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Older people and transport: coping without a car

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ABSTRACT
Much of the literature on ageing and transport has been concerned with older drivers, which underlines the importance of private transport in their everyday lives, but little has been written about how a lack of transport impacts on quality of life. A survey was commissioned by the Office for Senior Citizens of the New Zealand government, and face-to-face semi-structured interviews were conducted in 2004 with 28 couples and 43 single people (14 men and 29 women). The sample was identified through Volunteer Community Co-ordinators (VCCs) and drawn from metropolitan, urban, small-town and rural areas. The average age of the men was 84.5 years and of the women 81.4 years, and all had been without private transport for at least six months. The interviews sought the experiences and opinions of older people who were 'coping without a car', and asked how this affected their lifestyle and quality of life, and how they met their transport needs. The findings reveal variations by gender, health status and personal outlook, including views on independence and reciprocity. While 'serious' transport requirements may be provided for by alternative means, the 'discretionary' trips that contribute significantly to the quality of life may be lost when private transport is unavailable. The findings have implications for local and national policy and planning, extend well beyond the sphere of transport, and illuminate processes of social exclusion among older people.

KEY WORDS – older people, transport, quality of life, social exclusion.

Introduction

Much of the writing on older people and transport concerns driving, driver assessment and licensing practices and policies (Eisenhandler 1990; Brayne *et al.* 2000; Trilling 2001; Raitanen *et al.* 2003; Ciesionik, Alpass and Pachana 2003; Siren, Hakamies-Blomqvist and Lindeman 2004; Siren and Hakamies-Blomqvist 2005). Other articles cover technological

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assistance, such as mobility scooters and electric wheelchairs (Gant 2002), and wayfinding for elderly and visually impaired people (Hine *et al.* 2000). Much less has been written about the part which transport (and lack of transport) plays in the everyday lives of older people, especially how lack of transport influences lifestyles and quality of life.

Transport and the quality of life for older people

One of the *Growing Older* projects funded by the United Kingdom Economic and Social Research Council was 'Transport and ageing: extending quality of life for older people via public and private transport', which used a multi-method approach in London and Paisley, near Glasgow. Its findings indicated links between quality of life, car ownership and access to transport, and that there are significant gender differences among older people in attitudes and expectations about transport (Gilhooly *et al.* 2003). Banister and Bowling's (2004) work on the quality of life of older people also showed that among their respondents, access to a car improved perceptions of quality of life, and that those with such access were consistently more likely to participate in social activities, especially outside their homes. Thus, in order to throw more light on the determinants of quality of life, both transport elements (access to and control of the means) and community integration (social networks) should be examined together. A Canadian study showed that transport dependence did not itself detract from subjectively experienced 'valuation of life', but that positive wellbeing was affected when transport needs were not met (Cvitkovich and Wister 2001).

Loss of transport mobility, as occurs when older people no longer have access to a car or cannot drive, may therefore result in a reduction of wellbeing. A United States longitudinal study concluded that driving cessation was among the strongest predictors of depressive symptoms in older people (quoted by Metz 2000: 149). Rothe (1994: 76) also saw the loss of a driver's licence as a 'major stressful life event'. Most definitions of mobility entail measurements of the ability to access people and places (Metz 2000). There are associated instrumental benefits, such as obtaining goods and services that enhance quality of life, but the benefits of good transport extend farther, to the psychological benefits of 'getting out and about' and of involvement in communities (whether geographical or communities of interest). Metz (2000) put forward the concept of 'potential travel', that is the 'potential to make trips that are not actually made', which might include travel at short notice to respond to family emergencies, or journeys 'on a whim' for pleasure or aesthetic enjoyment.

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The importance of private transport

Private transport, in the form of self-driven cars, can fulfil many of the needs required among older people for a positive quality of life and well-being. It is available at any hour, provides door-to-door transport, and is a symbol of independence and autonomy (within limitations of cost). The private car in developed countries is the travel mode of choice among older people. In Great Britain in the mid-1990s, around two-thirds of journeys of at least one mile by people aged 65 or more years were in private cars, and over one-half of these were self-driven. Even among those aged 80 or more years, 75 per cent of journeys by men and 52 per cent by women were by car (Oxley 2000: 223). This pattern is replicated in other European countries and in New Zealand. According to the New Zealand *1997/8 Transport Survey*, 75 per cent of trips by people aged 65 or more years were by private transport (55% as drivers and 20% as passengers) (Davey and Nimmo 2003).[1] Lack of access to a private car is often seen as an indicator of disadvantage. Older people, poor people and minority ethnic groups are over-represented in non-car owning households (for Australian statistics see Nutley 2003).

