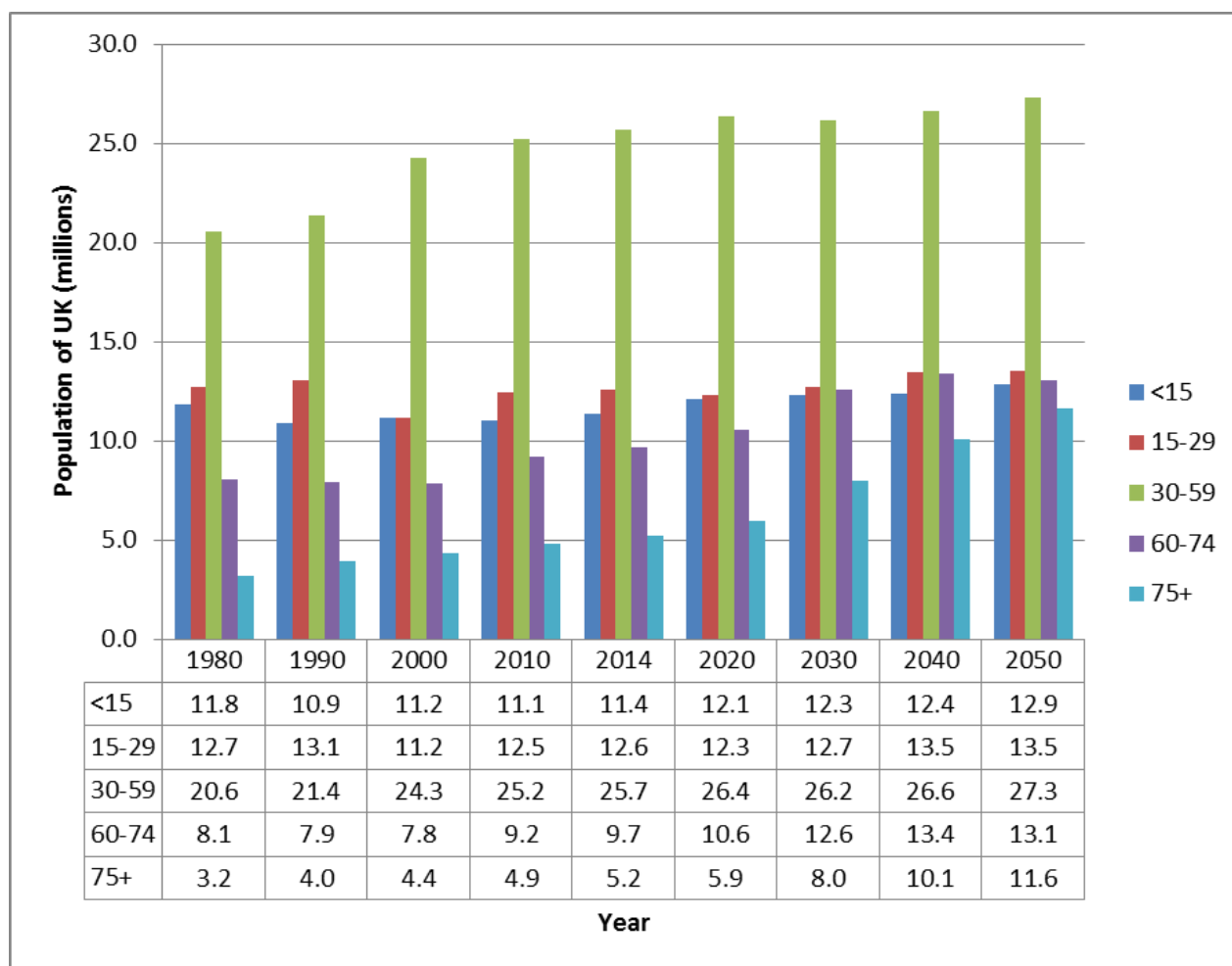


Figure 6: UK Population Composition Estimates and Projections by Age Group 1980-2050 (sources: ONS (2013), ONS (2015a), ONS (2015b))

Not surprisingly in many western cultures the growth of car use has been across the life-course and there has been a huge increase in the number of older drivers on the road. At the same time walking, cycling and non-urban bus use has been in decline across all ages. This has significant consequences for older people when they have to give-up driving and use other modes of transport, which they may not have used for many years. The decline in use of such services, especially bus services, means they may be infrequent in nature and hence difficult to use.

Older people are more likely than any other age group to suffer mobility deprivation, in that they cannot access the places they want because they cannot physically get to them (Holley-Moore and Creighton, 2015; Mackett, 2017). Being mobile in later life is linked to quality of life (see Holley-Moore and Creighton, 2015 for review). Research has shown that giving up driving is related to a decrease in wellbeing and an increase in depression and other related health problems, including

feelings of stress and isolation and also increased mortality (Edwards et al., 2009; Fonda et al., 2001; Ling and Mannion, 1995; Marottoli, 2000; Marottoli et al., 1997; Mezuk and Rebok, 2008; Musselwhite and Haddad, 2010, 2017; Musselwhite and Shergold, 2013; Peel et al., 2001; Ragland et al., 2005 Windsor et al. 2007; Ziegler and Schwannen. 2013).

Research has examined how to mitigate the relationship between driver cessation and negative health and wellbeing. This can be done through providing better quality alternatives taking into account barriers and enablers of each. Public transport, for example, can be improved for older people by having concessionary or free fares, level access from kerb to bus and training drivers to understand older people's issues and to speak clearly or not to drive off before they have sat down (Broome et al., 2010). Improving the public realm to be more accessible (providing public toilets, benches, wide and well maintained pavements), legible (maps, spaces that make you feel you should be there) and desirable (use of quality materials, landscaping, arts and vegetation to make you want to be there) can help older people walk more often (Musselwhite, 2017). This project aims to offer a context to these barriers and enablers in Greater Manchester, looking at differences between different communities within Greater Manchester. In addition, it will try to prioritise the key solutions for the area. This project takes for its basis, a model of age friendly transport based on an ecological approach to transport and mobility. Musselwhite (2016) has devised an age friendly transport system approach utilising Bronfenbrenner's (1979, 1989, 2005) ecological model, to show how different elements of the environment interact with each other and impact upon the individual and are impacted upon by the individual. Musselwhite's (2016) model starts with the person in the centre, with concentric circles spreading outwards to laws, policy and plans at the outside, connected at the neighbourhood and public and community transport provision between them (see Figure 7).

At the heart of the model is a healthy, independent older person that results from an understanding of the needs, desires and motivations of travel, mobility and transport. Musselwhite and Haddad (2010) set out a three tier model, showing mobility is important for getting people to the places they need to go to (practical or utilitarian needs), is important for people's wellbeing, independence and freedom (psychosocial needs) and is important to get people out and about for its own sake, to see nature and life (aesthetic needs) (see figure 8).

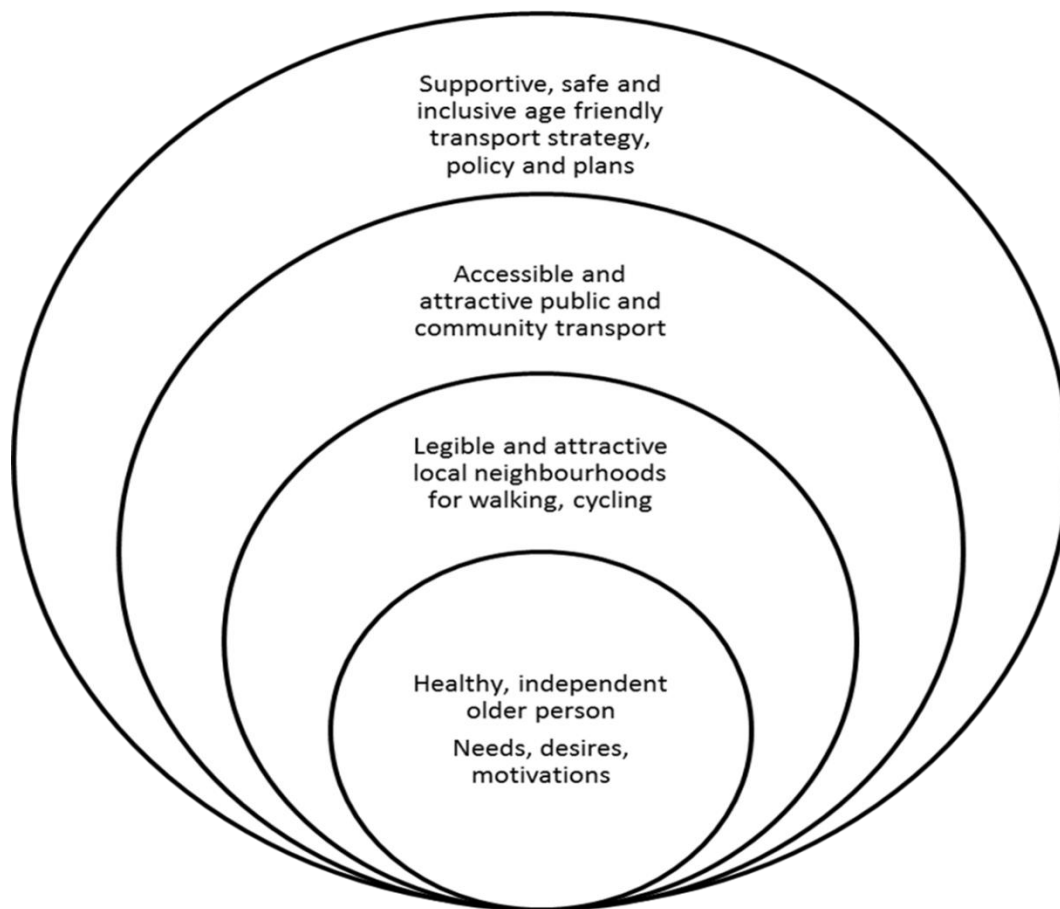


Figure 7: Components of an Age Friendly Transport System (after Musselwhite, 2016)

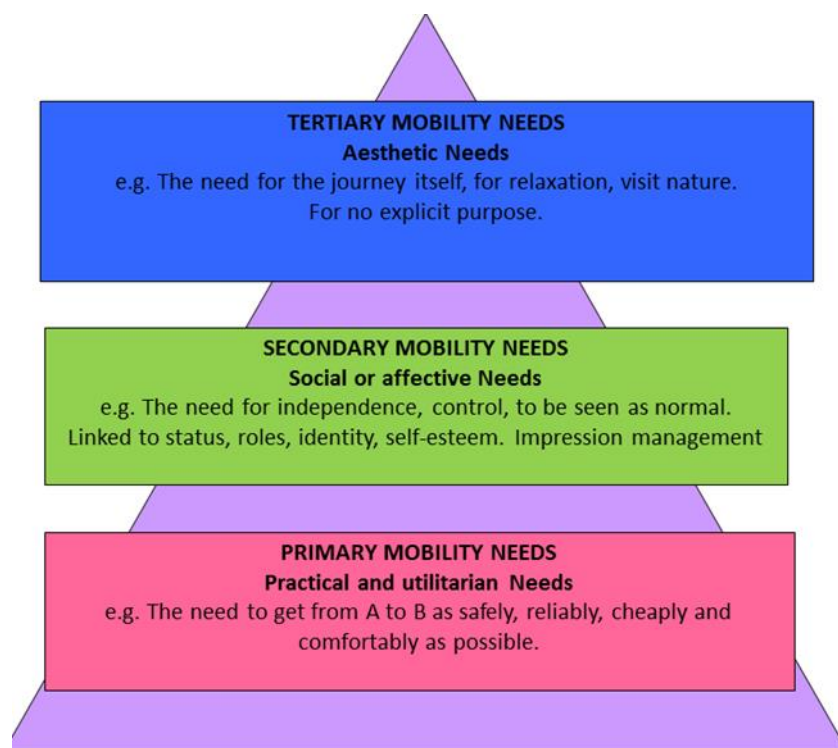


Figure 8: Transport needs of older people (Musselwhite and Haddad, 2010)

PRIMARY / UTILITARIAN NEEDS

The need to get the basics done requires a certain amount of travel. This seems to be increasing in an ever hypermobile world, where mobility to destination is assumed to be by car.

“We live in a mobile society. Everything we need just to get by is all located apart from each other, supermarkets, friends, family, hospitals, schools” (Male, driver, interview; Musselwhite & Haddad, 2010)

“Being mobile is vital to keep alive in this day and age isn’t it. You got to get around for shopping and get to the doctors haven’t you.” (Male, driver, focus group, rural area; Musselwhite & Haddad, 2010)

We live in a world where more of us are connected with others over a larger distance than ever before. We have lived and worked in many more places than previous generations and we want to stay connected to the people that matter to us.

“Much of my time is spent travelling around to meet friends. They all live all over the place you see” (Male, driver, focus group, rural area; Musselwhite & Haddad, 2010)

“If I couldn’t travel and get to see my friends, I don’t know where I’d be. I’d be a sad, lonely, mess!” (Female, driver, interview; Musselwhite & Haddad, 2010)

SECONDARY / SOCIAL or AFFECTIVE NEEDS

Mobility helps people maintain their identity, a sense of who they are, feeling of independence and belonging. It can be related to status and roles. It is particularly related to the norms and status of driving.

“I can help the family out by collecting and taking my granddaughter to school.” (Female, driver, interview; Musselwhite & Haddad, 2018)

“It’s hard to explain I suppose. <with giving-up driving> you just don’t seem like you belong. I suppose yes there are feelings that you might be ready for the scrapheap now. The first step to it, you know” (Male, interview Musselwhite & Haddad, 2010)

TERTIARY / AESTHETIC NEEDS

What might traditionally be termed discretionary travel. The need to see the world, or travel for the sake of it, is nonetheless is important for health and wellbeing. The car is especially important in meeting these needs.

“We go down to the coast regularly to see the sea. I love being by the sea. We couldn’t do it if we didn’t have a car. It makes you feel alive” (Male, driver, interview; Musselwhite & Haddad, 2010)

“Sometimes I take the long way round to drive past the forest and see the trees, especially in Autumn.” (Male, driver, interview; Musselwhite & Haddad, 2010)

“That’s what the car does you see. Takes you where you don’t need to go” (Male, driver, interview; Musselwhite & Haddad, 2010)

This project will consider all these needs in relation to transport in Greater Manchester.

Methodology

In order to explore the key transport issues for older people in Greater Manchester, a series of workshops were set up in six different locations. Workshops included older people from the local areas. Each workshop lasted around one and a half hours. Each workshop got participants to prioritise a list of key issues they have with transport in different domain outlined in the model of age friendly transport. Each group concentrated on different areas of transport, but each of them examined pedestrian issues, as almost all journeys begin and end with walking. Each workshop finished with prioritizing solutions.

Workshops took place as follows:

- 17/05/18 Salford (examined issues about pedestrian environment, public bus, community transport and driving, and then looked at solutions)
- 21/05/18 Tameside (examined issues about pedestrian environment, cycling, public bus and community transport, and then examined solutions)
- 22/05/18 Bolton (addressed issues about the pedestrian environment, public bus and driving, and then looked at solutions)
- 22/05/18 Bury (addressed issues around the pedestrian environment, driving, policy, and then examined solutions) (see figure 9)
- 23/05/18 Oldham (addressed issues around pedestrian environment, public bus and driving, and then examined solutions) Oldham reconvened and covered community transport, tram and railways, policy and explore solutions for these.
- 23/05/18 Wigan (addressed issues around the pedestrian environment and public bus, and then concluded with solutions).

The prioritization exercise got participants to sort across all groups and give four levels of priority (from immediate priority to least priority) based on most common responses (caveats are given where appropriate) based on importance as a barrier to getting out and about and frequency of occurrence. A grid resulted with issues in one of four zones – see figure 10. For solutions, a similar grid followed with slightly different categories – participants were asked to place in order of potential impact and then in terms of ease of introduction.

A further solutions exercise took place following a seminar on Age Friendly Transport given by Charles Musselwhite on 20th June 2018. Four groups exercises were captured and taken into account in the prioritisation of the solutions found in this report.

All focus groups were recorded on audio and the charts captured using photographs. A basic thematic analysis took place on the data captured to bring together key themes and messages to help with reporting.



Figure 9: A workshop focus group taking place in Bury

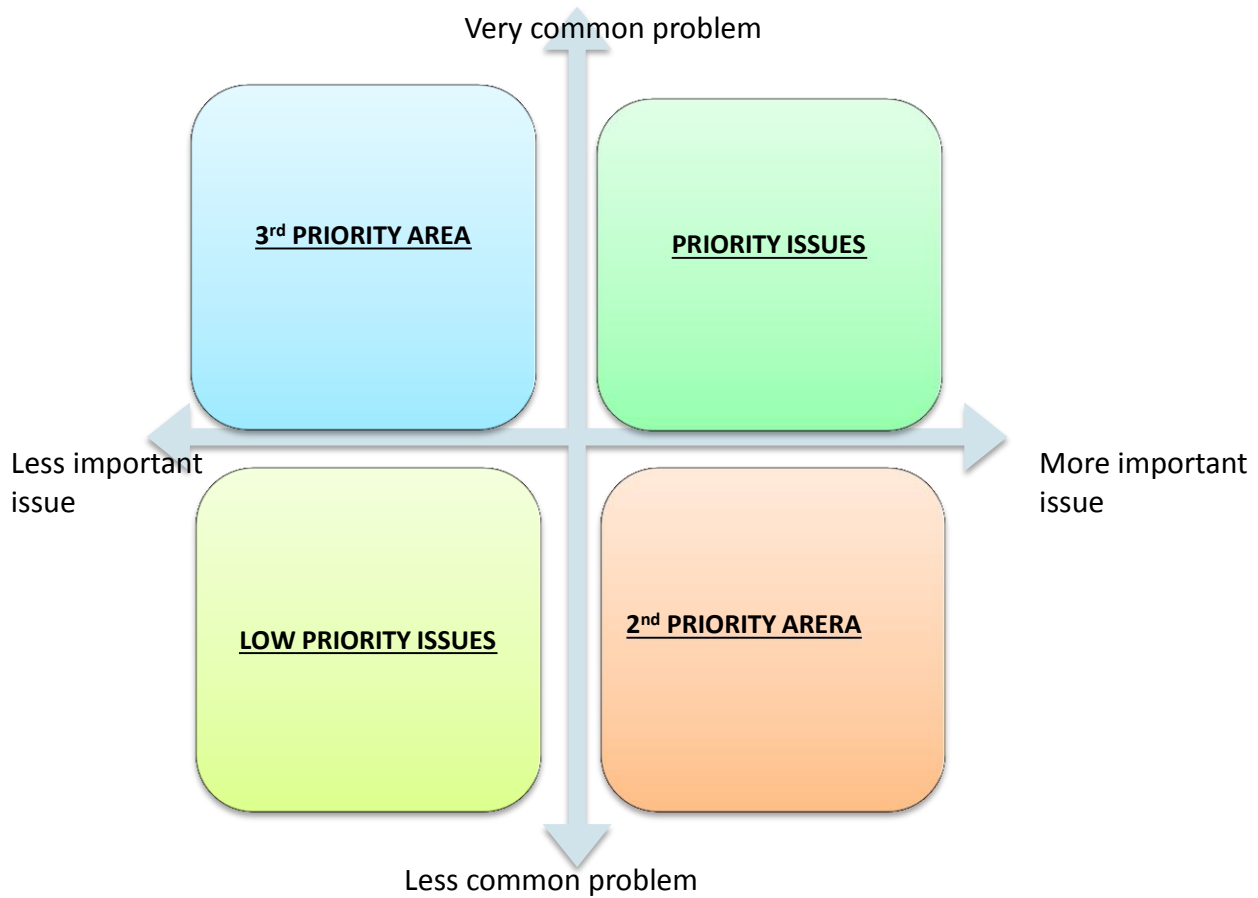


Figure 10: Issues were prioritized by participants in the workshops by importance and commonality and a resulting 2x2 grid identified a hierarchy of priority.

Findings - issues

WALKING AND CYCLING SPACES

Walking is good for health. There are direct benefits of continuing active travel in later life. Regular walking or cycling has been found to reduce cardiovascular disease by around 30% and reduce all-cause mortality by 20% (Hamer and Chider, 2008), through reducing the risk of coronary heart disease, stroke, cancer, obesity and type 2 diabetes (NICE, 2013). It also keeps the musculoskeletal system healthy and is good for mental health (NICE, 2013).

Older people report walking as being very important, not just for health but for generally wellbeing and for keeping communities together. It can be seen as something that can help ward off isolation and loneliness,

“The walking makes me feel better I suppose. I feel less stiff and even though I might feel tired afterwards I feel sort of refreshed. I don’t feel that driving, I always got stressed about parking and the traffic and it became such a worry” (female, walker, aged 80; Musselwhite, 2018)

“Walking like slows things down. You see more things you don’t normally see!” (female, given-up driving at 72, interview; Musselwhite & Haddad, 2010)

“you can go for a walk and if you’re not too worried about getting lost you discover places you didn’t know existed” (male, given-up driving at 80, interview; Musselwhite & Haddad, 2010)

“I do really enjoy the walk. I visit more shops than I need to. Stop and natter. Have a look round.” (male, walker, aged 76; Musselwhite, 2018)

However, there are a number of known barriers to walking. Barriers to walking as seen through the eyes of older people have been identified in a number of projects from various places across the world (Alves et al., 2008; Dunbar et al., 2004; Newton and Ormerod, 2008, 2012; Newton et al., 2010; Stahl et al., 2008; Sugiyama & Ward-Thompson, 2007, 2008; Wennberg, 2009). They can be summarised as follows:

- **Poorly maintained pavements.** Maintenance of pedestrian areas is crucial, not just for aesthetics but also for safety and concerns for falling, again as evidenced by older people

themselves. Research for the Inclusive Design for Going Outdoors (IDGO) project in the United Kingdom, for example, using Go-Along interviews, where the older person leads the researcher on a walking route and describes enablers and barriers, has found how frequently cracked or poorly maintained pavements hamper walking, difficulties walking and balancing on tactile pavements (Newton and Ormerod, 2012) and the importance of using appropriate non-slip materials to use that are easily replaceable when necessary (Newton and Ormerod, 2008). Poor surfaces, caused by fallen leaves, rain, ice or snow, for example, can also be a barrier. There is a tendency amongst councils to clear roads of ice and snow but not always pavements and this becomes a real barrier and hazard for older people's active mobility in winter months across many European countries (Wennberg, 2009).

- **Continuous ability to walk.** To enable walking, older people need a distinct area dedicated to walking, where a pathway, pavement (or sidewalk) is preferred and the wider and more away from the intrusion of vehicles the better. There are also concerns over sharing the space with cyclists and also where there are other pedestrians in large numbers. In addition, to foster continuous walking, there needs to be space to stop and dwell along with appropriately located and safe and accessible public conveniences and seating (Newton, et al., 2010).
- **Poor crossing facilities.** Inability to cross the road has been cited as a crucial factor that reduces older people's confidence with getting out and about, and can mean older people make large detours to avoid crossing dangerous roads, make fewer trips or even stay at home (Lord et al., 2010; Zijlstra et al., 2007). Time spent travelling tends to be viewed by authorities as wasted time, a cost to the individuals and society. As such transport policy and strategy is often geared around the need to reduce travel time. An example of this is evident when transport modes compete, where the emphasis is placed on reducing the travel time of vehicles on business while increasing the travel time for those not on business. Hence, crossing points tend to be put in largely where vehicles might be hampered by large volumes of pedestrians crossing. In the United Kingdom, the most common form of crossing is the Pelican crossing. This consists of a traffic lighted crossing point, with green (go) and red (stop) phases for drivers and pedestrians. The Department for Transport in the United Kingdom typically suggest the time for the green phase for pedestrians should be set at a walking speed of between 1 and 1.22 metres per second (or around 4 feet per second). Suggesting walking speeds of around 1.2 metres per second for signalised pedestrian crossings is found almost universally around the World. Research suggests older people do not walk anywhere near this speed. Musselwhite (2015), using three case study areas in the United Kingdom, found 88% of people aged over 65 did not walk at this

speed. This increased to 94% of older females over the age of 65. Previous research has found similar results, suggesting older people's average speeds are between 0.7 and 0.9 metres per second. This concurs with previous research which has found similar issues with crossing times for older people (e.g. Asher et al., 2012, Newton and Ormerod, 2008).