Several writers have linked the ability to drive with identity and the sense of independence among older people. Eisenhandler (1990) suggested that driving is a way of warding off an 'old age identity', and Rothe (1994: 82) concluded that 'the license to drive a vehicle is synonymous with self-respect, social membership, independence and quality of life'. These and other researchers have found clear gender differences, not only in transport patterns, but also in attitudes to driving. Car ownership and use is associated with status, especially for men, and driving cessation is associated with downward social mobility and a reduced quality of life (Gilhooly *et al.* 2003).

New Zealand research on older people and transport

The importance of transport in the lives of older people has been recognised in the New Zealand government's policy documents over the last two parliamentary terms. They place considerable emphasis on promoting independence and community participation. The New Zealand *Positive Ageing Strategy* calls for 'affordable and accessible transport options for older people' (Dalziel 2001: 21). The actions associated with this goal relate to public transport options, driver-licensing provisions and access to health services. The Ministry of Health's *Health of Older People Strategy*, also published in 2001, supports the objectives of positive ageing, calls

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for 'population-based health initiatives and programmes which will promote health and wellbeing in older age', and has a short section on transport (Ministry of Health 2001: 38 and 44). The *New Zealand Transport Strategy* does not have a specific section on transport issues for older people, but emphasises the safety and personal security for all people, including 'vulnerable users', which it associates with an improved quality of life (Ministry of Transport 2002: 18).

Research on older people and transport in New Zealand in support of these policy statements is not extensive, but studies of living standards and independent living have noted the importance of transport (Dwyer, Gray and Renwick 2000; Fergusson *et al.* 2001). In 2003, however, research on older people and transport was commissioned by the Land Transport Safety Authority, the Ministry of Transport and the Office for Senior Citizens, and carried out by the New Zealand Institute for Research on Ageing (NZiRA) (Davey and Nimmo 2003). A 'scoping paper' was written and a survey of older people 'coping without a car' carried out: they are the basis of this paper.[2] The scoping paper reviewed data on the transport patterns of people aged 65 or more years, discussed the barriers which older people experience in accessing private and public transport and, using regional case studies, gave examples of how these barriers were being tackled. Interviews were carried out with road safety co-ordinators, transport planners and facilitators of older drivers' refresher courses. Many of the findings replicate those in the international literature. New Zealanders dominantly prefer private transport, which they associate with independence and mobility, but there are differences by age, gender and location. The challenges facing older drivers in relation both to their own capabilities and to external road conditions are similar in other countries. Older people without private cars were recognised as likely to be disadvantaged in terms of transport and mobility, especially if they had disabilities.

The *Coping without a Car* survey

The survey was commissioned by the Office for Senior Citizens (OSC) and carried out in 2004. It sought the experiences and opinions of older people who were 'coping without a car', asked how the lack of private transport affected their lifestyle and quality of life, and inquired how those without access to private transport met their transport needs. Details of the definitions and methodology used in the *Coping without a Car* study can be found in the full report (Davey 2004).

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The respondents were identified through the national network of Volunteer Community Coordinators (VCCs) appointed by the OSC. Most of the VCCs represent metropolitan, urban, small-town and rural areas throughout New Zealand, but some represent specific ethnic communities. The method of recruitment ensured that there were participants from diverse locations and communities. Three-quarters of the New Zealand population aged 75 or more years live in the main urban areas, and only eight per cent in rural areas (and only one per cent in 'remote' rural areas). Of the *Coping without a Car* respondents, 80 per cent lived in the main urban areas and 20 per cent in small towns and rural service centres with less than 30,000 inhabitants. Information was collected through face-to-face semi-structured interviews with 28 couples and 43 single people (14 men and 29 women). The average age of the men was 84.5 years and of the women 81.4 years, and all had been without access to private transport for at least six months. The full report of the study examines the situation of the respondents, the strategies which they adopt to meet their transport needs, and presents recommendations. This paper focuses on aspects of their circumstances and experiences and the way in which their strategies differed in relation to the importance attached to different transport requirements.