- **Poor or no lighting.** Poorly lit streets especially in poor weather or at night have a negative effect on older people using the street, especially as older people are more likely to have difficulty with luminance. It can also reduce confidence through concerns about safety (Shumway-Cook, et al., 2003).
- **Noise.** High levels of noise, especially from heavy traffic, can be especially distressing to older people who are more likely to suffer hearing problems (Balfour and Kaplan, 2002; Burholt et al., 2016).
- **Legibility.** Spaces must be legible for the user, in that they must demonstrate to the user what can happen in the space and be broken up into separate areas for different types of activity clearly marked. Formal signage is not always necessary, as the space itself can afford to others what activity is expected in the area. Spaces that are too open and wide can be viewed negatively as they are difficult to navigate and lack legibility, even if they are totally pedestrianised (Atkin, 2010). Conversely small spaces meaning older people have restricted passing space can be an issue, especially if the older person cannot turn their body quickly which can be an issue in later life (Musselwhite, 2015)
- **Pollution.** Smog is a deterrent for older people to go out walking, especially in developing nations. Cities in India are particularly a no-go area for older people at certain times of high pollution. Wealthier nations can also suffer similar problems; Japanese cities and at times European cities can be at risk for older people (Deguen et al., 2010).
- **Natural elements:** The climate can effect older people's walking (Burholt et al., 2016). High or very low temperatures can stop people walking, as can weather variability or extreme weather conditions, for example wind, snow, ice or rain especially. This can be mitigated through shelter, especially natural green vegetation cover (e.g. Williams et al., 2012). Topography is also an issue, especially hills can be a barrier to walking for older people.
- **Land use.** Having services within walking distance from home has been linked to increased walking (Strath et al., 2012). In addition, access to nature, especially green field, trees and sounds of nature and are also related to more walking among older people (Burholt et al., 2016; Gauvin et al., 2012; Strath et al., 2012).

These were introduced to the participants, and space was given for them to develop their own barriers. An analysis across all the groups resulted in the chart in figure 11.

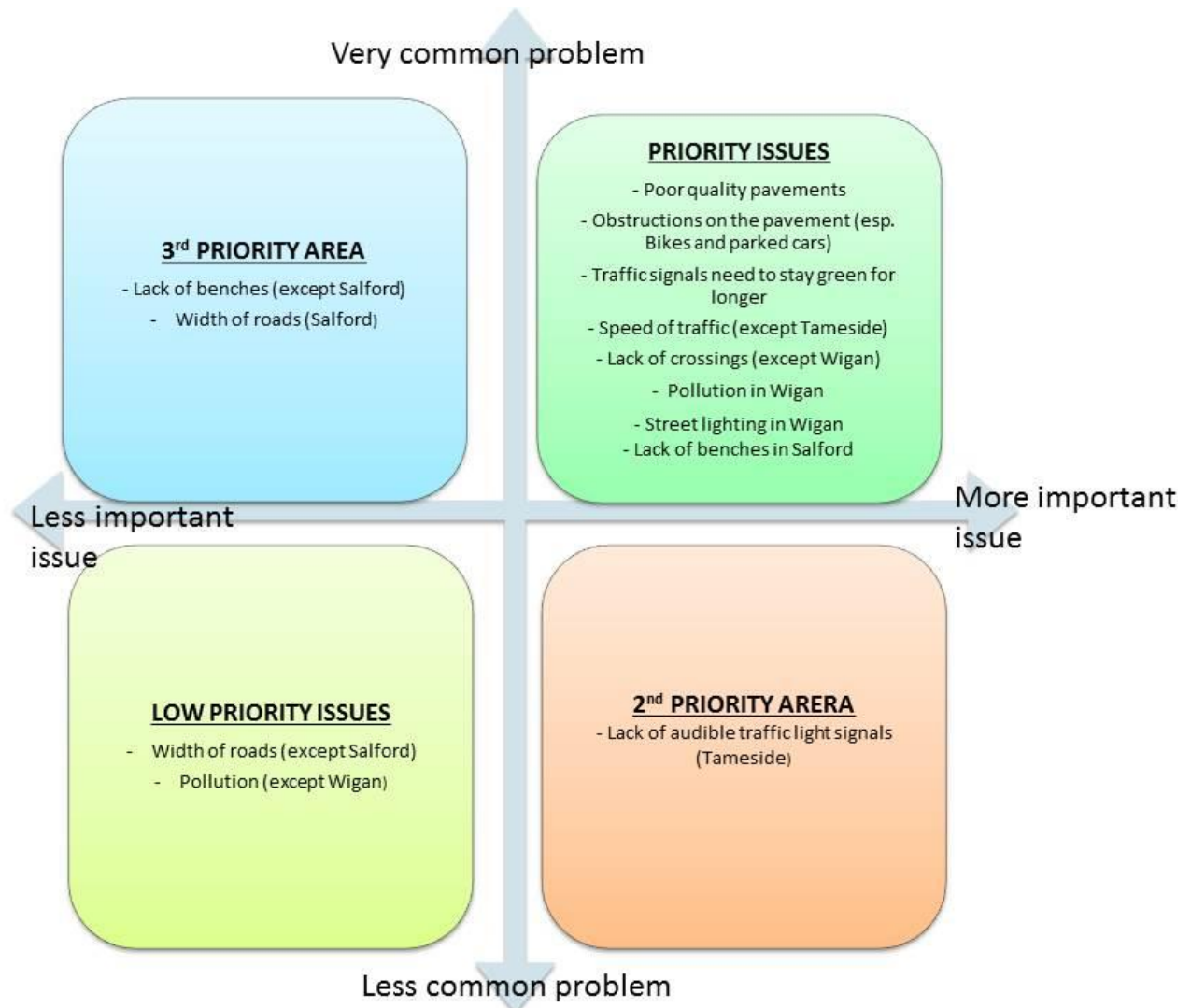


Figure 11: Prioritizing key issues of the pedestrian environment

Priority issues are in the following order:

Priority issue 1: Poor quality pavements.

A consistent theme was the poor quality of pavements. Generally this was through poor upkeep of the pavements, which people were worried would lead to falls, with many citing incidents that did result in falls.

Priority issue 2: Sharing the pavement

Another key priority issue was sharing the pavement with other users. In particular parked cars was a particular issue, but also frequently mentioned was cyclists and mobility scooters. Buses were also mentioned to a smaller degree, mainly in the Oldham focus group.

Parked cars a frequent problem

“as a pedestrian you struggle past these illegally parked cars” (Bury, male, focus group).

Sharing with bikes

“near misses you know, terrible, police don’t do anything about it, turning pavements into roads” (Salford, male, focus group)

Mobility scooters

“such a lot of them, should be a ruling with a horn or bell, it’s the fact they come up behind you and think they’ve got a God given right and think they’ve got preference”, (Oldham, female, focus group)

“Mobility scooters are a nightmare...they don’t ride them at the speed they should ride them at...the ones you can use on the road can go up to 8mph and they do not turn them down when they use the pavements” (Bury, female, focus group)

Buses sharing space

“buses come so fast legitimately into that area”, (Oldham, female, focus group)

Priority issue 3: pedestrian crossing times

There was also agreement that traffic signals do not stay green long enough to allow pedestrians to complete their crossing of the road.

“For me as a fairly fit 70 yr old trying to keep fit, the main problem with transport is the roads and traffic lights being designed to prioritise motor vehicles. As a cyclist I frequently find a traffic light starts changing as I cross it, and has completely changed by the time I get to the other side - traffic has started moving into me before I am safely across. As a pedestrian we

seem to have to wait longer and longer at crossings before the lights change. Dangerous and inconsiderate driving is an everyday menace.” (*Response to Greater Manchester Older People's Network (GMOPN) Feedback*)

Priority issue 4: Speeding traffic close to pedestrian area

Speeding traffic on local roads is a key issue for all older people. It was noted as being less of an issue in Tameside where it was prevalent but relatively less important than other factors.

Priority issue 5: Quality of pedestrian crossings

People tended to agree that there was a general lack of enough pedestrian crossings and there was concern also about a lack of dropped kerbs and also blistered pavements, especially when it is poorly maintained,

“You know the slabs for blind people. Those are every bad to walk on when you have mobility issues. We could do with a row of just plain ones. So that if you press the button you don't have to walk on those ones.” (Tameside, female, focus group)

Similarly there is an issue with potholes on the crossing itself,

“It's also the potholes on the road of the crossings. You can be crossing over the road and you've suddenly got big holes...the number of potholes and between there and the pavement the other side” (Tameside, female, focus group)

Some people mentioned a lack of audible noise when crossing can be an issue. They give security for people as they are crossing.

Examples were given where crossings were not placed along the most appropriate pedestrian routes,

“you have desire strips...that's where people walk, then that's where it should be made to work” (Bury, male, focus group)

Priority issue 6: Lack of benches and toilets

Lack of benches and lack of public toilets is an issue for older people. Largely it was relatively important but not that common in most places except in Salford where it was viewed as a more common.

Special priority issue for Wigan only: Street lighting

The most common and most important issue to the people of Wigan was a change in street lighting which people felt had lower luminance. This made older people there, feel less safe especially in terms of slipping or tripping. No other groups mentioned this as an issue.

“they’ve lessened the lighting and it’s not safe”, (Wigan, female, focus group).

Special priority issue for Wigan only: Pollution

Pollution is a huge negative side effect of increased mobility through the use of private vehicles. Pollution, especially in terms of air, but also noise, resulting from vehicles can affect people’s health, with poor air quality in particular contributing to respiratory illness, heart disease and some cancers. The most serious air pollutants are nitrogen oxides and particulates. Greater Manchester road transport accounts for 65% of nitrogen oxide and 79% of particulate emissions, along with 31% of carbon dioxide emissions. This is a particular issue in our focus groups for pedestrians in Wigan rather than anywhere else, where it was seen as less of a priority.

“Pollution is a serious problem - only when I am able to get out of Manchester does my chronic catarrh and sore throat stop for a few days.” (*Response to Greater Manchester Older People's Network (GMOPN) Feedback – Manchester*)

Lower priority: Width of the road

A lower priority was given, though it was still an issue, to width of the road especially with regard to crossing it with or without a crossing in place.

“Our newest crossing that’s a problem...you do go in places where there’s a new crossing you do go my God how wide is it, because it’s ever so wide” (Tameside, female, focus group)

“When you cross one road you have to cross two and got to wait for wait for the lights each time” (Tameside, female, focus group)

Some people discussed that width of road isn’t an issue if there are places to cross or a median strip to wait in splitting the road into two halves, as long as the crossing itself gives people enough time to cross.

A note on cycling

There were only a few cyclists among the focus groups. However, it was generally noted that it would help cyclists but also pedestrian and drivers if dedicated infrastructure was put in place for cyclists, so a common theme was to add cycle paths and generally make more provision for cycling.

PUBLIC AND COMMUNITY TRANSPORT

Public buses play an important part in connectivity for older people, especially those who have given up driving. Bus use is especially high among older people where there is concessionary or free fares, as in the United Kingdom. Not only does the bus keep people connected, bus use is also correlated with health and wellbeing, being a protective factor in obesity for older people (Webb et al., 2011). A report from Greener Journeys (2014) suggested that every £1 spent on subsidising travel for older people, returned about £2.87 to the economy in terms of increased access to shops, services, activities and enabling support for others.

Barriers to using the bus

There are still many barriers to using a bus, even if it is free, that prevent or make it difficult for older people to use it. Gilhooly et al. (2002) found the highest barrier to public transport use amongst older people was personal security in the evening and at night (79.8% of over 70s agreed), followed by transport running late and having to wait (see Table 1). A report using accompanied journeys in London highlighted similar problems for older people including crowds at the bus stop or on the bus, prams taking up the seats or area at the front of the bus, steps up to the bus being too high (or driver stopping too far from the kerb) and fear of falling over when the bus moves off (TfL, 2009). Broome et al. (2010) in an Australian study found that for older people, driver friendliness, ease of entry/exit and information usability were prioritised barriers and facilitators for older people. Age UK London (2011) quantified this by surveying bus driving behaviour in 550 journeys in inner London and 541 journeys in outer London. In 42% of cases, passengers were not given enough time to sit down before the bus was driven away from the stop. In 25% of the cases the bus did not pull up tight to the kerb at the bus stop.