Giving up driving

Giving up driving is to begin life without a car. This may come about through voluntary cessation, as a result of medical problems (often on the advice of a health professional such as a GP or optometrist), or by failing either a medical test at 75 years or an on-the-road driving test at 80 or more years (to renew a driving licence when aged 80 or more years, a test must be taken every two years). The government has, however, indicated that these tests will no longer be administered from December 2006. The driving test can cause great anxiety for an older person and has been the subject of much lobbying by older people's interest groups, as it entails clear age discrimination. While assistance is available for older people facing the test (Davey and Nimmo 2003), none of the interviewees mentioned refresher or *Safe with Age* courses or written manuals for older drivers.

Among the 42 men in the survey, only one had never driven, but among the 57 women, this was the case for 12. The women generally stopped driving at a younger age than men, as also found in Europe by Siren and Hakamies-Blomqvist (2005). Thus seven per cent of the men, but 38 per cent of the women, had not been drivers in recent years. The cost of private transport was not cited as a reason for giving up driving, except in one case. From the information offered, nine men and four women had

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failed the test at 80 or more years (although others may have been unwilling to disclose this), but around 40 per cent of both the men and the women had given up driving voluntarily, sometimes on the advice of a doctor or health professional. Eight men and 13 women stopped on their own initiative, one man and four women gave up after accidents, and two men gave up after family advice.

This suggests that the women were more likely than men to stop driving on their own initiative, as found in Europe and North America (Oxley 2000). Siren, Hakamies-Blomqvist and Lindeman (2004), in a large study in Finland, found that a significant number of older women had given up their licences while still fit to drive in terms of their health. One New Zealand woman said, 'I passed the test at 80 but at 82 my eyesight had deteriorated and I decided not to go (on). The tester said I was an excellent driver but I didn't want to kill anyone, such as a jogger'. More women than men expressed discomfort with driving, lack of confidence and relief when they stopped. An 80-year-old woman said, 'I lost my bottle five years ago at 75. I never liked driving and never had a lot of confidence'.

Among those who had given up driving, 81 per cent of the men and 55 per cent of the women mentioned negative effects. Those who gave up driving after 80 years-of-age were the most likely to have felt untoward effects, both men and women. Over time, many of the respondents had adjusted to not driving, but several became quite emotional when they talked about how their life had been changed, which supports previous evidence that it is a major stressful life event (Rothe 1994). One man's comment, 'It was like cutting off an arm or a leg', exactly replicated one from Rothe's study in Canada (Rothe 1994: 77). Another man said, 'It made me a total prisoner in here. I can't go out and I can't do anything'. A woman was equally discomfited: 'I cry every time I think about it. You just can't go anywhere. I can't walk. I have to get everybody to do everything for me. I have become totally housebound'.

The comments showed clear gender differences in attitudes to driving and to giving up (Siren and Hakamies-Blomqvist 2005). The impact of giving driving up may be greater on men because women generally have better social networks, are more home-oriented and have more home-based hobbies. They are also more used to being driven. At all ages, men drive longer distances than women, while women travel longer distances as passengers (Oxley 2000; Davey and Nimmo 2003). Women tend to have more knowledge of public transport from earlier in their lives, when they were involved in children's transport or were without transport when their husbands took the car to work. Other attitudes may affect the impact of driving cessation. Stereotypically, women are widely perceived to be worse drivers than men, and some women concur. Many older men have

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been accustomed to being in charge and consider it demeaning to be driven, or to use public transport, as Gilhooly *et al.* (2003) also found. It may be more acceptable for women to admit to not coping. A number of informants in the scoping study observed that men placed a higher value than women on owning and driving a private vehicle, and more frequently associated vehicle ownership and use with individuality, independence and the status of being competent (Davey and Nimmo 2003). Thus, men may feel a greater loss when they no longer have access to private transport. One of the strategies adopted by some *Coping without a Car* respondents was to keep their cars ready for use, even when no one in the household was licensed to drive. It remained a symbol of independence, control and of 'not being beholden' to anyone.

Life without a car

Whether people coped well without a car evidently depended on several factors, including their location (the hilly terrain in many parts of New Zealand can make walking difficult), the availability of alternative transport (which is related to location, with fewer public and community transport options in rural areas), and their personal health and mobility. If older people can walk with ease and use public transport, this may compensate for a lack of private transport, provided bus services are available and accessible. In fact, public-transport journeys were not prominent among the other means of transport used by the respondents. If a person is limited by disability or ill-health, they risk becoming isolated and housebound. A person's outlook on life and the extent to which she or he feels dependent on others are also important, as autonomy is crucial to quality of life in old age (as shown above). Personal attitudes also influence the extent to which people are willing to consider alternative and new forms of transport, such as mobility scooters.