Importance of the bus to older people

Older people frequently note the importance of the bus to their daily life, especially in terms of social aspects,

“I love the bus. It’s a place I regularly see someone I know to chat to and I often use it to go to places for a cuppa tea and a cake, down to the seaside, nice service that” (female, bus user, aged 79 Musselwhite, 2018)

“I use the bus to go to my club, have lunch and then come home. I can half a quick half of beer too then. And some more!” (male, bus user, aged 80, Musselwhite, 2018)

“I enjoy being on the buses with other people, it’s a social thing... there’s always somebody I know on the buses...whereas driving is a little more enclosed personal thing.” (Female1 Powys, aged in 70s; Shergold et al., 2012).

Findings from the focus groups

As figure 12 notes the priority of issues surrounding buses are highly localised and differ among the locations the focus groups took place.

Poor driver awareness is a key issue in all areas except Salford Having to change buses is a priority issue in Wigan, a secondary issue (important but less common) in Oldham and Bolton, but a low issue in Tameside. Wigan and Oldham have priority issue with bus stops not being close to residential areas. Another key issue for Wigan is having bus services cancelled, which is an issue for all places, a secondary issue in Oldham, Tameside and Bolton.

Oldham and Bolton both have issues with a lack of information about bus services for older people, with Oldham suffering unreliability and further hassle of car parking obstructing the buses and Bolton having priority issues with signage and at the interchange. Frequency of buses in Oldham, with many hours between some services, is also a secondary issue. Salford, Tameside, Wigan and Oldham suffer with poor bus stops but it is a priority issue in Salford and Tameside, less of an issue in Wigan and a third priority area (common but less of an important issue) in Oldham.

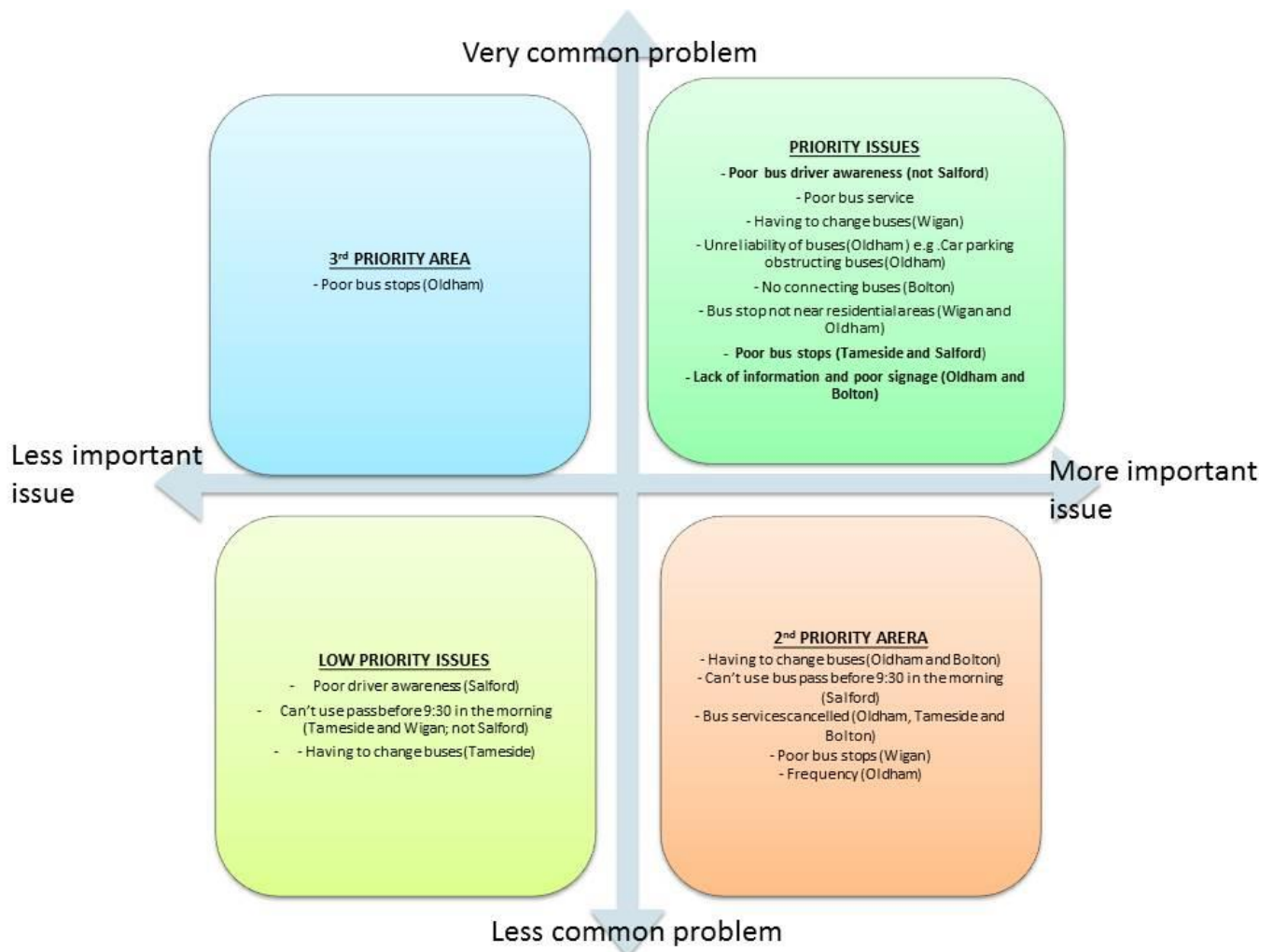


Figure 12: Priority issues on public buses for older people in Greater Manchester

A key issue about Salford was not being able to take a mobility scooter onboard certain services, though this was contested by another focus group member.

Priority issue 1: Bus driver awareness

There was common agreement that there was a lack of awareness among bus drivers of older people's issues, typified by bus drivers driving off before the older person had sat down on the bus,

“Some drivers can't wait for you to get in the bus and they're going...for me it's intimidating. You're frightened of falling” (Wigan, female, focus group)

“you get on and they're off” (Oldham, female, focus group)

Or not realising an older person might struggle getting on and off, for example taking longer, or struggling with bags and taking time to find and swipe the pass. They did acknowledge this was due to the pressure the bus driver was on

“They’re on a timetable. The traffic is that bad and they’re behind” (Oldham, female, focus group)

It was discussed that buses didn’t stop close enough to the kerb, making it harder to board the bus. There was also anxiety about getting off the bus, where older people didn’t trust the driver always to stop when the bell had pushed or wait for them to get up when the bus had stopped.

Priority issue 2: Poor bus service

A variety of issues with the service itself including the bus stop not being near the main residential areas (esp. Wigan and Oldham),

“they changed it and they go on the main road and you have to walk it” (female, Wigan, focus group)

Buses being cancelled altogether or reduced in number (esp. Wigan) and the unreliability of the service was mentioned as an issue in Oldham,

“it doesn’t turn up due to no drivers” (female, Oldham focus group)

It was noted that there were issues between different operators when having to change buses,

“you do have to be on the ball with your different companies don’t you what’s your best way of getting you there” (female, Oldham focus group)

The Wigan focus group noted issues with having to walk up hills and this needs to be taken into account in the placing of bus stops.

Priority issue 3: Poor bus stops and signage

A key issue for all groups was poor bus stops. Signage and a lack of information at bus stops was noted as a key issue in Oldham and Bolton. A particular issue in Oldham was the Hoppy Bus where potential was seen for a service that gets closer to where people live but no one had any idea when it runs as there are no recognised bus stops on most of the route – it’ll stop wherever. There are also

issues around bus information in Oldham interchange. People talked about poor quality bus stops, lack of seating and in poor repair, but despite being a common issue, this was a lower priority issue than signage and information. Movement of the bus shelters and reducing seating and canopies opening them to the elements was also noted as an issue specially by people in the Wigan focus group.

Oldham priority issue: Poor bus infrastructure

The group in Oldham discussed how buses have drop down mechanisms that frequently fail and also noted a lack of grab rails on the bus both of which were deemed important barriers to use.

“They’re all old and don’t work properly” (Oldham, female, focus group)

Lower priority issue: Using the bus pass before 9:30am

Many older people wanted the bus pass to extend to before 9:30 in the morning. This was especially an issue because of hospital and doctor appointments at that time of the day. There was acknowledgement that it helps manage passenger demand,

“People getting to work you don’t want them fighting with pensioners... We have all day... If you make an appointment doctors and hospital and things like that they usually are quite accommodating” (Wigan, female, focus group)

Ring and Ride and Community transport

As an alternative to conventional public bus services, there can be provision of specialist transport services, often operating door to door for people who cannot access public or private transport, known as specialist transport service or community transport or transit. Such services often run on demand and not usually to a scheduled timetable and are usually run by a third sector or charitable organisation. Such services can provide a lifeline for older people who would otherwise not be able to get out and about. They keep older people connected to services, shops, groups and clubs and offer an opportunity to socialise with other passengers (ECT (Ealing Community Transport), 2016). There are direct improvements on people’s health through affording greater access to GP and hospital services and reduces missed appointments, improved diagnosis and therefore lower healthcare costs (ECT, 2016) It can also mean people are discharged earlier as they have access between hospital appointments and home (ECT Charity, 2016). Importantly, drivers can act as informal carers and can help identify early warning signs of illness or of loneliness and isolation, as well as offering social support to the passengers (ECT Charity, 2016).

There are some barriers to community transport use (Musselwhite, 2018c.) Services are very dependent on third sector and charity provision and as such provision can be somewhat fragmented across the country. Often the service can be based around a few key individuals, or in some cases a sole individual, running the service, often on very little money or in some cases as volunteers, and if they leave or the funding stop, the service may cease. The service is often provided around the demands of a number of passengers and as such cannot compete with the on-demand system of a private car or taxi. Since money is often an issue, the type of transport can often be old and of poor quality. People who may well benefit from such a service can sometimes feel the service is not for people like them; there is sometimes the perception that it is for people with disabilities, rather than for everyone with accessibility issues. Frequently, there is a lack of information and as a result much misunderstanding of the service (Parkhurst et al., 2014; Ward et al., 2013). Journeys typically are based around providing transport to shops, services and doctors and hospitals, but there needs to be more “discretionary” journeys provided to places of leisure and fun (Musselwhite, 2017).