Table 1 summarises the transport strategies adopted by respondents to the *Coping without a Car* study. It shows their predominant transport mode or combinations of modes. Lifts in other people's cars were by far the most common substitute for private transport. Nearly one-third used lifts for all their transport needs, and others used lifts in combination with walking, taxis, buses and scooters. Two-thirds of the respondents had lifts at least weekly and 20 per cent had them almost every day. Walking was a significant means of moving around, but only five of the respondents said this was their main means. Others combined walking with lifts and the occasional bus journey.

One-in-five respondents used taxis, but only four indicated that taxis were their main means of getting about. Higher levels of taxi use (weekly

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TABLE 1. *Predominant transport mode or modes of the 'Coping without a Car' survey respondents*

Mode	Frequency	Per cent	Mode	Frequency	Per cent
Lifts in cars	21	30	Mobility scooter	4	6
Lifts and walk	15	21	Scooter and walk	2	3
Lifts and taxis	9	13	Scooter and lifts	2	3
Walk and bus	6	8	Lifts and bus	2	3
Walk	5	7	Community transport	1	1
Taxi	4	6	Total	71	100

or more frequently) were recorded by the respondents in metropolitan and main urban centres. None of the interviewees in the smaller urban centres hired taxis more than once or twice a month. A few people in small towns used taxis more often, but more never took a taxi, either because there were none or because of problems with availability. Many respondents in metropolitan Auckland talked about having to wait a long time for taxis and reported problems with the *Total Mobility* (TM) scheme, the main means of providing transport assistance for people with disabilities in New Zealand. TM provides vouchers for reduced taxi fares to people judged to be physically unable to use public transport. Almost three-quarters of the respondents knew about TM and just over one-half used it. The extent of taxi use was certainly higher among the respondents who were eligible for TM subsidies. Use of the TM scheme was higher in large cities than in smaller centres and among people with poor health – 78 per cent of the respondents who said that their health was poor used TM subsidies, but only 30 per cent of people who said that their health was very good. Some people used the scheme through their spouse's eligibility. In both New Zealand and Britain, the cost of taxis has been identified as the main disincentive to their use by older people (Oxley 2000: 230). Schemes to reduce the cost are aimed mainly at people with disabilities rather than older people generally.

None of the respondents used public transport as their main mode. There is a correlation between public transport use and location, with use falling from metropolitan areas to small towns. The proportion of respondents who never used public transport rose from 46 per cent in metropolitan centres through 50 per cent in main urban centres to 81 per cent in small towns and rural areas. Apart from availability, the main problem with public transport was getting on and off the vehicles.

Community transport, defined as kerb-to-kerb or door-to-door transport run by community and voluntary groups, might be thought to have many of the advantages of private transport (Davey and Nimmo 2003), but it did not figure as a major means of transport. Sixty-two per cent of the

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TABLE 2. *Transport purposes, problems and dependency on others*

Activity	Involvement	Difficulty	Dependence	Comment
Food shopping	High	Moderate	High	Respondents willing to accept help for this trip purpose, so possibly 'low' difficulty
Medical visits	High	Moderate	Moderate	High use but taxis frequently used, so possibly 'low' difficulty
Non-food shopping	High	High	High	More difficulty than for food shopping, less essential
To see family	High	High	High	High dependence and difficulty
To see friends	High	High	Moderate	Difficulty but less dependence, friends visit them
Recreation	Moderate	Low	High	High dependence but less involvement, dependence may discourage trips
Religious services	Low	Low	Moderate	Less dependence and difficulty because people help
Voluntary work	Low	Low	Low	Not much involvement, but for that receives help

respondents never used community transport and few of the rest used it more than rarely. The reasons for not using community transport were either because people had not heard of any services or because they did not need to. The most commonly mentioned services were those provided by Age Concern branches, the Returned Services Association, Rotary Clubs, *kaumātua* (Maori older people) and women's groups. Many retirement villages and rest homes provided transport, but not all the respondents living in such settings used these services.

The activities most likely to generate transport needs according to the respondents were: food shopping, other types of shopping, medical appointments, and seeing family and friends. The activities that caused the greatest difficulty and created most dependence, and in which almost all the respondents participated, were non-food shopping and seeing their families. Many people were dependent for food shopping, but it caused less difficulty than some other activities, perhaps because it is seen as essential and help is more forthcoming than for other trip purposes, or perhaps because people are more willing to ask for help with this activity. Journeys for religious observance and recreation brought less difficulty but moderate to high dependence. People can get to such activities but they are dependent on others. This is probably because they are group activities and others who attended offered lifts, or maybe the respondents were more willing to ask for lifts for these journeys. Table 2 summarises the respondents' transport patterns and problems, using the concepts of involvement, difficulty and dependence. To illustrate their transport difficulties, the respondents were asked to cite an example of a recent

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situation in which transport was a problem. Numerous issues were raised, and six were particularly common:

1. Despite lifts being the main alternative to private transport, this mode can be problematic. Travelling in other people's cars may not be convenient because of access difficulties, *e.g.* getting into the back of a two-door car, or nervousness about the driver's proficiency. Many people felt uncomfortable about accepting lifts when they could not reciprocate, as found by Gilhooly *et al.* (2003). Although most respondents had close family living nearby and saw them at least once a week, this did not guarantee assistance with transport, given the busyness of most adult children and the unwillingness of the older people to impose on them. Friends were sometimes the preferred sources, but many people had lost their friends, through transport problems or death.
2. Medical or health emergencies sometimes presented problems, although in these circumstances asking a family member for help was considered appropriate and community transport assisted. Taxis were used for this purpose, but the cost of travelling to hospital by taxi can be considerable. Ambulances may take family members to the hospital with a patient, but are not available for the return trip.
3. Missed opportunities for spontaneous pleasure outings. Examples included going for a drive along the coast, to see the spring flowers, or to have fish-and-chips on a Friday night (a New Zealand tradition). People were unwilling to ask relatives for transport in these cases and most considered that to use a taxi would be unacceptably extravagant.
4. Not being able to get to special occasions such as reunions, funerals or special events that were not of interest to the people who usually gave lifts. Public transport rarely is convenient for these occasions.
5. Problems with the reliability of transport were also of concern, such as taxis not arriving even when booked and erratic bus services. Having to arrange travel according to the availability of transport, especially bus timetables and the schedules of escort drivers, also caused difficulties.
6. Others missed special shopping opportunities, such as sales, access to seasonal fruit and vegetables, and the opportunity to shop at a leisurely pace and to make comparisons. One woman said, 'My son is always in a hurry and just grabs things off the shelf'.

These issues illustrate the problems encountered with both 'serious' transport needs, as in medical emergencies, and in making optional or 'discretionary' trips, including pleasure outings, spontaneous trips, and visits to friends. These may be regarded as less vital, but are important for the quality of life, perhaps particularly for older people. Once private transport is unavailable, discretionary trips may be curtailed or cease. This

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distinction, between 'serious' and 'discretionary' travel, is significant, and will be returned to later.

The respondents were asked, 'What would improve your transport situation?' directly after the questions on activities. Some of the replies were impracticable – nine people wanted their cars or licences back and four asked for better health or the ability to walk or see well again. Others mentioned better public transport (8 respondents); more readily available lifts (6); more community transport (5); and getting a scooter (2). But 30 out of the 71 respondents had no suggestions and several said that you just have to get used to it, showing considerable resignation to their carless situation. Going out less or not at all were other responses to losing access to private transport. There are ways of meeting needs without going out and requiring transport. Some *Coping without a Car* respondents met their food-shopping needs through deliveries to their home, either from supermarkets or by family and friends who brought them food or prepared meals. Some had other purchases delivered, for example they bought clothes from mail-order catalogues. Only one person received religious ministry and one received medical visits in their own homes. In these situations people had their needs met but missed the social contacts and stimulation when people leave their homes. Most of the respondents' family contacts took the form of home visits, but in most cases relatives visited the older people rather than the older people going to their relatives' homes. So one way in which older people without transport coped was to stay put and be visited. In this case, social contacts occurred but not a change of surroundings.

Discussion and conclusion

The findings of the New Zealand *Coping without a Car* project on the attitudes and responses of older people to this situation were similar to those of British and North American studies, particularly on the importance of gender differences, the impacts on quality of life and social networks, and the importance of reciprocal exchanges in the arrangements made for alternative transport. A new finding, only hinted at in previous literature, is the differential influence of 'serious' and 'discretionary' travel on the wellbeing of older people without private transport.