Focus group issues and priorities for community transport

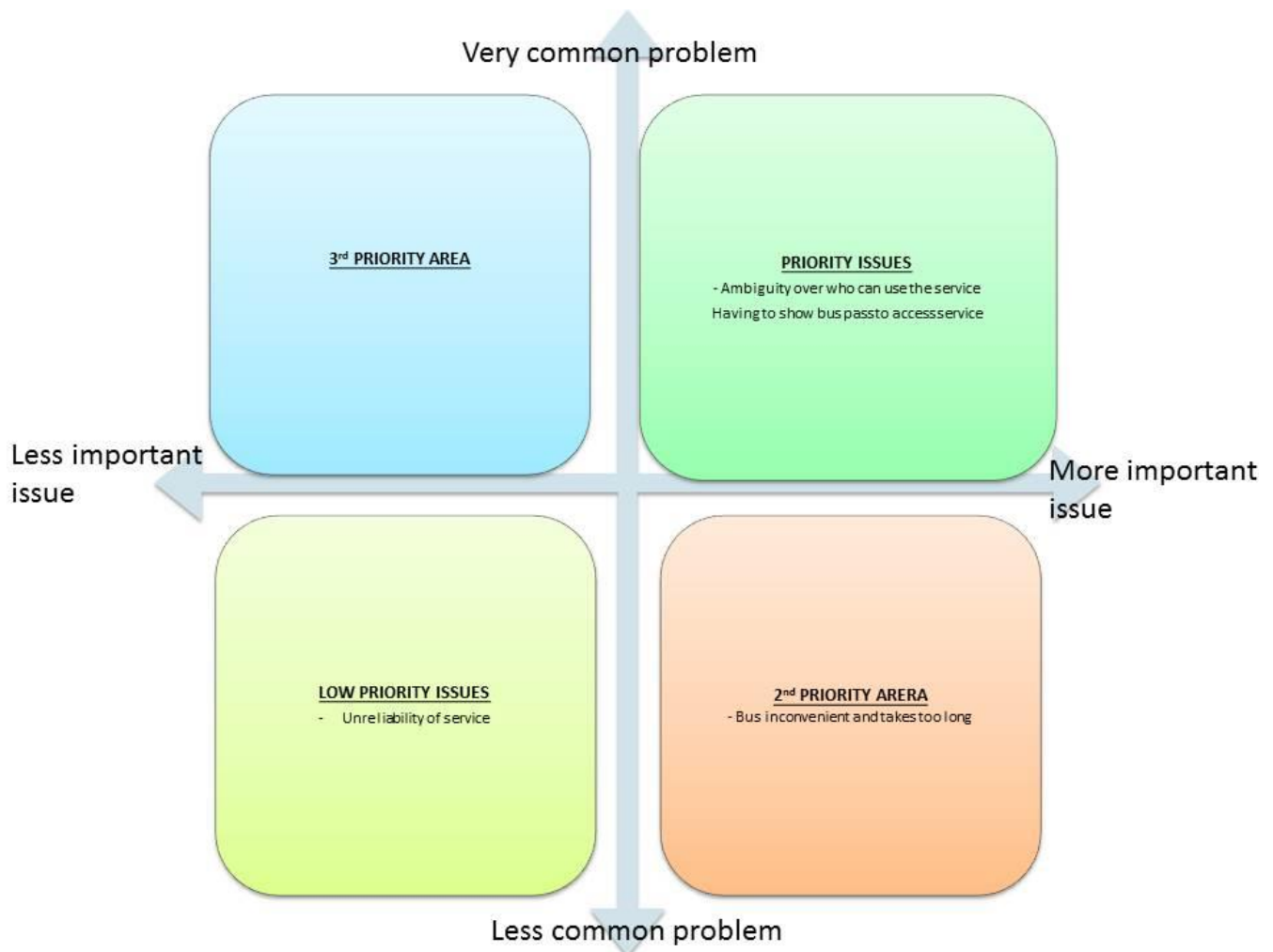


Figure 13: Priority issues for community transport for older people in Greater Manchester

Figure 13 shows that the key priority issue is ambiguity over who can use the service. Inconvenient and unreliability are lower priority issues.

Priority issue 1: Ambiguity over who can use it

The key priority issue noted among all the groups that examined community transport surrounded misunderstandings over community transport, ring and ride and other similar services. People discussed not knowing community transport existed at all. More commonly people had an idea of existing services but had no clear understanding of the detail of the different types,

“need printed out things so people know about it” (female, Salford).

There is also evidently some confusion over who can use the services. There is no clear what criteria confusion in the Oldham group included discussions as to whether it included hearing or sight loss or just mobility issues such as walking problems. One participant in Oldham said that if you are registered blind you can use Ring and Ride free of charge – a participant with sight loss didn't know this was the case.

Having to show or even give-up a bus pass to be able to use community transport was discussed in Salford and Oldham groups,

“if you've given up your bus pass for vouchers then you can't use community transport as you need to show it” (female, Salford).

Lower priority issues: Inconvenient and unreliable

The service can be very unreliable, hard to get an appointment and late and take a long time reducing the usefulness of the offering,

“They won't take you to hospital. If I can't use it for the hospital then it's no use to me.”
(Oldham, focus group)

“For people who use it every now and then, it's difficult to get a slot. You are told to ring a week in advance but they're often all taken.” (Oldham, focus group)

“My time to be picked up is 10.55am – I have to come down at 10.55am but by half past 11 they haven't turned up. The drivers don't like to get out of the vehicle – some of them will come and ring your bell. Yesterday it was quarter past 11, last week it was 25 past. I was sat in the laundry waiting so I can see both entrances.” (Oldham, focus group)

“One of the block bookings for the lunch club arrived so late last week that the people on Ring and Ride missed their soup. They have to pay for their dinner but they don't get it all.”
(Oldham, focus group)

“My one experience of Ring and Ride was taking my sister Christmas shopping – she uses a wheelchair. We wanted to do 2 hours shopping in Oldham so we booked for half past 10 – it arrived at 11 o'clock and went all round the houses and arrived in Oldham at quarter past 12.

We had to be there to come back at 1pm so we didn't have time to get to any shops. They don't give you extra time because they got you there late.” (Oldham, female, focus group)

Railway and tram service

The Oldham group looked at railway and tram services. The highest priority area was lack of help, tickets being confusing and not getting a seat. More minor priorities were accessibility at railway stations and cleanliness of trains.

Priority issues 1: Lack of help.

Older people would like more help being told where the train is both on and off the train. Anti-social behaviour is a concern and if there are no visible staff to help deal with this then this can be a source of anxiety.

Priority issue 2: Tickets being confusing

Participants discussed that passengers should be able to purchase a simple integrated monthly pass that is valid on all services. It was discussed that if you don't have a concessionary pass and you work, you have to buy separate tickets for different services – can't do both bus and train which makes it more difficult.

Priority issue 3: Not getting a seat

Carriages can be very overcrowded on both train and tram and nobody will give up their seat. Can end up standing on parts of the tram that move as it turns and it is difficult to balance. It was acknowledged that it does depend on the time you travel. It was discussed how you can book a seat on a train, but not on a tram. However, it was noted that booking systems don't always work or aren't available on shorter journeys on the train.

Lower priority issue 1: Accessibility at stations

All the stations one participant was aware of are accessible and you can get assistance if you book it when you book your seats. However, example given that at Bury the lift was out of order for a long time and there's nobody there to assist you. The escalator only works in one direction. There is a need to know when it's fixed to be able to resume your routine. It was also noted that lifts are often dirty.

Lower priority issue 2: Cleanliness of trains

Toilets are not clean on trains doing longer journeys. They might pick up rubbish in the carriage but don't clean the toilets.

A note on driving

Some groups mentioned driving issues. Difficulty getting a blue badge if needed on a temporary basis is an issue. This is likely to become more problematic as more drivers age and often chronic conditions in later life come and go. Lack of drop off points near health centres and bus stops is noted. Older people are often drivers for others who may be less able than them, so having dedicated drop off points with easy to access kerbs would be useful. Finally cars parked on the road and on pavements can be an issue to drivers. Issues with pedestrians walking out in front of cars and not being able to cancel crossings even when they have crossed the road were also noted.

POLICY AND GOVERNANCE

The final area addressed in the groups was the influence of policy on transport issues. Bury and Oldham groups looked at this area. Oldham ranked not being asked about changes to transport system as most important and most common issue. Bury ranked this as less important yet still a common barrier. Coupled with this was feeding back, including lack of confidence in reporting and time taken to make any changes was noted as very common and fairly important. Especially to be noted was no clear mechanism for getting involved and no clear feedback received, especially with a scepticism surrounding how useful consultation is,

“Finding the right person to complain to as everybody says it's not their responsibility.”

(Oldham, focus group)

“There's no action when you complain. You get no feedback. You can complain to somebody but you don't know that person's passing the complaint on.” (Oldham, focus group)

“Very important to consult people whether they take any notice is another thing....sometimes you get invited to a lot of these consultations and you go and you sit and then you think what were the point because nothing's changed” (Bury, female, focus group)

“A lot of people think they have these consultations as purely tick box exercises” (Bury, male, focus group)

Underinvestment in areas outside of London was a very common and very important issue across both groups. A non-joined up transport system was then seen as next most common but equally important in Bury. Underinvestment in the transport system was noted in the Oldham group. Less common but still important were not being asked about transport system and closure of services that stops people going out across both groups,

“You get to the bus stop and it says bus stop not in use. The bus goes sailing by.” (Oldham, focus group)

Findings – Solutions

The findings could be placed around four different groups based on their rankings made by the participants. Priority areas are those that older people felt need to be done first and would have highest effect. There were then two groups where a strategy would be needed in order to reach the goal and where a slightly longer term plan would be required. Finally, an area that would be “nice to have” that would show only average levels of impact and would be hard to implement. There are also a few solutions where groups couldn’t reach an agreement. This is shown in figure 14.

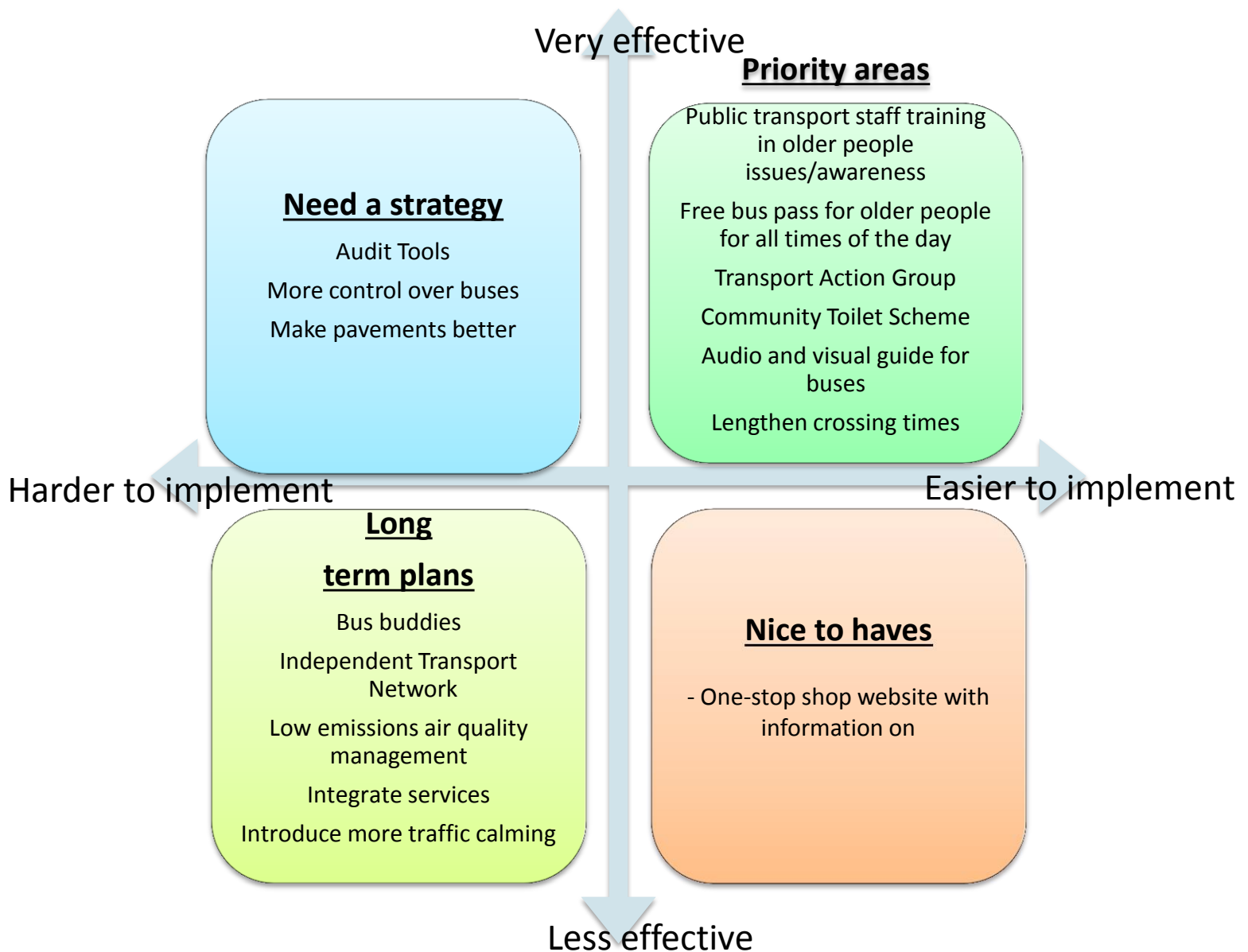


Figure 14: Prioritisation of transport solutions

Priority area 1: Training for frontline public transport staff

Almost unanimously across all groups, older people agreed that public (and community) transport staff should be trained and have a greater empathy and awareness of older people's issues. This was to overcome drivers driving off before the older person had sat down or not stopping to pick them up. Also on stations and trains just to be aware older people might need more help with luggage or train times and to offer security against poor behaviour. Older people felt this would be very effective and relatively simple to set up.

One way of delivering the training is to make it a mandatory requirement or to offer a kitemark style badge, "age friendly service" or similar. Training is provided and is undertaken by a variety of public transport companies. Best practice would ensure older people, third sector and charities were involved in the setting and delivery of such training. There should be some standardisation of training and also some evaluation of the training.

Priority area 2: Concessionary bus pass to operate before 9:30

Despite some acknowledgement of the need for priority to be given towards using public transport before 9:30am, it was felt not everyone could change the times they had to travel and making older people pay for something that had no choice on was unfair. The main reason for increasing the times the pass can be used was to help meet hospital or GP appointments, and to a smaller degree to help older people get out and about to go shopping and get necessities done and be back in time well before it gets dark in the winter. If the former is an issue then perhaps the health boards have more responsibility to help people schedule appointments when they wish to or to ask if transport or mobility is an issue and try accommodate such needs in scheduling appointments.

Priority area 3: Transport Action Group

This was used as a generic concept in all groups to get more say on transport issues locally. The exact make-up of the group wasn't discussed in detail, moreover it was about collective action to lobby for changes in transport and mobility. There was a feeling that these groups should move beyond traditional tokenistic "nodding shops" and should be more about "building relationships" with older people as opposed to "hit and run" consultations or "complaint fielding". There is also a need to draw on a wider sample of older people in such groups and not just involving the regular, confident groups of older people who are often involved in public groups.

Priority area 4: Community toilet scheme and take a seat campaign

Older people felt an easy solution and quick win would be to run a community toilet scheme where local businesses allow the public to use their toilets in exchange for a fee from the local authority. There are examples of this taking place in Stockport and Manchester City Centre. No one in the focus groups knew about such schemes. Indeed the Manchester “City Loos” example has been criticised for not displaying signs (<https://www.manchestereveningnews.co.uk/news/greater-manchester-news/toilets-gone-manchester-its-getting-9265784>). There is evidently a need to extend the community toilet scheme and publicise it better. Demand business place a sign saying people are welcome to use it. Similarly, inspired by a concept in New York, Greater Manchester started the “take a seat campaign” originally with housing providers who could allow people in to use their seats. This has expanded and taken forwards with Ageing Better (see <https://www.ageing-better.org.uk/take-seat>) and in Nottingham for example, shops, department stores, building societies, cafés , pubs, restaurants, hairdressers and travel agents are part of the scheme. This is obviously an excellent scheme that needs to continue.

Priority area 5: Audio-visual bus stops

Older people wanted extra information at bus stops and onboard buses to help with their journey. In particular they wanted audio information to accompany any visual information which could be quite hard to see for many people.

Two concepts were discussed:

Audio bus stops – that announce times of next buses, can be beacon and hub based so only talk to those who need it (on mobile phones for those blind or partially sighted for example)

Talkative bus stops - 'Flag and pole' bus stops will be fitted with location-based services, sensors/beacons, mobile apps and intelligent digital signage. People will check-in to their bus stop and let bus operators know they are waiting for their service.

Priority area 6: Lengthen crossing times for pedestrians

Older people wanted crossings that allowed extra time for them to complete before going back to green to allow traffic to proceed. Solutions discussed included technology assists such as having a swipe card to use at the crossing, as is found in Singapore, and an app which alerts the crossing to give extra time (for example <https://www.neatebox.com/button-user>) and to simply using infra-red technology or zebra crossings to lengthen the time.

Mixed feelings 1: Freeing up pavements

Older people felt it was imperative for there to be some enforcement and even a change of law to help make pavements free from obstacles including street furniture and bins but especially cars and cyclists. Currently it is not illegal to park on pavements outside of London but the UK government is reviewing this and will publish on this later in the year. Local authorities can make an order not to park on pavements or grass verges.

Mixed feelings 2: Courses to help people give-up driving and move to other transport

Older people felt a course to help older people give up driving and use public transport would be of some use but different groups gave different responses to the effectiveness and ease with which it could be implemented. The Bury group felt it would need to be short, possibly on a few hours long at the most and felt most people would not want to do the course,

“If my dad were alive when he had to give up his car I wouldn’t like to tell you what he’d say”
(Bury, female, focus group)

Example:

There is an excellent evidence-based solution in Australia which could be trialled in the UK:

CarFreeMe is a 6-week, workshop style, small group program facilitated by a professional Car Free Me coach. Each weekly session will provide you with the building blocks to becoming car free, and they are tailored to meet your individual needs and goals. You won’t be alone on this journey; your Coach and your small group of peers, will provide you with guidance and support.

CarFreeMe has been developed in collaboration with the participants themselves since 2001. We surveyed them about their needs, and the approaches and resources they prefer to ensure the program runs successfully. Five themes came out of the survey, and all five themes have been taken into consideration whilst developing CarFreeMe:

- planning and preparation
- respect and control
- peers and experts
- content suggestions
- format suggestions

CarFreeMe is helping the participants in many ways:

- owning their decision to stop driving
- feeling more in control of planning
- having a concrete plan
- increasing confidence and comfort

Strategy plan 1: Audit local areas

Older people would very much welcome the opportunity to audit their own local area. There are tools available but the auditing needs to feed into direct decision making otherwise it feels tokenistic. Hence, there is a chance here of it fitting with the Transport Action Groups mentioned earlier and why it requires a strategic plan to get it to fit into local transport planning. As well as neighbourhood, transport could also be audited. An example of a local neighbourhood audit tool is the Older People's Residential Assessment Tool (OPERAT) see www.operat.co.uk – can be filled in on an app, online or paper.

Strategy Plan 2: Reform local bus services

TfGM is exploring new opportunities for the reform of local bus services provided by the Bus Services Act 2017. The Act gives the elected Mayor of Greater Manchester the option to reform the bus market, subject to public consultation. This could bring significant benefits for residents and passengers, allowing for greater local control over routes, frequencies, timetables, fares and quality standards for all buses across the Greater Manchester network. It would also enable TfGM to set minimum standards for accessibility on buses. Older people tended to think this may have some value, but it was imperative to involve older people in any consultation and to be listened to and have their views acted upon. There was general feeling that benefits from this would be felt further in the future.

Strategy Plan 3: Pavement improvements

Older people want pavements to be

- Obstruction free
- Well maintained
- Wide enough
- Have enough crossing points

How to achieve these could occur through audit of local areas, potentially also developing the OPERAT tool to incorporate ability to note where pavements are of a particular issue. In addition, there is the concept of a Safe Street for Seniors Project.

<http://www.nyc.gov/html/dot/html/pedestrians/safeseniors.shtml> Safe Streets for Seniors is a pedestrian safety initiative for older New Yorkers. The Safe Streets for Seniors program studies crash data conducts outreach, and develops and implements mitigation measures to improve the safety of seniors and other pedestrians, as well as all road users in New York City.

Pavement. There is a chance to dovetail this with Chris Boardman's walking and cycling Beeline initiative

<https://assets.ctfassets.net/nv7y93idf4jq/6J11U1IT8kAq2oCISoEGYy/ae9e07dd0974abcfdb3434cdf46ab5b/Beelines.pdf>

Long Term Plans 1: Bus buddies

Bus buddying is the pairing of people who need extra support to use public or community transport services, due to physical, sensory or mobility impairments (including wheelchair users), mental health or learning difficulties or social issues with a volunteer who is confident using the transport. There are many schemes across the UK with varying degrees of success. Older people thought this would have some limited success and be hard to implement.

Long Term Plans 2: Independent Transport Networks

One way of overcoming the burden and remaining a form of independence is available through options such as volunteer car-pooling and journey-sharing (Whelan et al., 2006). Freund (2003) proposes an innovative alternative where older people who can no longer drive their own cars "sell" their car to a not-for-profit community-based organisation, the Independent Transportation Network® (ITN). The car provides credit and funds volunteers who provide door-to-door transport, in a donated car, in a close approximation to the flexibility and comfort the individual used to enjoy as a driver (Brown, 2010). ITN schemes are now available in many states of North America. The impact of ITN America on quality of life of its users is reported as:-

- A decrease in transportation difficulty, from 64% prior to ITN membership to 49% six months later and 43% one year later;
- An increase in confidence in arranging personal transportation for daily needs (mean scores for an 8-item scale increased from 55.2 prior to ITN membership to 67.8 six months later and 71.6 one year later);and
- An increase in non-drivers to level of drivers in their confidence in arranging personal transportation (mean scores were 50.1 vs. 60.3 prior to ITN membership, 68.0 vs. 67.9 six months later, and 70.2 vs. 69.4 one year later,

respectively). Six months after the family member's relative joined ITN: • Worry whether their relative had adequate transportation decreased from 65% to 19% • Worry about their relative's safety when they travelled from home decreased from 70% to 39% • Family members who had to miss work because they had to arrange or provide transportation decreased from 64% to 27% (ITN America, 2011). Older people tended to think this was of generally limited benefit, with plenty of alternatives to using the car, if they were provided well being seen as more important.

Long Term Plans 3: Low emission plan

The Greater Manchester Air Quality Action Plan sets out measures which will reduce air pollution while supporting the sustainable economic growth of the region.

<https://www.greatermanchester-ca.gov.uk/airquality>

Older people did not really see the value in such a plan in relation to ageing, with direct and tangible changes in provision being preferred over a wider action plan. Many older people in the focus groups did not link pollution to an issue older people would have anyway.

Nice to have: Information sharing website

A one-stop shop of information for people older people and people working in the field:

- Statistics
- Latest reports
- Best practice
- Blogs
- Events

Older people felt this would be easy to implement but be of limited value. To have any effect at all it needs to be written by older people. There was a feeling among the older people themselves that it was of less value to older people who were less likely to have the Internet or be using smartphones in the first instance.

Good examples are PACTO website and AARP website.

<http://www.pacto.org.uk/>

<https://www.aarp.org/>

Recommendations

These are now brought together in a series of recommendations that cover all the main issues and potential solutions.

Recommendation 1: Staff working in transport to be trained in older people's issues

It was quite clear from the focus groups that there is general feeling that bus drivers in particular need to have a greater awareness of older people's issues. This was especially the case with regards to driving off before the person has sat down, not offering any help with destinations, with luggage or with swiping the older people's bus pass and not being aware of cognitive or mobility difficulties that make it difficult for an older person to swiftly board and alight. It was felt that frontline staff who directly come into contact with older people it was generally agreed needed this most and bus drivers tended to be suggested. Some people acknowledged the buses were under strict timetables, hence perhaps management setting timetables or with rigid penalties for late services also need to have awareness training. It is therefore suggested too that backroom staff get some form of awareness training too. Since older people like and trust station staff and train managers it is also suggested that such staff attend such training. These staff can make or break a journey for an older person, being the difference between people staying at home isolated and lonely or being able to connect with the outside world. It is also suggested that policy and practice based staff whose policies influence mobility at a local level also take part in such training. There are examples of such training having taken place but it is usually on an ad-hoc basis, with little or no standards or quality control of the training being employed. It is also often around awareness of mobility or cognitive difficulties rather than general older people issues. It is suggested that such a course is developed and delivered in conjunction by older people themselves, and that the course is rigorously developed and is modified and developed in relation to rigorous evaluation. An accredited standard for bus, taxi, tram and train companies, monitored and enforced by local authorities, would really improve older people's mobility.

Examples to build upon:

Age UK Isle of Wight is working on is to help Southern Vectis bus drivers learn how to make its services more accessible for people who cannot walk very well, have sight and hearing problems or suffer from dementia. Southern Vectis already offer 'safe havens' and safe journey cards for older

people, and now its drivers are undergoing training as part of the Age Friendly Island project, led by Age UK IW and funded by the Big Lottery.

Transport for London (TfL) wanted to improve disability training and therefore put together a plan called “All Aboard” which was seen by 90% of the drivers.

Brighton & Hove Bus & Coach Company & Metrobus has a partnership with Guide Dogs. The objective is to organise practical training days to help drivers understand how to support disabled and older people.

Recommendation 2: Getting more older people involved in transport planning and design

Many of the issues brought up by older people stem from the need for older people to have more involvement in key transport issues. This could be done in a variety of different ways. It is suggested that local groups could be mobilized to collect information on their local area and mapping key issues that can then be used by local policy and practice when re-designing and planning the local area. This could be done in a variety of ways: (1) Individual or group audits of local streets. Older people could audit their local streets identifying general age friendliness of the area using tools such as OPERAT (Older People’s External Residential Assessment Tool), living streets audit plans (which identify need for crossings, speed control, such as traffic calming, speed cameras etc., need for pavement improvements and de-cluttering of pavements, and identification of the need for cyclepaths). (2) Deliberative mapping exercises. Local groups could organize interactive mapping sessions to plot and note and discuss key issues in a local community in relation to transport. These could be annually or be in response to a new initiative or event. They can be bottom-up and driven by the community or top-down and introduced as a form of consultation from local authorities or transport service providers.