Wherever an analysis has been reported, it has been found that older women are less often licensed to drive and are more likely to travel as car passengers and to drive shorter distances than men. As Wachs (1987) suggested, these patterns reflect lifelong gender patterns and the separate social responsibilities of men and women. Among today's older people,

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many women have never driven, although this effect will reduce in later cohorts. The findings show that older women cease driving earlier than men and are more likely to stop voluntarily. As Siren and Hakamies-Blomqvist (2005) suggested, however, older women may need cars more, because they experience a higher incidence of long-term illness that impairs physical mobility, and they have a greater fear of falling. The 2001 New Zealand population census recorded that 62 per cent of households with a single person aged 85 or more years had no access to private transport, and 78 per cent of these solitary older people were women. Among couple-only households containing an 85-plus-year-old, only 19 per cent had no private transport, and among those living in 'multiple family' households, only four per cent lacked such access. This highlights the vulnerability of older women who live alone to social isolation through lack of transport, and supports Siren and Hakamies-Blomqvist's (2005) views on the 'gendered imagery of driving and transport', by which car driving is associated with masculinity, youthfulness, speed, status and power – attributes not associated with older women. For older men, driving wards off an 'old age identity', but the loss of private transport threatens the wellbeing of both men and women. Older women's wellbeing may suffer if their husbands are the only drivers and they cease to drive. In future, however, with higher levels of driving experience and confidence among older women, having a private car may be 'an emancipatory tool' (Automobile Association 1993). More proactive effort to help women maintain their driving skills would be beneficial.

Losing mobility through lack of private transport can mean not only disruption to older people's everyday lives, as described by the respondents to the *Coping without a Car* survey, but may also threaten their quality of life and independence. This is counter to the aims of the New Zealand *Positive Ageing Strategy* and similar policy statements. The objectives of 'active' or 'positive' ageing, espoused by many governments in the developed world, include encouragement of community involvement, which is not helped by becoming housebound through a lack of transport. Many respondents expressed their resignation and acceptance of staying mostly at home, and characteristically said, 'What can you expect at my age?' This attitude probably led to an understatement of transport difficulties. Many saw no answer to such problems, apart from adjustment to a more confined lifestyle, and many did not want to make a fuss or to be a bother. Some may not have been completely honest about what they really would have liked to do.

The frequent response, 'not thought about it', may have expressed both acceptance and an unwillingness to consider alternatives, including ways of travelling that they had not used when they had a private car. This was

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clear in the informants' attitudes towards mobility scooters and in their reluctance to ask for or accept lifts, although here the preservation of independence and individualism was also influential. Challenging these attitudes requires the provision of transport that meets the needs of carless older people, in terms of access, availability, acceptability and cost. Alternative transport means must replicate the attributes of private cars, that is 24-hours availability and door-to-door capability, especially for older people with mobility difficulties (Metz 2003). The New Zealand studies have recommended strategies for achieving this that involve improved public transport, community transport, commercial services (such as free shopping buses), and initiatives to make it easier for families to assist older people (Davey and Nimmo 2003; Davey 2004). At present there are no national schemes to assist older people with transport, apart from *Total Mobility*, although concessionary fares are available on some local buses.

Although having lifts in other people's cars was the most common strategy for meeting transport needs among the *Coping without a Car* respondents, this was not unproblematic, as found by Gilhooly *et al.* (2003). As in the British study, the respondents were unwilling to ask family members for lifts, even for medical appointments, because they knew they were busy and did not want to be burdensome. When friends gave lifts, this raised issues of reciprocity. The respondents wished to avoid 'being beholden to people' and many adopted ways to make some recompense, such as offering petrol money and making gifts to people who provided transport. Whether lifts were from family or friends, they challenged the sense of independence. Some responded by keeping their cars; others simply curtailed their activities, potentially creating social isolation. Nonetheless, lifts have many advantages, as they provide transport similar to one's own private car. It is therefore useful to ask what made it easier for the respondents to accept lifts. Many saw lifts from family members as an imposition unless the relative's work and personal commitments were flexible. This would be alleviated if there were more recognition of the needs of workers with elder-care responsibilities (Davey 2004; Davey and Keeling 2004). Lifts were also more acceptable if they were freely offered (most respondents hated asking and found it embarrassing), if they did not have to ask too often, if they could repay or reciprocate in some way, if a driver was going to the same function, and if the driver did not have to go out of their way.