New technology can help with the capture of transport issues in real time, helping to geolocate issues and capture them and aggregate them easily and efficiently. There is already, for example, an OPERAT app in development, where information can be immediately captured and uploaded onto the website and aggregated into a map.

Issues about involvement here are crucial here. It tends to be the “low-hanging fruit” that take part in such exercises and there is a need to mobilise and involve other sectors of the community who do not normally take part in such exercises. Hence, different techniques aimed at getting different people

involved are suggested, for example some people enjoy group work, others would rather monitor the local area from home or at distance. Monitoring who has taken part and who hasn't against known local community figures, shows who is engaging and who is not and who needs to be targeted. Barriers to involvement need to be examined and where possible managed or reduced.

In addition, there is a need for the process to feel less tokenistic. As well as information coming from older people themselves, information must be fed back from the decision makers, the local policy or transport service providers themselves. That's not to say that every issue needs a comment but there needs to be some two-way dialogue taking place here with some significant feedback coming from the authorities. Obviously managing expectations here is important. It cannot be given that people will have all of their issues satisfied but a feeling that they are being listened to and a dialogue opened up to be honest about why certain issues are priorities and not others. It is suggested that the local authority dedicate some web space to such community groups to allow space for discussion and dialogue.

Examples

Two immediate and differing examples can be drawn on locally:

Old Moat drew on local voices and involvement to develop their age friendly vision, see

<https://www.bjf.org.uk/web/documents/page/OLD%20MOAT%20%20AGE%20FRIENDLY%20CITIES.pdf> (for resources see <https://www.southwayhousing.co.uk/media/1017/old-moat-age-friendly-project-tool-kit.pdf> and overarching action plan http://hummedia.manchester.ac.uk/institutes/micra/ACTION%20PLAN%20MAP_11_04_14.pdf)

Graffiti Grannies: The Graffiti Grannies campaign involved a small group marking up the pavements with bio-degradable spray paint to highlight local trip hazards – this led to the council installing a dropped kerb outside sheltered accommodation and addressing some of the other reported hazards.

<https://www.lev-inspire.org.uk/graffiti-grannies/>

There are 32 examples given in an excellent report for the Scottish Government on involvement of older people in community planning that show the range of different possibilities for public involvement. See pages 33-37 of this report. <http://www.gov.scot/Resource/Doc/47210/0027015.pdf>

Recommendation 3: That other sectors help manage transport demand better

A particular issue that would help older people would be better scheduling of healthcare appointments, so they do not take place when older people cannot access them. A major example was given in a few examples of having to pay high rates to get a bus to the hospital for a 9am appointment, when the concessionary bus pass is not free. In addition, there is often much waiting around for appointments then waiting for hospital or community transport to be coordinated on the way from appointments. Hence, it is suggested that healthcare helps by asking about and coordinating patients travel arrangements as best as possible. There is potential here for new technologies to help with the scheduling of transport and potentially sharing of transport services for people accessing similar healthcare appointments and travel home. Where there are known events taking place that are put on for older people, transport information and even transport provision needs to be well thought about and brought together.

Examples:

There is a local TfGM example. TfGM coordinated an initiative with the then Stockport PCT, who wanted to offer a concentrated number of client assessments and fittings of digital hearing aids. By offering clinic appointments during the middle of the day, the PCT could utilise the spare vehicle capacity of a local authority owned accessible fleet operating company to provide transport support to those who needed it, scheduled to suit the transport available and reduce the risks of non-attendance.

In 2014 the Transport Select Committee has made a series of recommendations to improve transport services to isolated communities, including the idea of ‘total transport’ which involved better use of existing transport resources, including hospital and school transport. For example, it was suggested that at times when vehicles are not in use they could be used to fill gaps in local provision by taking a more coordinated logistical approach.. Devon County Council was an initial pilot for Total Transport, working to improve non-emergency patient transport services in partnership with the local Clinical Commissioning Group. As well as making better use of local resources there is a central information service for both those who qualify for patient transport and those who do not – who are directed to community transport options.

The Golden Jubilee National Hospital has a central transport office. Individual departments from within the hospital, staff from referring hospitals and users themselves can contact this office directly to organise transport. The hospital has a transport policy which includes criteria to determine eligibility for different types of transport and staff can use flow charts to determine which transport options are available to different people in different circumstances. The hospital operates a small fleet of

minibuses which link in with other NHS boards to transport patients for planned surgery. The central transport office also holds information about other transport provision such as community transport operators and public transport so that staff can provide good information to patients. (Audit Scotland, 2011)

An excellent report identifies other successful case studies and discussion on barriers to implementation including:

- The perceived minor impact of transport on NHS service delivery and budgets, despite the substantial sums being spent.
- The division of responsibilities – and funding – between the NHS and local authorities.
- The sheer scale and complexity of the NHS, combined with frequent restructures and staff changes.
- A reluctance within the NHS to consider nonNHS transport options.
- Difficulties in reconciling different service standards and scheduling constraints e.g. “timing outpatient appointments around transport is alien to most NHS culture

See http://www.urbantransportgroup.org/system/files/general-docs/UTG%20CTA%20Total%20Transport%20Report%20FINAL_0.pdf for further information.

Recommendation 4: Community resources and support

There is a role the local community can play in enabling older people to get out and about. Support through businesses, cafes and other buildings opening their doors so people can take a seat or use the toilet can be very beneficial for older people wanting to get out and about. Schemes such as Take A Seat and Community Toilet provision need to be expanded and advertised well, so that they are utilized to their full extent. Simple advertising of such provision could involve mapping toilet and bench provision.

Examples:

[Greater Bedminster Toilets and Benches map](#) is produced by the Southville Centre, Greater Bedminster Community Partnership and LinkAge. It highlights on a online, printable map places such as cafes, museums and shopping centres where people can use the toilet for free and includes a note on

where there are benches as well. To work well, this would continually need updating, again perhaps a role here for the audit groups to provide up to date information on toilets and benches.

There are examples of Take A Seat campaign running in Greater Manchester and Nottingham in the UK building on the success of the New York scheme. It encourages local shops and businesses to provide a seat and a friendly welcome to anybody who needs it. The Centre for Ageing Better provides a [check list as to how to run a Take A Seat campaign](#).

Recommendation 5: Demonstrator sites

It is suggested that funds be established for demonstrator projects that help overcome some of the issues identified in the workshops. Two immediate demonstrators could be piloted; (1) increasing time for older people at crossings; (2) audio-visual bus stop information.

One way of implementing this in a novel manner would be to encourage innovation from local businesses and entrepreneurs. A model such as that run by Geovation could be used to develop and fund this from a bottom-up perspective. This user innovation approach is defined as, “the creation and application of an invention initiated by affected individuals that stems from user need or curiosity to address a problem or challenge within social practice” (Lyons et al., 2012). User innovation begins with a trigger that, through creative thinking, becomes a local/personal invention; which develops into a ‘service’ and can lead subsequently to wider adoption and diffusion (Lyons et al., 2012). Each of these points can prove to be a barrier to innovation. Hence an iterative process takes place to support innovators (Geovation is an example of a successful user innovation into practice model – see <https://geovation.uk/challenge/#challenge>).

Examples of technologies include:

[Neatebox Button](#). Button enables users to use their mobile phone mobile or smart watch to press the buttons at pedestrian crossings. This could be coupled with allowing extra time or even allowing the person to cancel the crossing at the end. There are examples of these in Largs, Soctland, where 10 pedestrian crossings were enabled in Summer 2017, along with one in front of the Locharbriggs Village Hall.

[Singapore Card Scheme](#). In 2009, Singapore’s Local Transport Authority started Green Man Plus, piloting it at five intersection crossings. People who hold an over 60 or disability fare card for free or reduced travel on buses can apply for a special card they can swipe at the traffic light sensor and it

gives them an extra 3 to 13 seconds to walk across, depending on the size of the crossing. It now operates in 495 crossing across 30 housing estates.

Audio-Visual bus stops. It has become the norm to have audio announcements of next bus stops on many buses however, less common is such provision at bus stops. Greater Manchester is involved in a pilot via [the City Verve project](#). As another example, Belfast installed some at key locations a few years back.

Audio guides. "[Talking App](#)" is a smartphone app that provides real-time passenger information to all users (although specifically designed for the visually impaired) in an audio format. Talking App includes the following functions:

- Locates nearby stops and guides passenger to the stop
- Advises as to upcoming departures
- Destination countdown advises when to alight the bus
- Uses Smartphone's location awareness and audio commands for familiar, user-friendly experience

A basic proposed indicative timeline is given for each recommendation in the table below:

Timescale	Rec.1 Training	Rec. 2 Involving People	Rec. 3 Other sectors	Rec. 4 Community resources	Rec. 5 Demonstrator sites
Immediate now to 24 months	Audit existing training provision Research best practice Involve older people in identifying key issues Write	Audit existing groups and their work with regards to transport Link in with Beelines Chris Boardman work Link into bus	Research barriers and enablers. Identifying potential pilot scheme to test feasibility. Working with partners to develop	Identifying best practice examples Developing feasibility plan to deliver some schemes Address areas of priority and need	Address feasibility of running a tech challenge event Look into Geovation style precedence Apply funding

	curriculum Deliver pilot	deregulation consultation Share best practice – annual conference/day Use current issues to trial integration	protocol Deliver Evaluate		Develop tech competition protocol
Intermediate 24-48 months	Evaluate and refine programme Identify programme to role out across different groups	Identify gaps and opportunities Develop involvement strategy	Refine and scale up	Deliver communities Evaluate	Run competition Implement technologies Evaluate technology Evaluate competition
Long Term	Keep modifying and refining offering	Develop new tools Annual conferences, workshops and awards to bring groups together.	Further roll out	Roll out further	Run further competitions if successful Roll out technologies wider

Finally, we plot our work against that of the Greater Manchester 2040 transport strategy. The table below identifies ambitions and priorities in the strategy and how they map to issues, solutions and recommendations generated in this report.

2040 Strategy	Issue	Solution	Recommendation
Ambitions			
Road safety improvements, with a focus on vulnerable users	speed of traffic poor crossing facilities width of road cycling facilities	Audits Traffic calming Pavements for people policy	Involving people Demonstrators
Improved transport interchange and passenger waiting facilities	Poor bus stops and signage	Transport Action Groups Audits Audio visual bus stops	Involving people Demonstrators
A more integrated approach to supporting modes such as taxis, coaches and door-to-door transport	Poor bus service Limited range of community transport Community transport not reliable enough	Transport Action Groups Audits Reform of local bus services City Verve project Information sharing	Involving people Other sectors
A network of routes, linking schools, colleges, employment areas, shopping centres and public transport	Poor bus service Poor pavements	Transport Action Groups Pavements for People Policy	Involving people

interchanges, that is segregated wherever possible			
Introduce 20mph zones, where these have local support, in local areas to make it safer to walk and cycle	Speed of traffic	Transport Action Groups Traffic calming	Involving people
develop on-street way-finding infrastructure and signage, supported by digital mapping and journey planning tools to make it easier for people to find their way around on foot and by cycle	Poor bus service Not knowing who can use community transport Limited range of community transport Community transport not reliable enough	Information sharing	Involving people Community
Priorities:			
Review of bus routing and interchange facilities within the Regional Centre	Poor bus service Poor bus stops and signage	Reform of local bus City verve	Involving people Demonstrators
Review opportunities for establishing a Clean Air Zone	Pollution	Low emissions strategy and air quality plan	Involving people
Improve bus network in Salford-Bolton area	Poor bus service	Reform of local bus	Involving people

(committed scheme)			
New/enhanced interchanges in Ashton, Bolton, Stockport and Wigan town centres (committed schemes) and in other prioritised town centres, including Oldham Mumps (covered interchange)	Poor bus stops and signage	City verge	Involving people Demonstrators
Improve accessibility and connectivity to and around Stockport town centre (committed schemes)	Poor bus service	Bus reform	Involving people
Provide much better pedestrian, cycle and public transport links across town centres, including reducing severance by major roads	Better pavements Pavement obstructions Traffic signals to stay longer for pedestrians Poor crossing facilities Poor bus stops and signage	Pavements for people policy Lengthen crossing times Audio visual bus stops	Involving people Demonstrators
Improved facilities at local stations	Lack of help. Tickets being confusing Accessibility at stations	More staff on board and at stations – old-fashioned conductor and station manager role – to help with anti-social behaviour and to	Involve people

		get information. Better maintenance at train stations.	
More accessible 'public realm', including bus stops	Better pavements Pavement obstructions Poor bus stops and signage Lack of benches and toilets	Pavements for people policy Lengthen crossing times Audio visual bus stops	Involve people Demonstrator Community involvement
Better pedestrian and cycle links to stations and stops, as well as to local facilities	Better pavements Poor bus stops and signage	Pavements for people policy Audio visual bus stops	Involve people Demonstrator
Road safety measures where there is a high risk to vulnerable road users	Speed of traffic Poor crossing facilities	Traffic calming Pavements for people policy	Involving people

The 2040 strategy does not include elements about frontline staff awareness, such as bus driver attitude and behaviour. It also doesn't mention involving older people more in the transport planning discussions moving forwards. These were both crucial elements to an age friendly transport system working for older people as recommended in our groups. The strategy elements around corridors into the city centre are less of an issue for older people, who were more likely to discuss issues moving between urban centres on the periphery on the city centre.

Conclusion

Overall, five recommendations stem from the issues and solutions discussed by the focus group workshops in Greater Manchester and building on previous work in this field. It is very interesting to note just how important other people are to the transport system for older people. Sometimes connection with others enables the system to work properly, the need for frontline staff, like bus drivers, to have greater awareness of transport is crucial in this respect. Hence recommendation 1 highlights the need for greater awareness of staff of older people's issues. This moves beyond statutory duty for understanding disability to including a variety of older people issues. There was a general feeling that people don't understand the issues of older people and this was clear in the transport offering for older people. This could be helped by the involvement of older people in transport planning, recommendation 2 in this report, which could help document issues for older people in the built environment. . Good quality infrastructure can really enable people to get out and about and there was a general feeling that this can reduce many of the barriers. However, current examples of good practice were sporadic and older people want more involvement in helping to document and place good and poor examples. How this is done needs careful consideration, there must be a wide variety of older people involved, not just the usual easy to reach groups and there must be feedback given and a proper mechanism to show how their expertise is being used in planning. Sometimes it is the sharing of the transport system with others that can make the system hard to use, for example, sharing the pavements with cyclists and mobility scooter users and there needs to be greater understanding of the difficulties for older people sharing limited space.

There is a need for other sectors to help the transport offering for older people, recommendation 3 highlights the role health boards can play, as well as maximizing transport resources that are currently under-utilized, bringing back the idea of total transport. There are also opportunities for local communities to do more to help, providing spaces to sit and opening up their toilets for example, and recommendation 4 suggests this continues, with the potential for addressing other local resources that could help. Finally, recommendation 5, highlights that quite often in groups there was a lack of awareness as to whether a solution would work, and a general concern that modern technology may be a solution looking for a problem. Here we suggest an innovative, bottom-up approach with a series of demonstrators to trial novel solutions for older people.

There is some interesting insights into how not all transport issues are known or seen as an issue for older people, pollution is an example of this, known to be an issue for people with increased respiratory and heart problems, yet not seen by the people in the groups as any more of an issue for them than any other age group. This highlights another theme found throughout the groups, a constant tension between older people as frail and needy and older people as resourceful, proactive and engaged. This makes the transport offering difficult to achieve, schemes aimed at plugging deficits seen in older people can be met with derision, but doing nothing can also be met with a feeling of being left out, of being misunderstood or ignored. This is why more

involvement of older people along with more dialogue between transport policy and providers and older people is needed.

Appendix 1 - Workshop outline

Age friendly transport in Greater Manchester

Workshops

Introductions (10 mins)

Thank you for taking part in this workshop. My name is Charles Musselwhite, I'm from Swansea University in Wales. I am working with Greater Manchester to look at what might be needed to make transport more age friendly in the area. I would like to get local opinion to help us identify local issues, prioritise them in terms of importance and then look at potential solutions. I will use your discussion here today to help identify issues and work towards solutions in a report I am writing. I will present a series of tasks for us to complete looking at walking, public and community transport and policy. There are no right or wrong answers, everyone is entitled to an opinion, so please do speak up and let us know what you think. With your permission I would like to record these workshops, just so that I can capture some of the conversation to put into the report. But please be assured I won't directly attribute you and everything will remain confidential and anonymous.

All introduce yourselves, name, something transporty about you and say how you got to the destination today!

So first I want to show you a model:

Show model of age friendly transport and explain the layers to the model. Show the participants which elements of the diagram we will look at today.

Section 1: Pedestrians (10 mins)

First, let's start at the pedestrian level:

Here are some cards about issues at the pedestrian level, I will introduce. Could you let me know if they are a particular issue for you?

Show cards

- Pollution
- speed of traffic
- crossing, width of road, speed of crossings (2 issues on this card, completing crossing in time and waiting a long time) – can present all 3 at once as they relate to interacting with traffic
- lack of benches
- lack of public toilets

Ask if there are any additions and write them out. Add them to the table.

“Now could you place these in order of major barrier to minor barrier to walking for older people and importance of that barrier to older people locally, not necessarily yourself but others too. Try to come to an agreement and force an order, though acknowledging they are probably all important.”

Section 2: Public bus (10 mins)

Next, let's look at public transport, specifically the bus to begin with.

Here are some cards about issues older people have had using the bus. Could you let me know if they are a particular issue for you?

Show cards

- Bus services cancelled
- Having to change buses
- Bus stops not near residential areas
- Poor bus driver awareness:
- Can't use free bus pass use before 9:30am
- Poor bus stops.

Ask if there are any additions and write them out. Add them to the table.

"Now could you place these in order of major barrier to minor barrier to using the bus for older people and importance of that barrier to older people locally, not necessarily yourself but others too. Try to come to an agreement and force an order, though acknowledging they are probably all important."

Next: Choose 1-2 of sections 3-5 or additional transport modes if they are important to the group.

Section 3: Community transport (10 mins)

Now let's look at community transport, by which we mean on demand, or ring and ride services

Here are some cards about community transport issues. Could you let me know if they are a particular issue for you?

Show cards

- Takes too long
- Not reliable enough – runs late
- Confusion over who can use it
- Don't know about it

Ask if there are any additions and write them out. Add them to the table.

"Now could you place these in order of major barrier to minor barrier to community transport for older people and importance of that barrier to older people locally, not necessarily yourself but others too. Try to come to an agreement and force an order, though acknowledging they are probably all important."

Section 4: Railway (optional 10 mins)

Next we will look at using the train.

Here are some cards about issues using the railway as an older person. Could you let me know if they are a particular issue for you?

Show cards

- Poor accessibility to rail stations
- Not clean
- Not getting a seat
- Lack of help and information
- Tickets are confusing

Ask if there are any additions and write them out. Add them to the table.

“Now could you place these in order of major barrier to minor barrier to using the railway for older people and importance of that barrier to older people locally, not necessarily yourself but others too. Try to come to an agreement and force an order, though acknowledging they are probably all important.”

Section 5: Policy (10mins)

Finally, let's look at policy and how that can help or hinder older people's mobility.

Here are some cards about issues policy. Could you let me know if any of them effect older people's mobility in later life.

Show cards

- Underinvestment in places outside of London
- Lack of confidence in reporting issues
- Aren't asked about changes to the transport system
- Closure of services that affect people going out

Ask if there are any additions and write them out. Add them to the table.

“Now could you place these in order of major barrier to minor barrier to mobility for older people and importance of that barrier to older people locally, not necessarily yourself but others too. Try to come to an agreement and force an order, though acknowledging they are probably all important.”

Section 6: Solutions (15 mins)

Finally, here are some solutions. Discuss each solution and its potential and barriers.

Show cards:

- Staff training in older people awareness
- Lengthen crossing times
- Courses to help people move from the car to public transport
- Information sharing website
- Transport Action Group
- Independent Transport Network
- Audit tools

- Greater Manchester Low-emission strategy and air quality plan
- Expand the bus pass to all times of day
- Community toilet scheme
- Bus buddies
- More control over local buses

Then place on the grid in terms of effectiveness (from high to lower) and likelihood of these being implemented (from easy to hard).

Talk about how to shift those that are hard to implement to the easy end of the diagram (esp those higher in effectiveness)

– what are the barriers? what would be needed to change this? Who could change this? What enablers are there?

Compare solutions to key issues (esp common and important ones in top right corner of each) in sections 1-5

- How likely are any of these to be introduced in the next year, 5 years or 10 years?

Thank the participants for their time and ask if anyone has anything else to add?

Record and take photos of the diagrams they create!

Appendix 2 – Analysis: Mapping solutions to priorities

	Issue	How to solve	Priority use	Good practice	Other ideas	Priority
Walking priority issues	1. Poor quality pavements	12. Making pavements better	13	A pavements for people policy	Active Travel Strategy/Bill	4. Pavements for People policy
	2. Pavement obstruction	7. Parking enforcement	9	Move beyond “order” to Ban pavement parking as in London. Build more cycle lanes.		3. Examine feasibility of blanket ban of cars on pavements for Gt, Manchester 1. Link into Beeline initiative 4. Pavements for People Policy
	3. Traffic signals stay green longer for pedestrians	6. Lengthen crossing times	9	Singapore style card Technology: mobile app Lengthen times	Demonstrator city for technology solution Link in with Beeline initiative	1. Link into beeline initiative for more zebra crossings 2 Trial innovative solution and become demonstrator city
	4. Speed of traffic	14. Traffic calming	18	Gt Manchester wide traffic calming	20mph zones / areas	5. Area wide traffic calming and 20mph zone

	5. Lack of crossings	9. Audit public realm	14	Pavements for people policy		4. Pavements for People policy
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	Issue	How to solve	Priority use	Good practice	
Pedestrian lower priority	6. Lack of benches	9. Audit public realm	15.	Transport Action Group work	1. Transport action group
	7. Pollution	17. Low emissions strategy and air quality plan	24.	Keep older people informed of this work	1. Keeping people informed – newsletters, apps, website
	8. Width of road	9. Audit public realm	17	Transport Acton Group work	1. Transport action group

	Issue	How to solve	Priority use	Good practice	Other ideas	
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Cycling priority issues	1. Cycling: Width of road, busy road and lack of crossings	14. Traffic calming; 9. Audit public realm;	10/15	Build more cycle lanes	Active Travel Bill/Strategy With 20mph zones / areas	High need with medium difficulty of making a difference
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	Issue	How to solve	Priority use	Good practice	
Public bus priority issues	1. Poor bus driver awareness	1. Bus driver training in older people's issues	2	Yellow Jigsaw All ABOARD training	1. Training rolled out to all public bus company employees on older people's issues
	2. Poor bus service	10. Reform local bus	12	Reform of local bus services involving consultation with older people	.3. Transport Action Group support potential changes to bus governance in Gt Manchester
	3. Poor bus stops and signage	5. Audio Visual bus stops	8	City Verve Project	2.Demonstrator city trialling new technology, working with City Verve Project.

	Issue	How to solve	Priority use	Good practice	
Community transport priority issues	1. Not knowing who can use community transport	18. Info sharing websites.	19	Information sharing	2. Information on community transport needs to be better communicated
	2. Limited range within Manchester (community transport)	10. Reform local bus	12	Link community transport with public transport in reform to identify local gaps	1. Community transport provision should be included in any bus reform
Community transport lower priority	3. Community transport not reliable enough	3. Transport Action Group	6	Link with transport action groups	3. Transport Action Group feed in

	Issue	How to solve	Priority use	Good practice	
Policy priority issues	1. London centric money and focus	3. Transport Action Group	4	Build on established groups.	1. Develop transport action group
	2. Older people's voice not heard in transport planning	3. Transport Action Group	5	Build on established groups. Use appropriate tools and ensure feedback.	1. Develop transport action group
Policy lower priority	3. Closure of services	3. Transport Action Group	6	Build on established groups and ensure feedback	1. Transport Action Group.