These principles could be used to explore ways of managing lifts for older people at a neighbourhood or community level. If local groups or organisations, such as churches, sports clubs and social clubs made themselves more aware of older people who are interested in their

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activities but lack transport, they could 'broker' lifts. This would reduce the embarrassment of having to ask, and improve levels of community involvement. Measures to ease feelings of obligation could be explored. These might include 'green dollar' schemes, guidelines on how much to give, or making petrol vouchers available in more outlets. Groups representing older people may have a role to play. 'Offer-a-lift' campaigns among their members would benefit those who offer and those who receive. From the findings of the *Coping without a Car* study, it appears that facilitating lifts may be most difficult in large cities where fewer people know one another, and in rural areas where distances are greater.

The respondents in Gilhooly *et al's* (2003) study cited the ability 'to go where you want, when you want' as one of the advantages of private transport. The idea is close to Metz's (2000) concept of 'potential travel' – knowing that a trip could be made even if it is not actually undertaken. The *Coping without a Car* analysis made a distinction between 'serious' and 'discretionary' travel. 'Serious' travel includes going to medical appointments and shopping for food. Older people without private transport may be dependent for this type of travel (*cf.* Table 2), but feel less diffident about asking for lifts from family members, seeking out community transport or even using taxis, despite the expense. 'Discretionary' travel, solely for enjoyment and sometimes unplanned is not seen as a legitimate reason for approaching family and incurring obligations to friends, and certainly not for spending money on taxis. Hence this type of travel, which most car drivers and owners take for granted, may be foregone, with a consequent reduction of quality of life. The destinations for serious travel are often served by public transport, and include shopping and service centres, but visiting friends or enjoying the natural environment may be more difficult to achieve by these means. Bus services rarely meet spontaneous travel wishes, and most of those provided 'for older people' are oriented towards 'serious' travel needs, but if policies aim to improve the age group's quality of life, community involvement and independence, these are not the only needs which require consideration.

The findings of the *Coping without a Car* study have several other implications for policy. As a direct outcome of the study, the New Zealand Office for Senior Citizens published an information pamphlet, *How Will You Get Around When You Stop Driving*? and have distributed 300,000 copies to doctors' surgeries, *Age Concern* branches and other outlets. The pamphlet suggests transport solutions after having stopped driving and lists sources of information about alternative means. It calls upon older people to think about the time when they will stop driving, and suggests that forward planning will make life easier and enable activities that they enjoy to

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continue. The pamphlet recognises that ceasing to drive can be an important and life-changing event, and urges families, older people's groups and organisations working with older people to consider assiduously the questions that it raises. This is especially important given that future cohorts of older people will have experienced very high levels of private car use, and many more women will have been drivers throughout their adult lives.

As Oxley (2000: 238) pointed out, government attempts to control or reduce car use face significant barriers in personal attitudes and expectations. At the same time, and in contradiction, policies to enable older people to remain independent suggest that private transport has a part to play (Gilhooly *et al.* 2003). Planning for future transport needs, once driving is no longer an option, should ideally be considered when other major lifestyle decisions are being made, such as moving house or going to live in a retirement village. In examining what makes for a 'good life' for older people, Godfrey, Townsend and Denby (2004) identified not only being part of a community, but also mutual help and reciprocal relationships. The ability to achieve these clearly relates to how older people meet their transport needs when they no longer have access to private transport.

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NOTES

1 The survey was carried out by the *Land Transport Safety Authority*. According to the 1998/1999 Transport Survey, people aged 65 or more years undertook an estimated 1,114 'trips' per year. A trip means a trip-leg with a single mode and/or a single purpose, *i.e.* walking to the bus, catching the bus to town, walking to a shop, and walking to the beach equals four 'trips'. Thus the figures are not comparable in detail to the British figures. Private cars accounted for 75 per cent of all trips, walking for 22 per cent and bicycles for one per cent. This left only two per cent of trips in which public transport was used, of which about one-half were by bus and the rest by trains, taxis or other means. These patterns are similar to those found in Britain (Oxley 2000).

2 The scoping paper includes an annotated bibliography of New Zealand research on the transport needs of older people. An international literature review of relevant innovative transport initiatives was also undertaken (Davey and Fraser 2003).

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